

FAMILIES, PARENTS AND CARERS
KNOWLEDGE REVIEW 3

The impact of parenting and family support strategies on children and young people's outcomes



Centre for Excellence and Outcomes in Children and Young People's Services

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The Centre is also supported by a number of strategic partners, including Local Government Improvement and Development, the Family and Parenting Institute, the National Youth Agency and the Institute of Education.

There is close and ongoing cooperation with the Association of Directors of Children's Services, the LG Association, the NHS Confederation, the Children's Services Network, the Society of Local Authority Chief Executives and Ofsted.

C4EO is funded by the Department for Education.

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First published in Great Britain in March 2011
by the Centre for Excellence and Outcomes in Children and Young People's
Services (C4EO)

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Acknowledgements

The review authors would like to thank the Department for Education for funding the activities of the Centre for Excellence and Outcomes in Children and Young People's Services, and the Theme Advisory Group for their guidance.

We are grateful to Alan Gomersall at King's College London's Information Retrieval Unit for overseeing the literature searches. Thanks are also due to Theo Lorenc, and Kathryn Oliver, who were involved in the scoping review stage, and to Tony Munton for advice and quality assurance. Elena Seymenliyska provided valuable copyediting assistance.

Summary

This knowledge review identifies what works when it comes to delivering support and intervention with mothers, fathers and carers of seven- to 19-year-olds¹ designed to improve children and young people's attainment, behaviour and emotional outcomes. This rapid review of the research summarises the best available evidence to enable service commissioners to improve practice and outcomes for children and young people.

Key messages

- The most commonly reported needs of parents and carers are advice and emotional support, which may be met without referral to specialist services. Other types of available support include counselling, vocational and parenting skills training, and financial support.
- School-based programmes aimed at parents and carers have been shown to improve child behaviour, educational outcomes and family relationships; reduce the likelihood of substance misuse; and increase uptake of services by reducing the fear of being stigmatised among service users.
- Effective school-based services offer a one-to-one and face-to-face approach to parents; provide a range of services in one location; and maintain the long-term effects of the intervention.
- Community-based programmes that use joined-up multi-agency approaches with a well-trained workforce; using the media to engage hard-to-reach people; and using both practical and therapeutic interventions simultaneously, can improve child behaviour and welfare, and reduce juvenile crime and time spent in care.
- Interventions are more likely to be effective when they are informed by the views of parents identified by a thorough needs assessment, especially for hard-to-reach groups.
- The review did not find robust evidence that policy interventions designed to address family income can improve child outcomes.
- The programmes for child conduct disorders and full service extended schools may be delivered at a low cost, but evidence is sparse. Collection of good-quality cost and outcome data is a priority if commissioners are to calculate value for money and to benchmark costs and outcomes from different effective services.

¹ The age parameter of seven years was decided upon to avoid overlap with the C4EO early years reviews.

We explored four research questions:

1. What are the family support needs of parents and carers of children aged seven to 19 years?
2. What is the impact of school-based initiatives and community-based initiatives that support parents in improving their children's outcomes?
3. What works to engage parents and carers in interventions to improve child outcomes?
4. Are interventions that target parents cost-effective at improving children's outcomes?

Matrix Evidence carried out this review on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The National Foundation for Educational Research (NFER) conducted the data work.

What did we find out?

The findings of this review can be summarised into three main categories.

Relationships

- Young people value being able to access support from friends and service providers. However, they need to trust that what they say will be kept in confidence; they also fear being stigmatised because they need support.
- Parents and carers say that their greatest need is for advice and emotional support, but also want training and support in dealing with issues facing adolescents.
- Parents and carers value an informal, one-to-one and face-to-face approach with service providers. Parental involvement in assessing needs, and planning and implementing services, can be key in improving outcomes.
- Schools play a central role in coordinating and delivering services that improve outcomes for young people.
- Community-based services are best delivered by a multi-agency team, which has a good relationship with service users.

Resources

- Young people welcome access to a range of information and support, including social media as well as more traditional sources.
- Parents, carers and service providers need to know that the services they are involved with will continue to be resourced.
- Parents and carers prefer services to be offered universally rather than targeted at those with highest risk, as a way of reducing stigmatisation.
- Service providers recognise the need for the multi-agency team to be well trained and supported.

Research

- Service providers recognise that it is important to evaluate the services they provide, but do not feel skilled enough to do so effectively.
- The evidence base on what works to improve outcomes, especially educational and economic outcomes, is not yet strong enough to facilitate a decision on the most cost-effective forms of support for families, parents and carers.

These themes also emerged in a second report for C4EO, as part of its Youth theme, on targeted youth support (O'Mara *et al* 2011 forthcoming). This is to be expected, since the families, parents and carers who are the recipients of support will often have children who are also targeted for support.

Our review is strengthened by similar findings from a second evidence review of interventions aimed at supporting and improving parental engagement in their children's education, which has been commissioned by the Department for Education (formerly the Department for Children, Schools and Families) and is due to be published in summer 2011 (Goodall and Vorhaus 2011 forthcoming). The report summarises the evidence on educational outcomes that are associated with interventions to support parents of children and young people aged five to 19. It identifies that the need for engagement in their child's education is recognised by parents, carers and service providers, but that such engagement can be challenging to achieve.

Who are the key stakeholders?

This subsection identifies service users and providers, and outlines pertinent findings additional to those listed in the key messages subsection.

Children and young people are defined in this review as being seven to 19 years old.

- Support services are mainly provided for children at risk of poor outcomes due to low socio-economic status or specific diagnosed conditions such as attention deficit hyperactivity disorder (ADHD).
- In most cases, support programmes for parents improve child outcomes.

Parents and carers with support needs provide the day-to-day care of the child or young person.

- Interventions targeted at parents to improve child outcomes can also improve outcomes for parents, by increasing employment rates, family income or involvement in the child's schooling, and teaching time management and organisation skills.

Managers of services provide support services for parents, carers and service providers.

- Poor or short-term funding of programmes can put undue strain on practitioners and parents, thereby jeopardising their success.

Specialist frontline professionals can be involved in the identification of parents and carers who need support, as well as in implementing interventions.

- Having a single-point contact person working with parents has successfully facilitated cross-agency communication.
- Practitioners need to be non-judgemental and non-stigmatising in their approach to parents to ensure their continued engagement.

Education-based staff (head teachers, teachers, tutors, pastoral support staff, SENCOs and so on) can run school-based interventions, and are often involved in evaluations for assessing child outcomes.

- Education professionals have an important role in delivering parent-focused programmes.

Voluntary, community and local authority staff can be involved in implementing community-based programmes.

- Community programmes in the United Kingdom (UK) typically target conduct and behaviour disorders, with good effect.
- Sharing good practices within and across local authorities can improve services.

Policy-makers in government departments are engaged in introducing new policy and implementing and reviewing the effectiveness of existing policy.

- United States (US)-style welfare reform programmes, such as financial support for parents who return to work, may increase parental employment stability or alleviate family poverty. However, there is as yet little evidence that they improve child outcomes.

What data is available to inform the way forward?

There is a wealth of publicly available data on children and young people's outcomes that interventions with parents and carers aim to improve, particularly educational achievement and school attendance. Sources include statistical first releases from the Department for Education (formerly the Department for Children, Schools and Families). Less information is available about emotional wellbeing, although this is improving with the introduction of new measures of national wellbeing such as *The Good Childhood Index*. There are, however, no national datasets that link children and young people's outcomes to interventions with their parents and carers.

C4EO's [interactive data site](#) enables local authority managers to evaluate their current position in relation to a range of key national indicators and allows them to access easily publicly available comparative data relating to families, parents and carers.

Weaknesses in the evidence base

The review identified a number of key gaps in our understanding of parent- and carer-focused support. There is a lack of studies clearly reporting needs of fathers and minority ethnic parents; insufficient comparative effectiveness studies across intervention types; not enough use of standardised measures of child outcomes, so that results from different studies can be compared more easily, or reporting outcomes from the child's point of view; and few studies reporting costs and evaluating programme effectiveness. Filling these gaps is necessary to inform assessments of the cost-effectiveness and cost-benefit of the different interventions.

Knowledge review methods

This knowledge review is the culmination of an extensive knowledge gathering process. It builds on a scoping study and research review. The research review is available on the [C4EO website](#).

This review contains examples of local practice sent in from the sector. Each has been assessed and validated by specialists in the Families, Parents and Carers theme using agreed criteria. The full versions of all the practice examples contained within this review, and those published since the review was written, are available on the [C4EO website](#). Evidence has also been gathered from service providers during discussion groups at C4EO knowledge workshops, while evidence from service users was collected via C4EO's Parents and Carers Panel and Young People's Network.

Stakeholders involved in the training workshops also identified additional studies and resources for the review, which have been summarised and included where appropriate as additions to the literature review and stakeholder views data.

Also available on the C4EO website are reviews on improving children's outcomes by supporting parental physical and mental health; and on improving children's outcomes by supporting couple relationships, reducing family conflict and addressing domestic violence.

1. Introduction

This review draws out the key messages about what works for families, parents and carers. It addresses four questions that were set by the C4EO Theme Advisory Group, a group of experts on policy, research and practice with regard to families, parents and carers. These questions are:

1. What are the family support needs of mothers, fathers and carers of children aged seven to 19 years for improving their children's outcomes?
2. What do we know about the impact of (a) school-based and (b) community-based initiatives that aim to support and engage parents in improving their children's:
 - achievement outcomes
 - emotional, behavioural and social outcomes
 - behavioural health outcomes
 - other outcomes.
3. What works in engaging mothers, fathers, and carers of seven- to 19-year-olds in interventions and support initiatives designed to improve child outcomes?
4. How cost-effective are interventions and services offered to parents and carers to improve child outcomes?

The review is based on:

- the best research evidence from the UK – and where relevant from abroad – on what works in improving services and outcomes for children and young people
- the best quantitative data with which to establish baselines and assess progress in improving outcomes
- the best validated local experience and practice on the strategies and interventions that have already proved to be the most powerful in helping services improve outcomes, and why this is so
- service user and provider views on 'what works?' in terms of improving services and outcomes.

C4EO will use the review to underpin the support it provides to children's services to help them improve service delivery, and ultimately outcomes for children and young people. As such, the key anticipated audience is strategic managers and local commissioners of children's services.

Definitions of key terms

The following definitions were agreed by the Theme Advisory Group for the purposes of this review:

Community-based initiatives are interventions and programmes that are implemented locally, such as multi-agency partnerships from the health and/or voluntary/charity sectors, and religious/faith groups. The modes of intervention can include helplines, home visits and family/community groups.

School-based initiatives are any programmes or services that are primarily delivered in a school setting and/or coordinated through a school, which are in addition to the standard curriculum offering.

Policy interventions are those that involve policy reform, such as the introduction of a new welfare policy.

Carers are considered to be all those people who play a substantial role in looking after the wellbeing of a child or young person.

Types of evidence used

The research included in this review was identified through systematic searching of key databases, reference harvesting or recommendations from the Theme Advisory Group. All research included has been appraised to ensure that the evidence presented is the most robust available.

The review also contains examples of local practice that have been gathered from the sector and assessed as having a positive impact on outcomes by specialists in the Families, Parents and Carers theme. (See Appendix 6 for C4EO's validated local practice process and assessment criteria.) The 'validated local practice' examples included in this knowledge review are supplemented by a range of 'promising practice' examples, which are published on the Families, Parents and Carers pages of the [C4EO website](#). These promising practice examples include the Barnardo's Community Mums and Dads Project in Reading and Action for Children's Intensive Family Support Project in Exeter.

Evidence has also been gathered from service providers during discussion groups at C4EO training events. Meanwhile, evidence has been collected from parents and carers via C4EO's Parents and Carers Panel, and through published consultation reports, and from children and young people through C4EO's Young People's Network (see Appendix 7 for more details of the process).

Data contained within the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the Office for National Statistics.

Strengths and limitations of the review

The **strengths** of the study methods include:

- searches of a broad range of research databases to locate relevant literature
- the use of systematic screening procedures with pre-determined inclusion criteria to minimise the potential for bias
- analysis of the quality and strength of evidence
- the inclusion of a review on data relating to economic analysis
- advice from the Theme Advisory Group and the theme lead, who have extensive experience in the theme area.

The **limitations** of the study method include:

- the possibility that important evidence might have been overlooked by virtue of the fact that a 'best evidence approach' has been adopted for this review, which means that it has not been possible to include all available evidence
- the review is limited to English-language documents.

Our review is strengthened by similar findings from a second evidence review of interventions aimed at supporting and improving parental engagement in their children's education, which has been commissioned by the Department for Education and is due to be published in summer 2011 (Goodall and Vorhaus 2011 forthcoming). The report summarises the evidence on educational outcomes that are associated with interventions to support parents of children and young people aged five to 19. It identifies that the need for engagement in their child's education is recognised by parents, carers and service providers, but that such engagement can be challenging to achieve.

2. Context

This section of the review sets out the policy and research context for our enquiries into the effect of interventions with parents and carers on outcomes for children and young people.

Policy context

Since May 2010, a new Coalition Government has come into being, stating that freedom, fairness and responsibility are its central aims. The coalition believes that strong and stable families of all kinds are the bedrock of a strong and stable society and has set out in its Programme for Government an aim to make society more family-friendly (HM Government 2010).

The Coalition Government believes that it is important to ensure that policy and services are designed around parents' lives and work patterns, evolving roles and financial pressures. However, the coalition also believes that government's role is to give power and opportunity to people, rather than to assume the state has the answers and to provide centrally prescribed solutions. Government cannot create resilient happy families but it can listen to their concerns and understand the barriers they face in their day-to-day lives. Working together with communities and families, the government states that it wishes to empower families to make choices that are right for them and to enable their children to fulfil their full potential.

The Coalition Government's aim to make society more family-friendly has been underpinned by a series of recent commitments intended to remove the barriers – which it believes include unnecessary bureaucracy – that can prevent families from flourishing and to create the right environment for families to support themselves. The coalition has also signalled that effort and resources should be directed, especially in times of financial uncertainty and constraint, at protecting the most vulnerable by ensuring that help is available early to prevent problems escalating and generating opportunities for genuine social mobility.

The Coalition Government has set in motion a series of reforms and measures to meet these commitments, as outlined below. It has also commissioned three reviews, which have all recently reported. These are the review of poverty and life chances by Frank Field MP (Field 2010), the Munro Review of child protection (Munro 2011) and the review by Graham Allen MP into early intervention (Allen 2011). A review of family justice is also taking place with an interim report due in spring 2011. These reviews provide an opportunity to take a fresh look at some of the biggest challenges faced in family policy.

Recent reforms

The early years is being reformed by the Coalition Government to ensure that Sure Start children's centres remain accessible to all, while providing more focused support to families most in need through evidence-based early interventions. This is being reinforced by expanding the health visiting workforce with an additional 4,200 health visitors. Fifteen hours a week of free early learning and care will continue for

all three- and four-year-olds and this will be expanded to two-year-olds from the most disadvantaged households.

In recognition of strong evidence of the importance of relationships in the home and their impact on children's outcomes, the Prime Minister announced, in December 2010, that £7.5 million a year over the four years 2011–2015 will be dedicated to funding for relationship support – a total figure of £30 million. This is a significant increase on current levels of funding. The majority of the £7.5 million a year will be allocated to voluntary and community sector organisations as grants by the Department for Education. In addition, up to another £500,000 a year could be dedicated to training practitioners in Sure Start children's centres and up to £1 million a year for contracting with helpline and online family relationship support services.

Some families need extra help, particularly the small number of families who experience multiple problems. The government has committed to introducing a new approach to supporting these families and has launched a national programme designed to help turn around their lives, improve outcomes and reduce costs to welfare and public services. The programme is underpinned by the Community Budgets initiative. Community Budgets, which will initially be established in 16 areas, aim to give areas greater flexibility to pool together funding from a range of different streams and to identify and tackle barriers to doing this, as well as the trialling of new and innovative ways of working in some exemplar areas, which will be shared widely across the country.

These reforms are complemented with reforms to funding. The new Early Intervention Grant will provide funding to enable local authorities to act more strategically and target investment early, where it will have greatest impact. The Early Intervention Grant brings together funding for early intervention and preventative services for the most disadvantaged and vulnerable in society, for example, families with multiple problems, targeted support for young people Sure Start children's centres, short breaks for disabled children,. It is not ring-fenced and gives local authorities the freedom and flexibility they need to make savings while protecting the services that are most important to their residents.

The government is also providing direct funding to the voluntary sector to continue to provide services online and by telephone. This decision is driven by the belief that these forms of assistance can be convenient for families, and are designed to build parents' confidence in their own abilities to handle times of change, challenge or crisis; and strengthen their parenting skills.

Previous governments have also identified the importance of an effective and cohesive approach to supporting families, parents and carers of vulnerable young people, against a background of an at-risk population that shows no signs of decreasing. The proportion of 15- to 16-year-olds in the UK with significant emotional and behavioural difficulties such as hyperactivity and conduct disorders rose significantly between 1974 and 1999, and has remained constant since then with about 10 per cent of young people affected. High-quality parenting has been shown to make a significant difference to child behaviour and cognitive skills such as language development. Although the child's personality is another key factor, good

parenting is even more effective in children who are genetically vulnerable than in less vulnerable young people (Utting 2009; Scott 2010).

In 2006, the Common Assessment Framework (CAF) process was introduced as a consent-based, early intervention assessment tool, with an expectation that any practitioners working with children in England would use this for assessing the child, young person, parent and wider family's additional needs. It is a standardised framework for discussion between the practitioner, child, parent and their wider family, including their environment, family, development and so on. This approach is designed to deal with low-level, multiple problems (although it can be used for families with more serious problems) at an early stage before they become a crisis.

Local areas have found it helpful to expand the current CAF to include more details on family circumstances, and issues that the parent(s) may have that impact on the child, such as drug and alcohol misuse, domestic violence and mental health problems. The practitioner (often a lead professional) records the evidence from the discussions and gathers the multi-agency services that are required to meet the evident needs. This is often called the Team Around the Child or the Team Around the Family who meet with all individuals in the family to decide together the appropriate level of service to be provided, for example, a referral to a parenting programme and/or an intensive family intervention.

The assessment of the evidence recorded can lead to referral to specialist assessments such as Child and Adolescent Mental Health Services, Special Educational Needs services, adult mental health services, child and adult drug and alcohol services, counselling and so on. If the assessment shows that the child is 'at risk', then the local safeguarding protocols should be adhered to. The CAF process ensures that there is a continuum that incorporates targeted and specialist services.

NICE (2009) has published public health guidance on the care of children. In 2009, its public health guidance 20 recommended that all secondary education establishments adopt an organisation-wide approach to promoting social and emotional wellbeing in students. This requires adequate local authority support, organisational capacity, skills and specialist services, and sharing of practical advice; and a culture within schools of mutual respect, learning and successful relationships among young people and staff to reduce bullying and disruptive behaviour. The curriculum should support learning on social and emotional skills and wellbeing, teachers should receive adequate training and support, and parents should be supported and encouraged to be involved (NICE 2009).

In 2010, NICE and the Social Care Institute for Excellence published public health guidance 28 (NICE and SCIE 2010) on promoting the quality of life of looked-after children. One section of this guidance recommends that foster carers should receive high-quality, core training from specialist trainers on topics including key components of parenting; child development; promoting safe and appropriate emotional and physical family relationships; and the effects of transition and abuse on the child; as well as providing information about education and services. Foster carers and other family or friends who care for children should have high-quality ongoing support packages, supervision and advice.

The recent report by Frank Field MP (Field 2010) on the foundation years highlights the importance of good parenting skills in giving children the best start in life. The report makes a number of recommendations regarding supporting families of children in the first five years of life. The report identifies parental expectation and involvement in their children's learning as key factors affecting outcomes in later childhood. Graham Allen's (2011) subsequent report also makes very clear the critical importance of early intervention in the early years as the most cost-effective way of preventing problems from arising later in life.

A report on parenting produced by Demos (Lexmond *et al*/2011) recommends building the parenting skills base, targeting parenting support according to need, applying the early intervention principle beyond the early years, making shared parenting a reality, and supporting social networks and collective efficacy (where people in a neighbourhood can trust each other and exert informal social control for the public good). Achieving this for parents of children aged seven to 19 is seen to involve ensuring that every primary school has a parent liaison officer as a parent support adviser; supporting a living wage to reduce the number of families in in-work poverty; boosting the capacity of organisations to offer flexible work for parents without undermining productivity; improving the service offering for fathers; and, as part of the move to 'Big Society', training community organisers and setting up neighbourhood groups to provide social networks for parents.

The Coalition Government states that it aims to empower front-line professionals to have the skills, knowledge, confidence and freedom to exercise their own judgement and focus on the best interests of the child.

Research context

Previous governments have stressed the importance of quality evaluations in the context of parent support services. For example, the guidance *Sure Start children's centres* (DfES and DH 2006) states that the length and style of parenting programmes should be based on 'appropriately evaluated models'. Also, the Department for Children, Schools and Families commissioned an annual parental opinion survey, which ran from 2009 to 2010, to gather the views of parents about their confidence in their parenting skills and the services available to support them as parents.

Guidance documents such as *Sure Start children's centres* (DfES and DH 2006) and the parenting support standards in the *National Service Framework for Children, Young People and Maternity Services* (DfES and DH 2004) encourage support services to be made accessible to fathers and mothers and to involve parents and carers in the planning and delivery of local services. They address services targeted to meet specific needs such as mental health problems, parental drug or alcohol addiction, physical disability, teenage parenthood, and parents in prison. By focusing on specific needs, these guidance documents address gaps in the research and provision of services.

The evidence available on this topic is diverse. Each research document reports quite a distinct programme or intervention, targeting quite different family groups, with a diverse range of outcomes. This makes it difficult to compare across intervention types or to gain a consistent picture of the evidence.

Several parenting programmes, such as Incredible Years, have been shown to be effective, yet fewer than 10 per cent of approaches currently in use in the UK have evidence to show that they improve outcomes, and many are delivered by practitioners with no specific training. The National Academy for Parenting Practitioners was launched in England in 2007 to improve training of practitioners and research on this topic. Local authorities appointed parenting commissioners in 2009–10 to draw up local parenting strategies, based on programmes that have been shown to be effective, such as Functional Family Therapy and Supporting Parents on Kids Education in Schools, aimed at improving literacy and behaviour in primary school children (Scott 2010).

Previous reviews have attempted to draw together the evidence on support for parents and carers. The Family and Parenting Institute published the results of a literature review on the usefulness of parent skill-training programmes for parents at different family life stages and in different social settings and circumstances (Barrett 2010), while another Family and Parenting Institute review relating to families, parents and carers published in 2009 presents the results of a systematic literature review that examined issues relevant to the assessment of family needs for local parenting support services (Utting 2009). This review adds to the knowledge base as it differs in the range and scope of programmes considered by the aforementioned reviews.

The C4EO Theme Advisory Group, which consists of experts on research, policy, and practice in relation to families, parents and carers, established the scope of the present project (see Appendix 3 for the parameters document). The decision to focus on seven- to 19-year-olds was based on the important role that parents and carers can play during school years (DfES 2007). The Theme Advisory Group was interested in a range of school- and community-based interventions; as such, we searched broadly and included a range of intervention types. Outcomes could be conceived as those directly relating to an intervention (such as improved parent–child relations in a family therapy programme), those indirectly relating to a parental intervention (for example, the child's improved achievement in a parenting skills intervention) or those that led to longer-term success for the child (such as reduced deprivation in a parental employment support programme).

3. The evidence base

This section of the review describes the reviewed evidence, including the types of evidence available and the apparent gaps in the literature.

We carried out two searches, one for studies on effectiveness and the second on studies of cost-effectiveness.

Effectiveness

Our searches identified a total of 4,772 unique studies, which were assessed for their relevance to this review. As is usual with a systematic evidence review, the search identified many studies that were not of direct relevance to the research questions the review sought to answer, and these were excluded. A total of 351 studies were assessed as relevant to the review based on the inclusion criteria. More details of this process are given in Appendix 2.

Using a best evidence approach, 32 sources were classified as key items for the review. The full text of the key items was located and analysed in the research review. An item was deemed 'key' based on an informal appraisal of each study's likely relevance, value and rigour in the context of parents' and carers' services research. Those studies that were of high relevance to the review questions and seemed to have rigorous research methods and empirical components were flagged as key items for the research review.

A small number of key items had inadequate information in their abstracts to determine the exact relevance or methodological rigour, but appeared to be worth including as a key item for full inspection in the research review because they satisfied another criterion quite strongly. These included studies where the interventions had an effect on outcomes for children and young people as a secondary outcome of the study, but where the intervention was not designed with this outcome as its primary aim. Given that key items were determined on the basis of abstracts only, we generally opted to include rather than exclude sources where there was doubt about their relevance. After a more thorough screening on the basis of full-text documents, we excluded 14 of these key items as not being relevant, and four were irretrievable. Citation chasing added another nine studies, and seven more were identified from the cost-effectiveness search. We therefore reviewed a total of 50 key items from the literature review. The Theme Advisory Group identified 41 additional studies, published consultation reports and case studies throughout the review process, which were all assessed in line with the inclusion criteria for the literature review and included where relevant. Of these 41 items, we have included 28 in the report. The remainder were excluded for not providing unique reporting of original data of relevance to the effects of parent and carer support on improving outcomes in children and young people.

Details of the studies on cost-effectiveness are discussed in Section 6. Table 1 shows the distribution of effectiveness review items for the different questions. Note that some items were relevant to more than one question.

Table 1. Number of studies relevant to the different research questions

Research question relevance	Number
What does the evidence tell us about the family support needs of mothers, fathers and carers of children aged seven to 19 years around achievement, and emotional and behavioural health?	28
What does the evidence tell us about the impact of school-based initiatives that support and engage parents in improving their children's achievement, and emotional and behavioural outcomes?	38
What does the evidence tell us about the impact of community-based initiatives that support and engage parents in improving their children's achievement, and emotional and behavioural outcomes?	32

Almost all items included in the research review were empirical studies (see Table 2). It is important to note that a high proportion of the studies involved a mixed methods approach. This is important in permitting some triangulation of data. Studies that were relevant to more than one question or used more than one methodology have been added to each relevant category so the numbers do not necessarily add up to the same totals.

Table 2. Number of studies employing different research methods

Method	Number
Interviews	14
Randomised controlled trial (RCT)	12
Survey	11
Review (including meta-analysis)	10
Not clear	5
Case study	4
Secondary data collection (of official documents/datasets)	3
Controlled trial	3
Focus groups	1
Observation/monitoring	1

Study population

The population studied in this review was children and young people aged seven to 19 years and their families, parents and carers. The specific characteristics of the population studied were heterogeneous. Studies included in this review addressed parents with support needs in the following areas:

- accessing schools and services owing to cultural, social, economic or physical barriers
- emotional support
- financial support
- support with interaction with children in general and in relation to achievement in particular.

Most studies (32) included in the review were conducted in the UK, with 11 conducted in the US. One study was conducted in Canada and two did not provide sufficient country data. An additional six studies were reviews or comparison studies, which included studies from a variety of countries.

Cost-effectiveness

We ran a second search for cost-effectiveness studies, which identified a total of 495 unique sources (that is, items of literature) to be assessed for their relevance from database searches plus an additional two studies identified from a web search. The screening process led to the exclusion of 485 sources as being outside the study criteria. Of these:

- 399 items were excluded because they did not refer to interventions, services or support delivered to parents or carers primarily with the aim of affecting children's/young people's outcomes related to achievement, and emotional and behavioural health
- 38 items were excluded for being about young people under the age of seven and/or over the age of 19
- 18 items were excluded for not providing relevant data
- 30 items were excluded for not reporting cost data.

The remaining 12 sources were evaluated on full text. Ten studies were assessed as not meeting the criteria of the effectiveness review and were therefore excluded. Two additional studies were identified by citation chasing, six from the studies from the effectiveness search, plus another four studies were identified by the Theme Advisory Group. A total of 14 studies were therefore included in the cost-effectiveness review.

Full details of the search and methodology for the effectiveness and cost-effectiveness reviews are given in Appendix 1.

General issues and gaps in the reviewed evidence

- Few studies reported rigorous needs assessments being conducted before designing and implementing the services. It is therefore difficult to ascertain whether service needs had been met.
- Where needs assessments are conducted, they typically rely on service providers to indicate the needs of parents and families. More evidence on service needs by the service users themselves (that is, parents and children) would help to understand needs more precisely.
- Although programmes are targeted at parents, they aim to improve child outcomes. Few studies considered the benefits to parents, which could have indirect effects on the children in the longer term.
- Many studies suggested possible facilitators to engaging parents and carers in services, but almost none of these have been evaluated in any way. The efficacy of such approaches could be useful in improving low uptake of programmes by certain groups, particularly fathers and minority ethnic parents.
- One of the biggest concerns to parents in many studies was the issue of being stigmatised through involvement in the services. Research on how to improve general public perceptions of parenting programmes or the difficulty that many parents face in raising children and adolescents could help to change the broader cultural context that leads to such ways of thinking.
- The review identified few studies evaluating cost-effectiveness of interventions for parents, carers or families, with a particular lack of evidence on the cost-effectiveness of such interventions for improving children's outcomes. It is very important that programmes are evaluated to determine not only whether they are having a beneficial effect on children and parents, but also whether they are a cost-effective way of achieving such benefits.

4. What do service users and providers tell us about what works?

Key messages from the stakeholder data

- Parents and carers would like support that is informal and does not stigmatise, which allows them to talk naturally and openly, such as from befrienders or other peer support.
- Parents would like to see more support directed at issues facing adolescents, and more skills training aimed at parents. They need good-quality information about services that are available at a time and place that they can attend.
- Young people are most likely to seek support from friends when in difficulty, but also value having access to trustworthy and confidential sources of support. However, they feel that not all family issues should be discussed outside the home, because of stigma or in case this leads to them being taken into care or their parents getting into trouble.
- Young people increasingly use new media such as Facebook or msn to find information or talk about their problems.
- Professionals emphasise the value of building good relationships with service users, and multi-agency collaboration in delivering targeted programmes to young people.
- Service providers value being able to offer multi-agency services but recognise that staff need adequate support and training to deliver effectively.
- Service providers overall recognise the need to evaluate what they are providing and monitor intended and additional outcomes. However, the difficulties in achieving adequate and useful evaluation have been a barrier to success.

The experiences of parents and carers, young people and those providing services to vulnerable young people have much to add to our knowledge of what works in narrowing the gap in outcomes for young people through effective practice.

This section of the review summarises key points from group discussions with parents and carers and, separately, with young people and local service providers to discuss key issues affecting support services for vulnerable young people. It reports participants' experiences and opinions rather than research evidence on which the rest of this review is based.

Stakeholder views were gathered and summarised through a Parents and Carers Panel, two focus groups and consultations with young people, all coordinated by C4EO, and a series of training events that were held to discuss the findings that emerged from the C4EO research review, *Improving outcomes for young people by*

spreading and deepening the impact of targeted youth support and development (O'Mara et al 2010).

We have supplemented the stakeholder views with data from published reports from similar consultations that were identified by the National Children's Bureau and the Family and Parenting Institute. These reports add information about views of parents and carers on service provision and barriers they perceive to accessing such services, but do not relate specifically to the content of this review.

Views from parents and carers

Unless otherwise stated, the views reported in this subsection are the result of discussions held by C4EO's Parents and Carers Panel in London in July 2010. The executive summary from the research review was sent to the Parents and Carers Panel by email as a basis for discussion.

Useful support for parents to improve their child's outcomes

Parents and carers consistently reported that they would benefit from **skills training** provided by schools or the local community, in particular on parenting skills, behaviour management and employment skills, as well as information on what is being taught in schools, especially at secondary level.

Many participants wanted a **non-stigmatising, non-judgemental approach** to support. Stigma might be reduced by having more parent groups and peer support such as befriending by another parent, and by offering the support universally, even if the contents address a specific subset of needs.

A **published consultation report** from Staffordshire found that initial experiences, good and bad, coloured attitudes towards further engagement with the same or other services. Problems in one area of life could lead to problems in other areas, but parents were often wary of social services, and felt that there was inadequate communication and information. Parents of children with special needs found it particularly difficult to access services for their often complex needs. Good services required a joined-up approach, with multiple agencies coordinating their work and developing relationships based on trust and respect (Rowland-Green 2009).

Informal support was reported to be useful by many participants, in particular the parents of teenagers. It was also important that the support allowed quality time with children, short waiting times and consistency of staff and funding.

A **published survey** of parents of primary school children who had identified that they needed support found that most relied on family and friends for informal support and had little knowledge about what services were available. More than 80 per cent of parents wanted **information, support and advice**, in particular practical support such as after-school facilities (Johnson *et al* 2005).

A **published consultation** exercise for parents in Solihull also found that parents wanted more information, support and services to help them keep their children healthy and safe; and better relationships with their children's schools. A total of 70

per cent of parents had received services that they thought had helped their children or family. Only 30 per cent of parents could always access the information they required, with the main barriers being not knowing where to go for information or getting different answers from different sources (Ask Parents 2010).

Building non-stigmatised support and relationships

Parents and carers reported many ways in which practitioners can build a good relationship with parents and help them support their children, including publicising information on available support at a range of community health and school venues; listening without judging to parents' diverse needs, and using these as a basis of the support; improving access by delivering support at locations and times that parents can attend, such as within the school and as a 'one-stop shop' to multiple agencies; and providing continual contact between parents and practitioners through regular telephone calls, text messaging or email, and reimbursing expenses for attending meetings.

A **published consultation report** by the Family and Parenting Institute found that strategies to help parents get involved in their child's education included starting at primary school; hosting social or learning events for parents at the school; encouraging children to promote involvement of their parents; and providing information about the Education Maintenance Allowance or other financial incentives to keep young people in education. Many parents perceived a barrier between them and the secondary school (Virgo 2010).

Views from young people

The aim of this consultation exercise was to give children and young people the opportunity to provide feedback about their experiences in order to better understand the issues faced by young people, and how best to overcome barriers and engage them in the services. In this subsection, the people consulted include:

- 50 Youth4U young inspectors from the following areas: Thurrock, Southampton, Bromley, Sutton, Nottinghamshire
- 12 members of the Skills Development Programme
- nine Young NCB members (YNCB).

Sources of support when facing difficulties

Most participants reported that the source of help they sought depended on the type of problem they were facing, for example:

- for pregnancy issues, they would seek help from friends, teachers or doctors
- if caught shoplifting, they would seek help from parents or police officers, but not friends
- for domestic violence concerns, they were likely to tell a friend or no one at all
- for family financial problems, they were likely to speak to teachers.

The most valued aspect of support was that it is anonymous and confidential. Despite this, seeking help from friends was the most commonly reported source of support, even though friends do not always keep information confidential. Few participants reported seeking advice from family members, foster parents, friends of the family or other outsiders, because problems were considered “too personal”. Many participants feared that this would result in negative consequences, such as being separated from their parents.

Services mentioned as being helpful included various Connexions services,² C2U³ drop-in sessions and ChildLine, although participants feared that services such as these may not be confidential. Counsellors from these services were described as sometimes “reading off a sheet and think they know you”.

Encouraging young people to talk

For those willing to discuss their home environment, it was important to have a comfortable, approachable and neutral location in which to do so. Writing their feelings down, such as on Facebook, was considered helpful by two participants.

Activities that encourage the expression of feelings, such as drama classes, can be another good way to encourage young people to share, within a school environment, although this has to be done with sensitivity.

Accessing information

Young people wanted information on a range of topics, including health, careers, lifestyle and practical skills. The internet was an important place for young people to find out about places to go and people they could talk to about their family problems, especially social networking sites such as msn, Facebook and MySpace. Information and advice were also accessed through Connexions helplines and general practitioners. Some participants reported that they preferred receiving information from leaflets because they could get advice without having to ask for information face to face.

Views from service providers

Supporting parents and carers to improve child outcomes

The views in this subsection are based on discussion groups held at three C4EO training events (for full details, see Appendix 7).

² Connexions was created in 2000 as a UK Government information, advice, guidance and support service for 13- to 19-year-olds, with services up to the age of 25 for young people with learning difficulties or disabilities. It covers domains such as careers, employment, health and housing.

³ C2U is a drop-in service offering information on health and relationship issues to young people under the age of 20.

Multi-agency working was considered a good model for providing support, and staff needed to feel supported so that they could support families. One reported example was a Family SEAL programme in Staffordshire that lasted seven weeks, addressing issues regarding unofficial exclusions for young people. Parent support workers funded by the schools led the programme and were able to manage large caseloads and provide ongoing support to help tackle problem behaviour, attendance and attainment.

Initial needs assessments were carried out via an initial family assessment, a 'team around the child' approach and a holistic 'family approach'. It was suggested that parents and carers would benefit from being given an 'A-Z' directory that provided details of available support and activities.

Programme evaluation

All participants conducted some form of evaluation of their programmes. However, no feedback was provided regarding costs and benefits of programmes. Strategies used for evaluation included coordinated referrals, feedback from stakeholders, benchmarking of outcomes, and measuring effectiveness before and after an intervention, based on the Common Assessment Framework. However, making changes based on evaluation was difficult because of a shortage in funding.

Barriers to accessing services

All three groups, as well as two published consultation reports (Staffordshire Children's Trust parenting strategy Parts A and B, 2009–2011) (Drury and Rowland-Green 2009; Rowland-Green 2009), mentioned similar barriers to accessing services. Common barriers included not knowing about relevant services; fear of confidences not being honoured, leading to stigmatisation, family disruption and 'getting into trouble'; poor accessibility (location, time, language and the need for childcare), especially at secondary school level; and insufficient staff or funding of the service. Financial barriers included the cost of participation, and a benefits system that 'rewarded' people with problems.

Engaging under-represented groups

Parents and carers reported multiple ways in which services could better engage parents and support under-represented groups, for example, low-income families, fathers and minority ethnic parents. These included conducting outreach activities, and training community members from diverse cultural and lingual backgrounds to deliver programmes so that diverse needs could be met. Similarly, services could be offered at culturally relevant sites such as mosques, as well as health centres and schools, and at times that allowed working parents to attend. Fostering the relationship between the school and parents, and the school and the local community, was also seen as important, to make parents feel valued and understood. Participants felt that providing universal rather than targeted support might reduce stigmatisation, although some parents might be initially identified from a more targeted approach.

This section of the review has considered the evidence from different stakeholder groups and published consultation reports. In the next section, we summarise the findings of a best evidence review of available literature on the support needs of parents and carers of young people, and what types of support are effective at improving outcomes in the children and young people themselves, and provide some validated local practice examples of successful approaches around the country.

5. The support needs of parents and carers of children aged seven to 19 years. This section looks at the family support needs of mothers, fathers and carers of children aged seven to 19 years for improving their children's outcomes, based on the literature review and validated local practice examples. Evidence suggests that there are a number of outcomes in which many children need improvement. The data annexe to this report shows the prevalence of mental health problems (emotional disorders, conduct disorders and ADHD) and persistent absenteeism, and the attainment levels of children and young people in the UK. The figures presented give some indication of the extent of these problems in the population. For instance, 10 per cent of children aged five to 16 in the UK were clinically diagnosed with a mental health disorder in 2004, while 3.3 per cent of school children in 2008–2009 were persistent absentees (see data annexe).

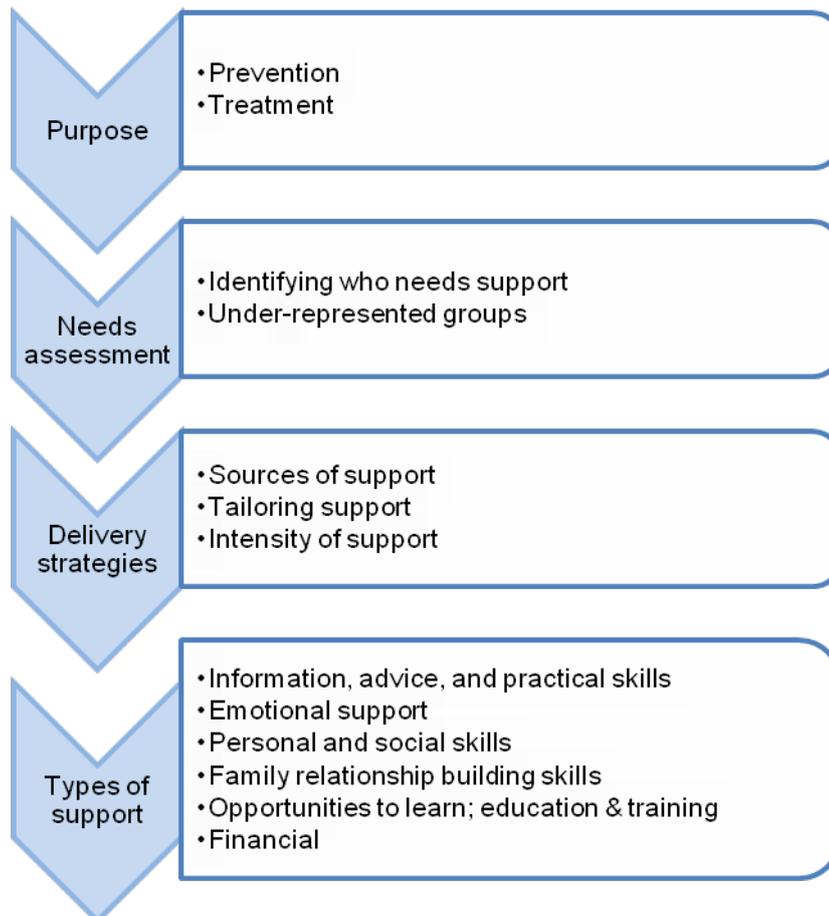
Parents and carers are in a special position to help their children improve their outcomes. However, some parents and carers need support in helping their children. Barrett (2008), in a review of the service needs of parents and carers in the UK, notes that the number of services has continued to increase over recent years (see also Utting, 2009). However, Barrett concludes that information about these services is not as organised or accessible for parents and carers as it should be. This can hinder attempts to understand the support needs of parents and carers at a policy and service-delivery level.

Key messages

- Preventive support is more prevalent in the context of populations 'at risk' of poor outcomes (for example, children with ADHD, or parents with intellectual disabilities). However, some families may need either prevention or treatment, and others may need a combination of both.
- Needs assessments are not sufficiently used in designing support services. This is particularly true for under-represented groups such as fathers and minority ethnic groups. Surveys, focus groups and consultations can be used to assess the needs of a group or community.
- Parents are often happy to receive certain types of support from families and friends. Needs assessments should determine which needs they would like to have met by school- or community-based programmes.
- Parents feel that they need the following types of support, information, advice and practical skills: emotional support; personal and social skills; family relationship building skills; opportunities to learn, education and training, and employment; financial support; and housing provision.

In this review, we have attempted to map out the various service needs noted in the research literature. The support needs of parents and carers can be considered from a variety of angles. The different ways and contexts in which these needs were discussed in the evidence can be classified into four main categories: the purpose of the support; how support needs are identified; delivery needs; and the types of support that parents and carers need. These categories are illustrated in Figure 1 and discussed further below.

Figure 1. The different categories of support needs considered in the literature



Purpose of the support

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

We identified five studies that showed the benefit of a preventive approach to offering support before a problem becomes intractable (Spoth *et al* 2005; Tarleton and Ward 2007; Cameron *et al* 2008; Lindsay *et al* 2009; Stormshak *et al* 2009). This means providing support before a problem develops or is exacerbated. Preventative measures are typically encouraged where the family is at risk of problems in the future as a result of low socio-economic status, intellectual disability or other disabilities. For example, Cameron *et al* (2008) note that low-level ongoing prevention is particularly important with families who experience poverty.

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

Risk factors for the parents such as intellectual disability or poverty can also require early intervention. Tarleton and Ward (2007) describe examples of positive practice in supporting parents with intellectual disabilities⁴ and their children across five regions in the UK, after speaking with 30 parents with intellectual disabilities. Parents were interviewed using open-ended questions such as how they were being supported in their parenting, how they would like to be supported and how the support could be improved. The support received took various forms: developing skills, developing self-confidence, support to keep their children and help in understanding the court process. As such, the forms of support varied depending on the particular parent's experiences (in other words, there was no uniform type of support). The authors note that ongoing support for parents with intellectual disabilities can reduce the likelihood of future problems that might otherwise warrant the intervention of child protection professionals.

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

See the data annexe for data on the prevalence of mental health disorders in 2004 in children aged five to 16 years by age and gender (Figure 8), ethnicity (Figure 9) and socio-economic status (Figure 10).

⁴ Intellectual disability refers to a significantly below average level of cognitive ability.

Needs assessment

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

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

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

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

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

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

- the Annual Performance Assessment and the Joint Annual Review (advocated by almost half of the 150 local authorities' children's services directors)
- Common Assessment Framework guidance (advocated by two-thirds of the local authorities)
- other central government guidance (used by three-quarters of the local authorities).

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

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

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

Brunner *et al* (2009) identified the types of support that disabled parents would like schools to offer. These included flexible and generic support such as breakfast clubs; after-school groups that could be used to support parents with mental health problems who are having a crisis; facilitating access to the school building for parents with physical disabilities such as by issuing them with a pass to the school car park or making staff available to assist the parent to enter the school; providing feedback or information in an appropriate way, such as explaining the child's homework or describing their behaviour verbally to parents with learning or vision disorders, or allowing hearing-impaired parents to text the school rather than ring in; improving the layout of the school so that disabled parents can access the classrooms; and working with other agencies to provide multidisciplinary support.

It was suggested that implementing and coordinating standards within and across local authorities could help to improve the effectiveness of needs assessment (Virgo

2009). No clear systems are in place for information sharing. Two factors were identified as gaps in the current structure: lack of strategic coordination roles and the lack of prioritisation of evaluations and standards. It might also be useful to explore how the Common Assessment Framework could be used to address these concerns.

Delivery strategies

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

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

Two studies discussed the **sources of support** available to parents. Edwards and Gillies (2004) reported that parents of children aged eight to 12 years said that family and friends were the main sources of support on child-rearing issues, but both family and professionals would be consulted on issues of child health. Social services were an appropriate place to turn to for financial help, but minority ethnic parents tended to endorse seeking financial support from other family members. Similarly, a survey by Ipsos MORI (2008) found that parents mostly turned to health visitors, doctors and their own parents or relatives for information and advice on parenting issues – depending on the issue.

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

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

The Parent Opinion Survey (Peters *et al* 2010) evaluated parents' perceptions of their ability to support their child's learning. The survey found that non-resident parents, those who did not speak English as a first language and those who had not continued education past 15 years of age were less confident in supporting their child's learning. Parents were more confident in their ability to help with homework if their child was in their lower years of school. The survey results suggest that interventions may benefit from tailoring treatment to where parents are most vulnerable, or least confident in their abilities.

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

Types of support

Twenty of the studies included in our review discussed the sorts of support needs that parents, service providers or the research authors themselves identified. For example, Tarleton and Ward (2007) found that parents wanted support in being good parents through learning practical skills (including dealing with household bills and cooking). The validated local practice example below shows how some of these practical skills have been addressed by Shelter Bristol.

Validated local practice example

Keys to the Future Children's Service

Shelter Bristol established six ground-level projects to support vulnerable homeless children and prevent youth homelessness.

The project works in close cooperation with the Shelter Homeless to Home (H2H) service to provide holistic help and advice for parents on housing applications, budget management and financial support opportunities, finding local recreational activities and registering with a doctor. Making use of the Common Assessment Framework, workers coordinate multi-agency work for children with complex needs, such as by offering one-to-one recreational and educational activities to build confidence. The joint service has reduced the risk of repeat homelessness and increased the likelihood of children and young people achieving improved outcomes. For example, the project helped re-house one family, and helped the mother deal with negative behaviour from her child and improve the child's school attendance.

Shelter Bristol has recently launched a Skills Support Service, which offers a TREE (Training, Recreation, Education and Employment) worker, a NEET (Not in Education, Employment or Training) worker and a volunteers coordinator to contribute to the delivery of their support. A case study indicated that the project was good value for money, with between £4 and £7 saved in reduced family risk for every £1 invested.

This, and other, validated practice examples can be found on the [C4EO website](#).

The different types of support that were mentioned as needed by parents fell into six main categories:

- **Information, advice and practical skills** (12 studies). This category includes a range of information and practical skills such as information on school policies

with regard to expulsion, cooking classes and advice on dealing with troublesome young people.

- **Emotional support; someone to talk to** (eight studies). Emotional support was often cited as a strong parental need when the child had characteristics that put them at risk of poor outcomes (such as a child with conduct disorders). Parents desired an empathetic person to listen to their concerns and provide comfort.
- **Personal and social skills** (four studies). Some studies noted a need to improve the personal and social skills of parents through confidence and communication skills training.
- **Family relationship building skills** (five studies). Although many studies directly targeted family relationship building through their support programme (thereby implicitly suggesting a need for this type of support), five studies concluded that family relationship building sessions were important in improving child outcomes.
- **Opportunities to learn, education and training, and employment** (three studies). With improving child outcomes as the focus of this review, it is probably unsurprising that interventions designed to improve *parental* learning, access to education, and employability received little attention. As will be described in Section 6 (on the effectiveness of parenting interventions), these sorts of interventions seem to have few benefits for the sort of child outcomes measured (such as behaviour and achievement). It is possible that supporting these particular needs of parents will have a longer-term, indirect impact on child outcomes.
- **Financial support; housing provision** (eight studies). As with educational and employment programmes directed at parents, evidence on financial and housing support was inconclusive about their benefits to children (at least for the outcomes measured and over the time spans covered). However, they were more frequently recommended because they were posited to relieve basic pressures on families that can lead to other problems (such as family instability).

Appendix 4 shows which studies advocated which of the six types of interventions. Many studies advocated multiple components for parent-focused programmes.

Conclusions

Both preventative and treatment interventions are recommended in the literature. Preventative support is more prevalent in the context of populations 'at risk' of poor outcomes (for example, children with ADHD or parents with intellectual disabilities or physical disabilities). However, some families may need either prevention or treatment, and others may need a combination of both.

The support needs of parents are rarely adequately assessed through means such as surveys, focus groups and consultations. This is particularly true for under-represented groups such as fathers and minority ethnic groups. In fact, not all parents feel that their needs should be met by the community or schools – parents are often happy to receive certain types of support from families and friends.

However, there is a promising array of types of interventions available to meet differing needs. Most parents want information, advice and/or emotional support to help improve their child's outcomes. The sources of support, the ability to tailor support to individual needs and the intensity of support are also factors in influencing how well parents' needs are met.

6. The effectiveness of parent-focused initiatives in improving child outcomes

There is a consistent evidence base showing that the parent–child relationship has a basic connection with child behavioural, emotional, psychological, social, educational, intellectual and physical health outcomes (O'Connor and Scott 2007).

This section aims to address questions about the effectiveness of parent interventions and support designed to improve child outcomes. Specifically, we explore what we know about the impact of school- and community-based initiatives that aim to support and engage parents and carers in improving their children's:

- achievement
- emotional, behavioural and social outcomes
- health
- other outcomes.

Key messages

- Key ingredients for effective practice in community settings include using joined-up multi-agency approaches; having a quality workforce; using media to engage hard-to-reach people; and using simultaneous practical and therapeutic interventions.
- Elements of effective school-based practice include offering a one-to-one and face-to-face approach to parents; offering a range of services in one location; and maintaining the intervention effects in the long term.
- School-based programmes improve key behavioural, educational, social and family outcomes. Offering a range of services in the same location or through a single point of contact can improve the services available through schools.
- Training in parenting skills is an effective way to reduce substance abuse and improve child behaviour.
- Community-based programmes can improve child behaviour and welfare, and reduce time spent in care and juvenile crime. Successful programmes are typically either parenting skills programmes or support to manage housing, employment, training or education.
- Dedicated service provision coordinators who work across agencies and bridge across children's and adult services are likely to improve intervention effectiveness.
- The provision of financial supplements or incentives to parents typically has no effect – or sometimes negative effects – on child outcomes, but can lead to positive outcomes such as parental employment or reduction in poverty.
- Mixed interventions that include, for example, school- plus community-based modules can also have positive outcomes for children and families, but little data is available on whether they are more or less effective than single interventions.

Community-based initiatives

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

- Incredible Years (57 per cent of local authorities)
- Triple P (41 per cent)
- Strengthening Families (a US-originated, science-based life skills training programme for children aged six to 11 or 12 to 16 years; 23 per cent)
- Strengthening Families, Strengthening Communities (a US-originated parent education programme; 17 per cent).

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

A report by Allen (2011) highlighted the need for early intervention – both intervening in the early years for higher-risk families and intervening early once problems and risk factors are identified in older children and young people – to improve social, behavioural and academic outcomes, and also to save the cost of expensive late interventions, in particular, foster care and custodial sentences. Although many of the interventions discussed in the report are relevant to families with children under five years, or based on targeted youth support rather than aimed at parents and families, and therefore out of the scope of our review, it did report on the effectiveness and cost-effectiveness of functional family therapy. This service is being trialled in Brighton for young people aged 11 to 18 years who are showing signs of repeated criminal behaviour. A social worker gives 30 hours of treatment involving parents and the young person, focusing on improving family relationships. The programme has been shown to reduce criminal recidivism, need for out-of-home placements or referral for additional services, by between 25 and 55 per cent.

Other programmes also identified in Allen's report as effective and/or cost-effective for families and parents of young people aged seven to 19 include:

- Triple P – a multi-tiered parenting programme with some universal and some targeted interventions (also reported in O'Mara *et al* 2011)
- Incredible Years – a parenting programme for parents of children aged 0 to 12 at risk of conduct disorder

- Multi-Systemic Therapy – a youth intervention that aims to improve the family's ability to overcome the known causes of delinquency in young people aged 12 to 17, with an estimated benefit-to-cost ratio of 2.5:1 (Allen 2011).

Nine studies reported the effectiveness of community-based programmes for parents in improving child outcomes. Eight of the nine studies were conducted in the UK; the other study was a review consisting of studies from a number of countries (but mostly from the US). The most common outcome measured was child behaviour.

Key ingredients for effective practice in community settings are:

- **Joined-up multi-agency approaches.** Having a dedicated coordinator might be necessary to ensure that the added complexity of multi-agency support is managed efficiently, while also providing a clear point of contact for parents and carers.
- **Having a quality workforce.** In particular, workforce development could focus on the interpersonal and communication skills of service staff, as parents and carers value empathy.
- **Having an effective outreach function.** Making interventions more accessible, such as delivering parenting skills training through a popular television show, can increase accessibility to some families.
- **Using both practical and therapeutic interventions simultaneously.** Providing access to housing alone is unlikely to be effective in improving most child outcomes unless it is complemented by therapeutic support for the parents.

A systematic review of the evidence on what works in parent support programmes found that early support led to better and more durable outcomes for children, but later intervention was better than no intervention. Effective interventions made it clear how services could achieve what was necessary; were flexible and focused on engaging and keeping parent involvement; and were delivered by trained staff. Less severe and general types of problems can be managed with universal interventions, group work and short-term programmes, but more specific or complex problems may require targeted interventions, providing individual work and advice on behavioural interventions, and may need longer-term input. However, the review concluded that stressed families struggle to benefit from parenting programmes until they are relieved of some of the burdens of poverty, unemployment, and poor health, housing and education (Moran *et al* 2004).

Calam *et al* (2008) evaluated a six-week television series aimed at parents, *Driving mum and dad mad*, which was aired in the UK. The evaluation authors describe it as 'a highly accessible and entertaining observational documentary format' (Calam *et al* 2008 p 348). It showed five families with children with severe conduct problems who were involved in the evidence-based intervention called Triple P (Positive Parenting Programme). *Triple P* emphasises five key principles: ensuring a safe, interesting environment; creating a positive learning environment; using assertive discipline; having realistic expectations; and taking care of oneself as a parent (Calam *et al* 2008). The evaluation involved randomly assigning parents to a standard condition

(receiving weekly emails reminding them to watch the show) or an enhanced condition (receiving a self-help workbook, extra web and email support and detailed weekly reminders to watch the series, including tips). Most families in the evaluation were at risk as a result of various factors such as low socio-economic status, high parental conflict, and/or risk of depression in at least one parent. In both conditions, parents who watched the programme reported significant improvements from pre- to post-intervention in their **child's behaviour**. Other benefits to the parents included self-reported reductions in dysfunctional parenting, parental anger and depression, and increases in self-efficacy. The authors concluded that media interventions involving evidence-based parenting programmes can be effective in reaching families who are usually difficult to engage, such as those with low socio-economic status.

Lindsay *et al* (2008) reported on the UK-based *Parenting Early Intervention Pathfinder (PEIP)* programme, which included three parenting programmes for families with eight- to 13-year-old children and was based on social learning theory. The programmes evaluated were: **Incredible Years** (designed for children with conduct problems), **Triple P** (designed to be adaptable to the families' needs) and **Strengthening Families, Strengthening Communities** (designed for minority ethnic groups). The parents in the programmes generally had lower than normal levels of mental wellbeing, and most parents reported that their child or children had very high levels of emotional and behavioural problems. Eighteen local authorities (six per programme) located across England received funding for the interventions, and two non-funded comparison local authorities were also evaluated. Improvements, as measured by self-report in **child behaviour**, **parent outcomes** (including mental wellbeing) and **family relationships** were observed in the treatment groups. There was a statistically highly significant improvement in the parents' perceptions of the emotional and behavioural functioning of their children.

Case study: The Triple P programme in Brighton and Hove

An evaluation of the Triple P Positive Parenting Programme, run in Brighton and Hove during 2008, found that parents benefited from learning new parenting strategies, meeting other parents and gaining insight into how to address specific issues or behaviours in their child. One-to-one telephone support after the course helped to embed and develop the learning. Most parents reported improved behaviour in their child and a calmer family as a result of the course. The course offered five group sessions and three one-to-one sessions to parents of 'at-risk' families (Roker and Shepherd 2008). More information on the *Triple P* programmes in the UK can be obtained from www8.triplep.net/.

A study on *Family Intervention Projects*, delivered by local agencies in the UK, also reported benefits in **child behaviour** (NCSR 2010). Other positive outcomes included reduced **truancy**, **school exclusion** and **anti-social behaviours**. The *Family Intervention Projects* dealt with the most challenging families in order to tackle targeted problems such as anti-social behaviour, preventing youth crime and tackling child poverty. Support varied depending on the families' needs, but could include one-to-one parenting support; help in managing the risk of eviction; and support to find education, training or work. Families were assigned a dedicated 'key

worker' who coordinated a 'multi-agency package of support'. Having joined-up service provision seems critical in engaging families, which could contribute to the success of this particular initiative.

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

The validated local practice example below describes how the *Families and Schools Together (FAST)* programme aims to help children and young people succeed at school and within the family.

Validated local practice example

Families and Schools Together (FAST)

FAST is a parental engagement and community strengthening programme that aims to help children succeed at school and strengthen families and communities. The programme encourages schools and service providers to work in partnership with parents, implement projects within a robust evidence base, and link professionals and volunteers who do not typically have an opportunity to work as partners.

Each of the eight weekly sessions includes a meal shared as a family; family communication games; a self-help parent group session; one-to-one parent-child time; and a fixed lottery that lets every family win once, followed by a closing game. After graduation, parents are invited to continue with monthly parent-led meetings for another 22 months.

The programme is delivered by a collaborative team, including a parent partner with an older child, a school partner and community-based partner(s) from health or social services. Each participating site is thoroughly evaluated for child, family and community outcomes before and after the programme is run. The programme has been found to enhance family functioning, improve academic performance and reduce stress experienced by families.

Forty families engaged in an eight-week multi-family session at a cost of £18,600. This equated to £465 per family per programme.

This, and other, validated practice examples can be found on the [C4EO website](#).

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

Farrington and Welsh (2003) also conducted a review and meta-analysis of the effectiveness of strictly family-based (in contrast to parent-specific) interventions aimed at preventing crime among young people. The home/community interventions included in the review included family therapy and parent training. Overall, there were mixed results on the effectiveness of home/community interventions since only half of the studies showed a beneficial effect. The mean-effect size for home/community interventions was 0.181, which was small but considered generally effective in the meta-analysis.

Tarleton and Ward's (2007) study examined support for parents with intellectual disabilities and their children in England, Scotland and Wales. Thirty parents in rural, urban and metropolitan areas were asked about issues concerning support and

positive practice. Parents reported that the support they received contributed to the safeguarding of their **children's welfare**. The study design does not allow generalisation of these findings to other parents with intellectual disabilities; however, it does offer some indication that support services allow some parents with intellectual disabilities to continue parenting their children.

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

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

A systematic review found that early family or parent training, offered when children are under the age of five, is effective at reducing **behaviour problems** when the children are older, such as conduct problems, anti-social behaviour and delinquency, with 33 per cent of young people in the programmes reoffending, compared with 50 per cent of young people in control group families not offered such training. There was also some evidence that early family/parent training may reduce delinquency and crime later in adolescence and adulthood (Piquero *et al* 2008).

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

The interventions were evaluated using quantitative and qualitative methods, with statistical data collected from 256 families; however, the analyses were based on only a subsection of these families. The report authors concluded that 85 per cent of families ceased to receive anti-social behaviour complaints completely or to an extent that did not jeopardise their tenancy, while 80 per cent of families were deemed by project workers to be sufficiently stabilised. Project workers' assessment of the impact of interventions suggested that **children's mental health** improved in 40 per cent of cases and **physical health** in 53 per cent of cases. However, these findings were based on data from only 15 per cent of the total sample, and only applied to the families who 'fully or partly engaged' with the projects. This suggests that the sample from which conclusions were drawn is biased.

See the data annexe for data on the prevalence of mental health disorders in 2004 in children aged five to 16 years by age and gender (Figure 8), ethnicity (Figure 9) and socio-economic status (Figure 10).

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

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

The validated local practice example below describes how the complex needs of adolescents with challenging behaviour and their families are being met by the Adolescent Multi-Agency Support Service (AMASS) in Islington.

Validated local practice example

The Adolescent Multi-Agency Support Service (AMASS) using an intensive community outreach model with complex need adolescents and their families

The project delivers intensive community interventions via co-located multi-agency teams for families caring for adolescents who experience, or are at risk of, offending, anti-social behaviour, school exclusion and poor attendance, self-injurious behaviours and substance misuse.

AMASS delivers a six-month high-intensity parent/carer empowerment intervention with assertive outreach towards the young person, focused around education and positive activity. The delivery model repositions the parent/carer as the authority, with central responsibility and decision-making around the child, while encouraging them to build their own support networks.

In an evaluation of the project, parents were able to identify positive outcomes for themselves, including an improved ability to manage behaviour and to view their life situation differently, and improved emotional wellbeing. Young people showed re-engagement with education and improved behaviour. However, the evaluation suggested that only 75 per cent of young people were still living at home after the first year following AMASS, and the programme may be less effective for young people who are already chronic offenders.

External evaluators suggest that the service produces cost savings related to reduced demands for public care. Twenty-two families with a young person exhibiting challenging behaviour benefited from the service between 2009 and 2010 at a cost of £780,000. This equates to £739.00 per family per week. The social return on investment is £1.46 for every £1.00 invested. Estimated savings to the local authority/Department for Education over two years is £336,932, the local authority/Department of Health is £161,356 and the local authority/Ministry of Justice is £624,000 (Brodie *et al* 2009).

This, and other, validated practice examples can be found on the [C4EO website](#).

School-based initiatives

All the studies reported in this subsection were conducted in school settings. Ten studies reported the effectiveness of school-based initiatives. Half of these were from the UK, while the other half were conducted in the US. We emphasise that evidence from the US might not be completely transferable to the UK context, given the different cultural and political contexts and education systems (the US has middle school between primary and secondary school, while the UK does not).

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

From the evidence, ingredients for effective practice are:

- **Offering a one-to-one approach.** Having a single point of contact, such as parent support advisers based in schools, is important in engaging parents and carers. Parent support advisers mean that parents do not have to deal with numerous teachers and support staff if they need help.
- **Providing face-to-face support.** The interface between parents and school staff can ensure that parents and carers have complete and accurate

information about important aspects of their child's schooling, such as the child's performance and school rules about expulsion.

- **Offering a range of services in one location.** Families with multiple service needs (such as health, mental health, education and employment services) can benefit from having these services offered in one location. Not only is it more convenient, it can also ensure that the services are properly linked and information is shared between services. Providing these services through a school, such as a full service extended school, can reduce some of the stigma and difficulty that parents face in pursuing various and multiple types of support.
- **Maintaining the intervention effects.** Running 'reunion' sessions for attendees at parental skills training and other interventions can help to ensure that the benefits of interventions are maintained in the long term.

Goodall and Vorhaus (2011 forthcoming) identified that effective interventions aimed at promoting parental engagement were planned for, based on a comprehensive needs assessment, and embedded in the programme; had effective leadership; were underpinned by collaboration and engagement; and received ongoing support, monitoring and development to ensure sustained improvement.

In a large-scale research programme, Cummings *et al* (2007) evaluated the effectiveness of full service extended schools. These are designed to provide a comprehensive range of services, including 'access to health services, adult learning and community activities, as well as study support and 8am to 6pm childcare' (p 2). Most serve areas of disadvantage. Full service extended schools are asked to focus on five areas – childcare, out of school hours activities, parenting support, referral to other agencies, and community access to information and communications technology and other facilities. Among other methods, the evaluation included detailed case studies, examination of standardised achievement test results, and a questionnaire completed by the students. The study reported improvements in children's **engagement with learning, family stability, enhanced life chances** and **child behaviour**. However, there was no clear, significant effect on **pupil attainment**. It is important to note that full service extended schools are not a parent-focused intervention, but rather a holistic service provision for the child and family, making it difficult to ascertain how much of the improvement in outcomes is due to the parental component.

The previous UK Government set up a knowledge-sharing scheme in three local authorities in the UK, with the aim of informing schools about how to help parents and carers improve their child's learning (DCSF 2009b). The programme involved easing communication between parents and teachers. Ten primary and five secondary schools were involved in the project. In an evaluation of the project, there was some evidence of increased **parental involvement** and improved **family relationships** (for instance, 62 per cent of parents in the evaluation reported enjoyment in helping with their child's homework), but limited evidence of improvements in **attainment**. Apparently, critical to this success was the value placed on face-to-face meetings with parents. However, the evaluation of the project

was not rigorous and so the findings should be taken as suggestive rather than conclusive.

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

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

See the data annexe for data on the proportion of children achieving level 4+ in Key Stage 2 English and mathematics in 2008/09 by background characteristics such as gender and eligibility for free school meals (Figure 4) and ethnic group (Figure 5).

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

See the data annexe for data on the prevalence of persistent absenteeism by type of school in 2006/07–2008/09 (Figure 1), by background characteristics such as gender and eligibility for free school meals in 2008/09 (Figure 2) and by ethnic group in 2008/09 (Figure 3).

The National College for Leadership of Schools and Children's Services (2010) evaluated the ways in which leaders of 10 UK school clusters engage parents in improving the life chances for their children. The evaluation found that the schools that were actively engaging parents had focused on meeting the needs of parents, based on the **parents' own perspectives**. For example, in the Selly Oak cluster located in Birmingham, the girls' secondary school runs a small class with Muslim mothers. The class is facilitated by a parent support adviser and the content of the class is taken directly from the wishes of participating members.

The National College for Leadership of Schools and Children's Services (2010) report describes a cultural shift towards **collaboration**, where all the clusters listen to stakeholders, including the staff, parents and children involved, and integrate parental engagement with wider practices and support. The sustainability of parental engagement practices was attributed to shared commitment, passion and moral purpose, with strong strategic leadership, usually from the head teacher or other senior staff of the school. Most leaders in these clusters found this to be more important than funding.

Improvement in the child's behaviour is a common outcome of parent-focused support services. When baseline levels of behaviour are already very low, then interventions can play a 'containment' role, by preventing bad **behaviour** from getting worse. Orchard's (2007) study, set in one of the UK's most economically and academically disadvantaged areas, examined the effects of an open-access group parenting course for parents of year 7 students in one school. The study involved a 10-week parenting course run by the researchers but with some units being covered by teachers and special needs coordinators at the school. The course covered a range of topics, including numbers, reading, and spelling; computing; using the library; and communication skills. A small sample size made quantitative evaluations of the programme inconclusive, but qualitative data from interviews with parents suggested a protective influence of the programme on the child (decreases in bad behaviour, increases in child self-esteem). However, these findings should be treated with caution because parents' ratings might be inflated due to the positive feelings that were reportedly associated with taking the course. The authors also concluded that parenting programmes such as this are unlikely to have a positive effect on child **academic attainment** – no significant change in achievement was observed in this study.

See the data annexe for data on the proportion of children achieving five or more A* to C grades at GCSE in English and mathematics in 2008/09 by background characteristics such as gender and eligibility for free school meals (Figure 6) and by ethnic group (Figure 7).

A longitudinal study of young people in England found that aspirations and achievement at Key Stage 4 were associated strongly with Key Stage 2 attainment and with the plans of the pupil's friends (DCSF 2010c). Half of pupils with high aspirations at age 14 achieved five or more A*–C grades at GCSE, compared with just one in 10 pupils with lower aspirations. Seven per cent of pupils achieved two GCSE qualifications or fewer, and this was associated with having been classified as having special educational needs, with parents having no or few qualifications and with lower household income. Attainment at GCSE, after adjustment for other factors, was also found to be associated with employment and educational status of the parents, being in a smaller family or an older child from a larger family, and parental engagement in their child's education. The compelling case for continuing parental involvement in their child's education is further demonstrated by research showing that parents' involvement in their children's learning accounted for a 10-point difference in the GCSE score of pupils eligible for free school meals compared to pupils who were not eligible but otherwise very similar in terms of their home and school environments (DCSF 2010c).

Goldman (2005) conducted a literature review (consisting of studies from Australia, Canada, Europe, New Zealand, the UK and the US) and a review of 13 case studies of schools and family learning programmes from the UK to provide a comprehensive view of the state of father-focused programmes. They were particularly interested in the father's involvement in their school-aged children's education. Small-scale evaluations suggest benefits for both children and fathers in terms of **skill acquisition**, greater **confidence**, better **father–child relations**, and increased **engagement with learning**. Service managers and practitioners seeking to design

an intervention that engages fathers are directed to the case studies reported in the document. However, the small size of the programmes included in the review make it difficult to generalise the conclusions more broadly.

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

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

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

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

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

- the Life Skills Training programme only
- a minimal contact control condition entailing mailed leaflets on teen development.

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

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

School-based programmes that work with parents and carers improve key outcomes, including child behaviour, educational attainment, school attendance and substance misuse, as well as family relationships and stability. Training in parenting skills, such as the Strengthening Families Programme, can be particularly effective in improving substance abuse and child behaviour. Offering a range of services in the same location (for example, full service extended schools) or through a single point of contact (such as parent support advisers) can improve the services available through schools.

Policy initiatives

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

Lucas *et al's* (2008) review of nine studies (eight from the US and one from Canada) aimed to explore the effect of financial support for poor families on child outcomes (children's health, wellbeing and educational attainment). Interventions reviewed

included direct cash payments and positive taxation schemes. The authors reported no consistent effects across the studies on child health, wellbeing, crime levels or attainment.

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

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

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

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

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

Reviews and multi-component initiatives

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

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

Study	Research method	Country	Programme features	Evidence of post-intervention improvements	No/inconclusive evidence
Asmussen <i>et al</i> (2007)	Literature review	Mixed	Universally available services (e.g. information-based services, parent skills training) and targeted services for higher-need families (e.g. services for families going through a divorce, services for families with children who have ADHD)	Adolescent outcomes	-
Barrett (2010)	Literature review	Mixed	Parenting programmes – mostly parenting skills training	Reduction in youth crime, reduction in child abuse, improvements in child behaviour	Child's healthy behaviours
Caspe and Lopez (2006)	Literature review	Mixed	Provides support to parents, seeks to change family behaviours	Family relationships	-
Dretzke <i>et al</i> (2005)	Literature review	Mixed	Parent training programmes for the treatment of children with a conduct disorder	Child behaviour	-
Chacko <i>et al</i> (2009)	Randomised controlled trial	US	Strategies to Enhance Positive Parenting programme (behavioural parent training)	Parent and child functioning (short term), parent outcomes	Child behaviour (long term)

Farrington and Welsh (2003)	Review and meta-analysis	Mixed	Multi-systemic therapy programmes (refers to multiple component treatments conducted in families, schools and communities. The type of treatment is based on the specific needs of the young person)	Delinquency and behavioural problems	
Hall <i>et al</i> (2009)	Survey and interviews	UK	Telephone helplines and innovation services (e.g. <i>Gotateenager</i> and <i>NetMums</i> online parent forums)	Limited evidence of improvements in family relationships and child behaviour	Most parents felt that accessing web and social media sites did not have a direct impact on their children
Hallam <i>et al</i> 2004	Survey and interviews	UK	Varies by local authority. Mostly general parenting programmes to improve attendance and behaviour in school, often complemented by helplines	Child behaviour	-

Conclusions

Evidence suggests that community- and school-based initiatives have positive outcomes for children, particularly in terms of improving child behaviour. School-based programmes that offer a range of services, such as training, health and mental health support, in the same location or through a single point of contact, can improve the services available through schools. Community-based programmes also work best when dedicated coordinators of service provision are involved.

Across both types of provision, successful programmes are typically either parenting skills programmes, or support to manage housing, employment, training or education. Parenting skills programmes receive particular support, and might be easier to implement than programmes that help parents with education or housing.

The provision of financial supplements or incentives to parents typically has no effect – or sometimes negative effects – on child outcomes. It seems that, in the absence of any increase in skills or training, such programmes only have material gains.

7. Barriers and facilitators to engaging parents and carers

This section explores the evidence on what works in engaging mothers, fathers and carers of seven- to 19-year-olds in interventions and support initiatives designed to improve child outcomes. Some researchers suggest a gamut of approaches, including providing meals, childcare, transportation, incentives, convenient locations and non-stigmatising and culturally adapted delivery (Kumpfer *et al* 2006). Indeed, most of the studies reviewed offered some suggestions for attracting and engaging parents. However, the efficacy of these approaches is largely untested. Barrett (2010) recently surmised that the barriers and facilitators to parental engagement are still relatively unknown. This problem appears to be systemic; for example, Cotton *et al's* (2009) review of training and development opportunities for parenting practitioners in 10 local authorities in England emphasises that training is needed on how to engage parents.

Key messages

- Research that compares different approaches to engaging parents is scarce.
- Access to the interventions in terms of location is critical – many parents are unable or unwilling to travel to intervention sites that are beyond their normal routes. Access to childcare can also be critical for some families.
- Many studies pointed to the importance of non-judgemental, non-stigmatising interventions in engaging parents. Making service staff aware of these concerns can help to ensure that they take a sensitive approach to service delivery.
- Parents with disability can be unwilling to disclose their problems to the school in case their child's education is affected. Better general communication with the school can alleviate these fears.
- Parents like to feel that they have a choice in the support they receive.
- Most studies suggested that improved collaboration between parents and schools could help to facilitate parental involvement. Schools tend to be less stigmatising than other services that involve formal referrals.
- Some schools are successfully using new social media such as Facebook or text messages to communicate with parents who are otherwise hard to reach.
- Fathers and minority ethnic groups face particular barriers to accessing support, which could explain their typically low involvement in parenting programmes. However, there are some promising suggestions for engaging these groups, for example, using hands-on activities, employing more male practitioners to work with fathers, using images that appeal to males in communications with parents, making use of voluntary/community services that have links with fathers, informal settings and making interventions available during evenings or weekends.

The reviewed evidence revealed six key categories of engagement facilitators and barriers:

- accessible delivery methods
- physical and practical barriers
- non-stigmatising environment
- choice and confidence
- school collaboration
- under-represented service users: fathers and minority ethnic parents.

Accessible delivery methods

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

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

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

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

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

Physical and practical barriers

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

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

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

Non-stigmatising environment

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

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

[E]fforts by care workers can be seen as intrusive and judgmental, resulting in defensiveness, and feelings of stigma, such as that described around the term 'poverty'. (Cameron *et al* 2008 p 44)

Attendance at a programme was perceived by parents as indicating some kind of inadequacy. A change in culture was needed so that it became normal practice for parents to attend a parenting programme.... (Hallam *et al* 2004 p iv)

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

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

One way could be by introducing the parents to the practitioners before the start of a programme, so that parents can see that they will be treated with respect and

without judgement. For example, one study reported that parents were initially scared of being 'told off' by practitioners, but felt 'relief' that the practitioners were emotionally supportive (Lindsay *et al* 2009). That same study reported that privacy and confidentiality were incredibly important to parents, and that assuring parents of their privacy could help to allay their fears about being stigmatised.

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

Choice and confidence

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

Parents can also be involved in decisions about how a particular intervention should be designed. Virgo (2009) provides a host of suggestions for engaging parents in the design and implementation of parent support services, including, but not limited to:

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

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

Most disabled parents in one study (Brunner *et al* 2009) reported that they were very cautious about disclosing their impairments to schools in case the information was used to trigger discrimination or the involvement of social services, or impacted negatively on their child's education. This was particularly the case for parents with 'hidden' disabilities, such as mental illness, learning disorders or hearing problems. Disabled parents found that they were more confident in doing so when they could trust the school to support them and that the information would be used to benefit their child's education rather than just filling in monitoring forms.

School collaboration

Harris and Goodall (2008) noted that schools can be daunting for some parents. Secondary schools are complex organisations, with many teachers and staff whom parents must interact with, which can act as a deterrent for some parents. Strategies that have single points of contact for parents can make things easier when parents feel intimidated. For example, the Parent Support Adviser programme offered a range of one-to-one support options for parents of students with behavioural, emotional or social difficulties. Part of the role of the parent support adviser was to 'develop parent awareness and a sense of trust' (Lindsay *et al* 2009). Parent support advisers were involved in tasks such as contacting parents when their child was absent, developing the extended schools agenda around adult and community learning, and identifying families who needed further support. The evaluation of the programme found that parent support advisers were accessible because they were based in schools, and offered privacy and respect that parents valued (Lindsay *et al* 2009). This point is further emphasised in a study of disabled parents, which found that good leadership in schools was integral in shaping an inclusive school ethos and promoting positive attitudes, which, in turn, encouraged parents to become more involved in their child's learning (Brunner *et al* 2009).

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

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

Effective communication was integral in engaging disabled parents in their child's learning in schools (Brunner *et al* 2009). Effective communication for disabled parents meant that information from schools was accessible (tailored to the parent's disability needs) and provided early so that parents could prepare for discussions or helping with their child's homework. Some parents noted that communication should be provided consistently throughout the school term. An informal atmosphere in the school was also effective in helping disabled parents feel more comfortable communicating with teachers.

One UK study (National College for Leadership of Schools and Children's Services 2010) found that making use of SMS text messaging to communicate with parents who could not access letters or more complex media was helpful in facilitating partnerships between the schools and parents. Many schools in the study found it challenging to reach those parents who were not willingly engaging with the school. To tackle this problem, they drew on resources available in the community, such as parent support workers who can gain the trust of parents who may feel reluctant to engage directly with the schools. One school in the evaluation (Watercliffe Meadow) had set up an in-school café, which was a comfortable venue for parents and school staff to interact informally.

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

Under-represented service users: fathers and minority ethnic parents

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

- timing of courses that do not suit fathers' schedules
- institutionalised problems stemming from the fact that 'parent' is often taken by practitioners to mean 'mother'
- the lack of male facilitators.

A randomised controlled trial on the SPOKES parenting programme in deprived boroughs in London also found low levels of involvement from fathers, although the study included parents of children too young to be included in this review. The programme offered a 12-week behavioural programme followed by a 10-week literacy programme and a 6-week revision to parents of children aged five to six who had anti-social behaviour. A weekly 2.5 hour-session was held in the school for parents. Of the 61 parents who were randomised to the parenting intervention, only two were fathers (Scott *et al* 2010).

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

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

- developing provision that appeals to fathers' interests and is available in informal settings and during evenings and weekends
- undertaking outreach (particularly in rural settings)

- making use of voluntary and community sector organisations with strong links with fathers
- reviewing communications with parents to ensure that positive language and images of fathers are used
- employing more male practitioners who have contact with parents.

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

Minority ethnic parents are also at greater risk of non-engagement. Some evidence suggests that this can be due to language barriers (for example, Cameron *et al* 2008), or preconceptions by parenting services staff that are unfairly judgemental (Page *et al* 2007). Page *et al* suggest that minority ethnic parents are likely to be disproportionately affected by physical and practical barriers (time and transportation). The authors also suggest that culturally adapted programmes can improve minority ethnic parents' attendance. Language classes for parents and the provision of interpreters can help to overcome language barriers. This point is echoed in another study (Strand *et al* 2010), which found that the level of parental involvement in Bangladeshi, Somali and Turkish pupils' education in the UK was largely restricted by the parents' lack of formal education, difficulties with speaking and reading English, limited understanding of the education system and the amount of time they had to dedicate to their child's learning.

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

A report by the Black Training and Enterprise Group (Murray 2010) found that black, Asian and minority ethnic families with vulnerable young boys also had fears of being stigmatised following family breakdown or mental health problems, and could feel unwelcomed in schools. The parents included in the survey found it difficult to access information and guidance, especially in an appropriate language; had difficulties accessing suitable support, especially if they were single parents; and were highly aware of discordance between their traditional cultural norms around child-rearing and attitudes prevalent in modern Britain. Parents who were concerned about their child's educational performance might seek support from tutors, mentors or other educational support, but in general saw the internet as an inaccessible resource because of lack of time to navigate the vast amounts of information.

Case study: Family Support

Family Support is a charity that offers support in the home to vulnerable families, including parents with mental health and learning disabilities and families where no parent is in employment. Their 'Building Bridges' service offers input several times a week to each family in order to maintain children living at home safely; to help hard-to-reach parents engage with mainstream services, in particular, families with multiple problems and black and minority groups; to help families with financial problems to access grants and benefits and learn how to manage their money; and to encourage aspiration by parents and their children in training and employment opportunities (Family Action 2010). More information about Family Support services is available on the [Family Action website](#).

Engaging parents in their child's development has been shown to be beneficial in the age group studied in this review, but also improves outcomes for younger children. A report by C4EO on early intervention for children, families and communities, entitled [Grasping the Nettle](#), identified five 'golden threads', or features of successful strategies, one of which is engaging parents. The report concluded that effective early intervention depends not just on parents becoming involved, but also on the way in which they are involved. A collaborative approach that builds on the experiences, views and strengths of parents is most likely to lead to improved outcomes for their children. This report also focused on the benefits of peer support, and increasing awareness of parents and society of the benefits of parental engagement with their children's development (C4EO 2010). This report identified a number of examples of effective local practice within the UK, which included the Barnardo's Community Mums and Dads Programme, in Reading. The programme is delivered by community volunteers who have been trained by Barnardo's staff to deliver support to hard-to-reach families around health, parenting and emotional wellbeing. Evaluation of the programme after three years found that 28 of the 34 supported families demonstrated significant improvement in their situation.

Conclusions

The most commonly cited barrier to parental engagement is a fear of judgement or stigmatisation. There are some promising ways to deal with this. Making service staff aware of these concerns can help to ensure that they take a sensitive approach to service delivery, while offering parents a choice in the support they receive can make them feel empowered in seeking help.

Some studies suggested that improved collaboration between parents and schools could help to facilitate parental involvement. Schools tend to be less stigmatising than other services that involve formal referrals.

Other practical barriers might be harder to overcome where service funding is low, but should be considered before launching a support service. For instance, the location of the programme or access to childcare can be critical for some families.

Fathers and minority ethnic families have specific engagement needs, but an increasing awareness of this is leading to innovative ways to get these groups involved, for example, using hands-on activities, employing more male practitioners to work with fathers, using images that appeal to males in communications with parents, making use of voluntary/community services that have links with fathers, informal settings and making interventions available during evenings or weekends.

The keys to engaging parents are therefore:

- making the parents feel comfortable in receiving help
- making access to support as easy as possible.

8. The costs and cost-effectiveness of parent-focused interventions

Sections 4 to 7 considered the questions around what parents need and what works in helping them to improve their children's outcomes. This section is dedicated to understanding the economic implications of parental support initiatives: How much do they cost? Are they value for money? Are there lessons to be learnt about the funding and financial management of such programmes?

To address these questions, we conducted a separate search and review of evidence on the costs, cost savings and cost-effectiveness of parenting support programmes. We located 14 studies with data relevant to costs and cost-effectiveness. This section focuses on those studies that have conducted an economic analysis of a given parenting support service; related literature on costs and funding of programmes is summarised towards the end of the section in order to provide insight into the distribution of resources and where they might be limited or stretched.

Key messages

- Although some limited evidence on cost-effectiveness and cost-benefit is available, the review found little evidence of benchmarking in this sector. At present there are no datasets that specifically look at the impact of interventions with mothers, fathers and carers on improving outcomes for children and young people; however, this may be measured in the future.
- There is evidence that programmes for child conduct disorders and full service extended schools can be cost-effective.
- Internet-based services are likely to be a cost-effective strategy for delivering parent services because of their wide reach.
- Group-based parenting programmes tend to be more cost-effective than individual interventions, although this is owing to the reduced costs (per participant) rather than greater effectiveness of group interventions. Likewise, local authorities can benefit from economies of scale from delivering to many groups rather than to just one.
- Interventions with more sessions or a longer duration may be more effective but incur more costs, and so their economic analysis is particularly important.
- Value-added models would be useful in testing whether gains in desired outcomes are larger for socio-economically disadvantaged groups compared with non-disadvantaged groups.
- Under-funding and short-term funding can put pressures on service providers, with detrimental effects on service delivery and the families involved.
- Better, more consistent collection of costs data would allow economic analyses to more accurately assess the cost-effectiveness of parental support. The data could also be used in planning funding allocations that reflect the actual costs of support service delivery.

C4EO is undertaking some work to put a cost on the effective interventions and services that local authorities deliver to children, young people and their families. The work includes designing an outcomes-led web-based model, which can be applied to individual interventions. It can be accessed on the [C4EO website](#). We have applied the model to a number of our local validated practice examples. A number of these are completed and can be found on the C4EO website. C4EO also offers tailored support to local areas to consider applying the model to services within local areas.

Cost-effectiveness and cost-benefit

A cost-effectiveness analysis is a form of economic analysis that compares the relative costs and outcomes of two or more courses of action. An intervention is cost-effective when desired outcomes are achieved at a relatively low cost or at the same cost to comparison interventions. In contrast, a cost-benefit analysis does not necessarily compare across alternative service offerings; rather, cost-benefit analysis weighs the relative costs and improvements in outcomes to determine the desirability of the service.

Support delivery mode

Hall *et al* (2009) conducted an evaluation of Parent Know How (currently known as Family Information Direct), a three-component parent support service comprising of parent helplines, text messaging services and web sources. These three components were implemented by various providers in the UK. The study provides an overview of the success of individual and overall investment in the various *Parent Know How* services. This is calculated by dividing the total actual spend for the period by the total number of parents helped.

Due to problems attracting users and therefore missing reach targets, **text messaging services** were found to be the most costly to deliver on a per parent basis and provide the least value for money. Text messaging services struggled to attract users and this inflated the actual cost per parent (£213.83) for the 2,178 parents reached.

Helplines were unable to attract their targeted number of callers or manage an increase in calls at peak times. Helplines expected to reach a cost per parent helped of £31.07, where 'parent helped' was defined as the number of unique calls taken by the helpline. The actual unit cost was £39.13. Helpline services reached over 72,000 parents during 2008, which represented 60 per cent of the annual target for the number of parents to be helped. Although helplines were relatively more costly than anticipated and did not meet initial targets, outcomes evaluation showed that they performed best on user satisfaction and 'soft' outcomes such as confidence, knowledge, not feeling alone and relationships. This makes sense considering the nature of telephone assistance, where there is more room for depth and interaction.

On the other hand, **web and social media services** were able to reach a large number of parents (318,135 users) at a relatively low cost per parent (£5.52, after adjusting for set-up costs). This suggests that this medium has the potential to be cost-effective in providing support to parents. This finding is supported by those of Calam *et al* (2008), who conducted a randomised controlled trial of parents participating in either a learning television series or a technology-enhancing series that included additional web support. The author found that web-based models have the potential to be a highly cost-effective approach as they enable parents to access the help they need at the time that they need it.

Of the funding covered by the Parent Know How evaluation, nearly half (48 per cent) was provided to helplines, 43 per cent to web and social media projects and nine per cent to text messaging services (Hall *et al* 2009). This corresponded to feedback from 77 parents who had not used the Parent Know How service but who attended workshops conducted as part of the service evaluation, when asked how they would allocate funding. Parent respondents allocated almost half of funding to helplines (46 per cent), 27 per cent to websites and 19 per cent to articles in newspapers and magazines. Interestingly, fathers and those in social grade classification groups B (middle class), C1 (lower middle class) and C2 (skilled working class) allocated relatively more to websites, while mothers, parents of disabled children, parents of teenagers and those in socio-economic group E (those with the lowest level of subsistence) allocated more to helplines. This suggests that different services are desired by different population segments and therefore a combination of services is necessary to meet the needs of all parents.

While the Hall *et al* (2009) study provides good insight into the cost-effectiveness of the three Parent Know How services, it should be noted that new or different findings might be revealed by measuring effectiveness using performance indicators other than those addressed here. For instance, although web services were the most cost-effective in terms of **reaching** parents, another medium might be more cost-effective if other variables are considered. Indeed, 'reach' might not be the most important outcome when determining a service's effectiveness. Funding bodies would need to consider indicators such as evidence of demand, quality of service and user satisfaction, and outcomes achieved to make a more thorough assessment. The Hall *et al* (2009) study indicates that a balance is needed between reaching significant numbers of parents cheaply and bearing the higher costs of the face-to-face support service and advice that might be more effective with some parents.

Size and scale: individual versus group delivery, one group versus many groups

Lindsay *et al*'s (2008) study, of the Parenting Early Intervention Pathfinder, evaluated whether early parenting programme interventions bring about improvements in parenting skills leading to improvements in the behaviour of their children. Three parenting interventions were examined: Triple P, Incredible Years and Strengthening Families, Strengthening Communities. Most relevant to this study is that Lindsay *et al* (2008) discussed how effective the £7.6 million expenditure on the Pathfinder is in achieving the objectives of the programme.

There were significant differences in the levels of expenditure across local authorities. However, there was no obvious relationship between the parenting programme offered and the level of expenditure (Lindsay *et al* 2008). The Incredible Years programme had an average cost per parent completing a course ranging from £3,325 to £7,470. This range was affected by the large differences in the number of groups delivered in the local authorities and the varying training and support costs. In contrast, the cost per completion in Triple P local authorities ranged from £1,946 to £9,367, and the cost per completion in Strengthening Families, Strengthening Communities local authorities ranged from £858 to £7,348. The ranges in all programmes were affected by the large differences in the number of parenting courses delivered, the size of such groups and the varying training and support costs in local authorities.

Cost-effectiveness proved to be greatest when the intervention had been delivered to a large number of groups (Lindsay *et al* 2008). However, the relationship between the cost per parent who completed and the programme intervention is complex, and there were substantial differences in cost-effectiveness within each programme type. Therefore, the differences in cost-effectiveness represented here should be treated with caution.

The study by Dretzke *et al* (2005) evaluated literature on cost-effectiveness and general costs related to parent training programmes for parents of children with a conduct disorder. The authors reviewed previous economic/cost evaluation studies, and conduct a *de novo* modelling assessment of the cost-effectiveness of parent training programmes that evaluate the potential budget impact on the NHS/personal social services in the UK if parent training programmes were to be implemented universally. The authors reported that the likely cost per family of parent training programmes ranged from £629 to £3,839, depending on the type and style of delivery. However, future cost savings, such as those achieved through reduced anti-social behaviour over time, were largely ignored. When estimating the cost per child treated successfully (based on assumptions about successful completion), it was found that individual treatments compared with group treatments had a higher cost per successful child: the individual treatment would have to be twice as effective as group treatments in order to offset the high cost.

This finding was reinforced in an overlapping review by NICE and SCIE (2007), which conducted a review of training and education programmes for parents of children with conduct disorders. They found that group-based programmes ranged from £500 to £720 per family (based on a two-hour session each week for 10 weeks), while individual programme costs ranged from £2,000 to £3,000 per family receiving an individual programme (based on a two-hour session each week for eight weeks). They concluded that:

There was no evidence from the trials used in the meta-analysis for a differential effect between group and individual programmes. It was shown that group programmes cost less than individual programmes and therefore these programmes are likely to result in greater cost savings to the various agencies. (NICE and SCIE 2007 p 24)

Duration of the intervention

The duration, or intensity, of an intervention or service will inevitably affect its costs: longer programmes tend to cost more. However, more intensive programmes might also be commensurate with better outcomes, and so a cost-benefit analysis can help to determine whether the extra costs offer value for money, given the possibility for greater improvements in key outcomes.

Spoth *et al* (2009) examined whether delayed substance use initiation during adolescence through universal family interventions can reduce substance use during adulthood. Schools were randomly assigned to three experimental conditions: those receiving seven sessions of the Iowa Strengthening Families Programme; five sessions of Preparing for the Drug-Free Years – a family competency training programme; or a minimal contact control condition. Although long-term outcomes (drunkenness, alcohol-related problems, cigarette smoking, illicit drugs and polysubstance use) were more robust for the Iowa Strengthening Families Programme, the authors stated that this finding needed to take into consideration the relatively fewer sessions and substantially lower costs of Preparing for the Drug-Free Years. Both interventions demonstrated favourable cost-benefit ratios.

Adding value

It is arguable that groups that are disadvantaged at the start of a support programme have more to gain from it compared with families who are not disadvantaged. For example, the achievement gap between children eligible for free school meals (an indicator of low socio-economic status) and their peers is around 22 per cent (see the data annexe to this report). An intervention can work to raise these students to an equivalent achievement level to their peers, which can mean a more substantial gain in achievement test scores than improving on an already-high achievement score. That is, the value added by a programme is likely to be greater where the service recipient is low with respect to the outcomes of interest at programme initiation. Although no studies were identified that conducted value-added modelling, one study conducted a cost-benefit analysis that took into consideration the socio-economic status of the service recipients (Cummings *et al* 2007).

Cummings *et al* (2007) conducted a cost-benefit analysis of 10 projects, as a component of their evaluation of the national full service extended schools initiative. Such an analysis helps to illustrate whether these schools represent 'value for money'. This is established by a simple funding (referring to all resources and costs) versus direct impacts model (pupil outcomes such as achievement, engagement with learning, personal and social outcomes, health/risky behaviour, longer-term life chances and wellbeing).

The authors found that both costs and benefits were very high (Cummings *et al* 2007). The high costs, ranging from £391 to £1,961 per pupil per year, mean that full service extended schools have to make an investment of resources that go beyond the value of the project funding already being received. The authors warned that the costs data presented here should be treated with caution, as information gathered

and reported by school staff might not be reliable. Importantly, the authors concluded that the benefits of full service extended schools were high largely because they were operating in low socio-economic status areas where provision could be said to lead to more substantial outcomes. In most of the cases examined, the net present value for provision was reported to be positive. This implies that the full service extended school approach is a reasonable investment.

Costs data

This subsection includes evidence on the costs of parenting programmes from different angles. Four questions are considered:

- What does it cost to deliver a parenting programme in the UK?
- Can money be saved through parent support?
- What are the consequences of under-funding and short-term funding?
- What can be done when funding is too low or insecure?

What does it cost to deliver a parenting programme in the UK?

Delivering interventions can be costly. An important consideration when designing and budgeting for an intervention is whether to offer targeted or universal support. Dretzke *et al* (2005) calculated the hypothetical global cost of providing parent training programmes for parents of children with a conduct disorder in the UK (that is, a universal service offering) to be between £169 million and £1 billion in the first year, and £84 million and £516 million in the second year (assuming an 80 per cent uptake). This is calculated by combining cost data from analyses of studies on parenting programmes for child conduct disorders with estimates from population statistics. This data should be interpreted with caution as there are many embedded assumptions in the analysis. The model assumes that:

- there are no parent training programmes available through the NHS and that all costs are additional to the NHS
- costs would fall on the NHS alone
- all parents of a child with a conduct disorder would be offered the intervention and at least 80 per cent would participate
- the hypothetical training programme to be implemented would have an initial 'therapy' session, with a follow-up 'refresher' course, offered at 50 per cent of the cost of the original therapy
- the total cost is sensitive to the type of setting (school/clinic) and the method of delivery (individual/group), which is not considered here.

Can money be saved through parent support?

An evaluation of Functional Family Therapy, included within the report by Allen (2011), concluded that the programme, which has been shown to reduce criminal recidivism, need for out-of-home placements or referral for additional services by 25

to 55 per cent, costs £200,000 per 100 children, but would lead to at least £425,000 in annual savings to the Exchequer, with an estimated benefit to cost ratio of 7.5:1 to 13:1.

An evaluation of Option 2, a service that works with families affected by parental substance misuse, showed that, relative to a comparison group of referrals not provided with a family preservation service, Option 2 resulted in statistically significant savings for the cost of care (Forrester 2008). The cost per child for *Option 2* was £2,194.67, calculated by dividing the total grant for the programme by the sample size. The average savings identified in placement costs per child were £3,372.77. This means that, on average, local authorities saved £1,178.10 in placement costs for a child who completed the programme after the cost of the service was accounted for. The authors of the study stated that they believe it is the first demonstration in the UK that an investment in preventative services for high-risk children can result in net cost savings. It should be noted, however, that data on cost of care was only related to direct placement costs as recorded by the local authority. Costs relating to placement identification, placement support and social worker allocation were not included in the costs calculations.

Nixon *et al* (2006b) evaluated the costs associated with delivering six Intensive Family Support Projects and some of their potential cost consequences. The projects, aimed at families with anti-social behaviour problems that left them at risk of losing their tenancies, offered outreach support and residential accommodation support that were tailored to the individual families' needs. Some of the families were placed in a 'core unit', which is housing offered to the family with strict provisos, such as that all family members must be home by a certain time and all visitors must be approved by the local authority. The range of costs per project with or without a core unit for the two years of the evaluation are presented in Table 5.

To be meaningful, any evaluation of costs also needs to consider the potential costs and savings resulting from the children's future outcomes. For instance, there might be long-term savings associated with a reduction in juvenile crime that can be predicted using economic analyses. In Nixon *et al* (2006b), the project costs in Table 5 are contrasted with the potential costs of not intervening with these families. The authors estimated the latter to be about £250,000 to £350,000 in a single year for a family evicted for anti-social behaviour with three or four children requiring custodial care, residential care or foster care. Although the cost-benefits are based on previous literature rather than economic modelling, the authors' review of the potential cost savings suggest that *Intensive Family Support Projects* can lead to potential savings for various government agencies.

Table 5. Range of average total cost per closed case in the six *Intensive Family Support Projects*

	2003/04	2004/05
Projects that did not have a 'core unit'	£3,954 – £5,991	£4,913 – £12,940
Projects with a 'core unit'	£22,663	£27,214 – £36,580

An economic analysis of School–Home Support schemes (SHS) in the UK compared the cost per School–Home Support unit with the cost savings per pupil, taking into account the potential future cost to society if the child had not been at a school where a School–Home Support scheme was in place (Matrix Evidence 2007). School–home support involves the placement of a trained specialist (an SHS worker) in schools to provide support in school attendance, transitions, the curriculum the family. One of the key goals of the school–home support worker is to facilitate relations and communication between schools and families. In the economic evaluation, cost savings examined across the child's potential lifespan were exclusion, truancy, criminal offending, drug use and attainment/income. The authors concluded that for every pound spent on School–Home Support, £21.14 is saved across the whole of society.

What are the consequences of under-funding and short-term funding?

Barrett (2008), in her study assessing the challenges faced by providers of support and learning services for parents and families in the voluntary and community sector, found that a common theme that emerged from interviews concerned how funding constraints and shortages affected project work, particularly with hard-to-reach families.

Managers of voluntary and community sector programmes mentioned the following ways in which work is affected by funding shortages (Barrett 2008):

- the type of work that can be done
- the capacity of organisations to plan for the future
- the relationship between organisations, staff and users in the voluntary and community sector
- the compromising of outreach work, seen by many funders as a luxury addition to a programme, but considered by programme staff as integral to effective engagement
- the lack of programmes for vulnerable parents
- the low funding resulting in short-term projects that are conducted in a hurry⁵
- the compromising of evaluation and monitoring processes
- the premature withdrawal of programmes used by vulnerable people whose psychological health often depends on access to continued support.

The concerns about sources of funding directly threaten the relationship between service providers and users (Barrett 2008). Managers stated that scarce funding also threatens the relationships between voluntary and community sector organisations competing for funds, when they ought to be working in cooperation with one another.

⁵ Similarly, short-term funding can mean that projects do not have sufficient time to become established before the funding runs out.

With a trend towards short-term funding, the volume of bids for money increases and practitioners end up spending time on reports rather than with families. The managers interviewed in the evaluation stated that families with enduring problems could not be effectively helped with short-term measures. This is because at-risk families need time to build trust and build on progress towards goals. Respondents had particularly noted this for refugee and asylum-seeking families, young parents and parents with learning difficulties. One respondent noted, in relation to long-term support for young carers:

'You can't keep taking new people on when you're trying to support more than 200 already disadvantaged young people, because if you're a young carer at eight, you're still a young carer at 15 generally. It's long-term support that we generally have to provide. We really are very stretched.' Frontline manager, t13.' (Barrett 2008 p 19)

In summary, all respondents identified that funding constraints meant instability, which negatively affects programme operation, both within and across organisations (Barrett 2008). This is likely to have an impact on the effectiveness of the programmes, with consequences for the families and children involved.

What can be done when funding is too low or is insecure?

In line with Barrett's (2008) conclusions, Hallam *et al* (2004) found that funding problems affected the delivery, outcomes and engagement potential of parents. Hallam *et al*'s study examined parenting programmes designed to improve children's behaviour and school attendance. The funding for the programmes came from various sources and was reported as insecure, in both the long and the short term. For example, it was difficult for providers to give funding support to parents to enable them to access services such as transport costs or nursery facilities.

Providers explored ways in which to offset the barriers caused by poor funding by using peer support or family centres (Hallam *et al* 2004). These avenues were less costly because already-trained employees were running the programmes in some capacity as part of their normal work. Providers also tried implementing a small fee for parents who were not on Income Support. This cost-efficiency measure proved to be less effective since many participants engaged with programmes on the condition that no fee would be charged. Options less explored, but mentioned in the studies as possibilities, were referral agencies contributing to funding in a sense of sharing responsibility.

Limitations in comparing costs

The findings presented above are drawn from a heterogeneous set of studies. For instance, costs are measured differently across the studies, with some focusing on the amount of funding provided, some using costs reported by service staff and some ignoring the cost of recruiting participants and other extraneous costs. Just as importantly, the measures of effectiveness and benefit differed from study to study, with some focusing on the number of parents reached, others focusing on the number of children successfully treated and others still focusing on specific child

outcomes (for example, school attendance). Moreover, the interventions focused on a range of problems, from drug misuse to conduct disorders. As such, it is difficult to compare across the studies. We have attempted to highlight the findings that offer promising insights that could be considered by policy-makers and service providers in planning parenting support services, but we do not suggest that these are definitely applicable to all settings and problems.

Much of the data on economic modelling presented here suffers from shortcomings. Newman *et al* (2007) conducted a review of nine studies including economic analyses and concluded that all were based on low-quality economic modelling methods. The authors identified common problems in economic analyses, of which we have found many parallels in the present review:

- The range of costs included in the cost calculations was limited (for example, start-up, staff turnover, other variable and fixed costs).
- Most of the estimated savings were presented only in terms of savings in public expenditure.
- The financial value of benefits was based on costs from outside data.
- No adjustments were made in terms of costs at a specific time and future savings (for example, budgets are spent at time *x*, but the outcomes are realised in the future, time *y*).
- No cost or benefit data is available on those who have dropped out of the intervention.
- The assessment of outcomes or effectiveness is only as reliable as the available measure (for example, intended outcomes are measured while unintended positive or negative outcomes are often ignored).

Indeed, a recent study of 150 directors of children's services based at local authorities by Klett-Davies *et al* (2009) found that as many as 45 per cent of all local authorities had not adequately costed parenting services. However, there are ways to improve the collection and presentation of economic data to facilitate better modelling in the future. A potentially helpful tool for local authorities when evaluating costs for economic analysis is a report by the National Institute for Clinical Excellence (2006), which outlines a system 'cost template' for costing parent training and education programmes in the management of children with conduct disorders. The cost template was developed from a review of UK evidence and contains estimates of the unit cost of different types of parental interventions in different local areas. The tool is sensitive, as it allows local authorities to modify the assumptions and variables to tailor the local cost impact for the area being served. The estimates of the cost of each parenting group are:

- clinic-based individual programmes: £2,000
- home-based individual programmes: £3,000
- community-based group programmes: £7,200
- clinic-based group programmes: £5,000.

These figures might be helpful in comparing and benchmarking across local authorities and sectors. However, they are specifically designed for conduct disorders and are likely to differ for different targeted problems.

9. Conclusions and main messages

This section outlines the main messages that came across in the evidence examined by this review and draws some conclusions. Addressed here are messages relating to the review questions on support needs of parents and carers, effectiveness on improving child outcomes, engagement of parents and carers and the cost-effectiveness of programmes.

Key messages

- The most commonly reported needs of parents and carers are advice and emotional support, which may be met without referral to specialist services. Other types of available support include counselling, vocational and parenting skills training, personal and social skills, family relationship building skills and financial support.
- School-based programmes aimed at parents and carers can improve child behaviour, educational outcomes and family relationships; reduce the likelihood of substance misuse; and increase uptake of services by reducing the fear of being stigmatised among service users.
- Effective school-based services offer a one-to-one and face-to-face approach to parents; provide a range of services in one location; and maintain the long-term effects of the intervention.
- Community-based programmes that use joined-up multi-agency approaches with a well-trained workforce; use the media to engage hard-to-reach people; and use both practical and therapeutic interventions simultaneously, can improve child behaviour and welfare, and reduce juvenile crime and time spent in care.
- Interventions are more likely to be effective when they are informed by the views of parents identified by a thorough needs assessment, especially for hard-to-reach groups or under-represented groups (for example, fathers and minority ethnic groups).
- The review did not find robust evidence that policy interventions designed to address family income can improve child outcomes.
- Effective programmes for child conduct disorders and full service extended schools may be delivered at a low cost, but evidence is sparse. Collection of good-quality cost and outcome data is a priority if commissioners are to calculate value for money and to benchmark costs and outcomes from different services.
- Under-funding and short-term funding can put pressures on service providers, with detrimental effects on service delivery.
- Better, more consistent collection of costs data would allow economic analyses to more accurately assess the cost-effectiveness of parental support.

The key messages from the literature review, the stakeholder data and the validated local practice reports are very similar, giving additional credence to the conclusions. Data from the parents' and carers' consultation reflected the conclusions of the published evidence in asking for more information in an accessible format; better communication with schools, which builds a relationship of trust and confidentiality; and access to services designed for them and delivered at a time and place at which they can attend, in a non-judgemental and non-stigmatising way. Many parents in the consultation groups reported that they would like more support directed at issues facing adolescents.

Similarly, data from the service providers' consultation reflected the conclusions of the published evidence in emphasising the value of building good relationships with service users, and multi-agency collaboration.

Support needs

The support needs of parents and carers are generally inadequately assessed. Where needs assessments are conducted, they rarely take into account the views of service users. This is particularly true for minority ethnic parents, fathers and disabled parents.

Evidence suggests that parents have many and varied needs that require tailoring to suit their particular family's circumstances. A wide variety of intervention types are on offer, including information and financial support. Some of these needs can be best met by family and friends, so it might be useful to consider parents' desired sources of support in needs assessments.

Effectiveness

Community-based interventions can be effective in targeting a range of outcomes, but most commonly focus on child behaviour. School-based programmes, while also effective, seem to cover a broader range of child outcomes (attainment, school attendance and substance misuse). Common to both types of programmes is the effectiveness in improving family functioning outcomes. Policy interventions regarding welfare reform were typically inconclusive in terms of their effectiveness.

Unfortunately, the reviewed evidence is partly undermined by two main problems:

- heterogeneity in the types of interventions and outcomes measured – this makes it difficult to draw firm conclusions across the body of evidence
- measurement of children's perceptions – most of the studies based their effectiveness conclusions on the views expressed by service providers and occasionally parents. Despite a focus on child outcomes, few studies looked at improvements from the child's point of view.

The reporting of young people's views in this report is therefore a particularly valuable addition to the knowledge on this topic. It is of note that, even among the published consultation reports that were identified by the National Children's Bureau

and included by us in the report, there was no reported data on the views of children and young people.

The data annexe to this report shows that there are not currently any datasets, however, that specifically look at the impact of interventions with mothers, fathers and carers on improving outcomes for children and young people. More focused and rigorous research in the coming years will hopefully confirm the promising trends identified here.

Engaging parents

Numerous potential barriers to parental engagement exist. Concerns about the stigma associated with parenting programmes and about problems in accessing appropriate information were frequently raised. Promisingly, several authors suggest useful ways to facilitate parents' involvement in parenting support programmes – particularly for under-represented groups (fathers, minority ethnic and disabled parents). Funding problems might make practical barriers more difficult to overcome, but awareness of these concerns can help in the design of interventions.

Cost-effectiveness

There is some evidence for the cost-effectiveness of parenting programmes designed to improve child conduct disorders, and full service extended schools also have cost-benefits. However, the evidence on the cost-effectiveness and cost-benefit of different interventions is sparse, and evaluation of programmes still inadequate for local commissioners to be sure that they are purchasing cost-effective services.

Some findings suggest that cost-effective ways to deliver support include using web services and other media sources and delivering group treatments instead of individual treatments. However, it is important to balance the advantages of reaching many parents at a low cost with face-to-face support services at a high cost, as the latter might be more effective for some users.

Our findings suggest that short-term, unstable funding negatively affects the capacity for interventions to both deliver programmes and to monitor and evaluate them, especially for hard-to-reach families and the voluntary and community sector.

Given the expanding knowledge in estimating the cost-effectiveness of social policy interventions, the application of economic analysis to this area could have far-reaching effects on ensuring the effective use of public resources to deliver positive outcomes.

Conclusion

There are some promising community- and school-based interventions being delivered in the families, parents and carers sector. Progress is being achieved in child behaviour and family relationships as a result of these interventions. However, improvements in needs assessment, targeting fathers and minority ethnic families, reducing stigma experienced by parents and conducting thorough cost-effectiveness or cost-benefit analysis will probably further improve programme effectiveness.

Data annexe

Key messages

- There is a wealth of publicly available data on children and young people's outcomes that interventions with mothers, fathers and carers aim to improve, particularly educational achievement and school attendance. Less information is available about emotional wellbeing, although this is improving with the introduction of new measures of national wellbeing such as The Good Childhood Index. There are, however, no national datasets that link children and young people's outcomes to interventions with their parents and carers.
- Children and young people who have special educational needs, who are from socio-economically disadvantaged families or who are from certain minority ethnic groups, including Gypsy, Romany and Traveller backgrounds, are particularly vulnerable to poorer outcomes. This suggests that families with these characteristics may particularly benefit from support or interventions.
- Although there are not currently any datasets that specifically look at the impact of interventions with mothers, fathers and carers on improving outcomes for children and young people, there is ongoing research that will measure this.

Introduction and availability of data

There is a wealth of publicly available data on children and young people's outcomes that interventions with mothers, fathers and carers aim to improve, such as attainment and school attendance (although less information is available on emotional wellbeing). There are no national datasets at present that specifically look at the impact of interventions with mothers, fathers and carers on outcomes for children and young people; however, this is being measured by ongoing research.

In this data annexe, we focus on the following outcomes:

- persistent absence from school
- attainment at Key Stage 2
- attainment at Key Stage 4
- child mental health (emotional and behavioural disorders).

We have look at these outcomes by background characteristics of children and young people, focusing on low-income families, minority ethnic groups and children

with special educational needs.⁶ This allows us to identify groups of children and young people who may particularly benefit from interventions with their families.

This data annexe presents further discussion about the data currently available relating to these issues. It provides:

- a summary of the search strategy for identifying data
- an overview of the nature and scope of the data that was found, with a brief commentary on the quality of this data, and any gaps that have been identified
- charts on the proportion and characteristics of young people affected by the issues above, produced from selected publicly available data, along with a brief commentary on these.

A summary table of the data sources of readily available, published data at a national, regional and/or local authority level is presented in Appendix 5.

Data search strategy

There are a number of archival databases in the UK, such as the *National Digital Archive of Datasets* (NDAD) and the *UK Data Archive*, some of which have services that facilitate searching or access to macro- and micro-datasets (including *ESDS International*). Even so, searching for current and recently published data cannot yet be conducted in the same way as searching for published research findings. Access to newly published data is not supported by comprehensive searchable databases in the same way that literature searches are supported, although the Department for Education (formerly the Department for Children, Schools and Families) produces a publications schedule for statistical first releases and statistical volumes.

Data for this data annexe was obtained by a combination of search methods, but primarily by obtaining online access to known government publications (such as the statistical first releases and statistical volumes from the Department for Education) and access to data published by the Office for National Statistics, the Home Office, the Department of Health and other government departments and national, regional and local bodies. It should be noted that links to statistical sources that were live at the time of searching may not remain live at the time of publication.

Nature and scope of the data

In this data annexe, we aim to present data from publicly available national datasets only. Currently, no datasets link children and young people's outcomes to interventions with their parents and carers, although this may change in future owing to ongoing research. There are, however, a number of national datasets that provide information on which groups of children and young people may be particularly vulnerable to certain outcomes, such as absence from school or low attainment.

⁶ For further information about improving outcomes of looked-after children and young people, please see C4EO reviews on the Vulnerable Children theme for educational (Brodie and Morris 2009) and emotional and behavioural outcomes (Dickson *et al* 2009).

These datasets enable us to build a picture of the proportion of young people who are affected by some of the issues that interventions with mothers, fathers and carers seek to address, and who may therefore benefit from family-based support.

Although in this data annexe we present national data about some of these issues, data is also available in some of these datasets at government office region or local authority level. Practitioners or local authority personnel can access this data to gain an overview of the prevalence of these issues in their area (see Appendix 5 for a list of website links to datasets that are available at government office region and local authority level). The C4EO's interactive data site⁷ also enables local authority managers to evaluate their current position in relation to a range of key national indicators and allows them to access easily publicly available comparative data relating to families, parents and carers.

The Department for Education publishes a variety of data on children and young people's attainment and attendance at school in its statistical first releases. Data on attainment and attendance is collected through the *School Census* and provides information on these outcomes, including by pupil characteristics (such as gender, free school meal eligibility, ethnic group and special educational needs). The most recent statistical first releases at the time of publication, which are presented here, contain information on attainment and attendance during 2008/09 (DCSF 2009c and d, 2010a).

There is far less information about child emotional outcomes than there is about educational outcomes. The national *TellUs* survey measured local authorities' progress towards improving child emotional health and wellbeing. The new Coalition Government decided to stop the delivery of this survey as part of its commitment to reduce the burdens that data collection imposes on schools and local authorities, and therefore the last year for which data is available is 2009/10 (DCSF 2010b). Caution should be applied when interpreting results from this survey, as its measurement of emotional wellbeing is limited to children and young people's perceptions of whether they have good friends and whether they can talk to people about their worries. Furthermore, *TellUs* data is not broken down by background characteristics, so does not help to identify particular groups of children and young people who may benefit from interventions with their families.

Another survey that provides more comprehensive information about child emotional outcomes is *The mental health of children and young people in Great Britain* (Green *et al* 2005). This survey, conducted by the Office for National Statistics, presents information on the prevalence of mental disorders among children and young people aged five to 16 in 2004. The sample was drawn from Child Benefit records, resulting in a sample size of 7,977. The classification of mental disorders used in the survey was based on the ICD-10 diagnostic criteria and so the statistics on the prevalence of each disorder reflect cases where symptoms reach a clinical level of distress or dysfunction. A follow-up survey was conducted in 2007 (Clements *et al* 2008) but

⁷ www.c4eo.org.uk/data/default.aspx

provides statistics on the onset, persistence and outcomes of mental disorders, rather than on their prevalence.

Perhaps in order to address the lack of robust, longitudinal data on child emotional outcomes, The Children's Society,⁸ in collaboration with the University of York, has recently developed *The Good Childhood Index*. This new index will measure children's subjective wellbeing in England, in terms of their feelings of satisfaction with their lives generally, and also with specific aspects of their lives (such as their families, health and school) on a quarterly basis. Practitioners will be able to use the index with groups of children and then compare the results against the national findings. The Office for National Statistics⁹ is also currently developing new measures of national wellbeing in the UK, including quality of life, environmental issues and economic performance.

It should be noted that the new Coalition Government abolished national indicators in March 2011, as part of its aim to offer local authorities more freedom. Some data collections are continuing as part of the proposed Single Data List for Local Government. The Audit Commission's website¹⁰ contains information about the ongoing work on this and provides a regular update on the national indicators that have been so far abolished. In this data annexe, we refer only to national indicators that were retained as of November 2010.

Charts showing children and young people's outcomes by their background characteristics

This subsection contains information about children and young people's outcomes that interventions with mothers, fathers and carers may seek to address. The outcomes focused on are persistent absence from school, attainment at Key Stages 2 and 4, and child mental health.

Persistent absence from school

Persistent absentees are defined as those whose absence from school (authorised and unauthorised) is for more than one fifth of the school year (64 or more sessions of absence). Persistent absenteeism is of particular interest to services and interventions working with children and families as it could be regarded as a proxy for a lack of active engagement with school (although not necessarily with learning), and therefore could lead to lower academic attainment and a potential lack of educational opportunity in the future.

In 2008/09, 3.3 per cent (208,380 children and young people) of the school population were classified as persistent absentees (DCSF 2010a). Overall rates of persistent absenteeism gradually decreased over the three years 2006/07 to 2008-

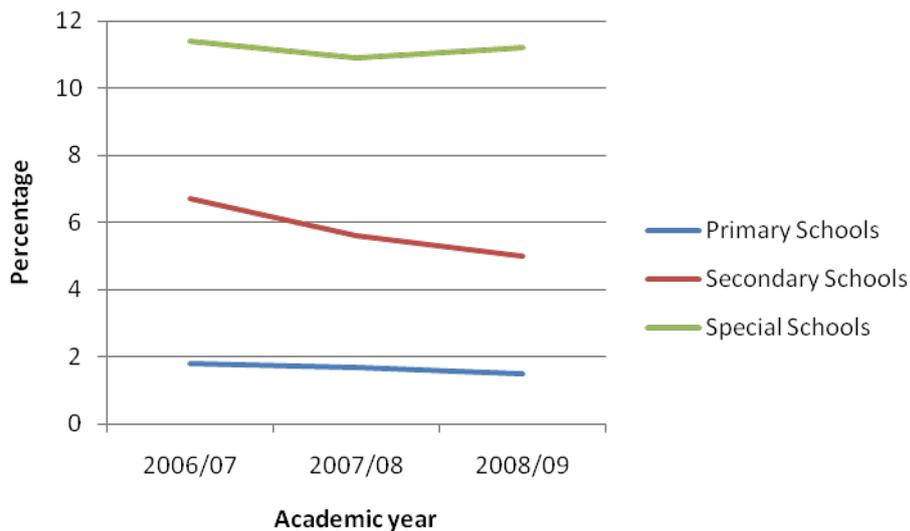
⁸ www.childrensociety.org.uk/whats_happening/media_office/latest_news/22240_pr.html

⁹ www.ons.gov.uk/well-being

¹⁰ www.audit-commission.gov.uk/localgov/audit/nis/pages/guidance.aspx

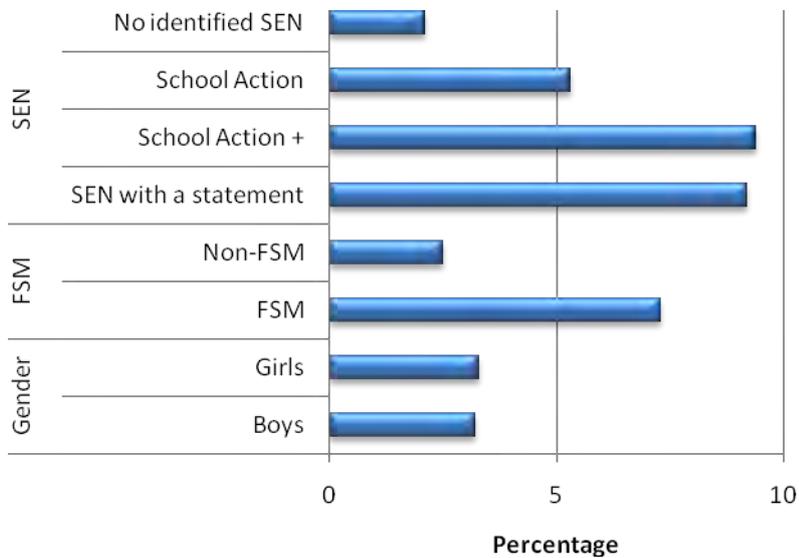
09; especially in secondary schools, where rates decreased by around two percentage points (see Figure 1). Despite this, there were still vulnerable groups of children and young people who were more likely to play truant than others, including those with special educational needs (SEN) and those known to be eligible for free school meals (FSM) (see Figure 2).

Figure 1: Persistent absentees 2006/07–2008/09: by school type



Source: DCSF 2010a

Figure 2: Persistent absentees in 2008/09: by background characteristics

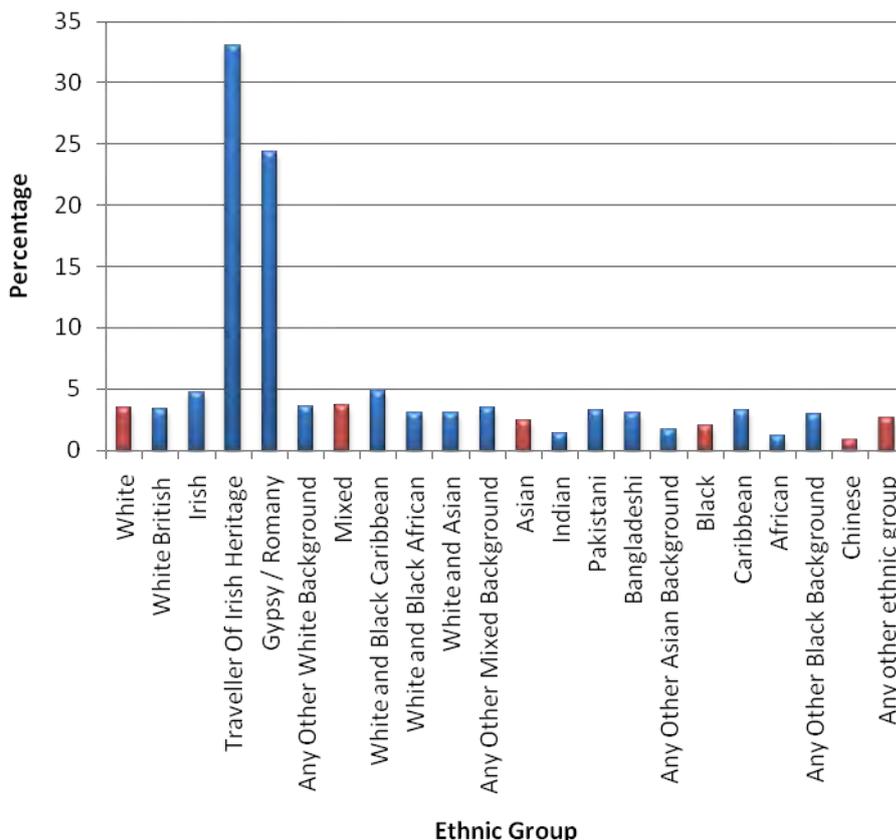


Source: DCSF 2010a

Figure 3 shows the proportion of persistent absentees in 2008/09 by ethnic group. The red bars in this chart indicate the major ethnic groups, and the blue bars show the ethnic subgroups. Among the different ethnic subgroups, in 2008/09, the highest rate of permanent absence was, by far, among children and young people from Gypsy, Romany and Travellers of Irish Heritage. In 2008/09, a third (33 per cent) of children and young people classified as 'Travellers from Irish Heritage' and just under a quarter (24 per cent) from 'Gypsy and Romany' backgrounds were persistent absentees from school (see Figure 3). Research suggests that this may not only be due to their itinerant lifestyles (as many Gypsy, Romany and Traveller pupils are housed or 'settled'), but may also be related to parental concerns about bullying, racism and negative cultural influences (Wilkin *et al* 2009).

Figures relating to Gypsy, Romany and Traveller pupils should, however, be treated with some caution as many children and young people from these backgrounds may not be reported in the *School Census*, due to a reluctance to self-identify (Wilkin *et al* 2009; DCSF 2010a). Those classified as Gypsy, Romany and Traveller in the *School Census* may only reflect a very small percentage of children and young people who are actually from these ethnic groups (DCSF 2008). The data also probably does not take account of a flag on the absence monitoring database that identifies absence for 'travelling' purposes.

Figure 3: Persistent absentees in 2008/09: by ethnic group



Source: DCSF 2010a

Attainment at Key Stage 2

The proportion of children achieving the expected level (level 4 or above) at Key Stage 2 in 2008/09, by selected background characteristics, is shown in Figure 4. Children the most at risk for low attainment at Key Stage 2 were those with SEN, especially if they had a statement. This gap was slightly larger for attainment in English than it was in mathematics. Children known to be eligible for FSM were also less likely to achieve the expected level at Key Stage 2 than their peers, in both English and mathematics. More girls than boys attained the expected level in English, whereas boys tended to outperform girls in mathematics.

It should be noted that while attainments in English and mathematics have been considered separately to enable comparison between the subjects, the national indicator (NI 73) is the proportion of children at Key Stage 2 attaining level 4 or above in both subjects. Accordingly, the proportion of children meeting the expected level in both of these subjects is lower than the proportion meeting the expected level in either one subject or the other (see Figure 4). The achievement gap between children eligible for FSM and their peers in both 2008 and 2009 was 22 per cent (NI

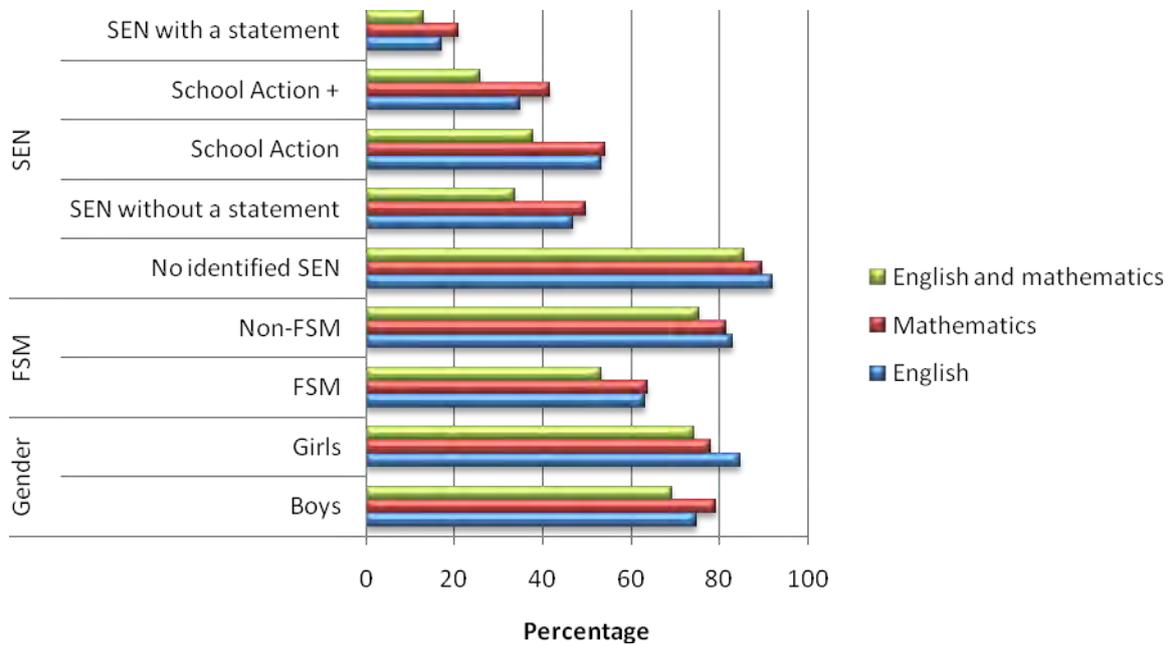
102). The SEN/non-SEN gap¹¹ in both years was over twice as large, at 51 per cent (NI 104).

While the majority (around 80 per cent) of children from White ethnic backgrounds achieved the expected level at Key Stage 2 in English and mathematics in 2008/09, only around a third of children from Gypsy, Romany and Traveller backgrounds achieved the expected levels in English and mathematics (see Figure 5). Children from Gypsy, Romany and Traveller backgrounds attained 48 percentage points below the national average in both English and mathematics in 2008/09 (NI 107). However, as with attendance data, these figures should be treated with caution, owing to issues with reliability of classification of children from these ethnic groups.

Attainment gaps for other minority ethnic groups (NI 107) were smaller although there was a gap of nine percentage points between both children from Black Caribbean backgrounds and 'any other Black background' and the national average in 2008/09. Children from certain minority ethnic backgrounds achieved above the national average, including Chinese (10 per cent above), mixed heritage 'White and Asian' (nine per cent above), Irish (seven per cent above) and Indian (seven per cent above).

¹¹ The attainment gap is the percentage of pupils without SEN minus the percentage of all pupils with SEN (with or without a statement) achieving level 4 or above in both English and mathematics.

Figure 4: The proportion of children achieving level 4 or above in English and mathematics at Key Stage 2 in 2008/09¹²: by background characteristics

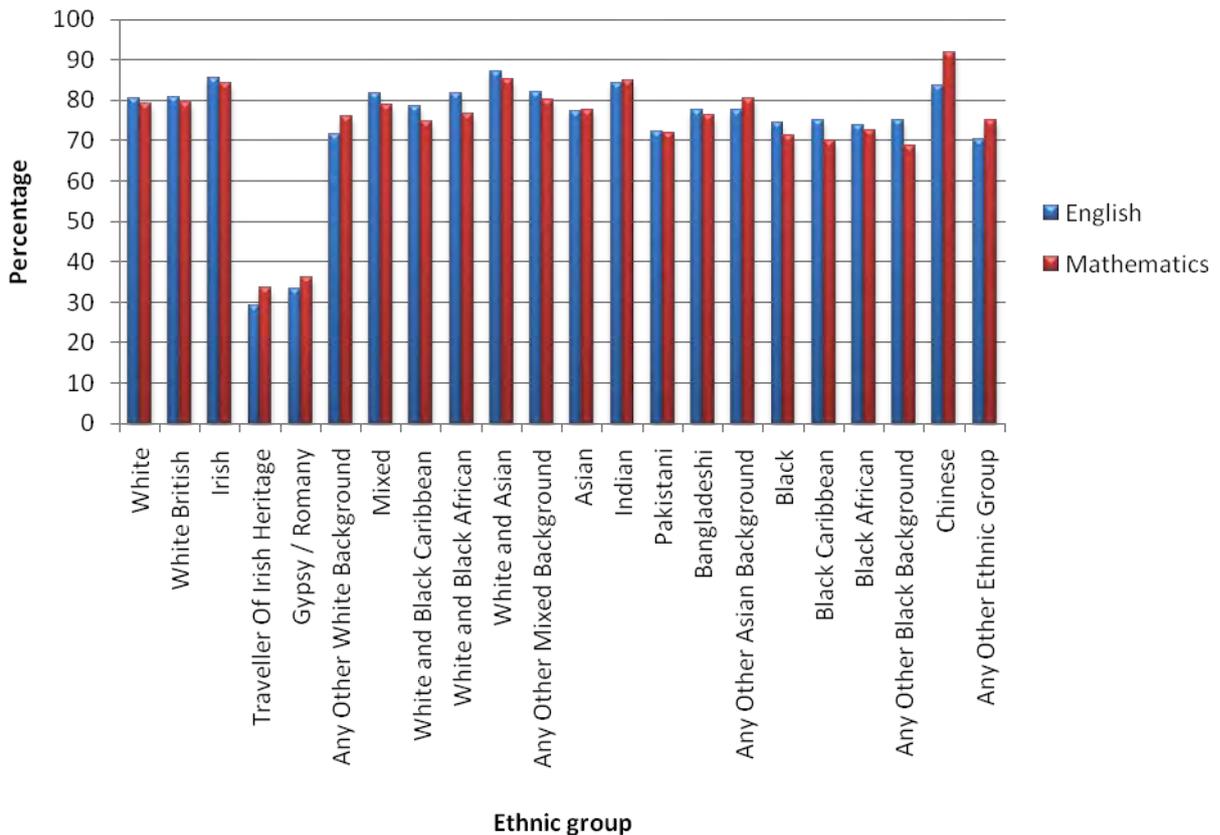


Source: DCSF 2009d

A longitudinal study of young people in England (DCSF 2010c) found that White British pupils who were eligible for FSM, compared with non-FSM pupils, were more likely, in addition to being from low-income families, to have SEN and low prior attainment (40 per cent of White British FSM pupils have SEN compared with 16 per cent of non-FSM pupils), to have moved schools during Key Stage 4, and to have parents who were not in employment and who were not engaged in their education. However, there was relatively little difference in aspiration and in measures of school effectiveness.

¹² Based on provisional statistics.

Figure 5: The proportion of children achieving level 4 or above in English and mathematics at Key Stage 2 in 2008/09¹³: by ethnic group



Source: DCSF 2009d

The longitudinal study of young people in England (DCSF 2010c) found that Black and minority ethnic pupils eligible for FSM were more likely than their non-FSM peers to come from single-parent families or to have no parent in employment; to come from larger families; to have SEN or English as a foreign language; or to have parents with lower educational attainment. The largest contributions to the gap in achievement for White and Black and minority ethnic pupils eligible for FSM compared with non-FSM pupils were prior attainment and low income. Underperforming Black and minority ethnic pupils were more likely than White pupils to live in more deprived areas, to have lower prior attainment and higher FSM rates, but were more likely to have parents engaged in their education, higher aspirations and attend schools that add more value to attainment. Overall, the effects of ethnicity itself were relatively small on attainment at Key Stage 4 (DSCF 2010c).

Attainment at Key Stage 4

The longitudinal study of young people in England (DCSF 2010c) explored the factors affecting pupil attainment at the end of Key Stage 4. It found that pupils who

¹³ Based on provisional statistics.

got few qualifications were disproportionately from low-income households with no working parent, from single-parent families and from families where parents had no qualifications. Girls were more likely than boys to want to stay in full-time education (86 per cent, compared with 74 per cent of boys), and White British groups were least likely of all ethnic groups to have high aspirations (78 per cent, compared with an average of 81 per cent). The proportion of pupils planning to stay in full-time education increased as family income increased. However, logistic regression on the data found that eligibility for FSM and family income were not independent predictors of educational aspirations. After adjusting for socio-economic factors, pupils from deprived areas had higher aspirations than pupils in less deprived areas.

National indicator 75 is the proportion of pupils achieving five or more A* to C grades at GCSE (or equivalent), including English and mathematics. Attainment at Key Stage 4 by pupil characteristics was similar to attainment at Key Stage 2: fewer pupils with SEN, or eligible for FSM, and in particular, from Gypsy, Romany and Traveller backgrounds, achieved the expected level (see Figures 6 and 7). Again, however, figures relating to Gypsy, Romany and Traveller ethnic groups should be treated with caution due to reliability of the classification, which is a particular issue at Key Stage 4.

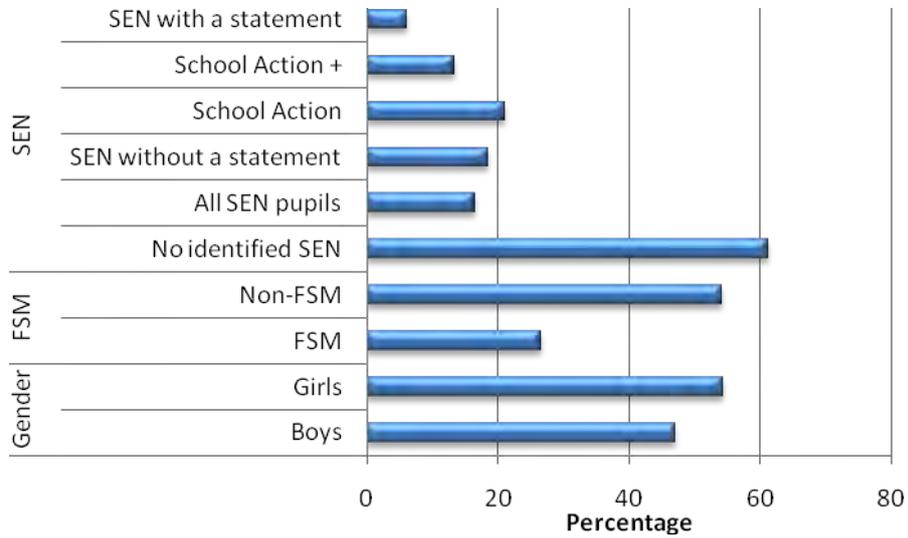
The achievement gap between children eligible for FSM and those not eligible in both 2008 and 2009 was 28 per cent, 6 per cent larger than at Key Stage 2 (NI 102). However, the SEN/non-SEN gap¹⁴ (NI 105) in both years was 5 per cent smaller, at 46 per cent. The Key stage 4 attainment gap between White children and Gypsy, Romany and Traveller children was 42 percentage points in 2009 (NI 108).

These relatively consistent findings at both Key Stage 2 and Key Stage 4 suggest that more support and outreach work may be beneficial for families from these backgrounds in order to engage them more in their children's learning and education.

In order to attempt to identify reasons associated with attainment gaps between groups of pupils at Key Stage 4, data collected as part of the longitudinal study of children and young people was explored (DCSF 2010c). No single reason was found to be responsible for the gaps in attainment. However, White British pupils eligible for FSM were less likely to have parents who were engaged in their education (in terms of discussing their Year 10 options and attending events such as parents' evenings) than non-White British FSM pupils. The authors of this report therefore suggested that policies that improve parental engagement would particularly benefit pupils eligible for FSM and help to close the Key Stage 4 attainment gap.

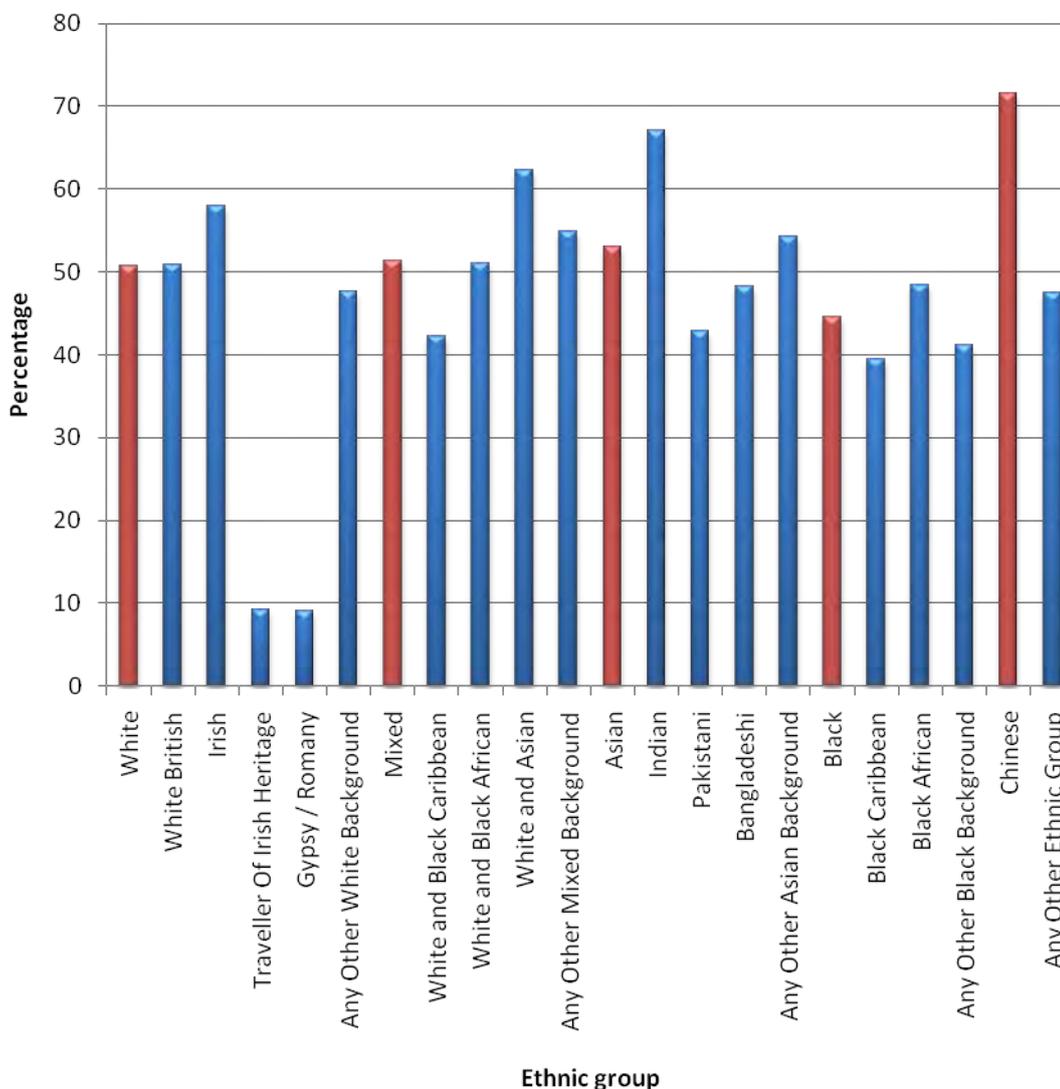
¹⁴ The attainment gap is the percentage of pupils without SEN minus the percentage of all pupils with SEN (with or without a statement) achieving five or more A* to C grade GCSEs including English and mathematics.

Figure 6: The proportion of children achieving five or more A* to C grades at GCSE including English and mathematics in 2008/09: by background characteristics



Source: DCSF 2009c

Figure 7: The proportion of children achieving five or more A* to C grades at GCSE including English and mathematics in 2008/09: by ethnic group

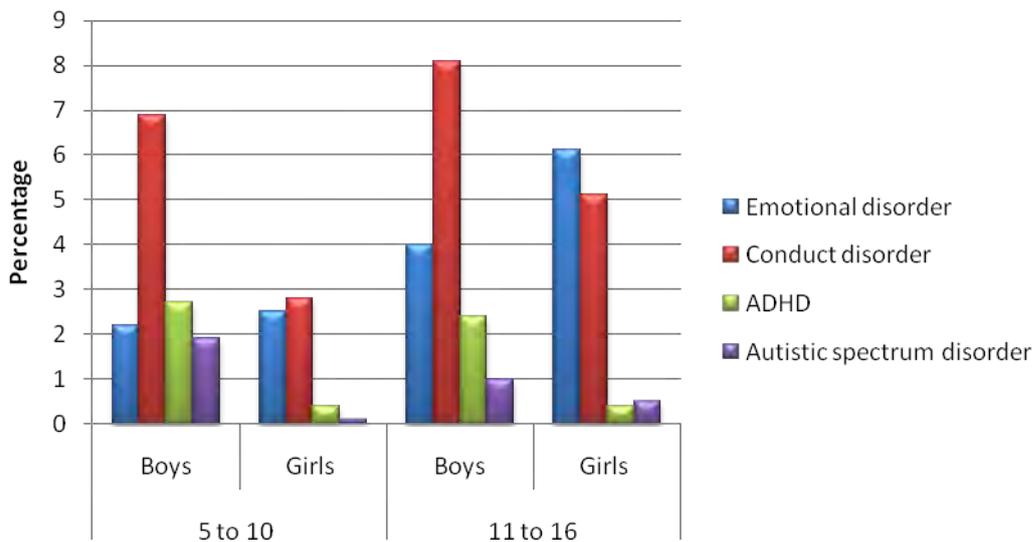


Source: DCSF 2009c

Child mental health (emotional and behavioural disorders)

Although it is not possible to determine the proportion of children and young people aged seven to 19 with mental health disorders, one in 10 children and young people (10 per cent) aged five to 16 were clinically diagnosed with a mental health disorder in 2004 (Green *et al* 2005). Boys were more likely to have been diagnosed with a disorder than girls (11 per cent compared with 8 per cent) and this difference was slightly more pronounced at age five to 10 than age 11 to 16 (see Figure 8). In particular, boys were more likely than girls to have been diagnosed with behavioural disorders (conduct disorder and ADHD) and autistic spectrum disorder than girls. Conversely, emotional disorders (anxiety and depression) were more prevalent among girls, especially at ages 11 to 15.

Figure 8: Prevalence of mental health disorders in 2004: by age and gender



Source: Green *et al* 2005

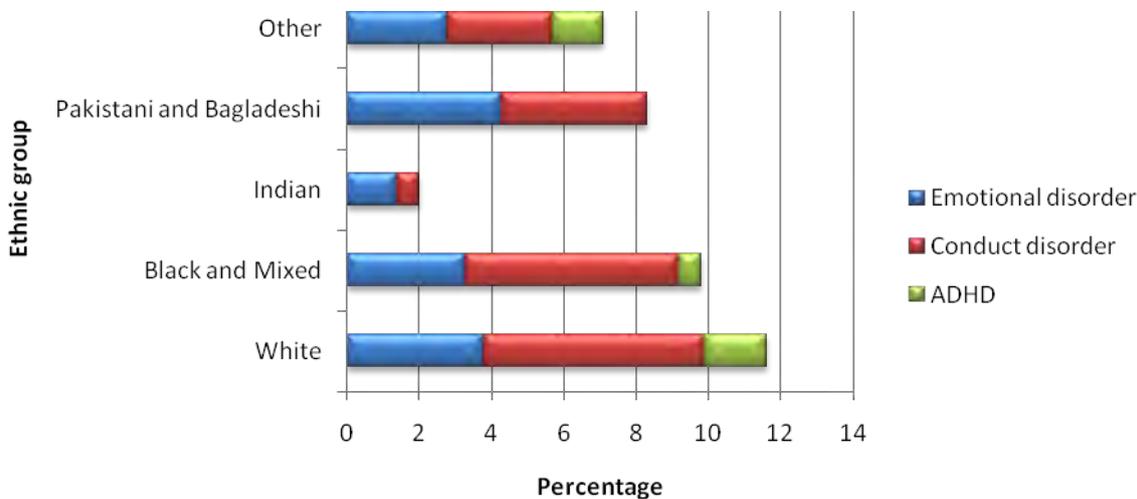
Mental health disorders were most prevalent among children and young people (aged five to 16) from 'White' and 'Black and mixed' ethnic groups and least prevalent among those from an Indian ethnic background (Figure 10). A higher proportion of children from Asian backgrounds were diagnosed with emotional disorders than behaviour disorders (conduct disorder and ADHD) whereas conduct disorder was most prevalent among children from 'White' and 'Black and mixed' backgrounds.

However, data about prevalence of mental health disorders by ethnicity is limited: children from Black and mixed backgrounds are classified together, and there is no data on ethnic subcategories (including the Gypsy, Romany and Traveller ethnic groups).

There was a negative association between mental health disorders and socio-economic status. Proportionately more children whose 'reference person' (usually their father) was in a lower socio-economic category were diagnosed with a mental health disorder in 2004 than children whose reference person was in a higher socio-economic category (see Figure 10). For instance, only 6 per cent of children whose reference person was in the 'higher managerial' category were diagnosed with a mental health disorder in 2004, compared with 16 per cent of children whose reference person was long-term unemployed or had never worked.

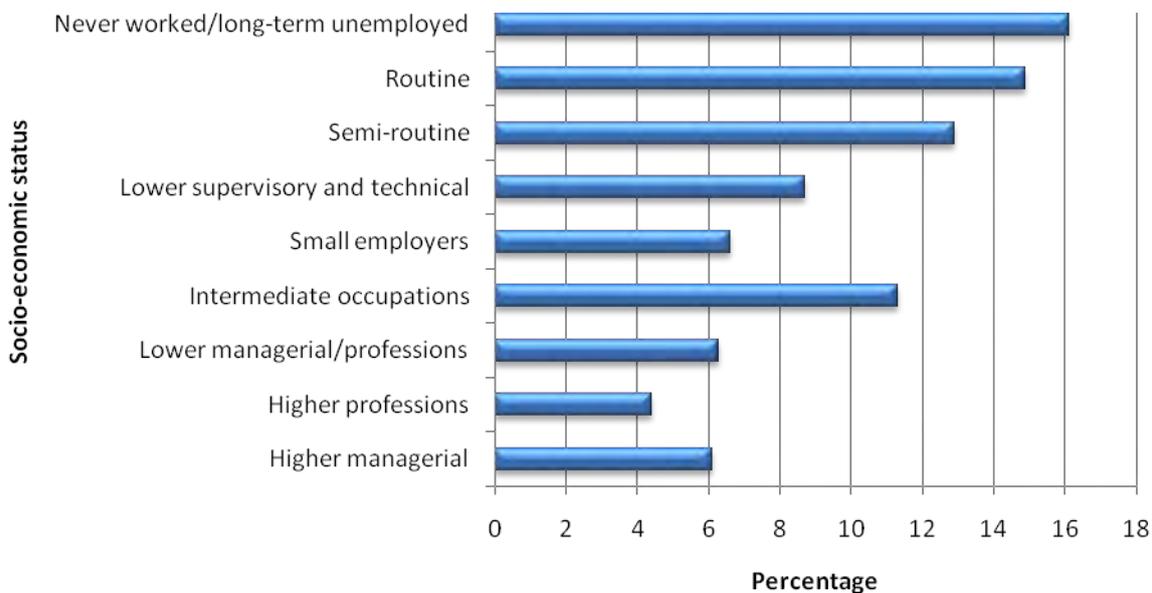
This suggests that interventions may wish to target mothers, fathers and carers from less advantaged backgrounds, including where the parent or carer is long-term unemployed, as children from these families may be particularly at risk of poorer emotional and behavioural outcomes.

Figure 9: Prevalence of mental health disorders in 2004: by ethnicity



Source: Green *et al* 2005

Figure 10: Prevalence of mental health disorders in 2004: by socio-economic status



Source: Green *et al* 2005

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Appendix 1: Knowledge review methods

The review included literature identified by a C4EO scoping study, 'Improving children's and young people's achievement, behavioural and emotional outcomes through effective support and intervention with mothers, fathers and carers of 7-19 year olds' (O'Mara *et al* 2010) as relevant to the review questions. The scoping study used systematic searching of key databases and other sources to identify literature, which was then screened and coded (see Appendix 3 for the parameters document, search strategy and coding frame). Apart from reference harvesting, no further searching for material other than that located by the scoping review was undertaken for this review.

The review team used a 'best evidence' approach to select literature of the greatest relevance and quality for the review. This entailed identifying:

- the items of greatest relevance to the review questions
- the items that came closest to providing an ideal design to answer the review questions
- the quality of the research methods, execution and reporting.

The team reviewed all priority items and summarised their findings in relation to the review questions. The reviewer also assessed the quality of the evidence in each case. In view of the applied nature of the review questions, issues of 'relevance' and 'fit' proved especially important.

The scoping study had generated a total of 32 items; the review process that incorporated expert recommendations resulted in a final sample of 55 items. This final sample was predominantly based on UK and US studies, with the majority of studies from the UK. This can be attributed to the significance of the UK policy and practice context (and, to an extent, that of the US) in answering the review questions. Almost all of the final sample consisted of empirical studies, usually involving a mix of qualitative interviews, surveys and case studies. There was a good distribution of types of empirical literature included (refer to Table 2, page 15) with seven studies that were either randomised controlled trials or controlled trials. Included in the review were two systematic reviews on the topic of families, parents and carers (Utting 2009; Barrett 2010).

A separate database search for economic analysis data relating to families, parents and carers for the economic review component yielded 495 unique pieces of evidence. The database searches, loading of search results, initial screening and retrieval of full text were conducted in the same manner as the effectiveness review. Studies had to meet all the inclusion criteria for the effectiveness review in addition to presenting an economic analysis or modelling.

After the retrieving and screening of full text, 10 items satisfied the inclusion criteria for the economic review. However, none of the 10 studies satisfied the criteria for the effectiveness review as well as addressed economic data in any way.

Subsequently, the review team searched web sources for relevant data (a list of web sources are available in Appendix 2). Fifteen items were included based on title and abstract. After retrieving and reviewing full text, two items were included.

Additionally, the final included items for the effectiveness review (55) were screened for any data relating to costs or economic analysis, of which six items were included. An additional two items were included by harvesting references of the sections related to economic analysis/costs within the included studies of this review. The Theme Advisory Group recommended four references, which were also included in the final review.

All but three of the studies that were included in the cost-effectiveness review were also included in the effectiveness review, since the items in the former review had to satisfy all the conditions for the latter review to be included in the first place. For example, one item that was an exception (NICE 2006) presented a 'cost template' with data in the form of charts, which were directly related to the theme of families, parents and carers, but did not present the effectiveness research that informed the template.

In addition to the data gathered for the research review, the review also contained three examples of local practice sent in from the sector, which were assessed and validated by specialists in the Families, Parents and Carers theme using agreed criteria. The full versions of all the practice examples contained within this review and those published since the review was written, are available on the [C4EO website](#). Evidence was also gathered from service providers and users via the Parents and Carers Panel and the Children and Young People's Network. The knowledge gathered here was based on the experiences and opinions of individuals consulted rather than on the research evidence.

Appendix 2: Scoping study process

The study began with the Department for Children, Schools and Families and the C4EO Theme Advisory Group – a group of experts in families, parents and carers policy, research and practice – establishing the key questions to be addressed and the parameters for the search (see Appendix 3). The scoping study identified relevant material by searching a range of databases indexing relevant literature. The records from these searches were loaded into an EPPI-Reviewer database and any duplicates removed.

The research team undertook an initial screening process of the search results, using record titles and abstracts (where available) to ensure that the search results conformed to the search parameters and were relevant for answering the scoping study questions. Items were excluded if they:

- were published before 2003 (to reflect the introduction of *Every child matters*; HM Treasury 2003)
- did not include outcome measures for people between the ages of seven and 19 inclusive
- did not report on support, services or interventions that are primarily delivered to mothers, fathers and/or carers of children and that intend to impact on children/young people's outcomes related to achievement, emotional and behavioural health
- were published in a language other than English
- did not present data on (a) the support needs of parents/carers in relation to their role as parent/caregiver, (b) the effectiveness or cost-effectiveness of parent/carer interventions/support in terms of children's outcomes (achievement, emotional and behavioural health) or (c) effective methods of engaging parents in support programmes or interventions.

The inclusion/exclusion criteria are shown in Table 6.

A proportion of records of doubtful relevance according to the available abstract/title were set aside for later examination. Those studies that did not provide an abstract were retrieved and screened on full text. The database searches were conducted by information specialists at King's College London working with Matrix Evidence. The records returned by the searches were then loaded into the EPPI-Reviewer database, and duplicates were removed. The research team then assessed the remaining items and coded them on the basis of their abstracts in relation to, for example, type of literature, country of origin, research methods used and relevance to the review questions.

Table 6. Inclusion/exclusion criteria

The following criteria were applied sequentially from the top down:

Inclusion/exclusion criteria		Guidance
1	EXCLUDE YEAR (not published after 2003)	
2	EXCLUDE AGE (not between the ages of seven to 19)	<ul style="list-style-type: none"> • Include pragmatically studies that did not specify age, but used terms such as children, young people and adolescents
3	EXCLUDE TOPIC	<ul style="list-style-type: none"> • Exclude studies that did not report on support, services or interventions that address mothers, fathers and/or carers of children that intend to impact or provide information on children/young people's outcomes
4	EXCLUDE LANGUAGE (not English)	
5	EXCLUDE DATA	<ul style="list-style-type: none"> • Exclude studies that did not present data on (a) the support needs of parents/carers in relation to their role as parent/caregiver, (b) the effectiveness or cost-effectiveness of parent/carer interventions/support in terms of children's outcomes (achievement, emotional and behavioural health) or (c) effective methods of engaging parents in support programmes or interventions

After removing 450 duplicates, 4,772 sources were assessed, which led to the exclusion of 4,420 sources.

The content of the **rejected** records included those that focused on:

- overviews or briefings of the topic
- policy
- practice guidance documents or
- samples of adult figures (for example, teachers) rather than parents or carers.

A sample of 10 per cent of the included studies (351) were coded by two reviewers independently and any disagreements resolved by consensus. After this, each study was coded by one reviewer only.

Among the included studies, 32 key items were classified as key items for the review. An item was deemed 'key' based on an informal appraisal of each study's likely relevance, value and rigour in the context of families, parents and carers' support services research.

The research team retrieved the full text of key items, then extracted data from the key items and coded them in relation to the following:

- relevance to research question or questions
- relevance to cross-cutting issues (integrated services, child poverty)
- country (countries of the Organisation for Economic Co-operation and Development)
- study type (including experimental study with comparison/control, non-experimental study, systematic review)
- main methods (including survey, interviews and focus groups, controlled trial, literature review)
- intervention description (including school-setting, community setting, at-home setting)
- study population (at-risk/vulnerable young people: social exclusion, anti-social behaviour and crime, low educational attainment, teenage pregnancy or parenting, drug and alcohol abuse and those not in education, employment or training).

A sample of 30 per cent of the full-text key items were coded by two reviewers independently and any disagreements were resolved by consensus. After this, each study was coded by one reviewer only. The checks on coding demonstrated a high degree of consistency and reliability in the use of the coding tool. Fourteen studies were excluded after reading and coding full text, four were not retrievable and nine were added from citation chasing (47 studies were therefore included in the final review). In all cases, an exclusion decision was subject to further discussion before being resolved. The process is summarised in Table 7.

Table 7. Summary of different stages

	Stage	Material used
1	Question setting and search strategy	
2	Searching databases for relevant material	(refer to list of databases in Table 8)
3	All studies entered into EPPI-Reviewer software	
4	Initial screening using inclusion/exclusion criteria	Using title and abstract
5	Included studies coded on abstract (by type of literature, country of origin, research methods, relevance to review questions)	Using abstract
6	Quality Assurance on 10 per cent of coded papers	Using abstract
7	Sources were classified as key items for the review	Using abstract
8	Full text retrieval of key items	
9	Theme Advisory Group recommendations and supplementary searching items were screened	Full text
10	Key items were data extracted/coded (by relevance to review question, relevance to cross-cutting issues, country, study type, main methods, intervention description and study population)	Full text
11	Quality Assurance on 30 per cent of key items	Full text
12	Exclusion on full text (by initial inclusion/exclusion criteria)	Full text

The numbers of items found by the initial search, and subsequently selected, can be found in Table 8. The three columns represent:

- items found in the initial searches
- items selected at first screening for further consideration (those complying with the search parameters after the removal of duplicates)
- items considered relevant to the study at second screening by a researcher who had read the abstract and/or accessed the full document.

Table 8. Overview of searches for all topics – effectiveness review

Source	Unique items found	Items identified as included studies/relevant to this study
All databases	5,222	351
AEI	538	24
Social Policy and Practice	1,231	139
ERIC	174	20
Social Services Abstracts	146	18
BEI	183	5
Schools and Communities Scoping Review (C4EO)	64	20
Sociological Abstracts	165	1
PsycINFO	2,721	124

Note: Duplicate removal was ongoing throughout the process. 351 items represent the included studies based on abstract. The final number of items included for this literature review was 50.

An additional 28 resources were included from the 41 identified by the Theme Advisory Group, including studies, published consultation reports, case studies and other reports, plus three validated local practice examples.

Table 9. Overview of searches for all topics – economic analysis review

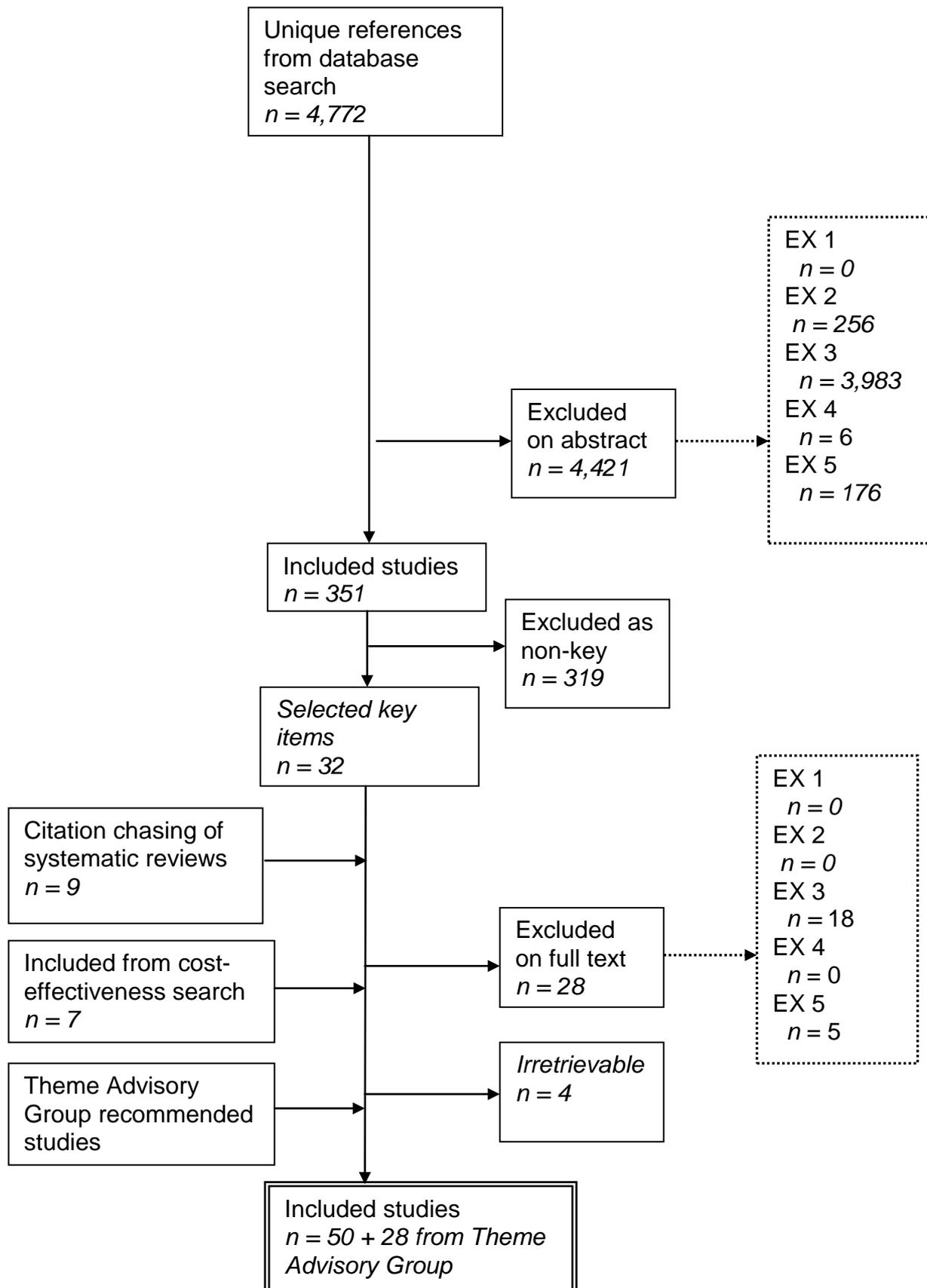
Source	Unique items found	Items identified as included studies/relevant to this study
All databases	495	10
Social Policy and Practice	59	6
Econlit	1	0
BEI	17	0
AEI	78	0
ERIC	307	3
ASSIA	32	1
Theme Advisory Group recommendations	4	4

Table 10. Web sources searched – for effectiveness and economic analysis

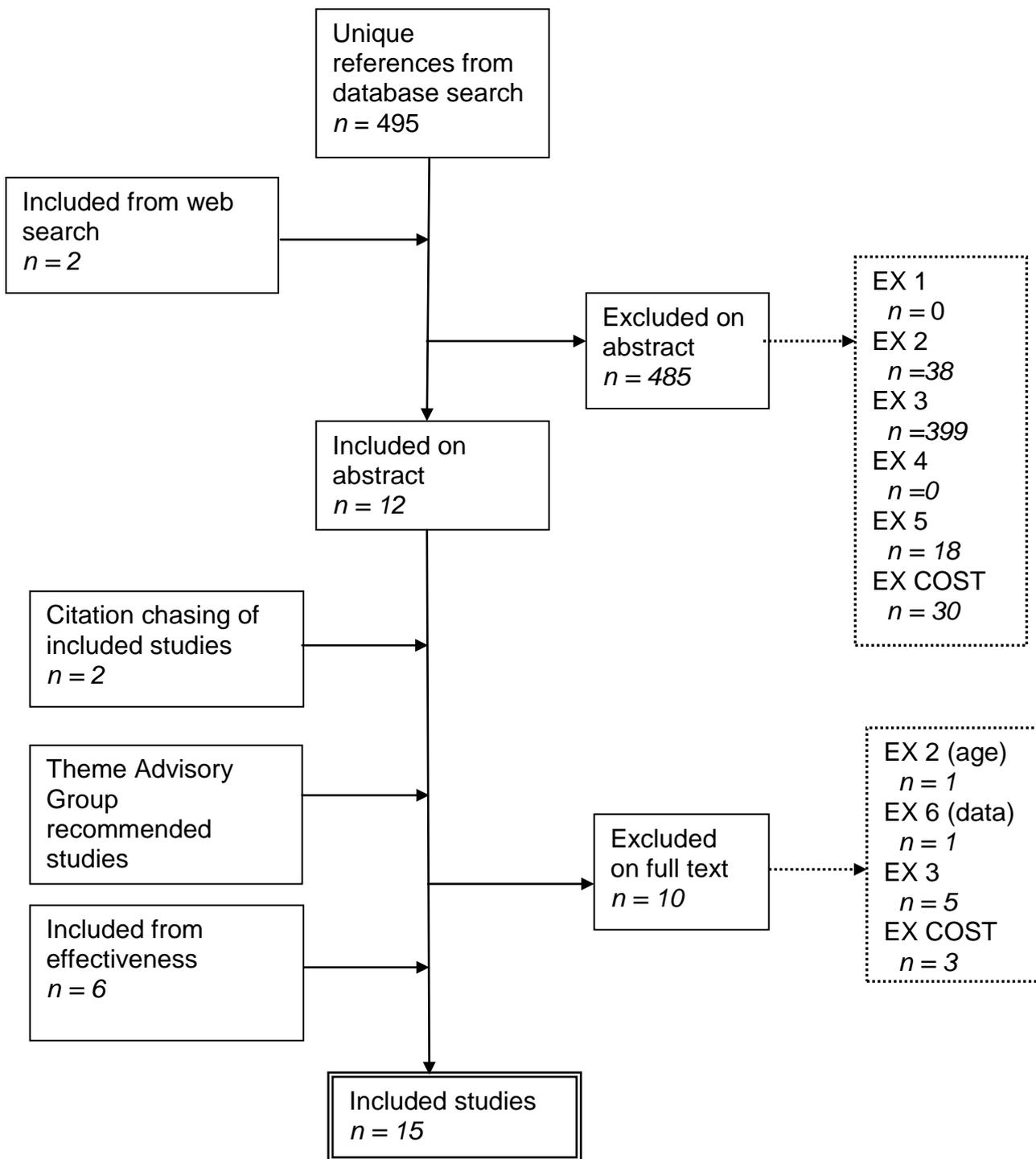
Source	Website¹⁵
Department for Children, Schools and Families	www.dcsf.gov.uk
Training and Development Agency for Schools	www.tda.gov.uk/
Children's Workforce Development Council	www.cwdcouncil.org.uk/
National Academy of Parenting Practitioners	www.dcsf.gov.uk/everychildmatters/strategy/parents/napp/napp/
Parenting UK	www.parentinguk.org/
Family and Parenting Institute	www.familyandparenting.org/
Child Poverty Action Group	www.cpag.org.uk/
Centre for Parent and Child Support	www.cpcs.org.uk/

¹⁵ Some of these websites may no longer be active and, if they are, they may not reflect current government policy.

Flow of literature – effectiveness



Flow of literature – cost-effectiveness



Appendix 3: Parameters document

Centre for Excellence and Outcomes in Children and Young People's Services specification parameters for scoping

1. C4EO Theme

Families, Parents and Carers.

2. Priority 3

Improving children's and young people's achievement, behavioural and emotional outcomes through effective support and intervention with mothers, fathers and carers of seven- to 19-year-olds.

3. Context for this priority

Every child matters (HM Treasury 2003) specifies the need to support children with emotional and behavioural problems and their families through multi-agency and multidisciplinary partnerships such as behaviour and education support teams, Child and Adolescent Mental Health Services, children's services, Sure Start children's centres and extended schools. Primary care trusts and local authorities are required to ensure that they provide a range of services to support parents when their children experience behavioural or emotional problems. Behaviour and education support teams work with children aged five to 18, their families and schools, with the aim of early intervention and preventative work to stop emerging problems developing further, but in general there is a greater range of support for parents of pre-school children than for those with older children. These parents sometimes report a lack of services, especially between the ages of seven and 13.

As set out in the recent White Paper *Your child, your schools, our future: building a 21st century schools system* (DCSF 2009e), schools will be required to work more extensively and effectively with parents, other providers and wider children's services to improve children's and young people's outcomes. This priority will explore how integrated working between services can be improved, including referrals and early interventions. It will also explore how schools can engage with parents and carers in their children's learning and development. This priority will also link in with the *Parenting Early Intervention* pilots (Lindsay *et al* 2008) targeting eight- to 13-year-olds identified as 'at risk' of negative outcomes, particularly involvement in anti-social behaviour.

4. Main review questions to be addressed in this scoping study (no more than five; preferably fewer)

1. What are the family support needs of mothers, fathers and carers of children aged seven to 19 years for improving their children's outcomes?
2. What do we know about the impact of (a) school and (b) community-based initiatives, which aim to support and engage parents in improving their

children's:

- i. achievement outcomes
 - ii. emotional, behavioural and social outcomes
 - iii. behavioural health outcomes
 - iv. other outcomes.
3. What works in engaging mothers, fathers and carers of seven- to 19-year-olds in interventions and support initiatives designed to improve child outcomes?
- Barriers to engagement. This can include the parents' and carers' lack of time, money, access to or awareness of initiatives. Barriers can also include social exclusion, or membership in at-risk groups such as low-income households or Black and minority ethnic groups.
 - Facilitating engagement. This includes reducing barriers, providing incentives and generally facilitating parents and carers in engaging in interventions and support services.
4. How cost-effective are interventions and services offered to parents and carers to improve child outcomes?

5. Which cross-cutting issues should be included (child poverty; equality and diversity; disability; workforce development; change management; leadership; learning organisations)? Please specify the review questions for cross-cutting issues in this scope:

Child poverty, workforce development, equality and diversity

6. Definitions for any terms used in the review questions

Community-based initiatives – for example, multi-agency partnerships, health, voluntary/charity sector, helplines, religious/faith groups

7. What will be the likely geographical scope of the searches (work conducted in/including the following countries)?

English language speaking countries

8. Age range for children and young people

Seven to 19 years

9. Literature search dates

Start year 2003

10. Suggestions for key words to be used for searching the literature

Behavioural problems, aggression, emotional abuse, challenging behaviour, mental health, CAMHS, parenting programmes, parental helplines, parental engagement, targeted mental health in schools, home learning environment, family support,

parenting teenagers, teenage pregnancy, depression, suicide, self-harm, anti-social behaviour, YOTs, youth services, behavioural and educational support, parent support adviser, parent partnerships, choice advisers, family learning, safer schools partnerships.

11. Suggestions for websites, databases, networks and experts to be searched or included as key sources

- DCSF
- TDA (leading on PSAs and learning mentors)
- CWDC (leading work across organisations to support the workforce who work with parents)
- NAPP (National Association of Parent Partnerships)
- Parenting UK
- FPI.

12. Any key texts/books/seminal works that you wish to see included?

13. Anything else that should be included or taken into account?

Review to identify issues around diversity, for example age, gender, ethnicity, social class.

Review authors to consider teenagers' transition into adult services.

Review authors will need to avoid overlap with the Vulnerable Children reviews and Schools and Communities Reviews (Priorities 1 and 3) in so far as this is possible.

Please note that family support in the Early Years (0-5) is considered in the Early Years review, Priority 2.

Appendix 4: Distribution of types of parent support programmes

Study	Information/ advice/ practical skills (e.g. cooking)	Emotional support	Personal & social skills (e.g. confidence)	Family relationship support	Opportunities to learn; education & training; employment	Financial support; housing
Anderson <i>et al</i> (2006)		✓				✓
Asmussen <i>et al</i> (2007)	✓	✓		✓		
Cameron <i>et al</i> (2008)	✓		✓		✓	✓
Chacko <i>et al</i> (2009)	✓			✓		
Cummings <i>et al</i> (2007)		✓			✓	
DCSF (2009b)	✓					
Edwards and Gillies (2004)						✓
Farrington and Welsh (2003)	✓		✓	✓	✓	
Fein and Lee (2003)						✓
Forrester (2008)		✓		✓		
Gennetian <i>et al</i> (2005)						✓
Hall <i>et al</i> (2009)	✓	✓				
Ipsos MORI(2008)	✓					✓
Kumpfer <i>et al</i> (2006)	✓			✓		
Lindsay <i>et al</i> (2009)		✓		✓		
Lucas <i>et al</i> (2008)						✓
National College (2010)	✓				✓	
Orchard (2007)	✓					
Page and Millar (2009)	✓	✓	✓			
Parentline Plus (2006)	✓		✓			

Tarleton and Ward (2007)	✓	✓	✓		✓	
Utting (2009)	✓					✓
Total number	14	8	5	6	5	8

Appendix 5: National indicators and key data sources

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Enjoy and achieve							
NI 73 –74	Proportions of pupils achieving level 4 or above in both English and maths at each of Key Stages 2 and 3	<i>DCSF: Key Stage 2 Attainment by Pupil Characteristics, in England 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 75	Proportion of pupils achieving 5 or more A*–C GCSEs (or equivalent) including English and mathematics	DCSF: GCSE attainment by pupil characteristics, in England, 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/db/sfr/s000900/index.shtml
NI 87	Secondary school persistent absence rate	DCSF: pupil absence in schools in England, including pupil characteristics: 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000918/index.shtml
		DCSF: outcome indicators for children looked after, twelve months to 30 September 2009 – England	National, regional and local authority	Annual	2009	2000	www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml
NI 99–100	Looked-after children reaching level 4 in each of English and mathematics at Key Stage 2	DCSF: outcome indicators for children looked after, twelve months to 30 September 2009 – England	National, regional and local authority	Annual	2009	2000	www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 101	Looked-after children reaching 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and mathematics)	DCSF: outcome indicators for children looked after, twelve months to 30 September 2009 – England	National, regional and local authority	Annual	2009	2000	www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml
NI 102	Achievement gap between pupils eligible for FSM and their peers achieving the expected level at Key Stages 2 and 4	DCSF: Key Stage 2 attainment by pupil characteristics, in England 2008/09 DCSF: GCSE attainment by pupil characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI 104	The SEN/non-SEN gap – achieving Key Stage 2 English and mathematics threshold	DCSF: Key Stage 2 attainment by pupil characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 105	The SEN/non-SEN gap – achieving 5 A*–C GCSEs including English and mathematics	DCSF: GCSE attainment by pupil characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI 107	Key Stage 2 attainment for black and minority ethnic groups	DCSF: Key Stage 2 attainment by pupil characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml
NI 108	Key Stage 4 attainment for black and minority ethnic groups	DCSF: GCSE attainment by pupil characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI 114	Rate of permanent exclusions from school	DCSF: permanent and fixed period exclusions from schools in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 1998	www.education.gov.uk/rsgateway/DB/SFR/s000942/index.shtml
		DCSF: outcome indicators for children looked after, twelve months to 30 September 2009 – England	National, regional and local authority	Annual	2009	2000	www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml

Appendix 6: Validated local practice process and assessment criteria

What is validated local practice?

Validated local practice examples describe how local authorities and their partners have successfully tackled key challenges and improved outcomes for children and young people. Their success in achieving improved outcomes has been assessed as being sufficiently well evidenced to merit inclusion within the review.

Collection methods

C4EO collected practice examples by sending invitations to local authorities and services to submit promising or proven practice examples to C4EO that were relevant to each theme. The 'call' for local practice examples was also advertised at the Families, Parents and Carers training event, placed on the C4EO website and publicised through various publications. Members of the Theme Advisory Group were also asked to use their own contacts and networks to publicise the call for practice examples. Respondents submitted examples in hard copy, online via the C4EO website or via email.

Validation process

Local authorities and their partners were asked to submit their practice examples in a form that was designed to encourage them to fully describe their practice and to provide evidence of how it had improved outcomes. The forms were then assessed by a validation panel made up of a small group of sector specialists – professionals drawn from across the children's sector who have an expertise and a track record of achievement in the families, parents and carers area. Two sector specialists assessed each example against the following validation criteria:

Adequacy of the information supplied. Is there enough to apply the validation process?

Strength of the rationale. Was the intervention/practice fit for purpose and based on a clear and sound rationale? Was it based on prior and good-quality evidence of need and what works in similar contexts?

Sufficiency of impact and outcome evidence. Is there sufficient external and/or internal evaluation evidence that the practice/intervention has made a difference and led to improved outcomes? Are there good practitioner, service user and other stakeholder views? Do others implementing the same or similar practice or strategy changes or interventions report similar findings?

Evidence of what has/has not worked and why. Is there some good guidance here which will be useful to others? What are the golden threads for what works? What barriers and ways of overcoming these have been documented?

Actual or potential for replication or transfer to other contexts and settings. What evidence is there that the practice has already been successfully transferred to different settings, or has the potential for replication? Which elements are especially transferable? What elements are non-negotiable, and which are open to adaptation to suit other contexts? What do people need to put in place to transfer the practice, without substantial loss of effect?

Where two sector specialists assessed an example as being strongly supported by practice experience and evidence, or as describing promising practice along with a good rationale for the intervention and some evidence of success and potential to be replicated, the theme lead reviewed the assessment. Only examples that were endorsed by the theme lead were validated.

This review drew on three validated practice examples. The local practice validation form is given below.

Local Practice Validation Form

Panel/Theme/s <i>(if more than one theme, add details under 'Other notes')</i>		Date of panel	
		Date example submitted to C4EO	
ID		LA/Organisation	
Submission title/description			
Theme priorities <i>(please tick)</i>	P1	P2	P3
	Fits theme but no priority	Special call	Fits another theme
Other notes			

Guidelines – please read carefully

1. The completed and signed validation form will be returned to the submitter. Every section of the validation form must be completed in order to provide evidence that all five criteria have been considered. Please complete all sections with constructive comments and feedback (in full sentence format) which will be useful to the submitter. All validation forms will be evaluated at some stage and this information is essential.
2. Where further information or support is needed: please ensure that you specify exactly what is required and present your comments in as positive a way as possible to enable the C4EO team at NFER to relay this precisely to the submitter.
3. The outcome section in this form is for completion by the Validation Panel and must be completed, signed and dated by the panel members.

Validation criteria (please complete all sections)

CRITERION	JUDGEMENT
<p>1. Adequacy of the information supplied (Ref. all sections of submission form but particularly sections 1 and 2)</p> <p><u>Checklist</u></p> <p>Is there enough information to apply the validation process?</p> <p>Background/context?</p> <p>Goal/purpose of practice?</p> <p>Clear and measurable aims and intended outcomes?</p>	
<p>2. Strength of the rationale (Ref. sections 1 and 2 of submission form)</p> <p><u>Checklist</u></p> <p>Is the intervention/practice fit for purpose and based on a clear and sound rationale?</p> <p>Is the rationale related to an evidence base?</p> <p>Is it based on prior and good-quality evidence of need and what works in similar contexts?</p>	
<p>3. Sufficiency of impact and outcome evidence and evaluation (Ref. sections 3 and 4 of submission form)</p> <p><u>Checklist</u></p> <p>Is there sufficient external and/or internal evaluation evidence that the practice/intervention has made a difference and led to improved outcomes?</p> <p>Does it mention the number of children's/young people's and families' lives that have been improved?</p> <p>Are there good practitioner, service user and other stakeholder views?</p> <p>Do others implementing the same or similar practice, strategy, changes or interventions report similar findings?</p>	

<p>4. Evidence of what has/has not worked and why linked to evaluation and transferability (Ref. section 4 of submission form primarily plus section 3 possibly)</p> <p><u>Checklist</u></p> <p>Is there guidance here which will be useful to others?</p> <p>What are the golden threads for what works?</p> <p>What barriers and ways of overcoming these have been documented?</p>	
<p>5. Actual or potential for replication or transfer and sustainability (Ref. all sections of submission form)</p> <p><u>Checklist</u></p> <p><i>Potential for replication/transferability</i></p> <p>Is the practice transferable to other contexts and settings?</p> <p>What evidence is there that the practice has already been successfully transferred to different settings, or has the potential for replication? Has evaluation evidence been included on, for example, external evaluation reports, internal reviews, children, youth or parent feedback surveys, other surveys/data, anecdotal evidence, budgetary and/or statistical information, plans and/or timelines?</p> <p>Which elements are especially transferable?</p> <p>What elements are non-negotiable, and which are open to adaptation to suit other contexts?</p> <p>What do people need to put in place to transfer the practice, without substantial loss of effect?</p> <p><i>Sustainability</i></p> <p>Is there any evidence that this example is/has potential to be sustainable? Check for funding, resource, lack of evidence of continued impact.</p>	
<p>Other comments e.g. please provide any specific comments relating to copyedit, order of text or layout requirements before publication</p>	

OUTCOME OF VALIDATION PANEL – to be completed, signed and dated by panel members

<p>1. Validated (<i>published on C4EO website plus considered for knowledge reviews</i>)</p> <p>Good evidence of systems change plus evidence of impact on population of children, young people and their families presented.</p>	<p><i>Panel feedback to submitter</i></p>	
<p>2. Promising practice (<i>published on C4EO website</i>)</p> <p>Some merit and evidence of change in systems and services and some evidence of impact presented.</p>	<p><i>Panel feedback to submitter</i></p>	
<p>3. Further support recommended (<i>please tick appropriate column</i>)</p>	<p>Writer (<i>clarity of text/layout/presentation</i>)</p>	<p>Sector specialist</p>
<p>4. Other outcome (<i>please advise C4EO VLP Team</i>)</p>	<p>Early days (some merit)</p>	<p>No further action</p>
<p><i>Signed and endorsed by:</i></p>		
<p>Panel member/sector specialist</p> <p>Signed:</p>	<p><i>Print name and date</i></p> <p>Name</p> <p>Date</p>	
<p>Panel member/sector specialist/theme lead</p> <p>Signed:</p>	<p>Name</p> <p>Date</p>	
<p>Overall theme lead/coordinator (<i>3 signatures are needed for validation</i>)</p> <p>Signed:</p>	<p>Name</p> <p>Date</p>	

Appendix 7: Stakeholder data

Examples of local practice were sent in from the sector, which were assessed and validated by specialists in the area of families, parents and carers using agreed criteria. Evidence was also gathered from service providers during discussion groups at C4EO training events. Evidence from service users was collected from C4EO's Parents and Carers Panel and Young People's Network.

Children and young people

The aim of this consultation exercise was to give children and young people the opportunity to provide feedback about their experiences in order to better understand the issues faced by young people, why young people and their families are sometimes reluctant to take up public services, and what would be more effective ways of engaging them. The people consulted in this section included:

- 50 Youth4U young inspectors from the following areas: Bromley, Nottinghamshire, Southampton, Sutton and Thurrock
- 12 members of the Skills Development Programme
- nine Young NCB (YNCB) members.

Parents and carers

The executive summary from the review was sent to the Parent and Carers Panel by email, and group discussions were held in London in July 2010. Ten parents and carers attended, from Devon, Hertfordshire, Lincolnshire, Middlesex, Newham, Norfolk, Northamptonshire, Suffolk, Waltham Forest and the West Midlands. Eight were female and two were male; eight were married, one was single and one was divorced; eight were White British, one was Black African and one was Indian. One of the parents had a disability themselves, and six cared for children with a disability; two were in full-time and three in part-time employment.

Views of parents and carers from published consultation reports were also identified and included in relevant sections of this report.

Service providers

Evidence was gathered from service providers and managers during discussion groups at C4EO training events (events at which the authors presented findings from the Families, Parents and Carers research reviews). These were held in Birmingham, Bristol, London and Manchester during October 2010. Forty-five service providers took part in facilitated groups, focusing on the following questions for discussion:

1. What examples exist in your local area to support parents and carers to improve children's achievement of this age group? What partnerships between different agencies and members of the community have you engaged in and how have you managed these relationships?

2. The evidence states that programmes that engage parents are effective in improving outcomes for children. What are the barriers to engaging parents in programmes and how are you overcoming the barriers to engagement of parents of this age group in your local areas?
3. How are you evaluating the effectiveness of programmes? Do you measure the costs and benefits of local programmes or activities? What do you do to ensure that parents and carers are involved in the design/commissioning/promotion/evaluation etc of programmes? Are you using any new approaches to sustain family services in the current climate?

March 2011

The impact of parenting and family support strategies on children and young people's outcomes

This knowledge review identifies what works when it comes to delivering support and intervention with mothers, fathers and carers of seven- to 19-year-olds designed to improve children and young people's attainment, behaviour and emotional outcomes. This rapid review of the research summarises the best available evidence to enable service commissioners to improve practice and outcomes for children and young people.

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