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Review of parenting support for Flying Start

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May 2013

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Executive Summary

1. In December 2011, Interface Associates and York Consulting were commissioned by the Welsh Government to undertake a 'Review of Parenting Support for Flying Start'. The review was conducted between January and March 2012.

2. The Flying Start programme was launched by the Welsh Government in 2006/07 as a pilot with the aim "*to make a decisive difference to the life chances of children aged under four in the areas in which it runs*". It provides the following entitlements: Enhanced Health Visiting Support; Childcare; Parenting Support; and Language and Play (LAP) programmes. The programme is prescriptive in terms of the scale and quality of the entitlements, but allows for local flexibility and expects local accountability. Flying Start sits alongside support offered by other programmes, such as Families First, Communities First and Integrated Family Support Services (IFSS). The aim is that these programmes form seamless support that meets the needs of children and their families as soon as they are identified. There is an expectation that these programmes should be interlinked and part of the overall strategy to tackle child poverty.

Background

3. Parenting support was included as a specific entitlement within Flying Start because the evidence shows that warm and supportive parenting facilitates the development of strong and secure relationships and that parenting which is harsh and neglectful increases the risks of poor outcomes for children. The definition of parenting support used within the Flying Start guidance is focused on "*programmes providing support and skills training for parents whose aim is to promote children's wellbeing by enhancing protective factors and reducing their exposure to risk*". The parenting entitlement within Flying Start includes informal, formal and intensive support.

4. The parenting programmes delivered as part of Flying Start were informed by the Communities that Care Review undertaken in 2006. Current Flying Start guidance categorises parenting programmes as follows:

- **Group A**: Programmes were eligible for Flying Start funding due to strong evidence of improved outcomes for children when used with the Flying Start age group. These programmes were already in use in Wales with opportunities for training and peer support.

- **Group B**: Programmes could be funded if they filled a gap in current service delivery and there were no local examples of Group A to build on. These were programmes where their effectiveness had been proven in rigorous evaluation studies but they were not being delivered in Wales.

- **Group C**: Programmes were those where there was insufficient evidence from rigorous evaluation studies, but there was established practice and experience in Wales. They were not eligible for Flying Start funding unless they were part of a jointly funded research programme to evaluate their effectiveness using controlled research designs and there were already experienced trainers and materials available.

Objectives of the Review and Methods

5. This current review reflects the Welsh Government's recognition that there was a need to review the current Flying Start guidance to ensure that it was still fit for purpose. The objectives of the review were to:

- **refresh the evidence base on informal and formal parenting support** and summarise the implications for policy and practice, relating this to current activity within Flying Start;

- **review the current parenting entitlement in Flying Start**, identify barriers, enablers and best practice in delivery;

- **support the future development of the programme**, identify gaps in evidence and provide suggestions on how to improve the evidence base on the effectiveness and impact of these interventions in Flying Start.

6. As part of the review the research team undertook:

- a Rapid Evidence Assessment (REA) of published and academic literature focused on support for 0-4 year olds and their families, from 2006 onwards;

- telephone consultations with:

- Flying Start Coordinators and managers across the 22 Welsh local authorities;

- representatives from national, voluntary sector stakeholders involved in parenting support.

7. It is important to note the limitations of this review. This was not an in-depth analysis of parenting support within Flying Start and practice was not observed or evaluated.

Review of the current evidence base

8. The parenting support identified (both in consultations and across the literature) can be categorised according to:

- **universal programmes of support** (including informal support) available for all parents and children irrespective of risk (which may include some targeting);

- **targeted and specialist programmes of support** for parents/children with identified additional needs/risk factors.

9. Universal interventions are important because they offer opportunities to make parenting support accessible to as wide a population as possible, thereby widening the likely benefits. They also minimise the stigma which influences the take up of targeted support and provide opportunities for the identification of high risk families. Flying Start clearly has an important role to play in delivering support at this level and in providing universal support based on both need and entitlement.

10. The support identified was further divided into three thematic areas:

- **perinatal support and support in the early years**: focused on universal, generally health-led approaches and programmes centred on parental attunement and/or attachment with babies and young children, e.g. the Neonatal Behavioural Assessment Scale (NBAS), the Newborn Behavioural Observations Systems Training (NBO) and the Solihull Approach;

- **early intervention approaches to supporting vulnerable** parents: focused on developing early parenting capacities, bonding, and establishing effective parenting strategies, e.g. the Community Mothers Programme (CMP) and Family Nurse Partnerships (FNP);

- **positive parenting**: programmes to support parent/child relationships and the management of children's behaviour, e.g. the Family Links Nurturing Programme (FLNP) and the Incredible Years (IY) Parenting Programmes.

11. Our review provided the following conclusions regarding the provision of these programmes:

- **Perinatal Support and Support in the Early Years**: although the evidence base was not particularly robust, evidence from the review suggests that baby massage is a suitable low cost intervention for low risk families. The review also highlighted the need for further research to explore the particular benefits of engaging fathers in such support. The benefits of using developmental guidance such as the NBAS were identified, but also the need to ensure that such approaches are embedded within longer-term intervention, particularly for higher risk parents. The evaluation of the Solihull Approach provided some promising evidence, but it also identified a number of issues which have implications for all programmes delivered via Flying Start, namely the need: for longer-term follow-up to see whether changes in outcomes are maintained; to analyse demographic data to identify the variables which influence how parents respond to programmes; the reasons why they drop out or do not engage with support; and to ensure that programmes are suitable for the parents recruited on to them.

- **Early intervention approaches to supporting vulnerable parents**: the benefits of some community based home visiting programmes were identified, e.g. the Community Mothers Programme. However, less positive evaluations of other home visiting programmes highlighted the importance of implementing a structured approach and ensuring deliverers are appropriately trained and supported. The value of using multi-component, long term nurse home visiting programmes for young, vulnerable, first time parents was evidenced through the FNP programme.

Findings from evaluation of this programme in the US provides important learning in relation to the delivery of such approaches and both endorse and reinforce the approaches undertaken by the enhanced health visiting role within Flying Start partnerships.

- **Positive Parenting**: at the targeted level, the evidence base for Parents Plus Early Years Programme (PPEY) was robust and showed improved outcomes for both parents and children. The evaluation of the Incredible Years BASIC Programme undertaken in Wales supports its continued use with parents with children at risk of conduct disorder. However, it is critical that the right parents are engaged in the programme in order to minimise drop out and maximise engagement and there is a need to review longer-term outcomes. At the universal level, findings from the randomised controlled trial (RCT) undertaken for 1-2-3 Magic appeared promising but further research is required. With regards to the FLNP, previous evaluations showed a wide range of benefits. While the recent FLNP study in south Wales identified some positive outcomes, they were not statistically significant and therefore were inconclusive. The evaluation raised issues concerning the challenges of using a RCT to evaluate a universal programme already available in areas which had existing enhanced levels of parenting support, although this issue is the subject of ongoing debate.

Assessing Current Delivery

12. Telephone consultations conducted as part of the review were used to explore why partnerships have developed their offer in different ways; to gather consultees' views on the current programme guidance; how this has been used in decision making by local partnerships; and how they would like it to develop. The consultations also focused on the strategic development of parenting support and the implementation of parenting programmes.

Strategic Development of Parenting Support

13. The review highlighted the need for the Welsh Government to clearly communicate the expectations of parenting support in improving the outcomes

for families in Flying Start areas. Findings from the consultations suggest the Flying Start guidance could set out the overarching strategic priorities and desired population outcome indicators for parents and families, as well as indicators of outcomes for children, to measure the contribution of parenting support.

14. In some Flying Start areas there was a comprehensive and cohesive approach to delivering parent support services through alignment with local plans and partnerships. In others, a lack of strong governance arrangements for the delivery of parenting and family support in the local area highlighted the need to ensure strategic and operational alignment of the Flying Start parenting offer with local authority (LA) plans and other relevant strategies and initiatives. Such an approach would enable each Flying Start partnership to define outcomes at the local level aligned to LA outcomes in order to monitor and manage performance.

15. Links with programmes such as Families First and Integrated Family Support Services varied across areas, with some demonstrating strong and effective links and others seeking clarity on the partnership approaches. Information and referral routes need to exist between universal and more targeted and specialist services, both within Flying Start, as well as with other agencies. Adopting a multi-agency approach rather than a single agency referral route for the identification and assessment of parenting and family support needs of vulnerable groups ensures support is better targeted and is family focused.

Key Features of the Flying Start Parenting Offer

16. Targeted, evidence based programmes approved in the Flying Start Guidance are used across the Flying Start Partnership. The Incredible Years Parenting Programme was the most widely used Category A Programme. The NBAS and NBO (Brazelton Approaches) were the only Category B Programmes currently being delivered in a small number of Flying Start areas. There was variation in the level of parenting provision on offer, with some partnerships offering a wide range of programmes. FLNP was the most popular Category C Programme and other programmes such as The Solihull Approach were also delivered.

Partnerships were also delivering a range of informal support programmes, including Baby Massage, Stay and Play, and breastfeeding and weaning clubs.

Parental Engagement and Retention

17. Informal programmes were used by partnerships as a successful mechanism to engage parents in support. However, data collected from the partnerships revealed that a number still found it difficult to engage and retain particular groups, such as fathers, teenage parents and black and minority ethnic parents (BME), reflecting findings elsewhere. However, partnerships were addressing these issues through a range of strategies and approaches including: employing dads' workers; using interpreters; employing specialist young parent midwives; using local/familiar venues; and offering courses in evenings and at the weekends.

18. A number of partnerships offered specialist programmes for other vulnerable groups, such as the Earlybird programme for parents with an autistic child, and specific domestic violence programmes but the data for these was not reflected as part of the parenting offer.

Workforce Development

19. In all Flying Start partnerships workforce development was seen as key to effective delivery. This consisted of training in specific programmes and the underlying philosophy of parenting principles and practice. Where both of these elements were delivered across the workforce this led to clear assessments and referral pathways and effective integrated service delivery.

Variation in Delivery

20. The review highlighted variation in parenting support across the 22 Flying Start partnerships, both in terms of offer and practice. Although a challenge, the variation also reflected Flying Start partnerships developing services tailored to meet the needs of local communities. The interim evaluation published in 2010 questioned "*should the variation observed in the scale of the parenting entitlement across partnerships be reduced by specifying minimum levels of provision?*" Opinion of the Flying Start teams was fairly evenly split as to

whether minimum levels of provision should be set out in the guidance between a straight yes, a yes with some local considerations, to a no, it had to be decided locally.

21. We would recommend Flying Start partnerships, in partnership with the Welsh Government and their local partners, set minimum outcome indicators at the local level rather than minimum levels of provision. These indicators could include school readiness, a reduction in referrals to speech and language therapy and a reduction in referrals to specialist services such as social care.

Building the Evidence Base

22. The findings from this review suggest that there is still a lack of a robust evidence base for parenting programmes in the UK, particularly at the universal level of delivery and in the use of RCTs. However, the review also identified the challenges in applying such approaches to universal programmes of support and that debate on this issue continues. The review highlighted the issue of over-reliance on RCTs for evidencing impact, particularly in relation to the types of universal/preventative programmes considered here and the need to consider various forms of evidence in the decision making process.

23. There is a need to improve the evidence base at the local level, particularly in relation to knowing what the 'active ingredients' of parenting programmes are, which programmes work for which types of parents and which parents drop out, or fail to engage (and the reasons why), as well as the need to evidence longer term benefits. The review identified a number of issues which have implications for all parenting programmes delivered via Flying Start and will help to build the evidence base, including the need for longer-term monitoring of outcomes to see whether positive outcomes are maintained; more robust monitoring of the engagement and retention of parents on programmes; and addressing the lack of evaluation evidence from informal programmes of support.

24. Partnerships need to systematically analyse their data to inform service delivery (a number are already implementing such an approach). This needs to be undertaken at three levels:

- at the individual level: undertaking individual assessments of progress;

- at the programme level: analysis of impact within a programme of support;

- at the service level: incorporating evidence to allow comparison of outcomes across different programmes of support.

Conclusions

Objective 1: To refresh the evidence base on informal and formal parenting support and summarise the implications for policy and practice, relating this to current activity within Flying Start.

25. Overall, the review found little recently published evidence of new parenting programmes that have been able to provide robust evidence that they improve outcomes for families with children aged 0-4, particularly at the universal/informal level. What was identified tended to be more at the targeted or specialist level, such as the Parents Plus Early Years Programme and the Family Nurse Partnership, or was firming up evidence on existing programmes such as FLNP and the Incredible Years.

26. The review highlighted the ongoing debate around the benefits and challenges of undertaking RCTs linked to universal/preventative programmes of support (e.g. FLNP). The challenges in demonstrating the effectiveness of universal/preventative support should be taken into consideration when making decisions on what should be funded. It seems pragmatic to consider the available evidence, whether it is good enough (i.e. given the constraints of 'real world' situations) and balance this with the relative costs of delivery and the potential for additional positive (and negative) outcomes.

27. We would suggest that there continues to be a need to widen the base of recommended programmes within Flying Start and to continue to review ongoing research in this area. This could be developed through support for evaluation locally, sharing of common approaches, and using and building on collaboration with academic partners.

28. Most of the Flying Start partnerships were delivering programmes with a robust evidence base. The Incredible Years Parenting Programme was the most widely used programme and comprehensive training and ongoing support was available for practitioners. There were also close links with Bangor University

which had enabled Flying Start areas to support the piloting and development of new programmes, e.g. the Incredible Years Toddler Programme. Incredible Years will clearly continue to be a significant element of Flying Start delivery.

29. The Solihull Approach had been introduced in a number of Flying Start partnership areas and the review highlighted that this programme can deliver positive outcomes. Whilst a RCT has not been undertaken, the review highlighted the importance of looking at other evidence of effectiveness.

30. FLNP was delivered in a number of Flying Start Partnerships where staff report positively on its effectiveness. The review highlighted the recent RCT and inconclusive results, but, like the Solihull Approach, there was other evidence of positive outcomes and this needs to be part of the consideration around which programmes are delivered.

31. Programmes identified by the review that focused on developing positive parenting with some evidence of improvements in child outcomes through RCTs included the Parents Plus Early Years and 1-2-3 Magic. Neither of these were currently delivered in the Flying Start areas and consideration should be given as to whether these should be trialled. There may be some overlap between Parents Plus Early Years which focuses on speech and language with the Language and Play programme. 1-2-3 Magic offers a short universal intervention to managing behaviour and would respond to the need identified by some partnerships to have access to shorter programmes, which could improve parental engagement and retention.

32. Findings from community based home visiting programmes and the use of paraprofessionals to provide parents with support provided mixed evidence of improved outcomes. However, the evidence from both the Community Mothers Programme and the Family Nurse Partnership (for vulnerable first time mothers) suggest that both are worthy of further consideration. Findings from the UK evaluation of the Family Nurse Partnership programme should be looked at once published.

33. Baby massage was identified through the review as an appropriate intervention for low risk families and a number of Flying Start areas found it particularly

useful to engage fathers. It was delivered by a large number of partnerships that included it as part of their informal support offer.

Objective 2: To review the current parenting entitlement and offer, identify barriers, enablers and best practice in delivery.

34. The review identified a number of examples of good practice across many Flying Start Partnerships, including services designed around the needs of parents; the development of Action Learning Sets to share learning and best practice across authorities; and the use of a range of strategies to improve engagement and access, such as the use of a mobile crèche and the employment of a male dad's worker.

35. The delivery of the Flying Start parenting entitlement across the partnerships was influenced by local conditions and structures. In many LAs the parenting offer was well developed and integrated within a continuum of support with partners, in others there was more fragmentation and a less integrated offer. The consultations with Flying Start partnerships identified a number of enablers and barriers to delivering an effective and enhanced parenting offer.

36. Enablers focused on:

- providing a coordinated approach to delivering parenting with other partners and agencies, based on a local needs analysis;

- providing a well designed and developed Flying Start offer, with clarity on the outcomes that the parenting support was contributing towards;

- having strong governance arrangements closely linked with Local Authority plans;

- ensuring that evaluation and monitoring of parenting support services is undertaken to inform future planning and redesign;

- providing integrated services for children, young people and their families, driven and championed by the local children and young people's board/partnerships;

- having a Parenting Champion at a senior and strategic level;

- improving skills and knowledge through joint training, co-working and co-location. Through better communication, shared approaches to assessment and managing risk, services were seen as responsive to local needs, improving engagement of families and maximising outcomes for children;

- workforce development that included an understanding of the underlying principles of work with parents, not just training in parenting programmes;

- providing a highly motivated workforce, delivering creative solutions to local challenges.

37. **Barriers focused on:**

- the challenge of demonstrating impact and outcomes in a coherent way across services;

- a lack of accessible venues and high costs of transport and childcare/crèche facilities;

- the challenge of engaging some more difficult to reach groups such as fathers, teenage parents, black and minority ethnic groups.

Objective 3: To support the future development of the programme, identify gaps in evidence and provide suggestions on how to improve the evidence base on the effectiveness and impact of these interventions in Flying Start.

38. The review of the literature highlighted the challenges in undertaking research to evidence the impact of parenting programmes. The issues identified have implications for parenting programmes delivered via Flying Start which will help to build the evidence base, namely:

- the need for longer term monitoring of outcomes to see whether positive changes are maintained. Following up parents post-intervention will have time and cost implications. The chaotic and transient nature of some families' lives would make longer term follow up impossible and it would not be practical for every programme. However, longer term monitoring of outcomes would be beneficial in order to further develop the local evidence base;

- using a triangulated approach to monitoring and evaluation, building on parent self-report to provide an independent assessment of impact and improvement in outcomes;

- better analysis of demographic data to identify the variables which influence how parents respond to programmes and how different parents respond to different programmes;

- more robust monitoring of the engagement and retention of parents on different programmes, particularly the reasons why parents drop out or do not engage with support. Where possible, this could be undertaken via follow-ups with referring agencies/services. Services need to know which parents are not engaging /dropping out and gather the views of those who do not engage to develop further learning, as well as ensuring that programmes are suitable for the parents recruited on to them;

- to better understand the needs of vulnerable or under-represented groups of parents through careful targeting so that appropriate engagement approaches are developed, as well as evaluated;

- the lack of evaluation evidence from informal programmes of support also needs to be addressed with suitable outcome indicators identified for the delivery of all informal support, such as whether participants go on to access additional programmes of support or the uptake of formal parenting programmes by vulnerable or hard to reach parents. It would also be beneficial to further explore the suitability of using tools such as SOUL (Soft Outcomes Universal Learning) to measure soft outcomes;

- the informal programmes offered by partnerships should be reviewed to ensure that services are clear which informal programmes facilitate parental engagement in more formal parenting programmes.

39. Partnerships need to systematically analyse their data to inform service delivery (a number were already implementing such an approach). This needs to be undertaken at three levels:

- at the individual level: undertaking individual assessments of progress;

- at the programme level: analysis of impact within a programme of support;

- at the service level: incorporating evidence to allow comparison of outcomes across different programmes of support.

Recommendations

Recommendation 1: While there was considerable consensus around the need to give more prominence and value to informal support within Flying Start, the current guidance does not include any informal programmes. This might reflect, in part, the lack of robust evidence for informal programmes. We recommend that the guidance could be extended to include baby massage, which was seen as a suitable intervention for low risk families.

Recommendation 2: In order to strengthen the evidence base for informal support, we recommend that suitable outcome indicators are identified for the delivery of informal support. A parenting self-report model such as TOPSE (Tool to measure Parenting Self Efficacy) or 'My World' could be used.

Recommendation 3: It would be advantageous for Flying Start partnerships to name a Parenting Champion operating at a senior level who can promote parenting support and engage partners at a strategic level ensuring that services are delivered to meet need and achieve outcomes.

Recommendation 4: We recommend that the parenting offer be strengthened in the new guidance and that there is a parenting strand within LAs' strategic plans, which includes a local needs assessment.

Recommendation 5: We would recommend the Flying Start partnerships, in conjunction with other services and initiatives, set and agree minimum local

outcome indicators rather than minimum levels of provision, to ensure better alignment and measurement of impact.

1   Introduction

1.1   In December 2011, Interface Associates and York Consulting were commissioned by the Welsh Government to undertake a Review of Parenting Support for Flying Start. The overall aim of the project was to conduct a review of parenting support for families with children aged 0-4 and identify the implications for Flying Start.

Background

1.2   There is a growing body of evidence and research that argues that early intervention can benefit children across a whole age range, from pregnancy to 18. Supporting children in their earliest years is especially important because research suggests that poor early experiences can impair children's brain development, parents may be more open to asking for and accepting help at that stage and effective help can have a 'multiplier' effect later. Emerging studies indicate that we should be working with parents of very young children by offering support aimed at reducing risk factors and increasing protective factors. Investment in early years has the potential to make massive savings and the earliest years are absolutely critical to children's future development.

1.3   The Flying Start programme was launched by the Welsh Government in 2006/07 "*to make a decisive difference to the life chances of children aged under four in the areas which it runs*". The programme runs in some of the most deprived areas and is focused on the delivery of the following entitlements:

- enhanced health visiting support;

- childcare (2.5 hours, five days a week of free quality childcare for two year olds);

- parenting support: evidence based parenting programmes which have been shown to generate positive outcomes for children;

- access to language and play (LAP) programmes; and

- information sharing and referral between Flying Start practitioners to support early identification of need, and the provision of higher levels of support where there is evidence of higher need or risk.

1.4   Flying Start seeks to avoid the need for later remedial action and ultimately to reduce the number of people with very poor skills by securing improved outcomes for children in Flying Start areas with regard to: language development; cognitive development; social and emotional development; physical health and early identification of high needs.

1.5   The programme is prescriptive in terms of the scale and quality of the entitlements, but allows for local flexibility and expects local accountability in each local authority (LA). All aspects of the programme are universally available to parents with children aged under four in the areas in which it runs but different levels and types of support are targeted, dependent on individual family's needs. A central component of delivery is that entitlements are not delivered in isolation but as a partnership of services based on the specific needs of individual families.

1.6   Flying Start sits alongside support offered by other programmes, such as Families First, Communities First and Integrated Family Support Services (IFSS). The aim is that these programmes form seamless support that meets the needs of children and their families as soon as they are identified. There is an expectation that these programmes should be interlinked and part of the overall strategy to tackle child poverty.

1.7   The rationale for including parenting support as a specific entitlement within Flying Start is based on evidence that warm and supportive parenting facilitates the development of strong and secure relationships and that parenting which is harsh and neglectful increases the risks of poor outcomes for children. The definition of parenting support used within the Flying Start guidance is focused on "*programmes providing support and skills training for parents whose aim is to promote children's wellbeing by enhancing protective factors and reducing their exposure to risk*". The parenting entitlement within Flying Start includes:

- **informal support:** encompassing a range of drop-in groups and sessions, often led by a mix of professionals;

- **formal support:** consisting of the courses approved within the Flying Start guidance (see below); and

- **intensive support:** provided in the form of one to one support offered by health visitors, parenting workers, social workers and family support workers.

1.8 The parenting programmes delivered as part of Flying Start were informed by the Communities that Care Review undertaken in 2006. This review categorised parenting programmes according to whether there was evidence of improved outcomes for children aged 0-4 and divided them into the following groups based on the robustness of the underpinning evidence base:

- **Group A:** Programmes were eligible for Flying Start funding due to the strong evidence of improved outcomes for children when used with the Flying Start age group. These programmes were already in use in Wales with opportunities for training and peer support.

- **Group B:** Programmes could be funded if they filled a gap in current service delivery and there were no local examples of Group A to build on. These were programmes where their effectiveness had been proven in rigorous evaluation studies but they were not being delivered in Wales.

- **Group C:** Programmes were those where there was insufficient evidence from rigorous evaluation studies, but there was established practice and experience in Wales. They were not eligible for Flying Start funding unless they were part of a jointly funded research programme to evaluate their effectiveness using controlled research designs and there were already experienced trainers and materials available (see **Annex F** for list of programmes in each group).

Objectives of the Review

1.9 The Welsh Government recognised that there was a need to review the current Flying Start guidance to ensure that it was still fit for purpose within the expanded programme. The objectives of this review were to:

- **refresh the evidence base on informal and formal parenting support** and summarise the implications for policy and practice, relating this to current activity within Flying Start;

- **review the current parenting entitlement and offer**, identify barriers, enablers and best practice in delivery;

- **support the future development of the programme**, identify gaps in evidence and provide suggestions on how to improve the evidence base on the effectiveness and impact of these interventions in Flying Start.

Method

1.10 As part of this review, the research team undertook:

- a Rapid Evidence Assessment (REA) of published and academic literature focused on support for 0-4 year olds and their families, from 2006 to March 2012;

- telephone consultations with:

  – Flying Start Coordinators and managers across the 22 Welsh local authorities. Consultations were also undertaken with additional strategic parenting support leads, mainly in larger authorities;

  – representatives from national, voluntary sector stakeholders involved in parenting support.

1.11 The REA process was used to identify a total of 21 sources for more in-depth review. The key elements of the REA were as follows:

- agreement of search strategy and inclusion criteria;

- initial database searches to generate a list of sources;

- interim project update and agreement of exclusion criteria to generate a shortlist;

- synthesis of the evidence.

1.12 The telephone consultations with Flying Start Coordinators and voluntary sector representatives focused on the development of parenting support and the implementation of parenting programmes within Flying Start partnership areas, as well as gathering consultees' views on the current programme guidance, how this has been used in decision making by local partnerships, and how they would like it to develop.

1.13 It is important to note the limitations of this review. This was not an in-depth analysis of parenting support within Flying Start and practice was not observed or evaluated.

Report Structure

1.14 The structure of this report is as follows:

- **Section 2** presents a review of the current evidence base identified by the REA providing a discussion on the robustness of research design, the strength of the evidence base and the outcomes identified. It also provides an overview of the implications for the delivery of the Flying Start programme;

- **Section 3** provides an overview of the current parenting support provision within Flying Start partnerships; considers the variations in parenting provision; and identifies the enablers and barriers to delivering an effective and enhanced parenting service;

- **Section 4** provides considerations for the Welsh Government to move forward in developing the evidence base in relation to parenting support;

- **Section 5** presents our conclusions and recommendations.

2   Review of the Current Evidence Base

Introduction

2.1   In 2006, Communities that Care (CTC) undertook a review of parenting programmes (in Wales and beyond) to inform the Flying Start guidance. It specifically looked at whether the programmes improved outcomes when used with the Flying Start age group. The review noted that the definition of 'parenting' can be extremely broad and that activities that are described as 'parenting programmes' are likely to overlap with a range of interventions, including: parenting support; parenting education; and parent skills training. The definition used within the Flying Start guidance is focused on *"programmes providing support and skills training for parents whose aim is to promote children's wellbeing by enhancing protective factors and reducing their exposure to risk".*

2.2   Given Flying Start's remit, the CTC review focused on programmes that were appropriate for supportive and preventative work, rather than crisis interventions, and looked to identify programmes with evidence of improved outcomes which can be directly attributed to the programme. The programmes were categorised according to the robustness of their evidence base and details of the individual programmes included in each category are provided in **Annex F**. Previous research undertaken as part of the Flying Start evaluation (SQW, 2009) identified the following key components of successful parenting support. It:

- requires a strong evidence base;
- meets the needs of the communities it serves;
- is complementary to existing provision;
- has effective processes in place to evaluate the programme provided and ensure that outcomes have been achieved.

2.3   It should be noted that parenting support is not just about providing formal parenting programmes, but will also include informal provision, such as drop-in sessions and groups, for example baby massage and breastfeeding and weaning initiatives. However, this type of support is much less likely to be formally evaluated or have formal outcome measures in place.

2.4   The REA undertaken as part of this review seeks to update the Communities that Care Review with current evidence on parenting programmes and support.

Overview of the Studies Included in the Review

2.5   A long list of 94 documents was initially identified as relevant for the REA. This long list was then reviewed again to identify the most relevant sources for this review. A total of 21 sources were identified for more in-depth review. The key stages undertaken in the REA were as follows (each of these stages is described in further detail in **Annex A**):

- agreement of search strategy and inclusion criteria;

- initial database searches to generate a list of sources;

- interim project update and agreement of exclusion criteria to generate a shortlist;

- synthesis of the evidence.

2.6   Exclusion criteria were designed to isolate the most relevant sources from the long list of documents identified. The exclusion criteria focused on rating each of the sources in relation to their relevance to the focus of the review. Specifically, whether the intervention was focused on parenting support; whether outcomes were identified and the robustness of the research design that generated these; that the intervention focused on the Flying Start age range (i.e. 0-4); and the intervention's relevance to the Flying Start context, i.e. that it was focused on preventative/early intervention rather than specialist programmes or crisis intervention. This meant that sources focusing on severe mental health problems, severe learning difficulties, and child abuse and neglect were excluded, except where the intervention was concerned with primary prevention.

2.7   Given that the focus of this review was to refresh the existing evidence base, we did not include existing programmes where the evidence was well documented in the Communities that Care review, unless new research had been undertaken since that review in 2006 (as was the case for the Incredible Years BASIC Parenting Programme). Existing programmes identified by the Communities that Care review with a good evidence base were:

- Handling Children's Behaviour;

- The Incredible Years BASIC Parenting Programme;

- Parenting Positively;

- Triple P – The Positive Parenting Programme;

- The Neonatal Behavioural Assessment Scale.

2.8   Where relevant, we have also reviewed programmes identified by Flying Start Coordinators. **Annex A** provides an overview of the types of programmes/interventions identified, their geographical focus and the age range targeted.

The Nature of the Programmes and Interventions Identified

2.9   It should be noted that the focus of this review was on parenting support rather than family support, which covers a much broader range of interventions and was beyond the remit of this review. Furthermore, because we were looking for interventions with a strong and robust evidence base, the vast majority of interventions identified by the review were formal, rather than informal programmes of support.

2.10   The following discussion focuses on parenting interventions and programmes identified as part of this review (both via the REA and during consultations with Flying Start coordinators). It focuses on support at two levels:

- **universal programmes of support** (both informal and formal support) available for all parents and children (which may include some targeting);

- **targeted and specialist programmes of support** (formal support) for parents/children with identified additional needs.

2.11 Within the Flying Start partnerships the balance of provision was more towards universal programmes of support, which included some targeting of parents of children with additional needs.

2.12 Universal interventions are generally defined as those that are applied to whole populations irrespective of risk, whilst targeted interventions are those that apply to an identified population deemed to be at greater risk of a negative outcome. In practice the distinction between universal and targeted interventions is not clear cut, since interventions can be targeted at individuals, or 'clusters' of individuals located in geographical areas. The aim of primary or universal interventions is generally preventative, whilst targeted interventions, which are operating in the presence of risk factors, aim to protect children or their families from those risks.

2.13 Universal interventions are important because they offer opportunities to make parenting support accessible to as wide a population as possible, thereby widening the likely benefits:

> *"What is needed is a whole society attitude shift to parenting,*
> *akin to those achieved with seat belt wearing and drink driving.*
> *Instead of parenting being seen as a private matter which must*
> *not be invaded, it should be celebrated as a matter where*
> *achieving high standards is in everyone's interest, and it is*
> *socially acceptable for everyone to recognise they are able to*
> *learn."* (Wave Trust, 2010)

2.14 Furthermore, universal support also minimises the stigma which influences the take up of targeted support and provides opportunities for the identification of high risk families (Stewart-Brown and McMillan, 2010 and 2011). Flying Start clearly has an important role to play in delivering support at this level and in providing universal support based on both need and entitlement.

2.15 The support identified was divided into three thematic areas:

- **perinatal support[1] and support in the early years;**
- **early intervention approaches to supporting vulnerable parents;**

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[1] Support relating to, or being the period around childbirth, especially the five months before and one month after birth.

- **programmes to support relationships with, and management of children's behaviour: parenting positively.**

Perinatal Support and Support in the Early Years

2.16 The support identified (both in the review and by Flying Start coordinators) in this area mainly focused on universal approaches and programmes (informal and formal) centred on parental attunement and/or attachment with babies and young children, including:

- **baby/infant massage**, e.g. Underdown *et al.*, (2006) and Vickers *et al.*, (2004); and breastfeeding and weaning clinics delivered as part of the informal offer (C4EO, 2010) and used widely in Flying Start partnerships;

- **developmental guidance**, e.g. brief interventions such the Neonatal Brazelton Assessment Scale (NBAS) and the Newborn Behavioural Observations Systems Training (NBO), which were used by a small number of Flying Start partnerships;

- **support to improve parent-child relationships**, e.g. the Solihull Approach (Bateson *et al.*, 2008) which is a universal programme delivered on a one to one basis[2] by health visitors. The approach has grown in popularity during the roll out of Flying Start and a number of areas reported introducing it, mainly on a one to one basis, but there was some group based delivery. Partnerships liked the flexibility of the approach and its accessibility, particularly for parents with low levels of literacy skills;

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[2] In this context the support is provided to parents with babies. However, the Solihull approach can also be delivered as a group programme with parents of older children.

- **attachment based interventions**, such as 'Parents and Infants in Partnership' (PIPPIN) (Stewart-Brown and McMillan, 2010 and 2011) for low risk families beginning in the antenatal period and continuing beyond; and video feedback intervention to promote positive parenting (VIPP) (Juffer *et al.*, 2008). VIPP was developed in the Netherlands and is a short, home based attachment based programme for parents with children aged 9 months to 5 years. VIPP aims to enhance parents' sensitivity to their children's behaviour and provides parents with behavioural focused interventions aimed at enhancing parental sensitivity and positive parent child interactions. VIPP has been used with a wide range of parents in a number of different countries, including the UK. A small number of Flying Start Partnerships used PIPPIN but VIPP was not being used.

2.17 The need to identify effective and engaging evidence-based support for fathers of young children (and fathers more generally) was a key area for further research and development, identified both in the literature (Magill-Evans *et al.*, 2006) and in consultations with Flying Start coordinators. Generally, the engagement of fathers was perceived as relatively poor within Flying Start programmes and a number of consultees felt that this was part of a 'cultural legacy', which was particularly challenging to address. Nevertheless, some consultees reported significant success in engaging fathers which was attributed to: employing male staff to facilitate fathers' access; the timing of sessions, e.g. Saturday sessions were more attractive to fathers; and locating LAP sessions alongside crèche facilities so that fathers could have some time with the child, but also some time together as a group.

2.18 A further perinatal programme offered outside of Wales, but not a specific focus of this review (due to the specialist nature of the content), is the Mellow Parenting Programme. This Attachment Theory based programme includes Mellow Babies (Puckering *et al.*, 2010) for mothers experiencing post-natal depression; and 'Mellow Bumps' which aims to reduce parental stress in pregnancy and engage parents in understanding the emotional needs of their babies. Mellow Parenting is widely used across the UK, although we are not aware of the programme being used within Flying Start Partnerships.

Early Intervention to Support Vulnerable Parents

2.19 The REA identified a range of early intervention approaches to supporting vulnerable parents focused on developing early parenting capacities, bonding, and establishing effective parenting strategies.

2.20 At the universal level these programmes included early intervention to support parents, often in disadvantaged areas, or with a particular geographical focus. These included:

- **community based home visiting programmes for vulnerable parents**, delivered by non/paraprofessionals[3] such as the Community Mothers Programme in Dublin (C4EO, 2010); Barnardo's Community Mums and Dads Programme (C4EO, 2010); and Home-Start (Barnes *et al.*, 2006). Home-Start currently operates within a number of the Flying Start Partnership areas;

- **programmes supporting and developing parents' understanding of how their children learn**, such as High Scope's 'Caring Start Parenting Programme' (widely used across the UK); and 'Parents as First Teachers Programme (PAFT)' (C4EO, 2010) a parenting programme delivered largely in the home which aims to engage parents in supporting their child's learning and development. Consultees did not refer to using either of these programmes except for one Flying Start partnership that used the PAFT within the home;

- other universal programmes identified in the consultations included those provided by Parentline Plus, whose programmes of support are delivered in some Flying Start areas.

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[3] A trained worker who is not a member of a given profession e.g. the Community Mothers Programme trains experienced, volunteer mothers from the local community.

2.21 At the targeted and specialist level, programmes included:

- **multi-component, long term, home visiting programmes** working with high risk parents such as the Family Nurse Partnership Programme (Barnes *et al.*, 2011) supporting young, first time mothers, from early pregnancy to when their child is 24 months old. Mothers engaged in the programme are assessed on eight risk factors identified as leading to subsequent poor child outcomes. This programme was initially developed in the US, and is currently being piloted in England[4] but is not currently delivered in Wales[5].

- **support for parents with significant mental health issues** such as the Parent Infant Project which is only delivered in clinical settings and is designed for parents and children under one where there are concerns about the parent/child relationship, including bonding and attachment issues (Baradon *et al.*, 2008). There was no evidence of this programme being used within Flying Start partnerships[6].

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[4] There are now over 50 sites across England offering places to over 6,500 families with a Government commitment to increasing the number of families in the programme at any one time to 13,000 by 2015.
[5] The study protocol for the RCT currently being undertaken can be accessed here: http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=6003
[6] Given the specialist nature of the programme this is perhaps not unsurprising.

Positive Parenting

2.22 At the universal level, these programmes were focused on making parenting support acceptable and engaging for all parents and included a number of group-based parenting programmes. One of the most popular universal programmes and delivered in a number of Flying Start areas was the Family Links Nurturing Programme (FLNP) (Simkiss *et al.*, 2012; Simkiss *et al.,* 2010)[7]. A key component of the programme is that it focuses on family relationships and provides experiential learning through guided discussion, role play and homework. A number of Flying Start areas were keen to introduce FLNP as an addition to other programmes such as the Incredible Years Parenting Programmes because of its specific focus on family relationships[8]. One of the Flying Start partnerships was piloting the Ante-Natal Family Links Programme.

2.23 Universal programmes with a behavioural focus which are currently being delivered in (a small number of) Flying Start areas included Parenting Positively and Handling Children's Behaviour (both 'Category A' programmes). These are primarily delivered as one-to-one programmes with parents in the home. A further programme identified in the literature but not by Flying Start partnerships was '1-2-3 Magic': a brief, psycho-educational group based programme to support effective discipline and reduce parent-child conflict which is delivered in community settings (Bradley *et al.*, 2003).

2.24 At the targeted and specialist level, programmes of support in this area included group based parent training programmes for improving emotional and behavioural adjustment in children (Barlow *et al.*, 2010), and programmes to support parents with children with (or at risk of developing) conduct disorders, behavioural problems and/or developmental delay. These programmes are detailed below.

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[7] Four Flying Start areas were involved in the RCT of FLNP undertaken by Simkiss *et al.* (2012).
[8] FLNP is currently a Category C programme

- The Incredible Years Parenting Programmes: BASIC (Hutchings *et al.* 2007 and Jones *et al.* 2007); Toddler; and Baby[9]. The Incredible Years Parenting Programme was the most widely delivered Category A programme in Flying Start areas. In some areas, the BASIC Parenting Programme was already well embedded prior to the delivery of Flying Start, whilst in others it was introduced directly as a result of the guidance. The choice of programmes in Flying Start partnerships is discussed in more detail in **Section 3**.

- Parents Plus Early Years Programme (Griffin, 2006; Griffin *et al.*, 2010, and Kilroy *et al.*, 2011) developed in Ireland for parents of children aged one to six with behavioural, emotional, developmental, or learning difficulties. It is a strengths based, solution focused approach, which aims to increase parental self-confidence; build positive relationships and promote development; and build cooperation and respond to misbehaviour. It uses a combination of group and one to one sessions with video input of real parent-child interactions. It can be used as a clinical intervention in specialist settings but also preventatively in community settings. It is not currently delivered within Flying Start partnerships.

- Scallywags (Broadhead *et al.*, 2009 and Frampton *et al.*, 2008) is a targeted or specialist programme developed in Cornwall and delivered by educational or clinical psychologists at home and in community settings for families with children with complex behavioural, emotional and social problems aged three to seven. It is not currently delivered in Flying Start partnerships.

2.25 Other programmes such as the New Forest Programme (focused on supporting parents of children with ADHD) (Thompson *et al.*, 2009) were not included as part of the review because they were focused on a specific disorder and therefore outside the remit of this study. However, the New Forest Programme is currently being trialled in one Flying Start area.

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[9] See the programme website for further information http://www.incredibleyears.com/

The Outcomes Identified and Robustness of the Evidence Base

2.26 The following discussion provides an overview of the main outcomes identified for each programme/intervention identified, and an assessment of the robustness of the evidence base.

Perinatal Support and Support in the Early Years Programmes

Baby/Infant Massage and Breastfeeding and Weaning Initiatives

2.27 Evidence suggests that baby massage may have a role as an additional support for parents who are stressed, but where there is a risk of child neglect other strategies are preferable (Underdown *et al.*, 2006). There was no evidence of harm and studies suggest that there was evidence of improved mother-infant interactions; fewer sleep problems, less difficulty coping with crying, and effects on hormones linked to stress. However, there was no evidence of impact on the quality of mother-infant attachment, infant cognitive development or reduction in behaviour problems.

2.28 The evidence base was not particularly robust, the studies where benefits were identified were relatively small scale and further research is required. Nevertheless, the reviews examined conclude that baby massage is worth using as additional support for low risk parents. Both baby/infant massage and breastfeeding and weaning clinics are used widely across the Flying Start areas, and they are generally viewed as a positive way to engage parents and to improve early attachment. They are primarily led by health teams within Flying Start partnerships.

2.29 Furthermore, Magill-Evans *et al.*'s (2006) review of interventions with fathers of young children found that infant massage and prenatal education about infant behaviour directed to fathers had a significant influence on fathers' behaviour with their child. There was evidence that, if interventions involved active participation with, or observation of the father's own child, the intervention may be effective in enhancing their interactions with the child and a positive perception of the child.

2.30 Interventions were more likely to be effective if the father had multiple exposures to the programme. However, only two of the 14 studies identified were rated as having a strong evidence base[10]. The sample sizes were small and retention on the programmes was varied. The authors concluded that more research was required to determine the influence of interventions over time, the differential influence on mothers and fathers, and the 'optimal dose' of intervention required.

2.31 Promising local practice was identified by C4EO's[11] *Grasping the Nettle* report (2010) of a breastfeeding initiative in Blackpool which showed improvements in breastfeeding initiation rates. However, this was not a systematic evaluation of the initiative and it was impossible to comment on whether the increase in breastfeeding rates was a result of the initiative.

Developmental Guidance (the Neonatal Brazelton Assessment Scale [NBAS] and the Newborn Behavioural Observations Systems Training [NBO])

2.32 Both approaches are used to promote an understanding of infant development through developing strong infant-parent relationships by focusing attention on the baby's behavioural abilities and the role babies play in cementing healthy infant-parent relationships.

2.33 The NBO is a structured set of observations designed to help practitioners and parents observe the newborn baby's (from birth to the third month of life) behavioural capacities and identify the kind of support they need for successful growth and development. It consists of a set of 18 neuro-behavioural observations, which describe the baby's capacities and behavioural adaptation.

2.34 The NBAS is a neuro-behavioural assessment of the newborn (from birth to two months), designed to document the baby's contribution to the parent-infant relationship, the competencies and individual differences of the baby, as well as any difficulties. The main feature of the NBAS is that it is an interactive assessment, which gives a clear profile of the baby's behaviour, and how it must feel to parent the baby. There are 28 behavioural items which focus on:

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[10] A further eight were rated as moderate and four were classified as weak.
[11] C4EO: The Centre for Excellence and Outcomes in Children and Young People's Services. See http://www.c4eo.org.uk/about/default.aspx for further information.

- assessing the strengths and abilities of the baby;

- sharing the baby's behaviour with the parents;

- validating the parent's observations;

- providing information on development and discussing care giving methods for the baby;

- forming a collaborative relationship between the health professional and the parent.

2.35 If used as an intervention, the NBAS should be undertaken three times within the first four weeks of birth.

2.36 There is evidence that Brazelton based interventions delivered during the neonatal period have a '*small to moderate[12] beneficial effect*' on the quality of later parenting (Das Eiden and Reifman, 1996). Barnes and Freude-Lagevardi (2003) also found that brief interventions such as NBAS were effective in enhancing parental sensitivity and knowledge in low risk families. The intervention takes a strengths based approach, empowering and en-skilling parents, as well as raising parental awareness. Given that this is a brief intervention and relatively easy to deliver (by health visitors and midwives in the home) it can be suggested that these findings are positive.

2.37 However, the Communities that Care Review also identified studies where positive effects were not seen, suggesting that in order to achieve positive outcomes a sustained relationship needs to be developed between the practitioner and parents, rather than '*relying on a single demonstration*' (Wolke, 1995) and that it might work '*best as the initial component of a longer term or more intensive programme*' (Moran *et al.*, 2004).

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[12] Das Eiden and Reifman state that the average effect sizes were reported in the form of the correlation coefficient (r) and in terms of the difference between the experimental and control group means divided by the pooled standard deviation (Cohen's d). For both effect-size indicators, positive values indicate better outcomes for intervention groups. The average effect sizes were .2 for r and .4 for d. The probability of obtaining these findings by chance approached zero. Thus, a beneficial effect of the intervention was indicated. The authors note that Cohen characterised an effect size of d = .5 as a 'medium' effect size, therefore they conclude a small to moderate beneficial effect.

2.38 Similarly, Barnes and Freude-Lagevardi (2003) found that the impact with high risk families was likely to be short lived unless families were offered additional ongoing support. Concerns were also raised by Flying Start partnerships regarding the cost and time of training practitioners to deliver NBAS, as well as the time involved in scoring the assessments. It was suggested that NBO was much easier and quicker to deliver than NBAS and provided similar outcomes.

Support to Improve Parent-Child Relationships: The Solihull Approach

2.39 The Solihull Approach is based on NICE guidelines[13] and was developed by practitioners. The evaluation of the programme (Bateson *et* al., 2008) using validated outcome tools (although there was no RCT) showed improved outcomes in children's behaviour and a reduction in parental anxiety. However, the following impacted on the robustness of the evidence base:

- there was a lack of parental data on behaviour of children under two;
- there was no follow up to see whether changes were maintained;
- there was no analysis of demographic data which meant the authors were unable to identify the variables which influenced how parents responded to the programme;
- there was a need to know more about fathers' responses as it was only delivered to women;
- the drop-out rate was 22%.

2.40 The above issues limited the conclusions that could be drawn but this remains a potentially promising programme which requires further study.

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[13] Originally developed for parenting programmes for children with conduct disorders but seen as equally valid for other parenting programmes http://publications.nice.org.uk/parent-trainingeducation-programmes-in-the-management-of-children-with-conduct-disorders-ta102

Attachment Based Interventions

2.41 No new evidence was identified for 'Parents and Infants in Partnership' (PIPPIN), but previous evaluations (Parr, 1998) (non-RCT) have shown a significant increase in psychological wellbeing, parental confidence and satisfaction with both couple and parent-infant relationships in the post-natal period. Reviews of targeted attachment based interventions such as those identified by Barrett (2010), including van Ijzendoorn *et al.* (1995) and Bakermans-Kranenburg *et al.* (2003)[14], provided findings which showed that there was:

- evidence that maternal sensitivity/responsiveness could be enhanced using attachment-based parent skills training and that this training could (although not always) impact on infant security status;

- less evidence of direct effects on infant attachment security status and there was a need for longer-term follow-up studies to explore this;

- evidence that shorter-term programmes (i.e. less than 16 weeks) might be the most effective;

- a need for follow-up studies to explore whether less-complex, behaviourally oriented, interventions were effective over time.

2.42 Promoting Positive Parenting VIPP (Juffer *et al.*, 2008) is a brief (four to eight sessions), focused personal video feedback intervention of the parent/child interaction to promote positive parenting. The mother and infant (although it can also be used with toddlers and pre-school children) are videoed during daily situations at home, e.g. bath time, meal times etc. The footage is reviewed by the support worker and then played back to the parent and reviewed together focusing on positive and successful interaction.

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[14] The reviews included had a robust evidence base and included RCTs.

2.43 The programme is focused on empowering the parent to become the expert on their own child. VIPP has been successfully implemented in a variety of clinical and non-clinical settings and adapted for different cultures. RCTs have shown a positive impact on maternal sensitive behaviour and attitudes, on positive parent/child interaction and on child behaviour. We suggest that this targeted programme may warrant further exploration, particularly in relation to the use of video based intervention to provide support.

Early Intervention to Support Vulnerable Parents

Community Based Home Visiting Programmes

2.44 Community based home visiting programmes and use of paraprofessionals to provide parents with support show mixed evidence of improved outcomes.

2.45 The Community Mothers Programme (CMP)[15] in Dublin has shown beneficial impacts, which have been evidenced via a robust evaluation approach (RCT). CMP is a structured programme focused on the empowerment of new parents in developing their parenting skills. Evaluation of the programme (RCT) showed beneficial impacts, which were sustained when the children involved were aged one and eight years old (Johnson *et al.* 1993; 2000)[16].

2.46 Children involved in CMP were more likely to have better nutritional intake; read books and visit the library regularly; they scored better regarding immunisation and cognitive development; and had higher levels of self-esteem. Mothers were more likely to oppose smacking, have strategies to help them and their children to deal with conflict, enjoy participating in their children's games, eat appropriate foods, express positive feelings about motherhood and scored better in terms of self-esteem. The benefits also extended to subsequent births[17]. The follow-up evaluation undertaken when the children were aged eight found *"a persistence of superior parenting skills among programme families"* (Johnson *et al.*, 2000).

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[15] Based on the Bristol Early Childhood Development Programme. The Barnardo's Community Mums and Dads Programme and the Thurrock Community Mothers Programme are also based on the model.

[16] See also McGuire-Schwartz (2007); Molloy (2002) and Molloy (2007).

[17] Subsequent children were more likely to complete their primary and MMR immunisations and to be breastfed.

2.47 In contrast, a RCT evaluation of Home Start (Barnes *et al.*, 2006), a community volunteer home visiting programme, offered to potentially vulnerable mothers during or soon after pregnancy, did not provide evidence of improved outcomes. The study concluded that a more structured approach may be required to ensure parents are able to make changes in their parenting behaviour and the home environment. Furthermore, other reviews have highlighted the importance of providing appropriate support and training to the paraprofessionals delivering such programmes. Olds *et al.*, (2007) contended that whilst other service providers can provide suitable support for parents during pregnancy and infancy: "*Employing non-nurses at this phase ... will have greater difficulty in achieving success because families will not have the same level of trust that non-nurses will competently address issues of concern to them as will nurses*" [18].

Other Universal Programmes

2.48 Other programmes such as High Scope's Caring Start Parenting Programme have not been formally evaluated but are based on the High Scope principles of an active learning ethos and focused on what parents can do. The High Scope programme has a strong evidence base in the US, including long term positive outcomes when participants were followed up aged 40 (Schweinhart *et al.*, 2005). Caring Start is a universal programme which can be delivered by any practitioner (not just High Scope endorsed practitioners[19]). It is a six session programme focused on engaging parents in activities which are fun and non-threatening helping them to be confident about the skills they already have and make them aware of how children learn best. The programme has high levels of engagement because it is delivered in a non-threatening way.

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[18] See review of Family Nurse Partnership for further discussion.
[19] This may have issues for programme fidelity.

2.49 Parents as First Teachers Programme (PAFT) (C4EO, 2010) based on the Parents as Teachers (PAT) programme in the US is a universal programme for 0-3s delivered largely in the home. It aims to engage parents in supporting their child's learning and development and work with those parents who are unlikely to access centre-based services. It is a popular programme in the US and a number of sites are delivering it in the UK.

2.50 Pilot studies in the US suggested that the PAT programme increased the school readiness of children, but subsequent RCTs showed disappointing findings and high levels of drop out (Wagner and Spiker, 2001). As a consequence, the programme was revised and a RCT undertaken by Drotar *et al.* (2009) of the revised 'Born to Learn' curriculum showed more positive outcomes particularly for children from lower socio-economic groups. However, no overall programme effects were found on children's cognitive development, attachment security, conceptual skills, early reading readiness, expressive language development or parents' ratings of their social skills still mixed (Olds *et al.*, 2007). These findings highlight how initial positive outcomes from pilot studies need to be tested more widely.

2.51 The Parentline Plus Programmes are delivered within a number of Flying Start partnerships. The programmes are popular because they are short in length, based on issues raised by parents and are seen as non-threatening. For example, one Flying Start area has provided opportunities for parents to gain a NVQ Level 1 accreditation linked to participation on the course and this accreditation also links into basic skills programmes. A previous RCT of the Parentline Plus Parent-Link Programme showed that parents and children participating in the programme experienced significant benefits compared to the control group and concluded that there was "*an important place for validated courses like Parentline* as *part of a preventative strategy, as well as a means for dealing with existing family problems"* (Bennett and Anderson, 2009). The programmes have also been used to successfully engage parents and then move them onto other programmes.

Specialist Programmes

2.52 Specialist nurse home visiting programmes such as Family Nurse Partnerships (FNP) (Barnes *et al.*, 2011) have a robust evidence base of improved outcomes in the US and some promising initial findings in England (although with substantial site variation). The three RCTs[20] (Olds *et al.*, 1986; Kitzman *et al.*, 1997; and Olds *et al.*, 2002) undertaken in the US found that the greatest benefits were seen with the most vulnerable mothers and these were: better maternal pre-natal health; fewer child injuries; longer intervals between subsequent births; more father involvement; more maternal employment; less reliance on welfare support; better child school readiness; a reduction in offending behaviour; and a reduction in child abuse and neglect. However it should be noted that outcomes were not statistically significant in relation to issues such as alcohol and drug use, arrests and violence.

2.53 Initial findings (Barnes *et al.*, 2008 and 2011)[21] from the implementation of FNP in England showed that take up was good; there was a reduction in smoking rates during pregnancy; increased rates of breastfeeding; improved mastery[22]; parents were positive about their parenting capacity[23]; and children were developing in line with the general population (when normally they would be expected not to). FNP is a resource intensive programme but evidence from the US shows that it is cost-effective to deliver (Olds *et al.*, 2010 and 1993)[24]. Findings from the RCT in England will also provide an assessment of the programme's cost effectiveness. Recommendations for this programme's adoption in Wales would need to await findings from the English study and be subject to trial prior to implementation. However, the initial findings appear positive and suggest that it is an effective early intervention approach for working with the most vulnerable young parents who have high levels of need and require specialist support.

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[20] There are also follow up studies to the age of 12 for the children involved in the programme.
[21] Results from the RCT currently being undertaken by the South East Wales Trials Unit (SEWTU) at Cardiff University should be published in 2014. Further details of the trial design can be found here: http://medicine.cf.ac.uk/primary-care-public-health/research/early-years/current-projects/building-blocks/.

2.54 Parent Infant Project: pre and post measures using validated tools have shown improved outcomes. The programme has been evaluated in four studies which show improvements in parental understanding of their baby's feelings and state of mind and improved self–efficacy and reduced levels of concern about their children. A RCT is currently being undertaken[25].

Details of the study protocol can be found here:
http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=6003

[22] Self-esteem linked to positive behaviour change.

[23] High levels of warm parenting, low levels of harsh discipline and parenting stress.

[24] There are indications that the cost of the programme is recovered by the time children are four for the highest risk families and certainly by the age of 12). US studies suggest a $3-5 return for every $1 invested dependent on the target group (see
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128008.pdf)

[25] Details of the RCT are provided here: http://www.annafreud.org/pages/randomised-controlled-trial-of-parent-infant-psychotherapy.html. Details of the trial registration are here: http://www.controlled-trials.com/ISRCTN38741417

Positive Parenting

Universal Programmes of Support

2.55 FLNP: Previous studies using validated outcome measurement tools (pre and post intervention) showed that parents valued the programme and felt that it had a positive impact on family relationships, children's behaviour and their own mental health and wellbeing (Barlow and Stuart Brown, 2001; McNeill, 2005 and Kirkpatrick, 2005). However, parents completed tools on a voluntary basis which meant that valid data were only available for a small sub-sample and biased towards those who enjoyed the programme, there was no control group, no measures of implementation fidelity and did not look at longer term outcomes. In order to provide a more robust evidence base, a RCT was recently undertaken in four Welsh LAs (Simkiss *et al.*, 2012). The findings from this study were inconclusive; a number of positive outcomes were reported but they were not statistically significant. The evaluation deemed FLNP to be cost effective[26] but the authors concluded that "*the results of this trial fail to show that FLNP improved parenting or wellbeing more than could be expected by chance*". Nevertheless, Flying Start partnerships continue to report positive outcomes around improved parenting for individual parents and children accessing the programme, whilst one area is also trialling the antenatal FLNP.

2.56 The FLNP RCT encountered a number of issues, including: difficulties in recruiting parents; professional anxiety about parents being allocated to a control group; and concerns from both families and practitioners about being filmed. There were also issues with contamination of the control group due to the availability of other parenting support (within Flying Start areas). The FLNP evaluation highlights the issues associated with evaluating parenting programmes in community based settings where existing support is already available. Kaminski *et al.,* (2008) also observed smaller effects where programmes were not stand alone but were offered as part of a package of services with ancillary services alongside, as is the case in Flying Start.

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[26] The incremental cost per QALY (quality adjusted life years) of FLNP was estimated as £21,600 at 5 years. This is just outside the £20,000 lower threshold regarded by NICE as representing value for money and within the higher bracket of £30,000 (Simkiss *et al.*, 2012)

2.57 The FLNP evaluation contributes to the ongoing debate surrounding the use of RCTs as the 'gold standard' approach to providing a robust evidence base for measuring the effectiveness of parenting programmes within community settings. Furthermore, many of the early evaluations of Triple P were criticised because they were co-authored by the programme designers, (similar criticisms were also made of the Incredible Years Parenting Programme) and it was only as more research was undertaken that a body of independent evidence began to emerge. There is ongoing debate around other forms of evidence and the use of trials derived from a clinical base applied in community settings and the associated problems of contamination (see Stewart-Brown *et al.*, 2011a for further discussion)[27].

2.58 Clearly there is a need for further investigation and this is true across the field of parenting programmes where there is still too little known about parents' needs prior to joining programmes and therefore the real impact of interventions. There is a clear need for more research comparing outcomes across programmes and there may be an opportunity in Wales for work to be undertaken, for example, around school readiness of children who have been part of Flying Start, which would provide evidence around packages of help, if not specific programmes. Anecdotal evidence of school readiness was used by some Flying Start partnerships to measure success although this was not done across different programmes or using any consistent and measureable tools. Other outcomes such as referrals to speech and language services, immunisation rates, etc. could also be used to evaluate the contribution of parenting towards these outcomes.

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[27] See also the response by Forrester (2012), Ritter (2012) and a further comment from Stewart-Brown (2012).

2.59 1-2-3 Magic: in the RCT that was undertaken, parents who received the intervention reported significantly greater improvement in parenting practices and a significantly greater reduction in child problem behaviour than the control group. The gains in positive parenting behaviours were maintained at a one-year follow-up in a subset of the experimental group. The study concluded that "*this brief intervention programme may be a useful first intervention for parents of young children with behaviour problems, as it seems both acceptable and reasonably effective*" (Bradley *et al.*, 2003). However, it should be noted that the results were entirely dependent on parent self-report and follow up results were only for a small sub-set of parents who may not be representative of the sample as whole. It is a short intervention (four sessions) which may be more acceptable to parents, although its length does not reach the optimum level of sessions suggested by NICE guidelines[28.] The evidence suggests that shorter programmes are more effective with low risk parents and more acceptable to parents. Nevertheless, the shorter programme length is likely to make it more cost effective and reduce drop-out associated with longer-term programmes (Barrett, 2010 and Bradley *et al.*, 2003).

2.60 Parenting Positively is currently being delivered in Wales on a group, one to one and telephone support basis, by a range of staff, including health visitors. Consultees reported that the programme was successful at engaging parents due to its flexible delivery and the focus on parents identifying the issues worked on. No new evaluation evidence has been published since the Communities that Care review was undertaken in 2006, but previous research has shown it is effective with parents of children under five and that all three methods of delivery have been found to be effective. Previous research (non-RCT) suggests a clinical improvement in children's behaviour and a reduction in mothers' depression (Sutton, 1992 and 1995)[29].

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[28] Op cit
[29] Some drop off at follow-up was identified, but there was still evidence of positive outcomes.

Targeted /Specialist Programmes of Support

2.61 Incredible Years BASIC Parenting Programme (Hutchings *et al.*, 2007 and Jones *et al.*, 2007): the review provided further evidence of the benefits of the Incredible Years BASIC Parenting Programme with pre-school children (aged three to five) at risk of developing conduct disorders. A RCT undertaken in community settings in 11 areas of Wales (Hutchings *et al.*, 2007) showed improvements in '*most of the measures*' of parenting and problem behaviour in children, in particular, children in the intervention group had significantly reduced antisocial and hyperactive behaviour and increased self-control, compared with the control group children. The authors conclude that the programme:

> *"Works as a preventative intervention in highly disadvantaged*
> *community based settings when it is delivered by regular staff*
> *with high levels of supervision and support to enable the*
> *programme to be delivered with fidelity."*

2.62 Positive outcomes (based on parental self-report evidence from the Flying Start partnerships) highlighted some challenges in delivering the Incredible Years BASIC Parenting Programme, notably around programme length, when programmes were delivered and levels of drop out (see **Section 3** for further discussion).

2.63 Positive outcomes, maintained at follow up, were identified for the Parents Plus Early Years Programme, including a significant reduction in behavioural problems and reduced parental stress. The research identified that the effect of the programme was in the range of 'medium to large' between pre- and post-treatment, based on three RCT studies (Griffin *et al.*, 2006; Griffin *et al.*, 2010; and Kilroy *et al.* 2011).

2.64 The Scallywags Programme provides an interesting multi-component programme working with hard to reach families (parents, children and their peers, and teachers) who would not engage with conventional parent training programmes (Statham and Smith, 2010). However, longer term follow up of the programme provided evidence of mixed outcomes and was less positive for those with higher levels of need (Frampton *et al.*, 2008).

2.65 In summary, the following outcomes were demonstrated by each theme:

<u>Perinatal Support and Support in the Early Years</u>

2.66 Informal programmes:

- Baby massage: improved mother infant interactions, fewer sleep problems, less difficulty coping with crying, effects on hormones linked to stress; and significant influence on fathers' behaviour with their children;

- Breastfeeding/weaning initiatives: no formal evaluations undertaken but local evidence of an increase in breastfeeding rates.

2.67 Formal programmes:

- Developmental approaches:

    – Brazelton Approach: small to moderate effect on the quality of later parenting;

    – Work with fathers: directing prenatal education on infant behaviour to fathers and fathers' modelling this behaviour with their newborn children had a significant influence on their behaviour with their child.

- Solihull Approach: improved children's behaviour and reduction in parental anxiety.

2.68 Attachment based approaches:

- PIPPIN: increase in psychological wellbeing, parental confidence and satisfaction with relationships (couple and parent/infant);

- VIPP: positive impact on maternal sensitive behaviour and attitudes, on parent/child interaction and child behaviour;

- Mellow Babies: improved maternal mental health.

Early Intervention to Support Vulnerable Parents (all formal programmes)

2.69 Community home visiting programmes:

- CMP: children had better nutritional intake, read books and visited the library regularly; they scored better regarding immunisations and cognitive development; and had higher levels of self-esteem. Mothers were more likely to oppose smacking, have strategies to help them and their children to deal with conflict, enjoy participating in their children's games, eat appropriate foods, express positive feelings about motherhood and scored better in terms of self-esteem. The benefits also extended to subsequent births;

- Home-Start: greater reduction in parent–child relationship difficulties, other outcomes were less positive.

2.70 Specialist nurse home visiting: FNP - better maternal pre-natal health; fewer child injuries; longer intervals between subsequent births; more father involvement; more maternal employment; less reliance on welfare support; better child school readiness; a reduction in offending behaviour; and a reduction in child abuse and neglect.

Positive Parenting (all formal programmes)

2.71 Incredible Years BASIC Parenting Programme: parents reported significant improvements in their child's behaviour (reduced anti-social and hyperactive behaviour and increased self-control) and in their own parenting behaviours (reduction in stress and depression levels, and improvements in parenting competencies).

2.72 1-2-3 Magic: more positive parenting behaviour, parents rated their children's behaviour as less problematic, and that their children were less hyperactive, more compliant, happier and less difficult.

2.73 Parents Plus Early Years Programme: significant improvement on the Goodman's Strengths and Difficulties Questionnaire (SDQ) total problems and hyperactivity scales and the parental stress scale. Significant decreases in parent reported problems and significant increases in parent related goals.

2.74 Scallywags: reduction in child conduct problems and significant reductions in disruptive behaviour. Levels of parenting stress (Parenting Stress Index) were also significantly reduced.

2.75 **Annex J** provides a summary of the evidence for the main programmes identified in the review and provides information on:

- the nature of the programme, i.e. whether it was a universal, targeted or specialist intervention/formal or informal support;

- the research methods and outcome measurement tools used;

- the outcomes identified and robustness of the evidence base;

- the extent of delivery in Wales;

- implications for Flying Start guidance.

3 Assessing Current Delivery

3.1 The interim evaluation of Flying Start (White and McCrindle, 2010) found that most partnerships had established a coherent parenting offer. However, it was noted that there was some variance across Wales, and that a number of LAs had an undeveloped parenting offer, without the continuum of support which other partnerships had found to be effective. The interim evaluation concluded with the question "*should the variation observed in the scale of the parenting entitlement across partnerships be reduced by specifying minimum levels of provision?"* The question raised by the interim evaluation was explored and investigated through the second strand of the review.

3.2 The second stage of the review involved telephone consultations with representatives from the 22 Flying Start Partnership areas as well as staff from a small number of voluntary sector organisations. The consultations were carried out over a period of one month, from February to March 2012. Consultations were undertaken with a range of Flying Start leads and strategic managers responsible for parenting support, including: Flying Start Coordinators, Flying Start Parenting Coordinators, Parenting Officers, Early Years Development Leads, Family Support Leads and Local Authority Parenting Coordinators. In total, consultations were undertaken with 32 Flying Start coordinators/managers and strategic leads. Consultations took between one and three hours. Flying Start monitoring data and parenting plans for each of the partnership areas were also reviewed.

3.3 A small number of consultations were also undertaken with representatives from voluntary sector organisations involved in delivering parenting support, namely: Action for Children, Barnardo's, and Children in Wales.

3.4 Building on the REA, consultations with representatives from each of the 22 Flying Start Partnership areas provided important insights into the evolution of the parenting element of Flying Start and its link with the wider programme for 0-4 year olds. The review explored variations in the development of the parenting offer, as well as gathering views on the current programme guidance, how this has been used in local decision making, and how partnerships would like it to develop[30].

3.5 In this section, we examine:

- the strategic development of the Flying Start parenting support provision;

- key features of the Flying Start parenting offer;

- the choice of programmes;

- identifying and assessing parenting needs;

- the engagement and retention of parents;

- training and workforce development.

Strategic development of the Flying Start Parenting Support Provision

3.6 At the strategic level, the consultations focused on the development of the parenting offer within Flying Start partnership areas, how it related to the other elements of Flying Start and where it sat in relation to other structures in the local authority and other national initiatives such as Families First and Integrated Family Support Services (IFSS). It is important to note that both Families First and IFSS are new initiatives and during the consultation Families First was in the pioneer stage and not operating in some areas, so alignment between initiatives was at different stages. Similarly IFSS, which requires adults and children's services to take a whole family approach, was well established in some areas but was in its early stages of delivery in others.

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[30] See **Annex H** for a copy of topic guide.

Understanding Local Need

3.7 The first stage of designing parenting support services is to develop an understanding of current family needs, resources and priorities and agree what the desired outcomes should be. Services require a sound knowledge of local families and their needs to ensure that services provided meet families' needs across the continuum of support. They also need to be sensitive to the specific and additional requirements of the wide range of families who may wish to access them, including fathers, teenage parents, ethnic, cultural and faith groups.

3.8 Few Flying Start partnerships had undertaken a comprehensive local needs assessment as part of the initial development of the parenting offer within the Flying Start area. This was because there was an assumption that the research undertaken to develop Flying Start in particular local authorities had informed the guidance and choice of programmes and therefore a further needs assessment was not required. In order to make decisions on delivery models, what many areas did undertake was a review of existing provision. This was based on broader LA needs assessments conducted, for example, for Cymorth and Children and Young People's Plans. This led to decisions being made around the structure of services. For example, some areas identified the need to integrate services to create a multi-disciplinary service linking with IFSS and Families First and providing shared governance structures, whilst other areas built on their existing Sure Start models of delivery.

3.9 The roll out of initiatives such as Families First and IFSS, along with the expansion of Flying Start, had led to most areas undertaking further assessments of levels of need to gain a better understanding of the communities they were working with and the outcomes they were trying to improve. They were using local data such as rates of teenage pregnancy, information from parenting forum consultations, referrals to speech and language services and mental health services to inform the development and delivery of the parenting support offer.

Development of the Parenting Offer

3.10 For some Flying Start partnerships the guidance was followed closely due to the lack of parenting provision in the authority or the ad hoc/varied approach to delivering parenting services within the local areas. For others, the Flying Start parenting offer was used to build upon and enhance existing provision. This led to existing Service Level Agreements moving over to Flying Start and existing programmes, such as Incredible Years or FLNP, continuing to be used.

3.11 The key partners involved in developing the parenting provision were primarily the health team or health board, voluntary sector organisations, and the LA's Parenting Coordinator (if in existence). Most Flying Start Partnerships had strategies/plans in place that incorporated their parenting offer, although a minority (one third) had a separate parenting strategy. Since 2010, the alignment with other plans has improved and these strategic linkages were reflected in LAs' emerging Single Plans and structures. In most authorities where there was not a specific Parenting Strategy, the parenting offer was included in the Children and Young People's Plan; however three authorities had developed separate Family Support Plans.

3.12 All Flying Start partnerships had developed some kind of delivery plan. These were more robust in areas with Service Level Agreements in place. Typically, these were LAs where voluntary sector organisations were delivering parenting programmes. A couple of LAs identified that over the last year they had been rethinking, structuring and re-launching Flying Start as initially the local delivery had not been working particularly well. However, all LAs now seemed to have a clearer sense of how the programmes should be delivered. In the majority of areas there was significant provision of formal and informal parenting support programmes on offer, although the proportion of informal and formal programmes varied between Flying Start partnerships. This difference is explored further in the later sections.

3.13 With the expansion of Flying Start, we suggest it would be beneficial for Flying Start areas, in collaboration with key partners, to develop a parenting and/or family support plan which sets out in one document their strategic approach and strengthens implementation arrangements with local partners setting out targets, actions, milestones and resources needed for the delivery of parenting support.

The Setting and Monitoring of Outcome Indicators

3.14 All services should have an outcome basis and its rationale understood through its contribution to the achievement of those outcomes. Within some Flying Start partnerships, parenting support was initially developed as a targeted offer and the outcomes focused on included: improved parenting skills; better relationships; reduction in behavioural problems; reduction of children in need; enhanced aspirations; and children better prepared for school and early years education. Within other areas, parenting support was developed as a universal/early intervention offer to prevent the need for remedial services later. Within these areas parenting support was open to all parents and the outcomes were generally around non-stigmatising the support provided, viewing parents as the catalyst for change for children and therefore focused on the need to invest in parents and their needs, as well as parenting skills.

3.15 An interesting observation was that areas which had initially adopted a universal approach to parenting support were now revisiting this as there was an acceptance that the harder to reach parents were not attending and a more targeted approach was required. In areas with a targeted offer, the poor retention rates had led to considering opening the offer to all parents and adopting a universal approach. The rationale for developing the parenting support offer, either as a targeted or a universal offer was unclear and there was little systematic evidence of how progress was tracked and improvements in outcomes were captured or their impact measured. This suggests a need for all areas to provide a clear rationale for the approach taken to delivering their parenting offer and to communicate this clearly to all stakeholders. Consistent monitoring of progress and outcomes would also help to reinforce the benefits of the approach taken and/or highlight areas where it might need to be reviewed.

Partnership Working

3.16 The relationship between Flying Start and Families First appeared to be developing positively. As already highlighted, Families First was in its pioneer stage during the consultation period, but there is clear guidance around the need for the initiatives to work together, and complement each other. Developments within Families First, such as the introduction of a portable Joint Assessment Family Framework (JAFF) which takes into account the needs of the family, and a data handling system for the JAFF, were also seen as benefiting Flying Start families, particularly those who move area. Parenting Learning Sets have also been established in Pioneer Areas, and were being used to develop a consistent approach to parenting support. A number of consultees also made reference to the Workforce Development Framework for practitioners working with vulnerable families introduced by Families First Pioneers, which will also benefit Flying Start staff. Furthermore, in some areas, the Parenting Coordinator post is a joint post between Flying Start and Families First, further facilitating the provision of seamless support for families.

3.17 There were some concerns about duplication of support in a couple of areas because Families First was seen as potentially targeting the same families as Flying Start. However, this was in areas where Families First was still at an early stage of development. Indications from areas where Families First was well established would suggest that these potential issues and concerns will be resolved. Most areas reported positive working relationships between the services supporting families.

3.18 Evidence of linkages with IFSS was variable, but again this reflected the stage of roll out of the programme. Those areas involved in piloting IFSS[31] had been working together for over two years, whereas in other areas the links were just developing, and in some areas, at the time of consultation, IFSS was not yet operating. There was evidence of strong partnerships with other local deliverers such as Genesis Wales 2, Social Care, Housing services, Women's refuges and voluntary sector organisations. These partnerships have enabled services to offer a continuum of support to families across different levels of need.

The Role of the Parenting Coordinator

3.19 There was wide variation in the role of the Parenting Coordinator across partnership areas; some acted as the dedicated Parenting Coordinator for the Flying Start partnership, whilst others were shared posts across partners or were authority-wide. This was influenced by how the Flying Start programme had developed, but also whether areas were taking an integrated approach to the provision of parenting support. In other areas, there was no Parenting Coordinator, but there was a Flying Start lead who was responsible for coordination of all elements of the parenting offer.

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[31] The initial pilot areas were: Wrexham, Newport and Merthyr Tydfil/Rhondda Cynon Taff (the latter two LAs delivering in consortium).

3.20 The functions of the Parenting Coordinators also varied, with some responsible for the operational elements of parenting (i.e. the delivery of programmes); whereas in other areas the Parenting Coordinator was also responsible for developing, implementing and monitoring the strategy or plan. This review did not undertake an in-depth analysis to ascertain whether this variation played any part in providing more effective services. In our view it could be advantageous to appoint a Parenting Champion in Flying Start partnerships at a senior level who has an overview of parenting and can ensure continued support towards the development of parenting support.

Key Features of the Flying Start Parenting Support Offer

Defining Parenting and Family Support

3.21 The distinction between parenting support and family support is important, both in determining the scope of the activity in enhancing parenting and in measuring its impact. It also enables a more consistent approach to the selection of tools for measuring parenting support.

3.22 In partnership areas with a dedicated Parenting Team or a Parenting Coordinator there was a clear distinction between parenting support and family support. Parenting support was defined as, supporting parents to improve parenting skills and address parenting issues such as attachment and behavioural issues through access to parenting programmes. Family support was a more holistic support offer working closely with adults on issues such as basic skills, employment, housing etc., which would improve the overall family situation but were not focused on enhanced parenting skills.

3.23 Other Flying Start partnerships expressed the view that parenting support was part of the integrated family support offer. No distinction was made between parenting and family support. The view was that it was the continuum of support that created engagement with the Flying Start offer and that much of the informal support was a mix of family and parenting support.

The Mix of Informal and Formal Programmes of Support

3.24 All Flying Start partnerships offered both informal and formal programmes of support. Informal programmes were defined as less structured, with no beginning or end, and open access. Needs assessments were not undertaken for informal support and there was little in terms of evaluation activity to track progress of families. They were primarily used as engagement strategies with parents.

3.25 The balance between informal and formal support was extremely varied across different Flying Start areas, but there was considerable consensus that informal support should not be undervalued and that effective engagement in formal support was only secured through effective informal support. A range of activities were offered as informal support, such as baby massage, Stay and Play, breastfeeding and weaning clubs, as well as other interest classes such as cooking and sewing. The large number of informal programmes or activities offered should be reviewed by partnerships in order to ensure that areas are clear which informal programmes facilitate parents' engagement in formal parenting programmes.

3.26 The split between such support varied considerably from: 20% formal support and 80% informal in one LA; to 80% formal and 20% informal support in another. There was an emerging trend of more formal support prevalent in areas with larger and denser populations. Programmes in these authorities were offered on a rolling basis through integrated offers with partners and where access to venues, as well as delivery partners, was easier. The responses were based on a combination of need and existing local infrastructures.

3.27 The frequency and type of programme was determined by an annual review and assessment of ongoing need. In more rural or sparsely populated areas it was more difficult to plan groups in this way due to: the low numbers involved; the lack of suitable venues with crèche/childcare facilities; and transport issues which also impacted on the available resources and costs associated with delivery. Where this was the case, one to one delivery was seen as more appropriate.

Key Organisations Delivering Parenting Support

3.28 Most of Flying Start parenting support was delivered by the local authority. In some LAs, health visitors or health teams, including nursery nurses were an integral part of delivery; in others they only provided one to one support. Some authorities had integrated early years and family support staff to deliver their Flying Start programme of support, whilst others used dedicated parenting workers to deliver programmes. Health visitors were often identified as the key workers for families and they retained that role post-assessment. Using key workers to case manage families, coordinate input of other services, and oversee delivery of multi-agency family support plans was viewed as an effective way of working with families facing complex issues. The work of the health visitor and parenting element appeared to work well in most LAs, but a couple of interviewees described some issues, particularly around information sharing and joint working. The challenges with recruitment of health visitors, was also identified as an issue, which impacted on the delivery of programmes.

3.29 The voluntary and community sector (VCS) appeared to have a diminishing role in the delivery of parenting support. A few areas still commissioned elements of parenting support from the VCS. These were mainly parenting programmes, such as Incredible Years, or additional support provided for Flying Start families, such as Home-Start. However, in some cases, where programmes were previously delivered by the VCS, they have since been brought in-house. The main reasons for this seem to have been: cost; quality of delivery; and integration with other elements of the Flying Start programme.

The Choice of Programmes

3.30 Parenting programmes are more effective when they clearly specify who they are trying to help and include explicit processes to ensure that appropriate families (as determined by their level of need and characteristics) can be recruited into, and participate in, their programme. The following discussion provides an overview of the types of programmes currently being delivered within Flying Start partnerships.

3.31 Most authorities had followed the Communities that Care recommendations for using Category A programmes, with the exception of FLNP which is a category C programme. As identified in **Section 2**, the Incredible Years Parenting Programme was the most widely used Category A Programme, with only a few areas using Parenting Positively or Handling Children's Behaviour. In a number of areas the Incredible Years BASIC Parenting Programme was already established pre-Flying Start and was thus, the programme of choice. In other areas, the Incredible Years BASIC Parenting Programme was introduced as result of the Flying Start guidance, despite other parenting programmes being used in that authority. There had also been further take up of Incredible Years Baby and Toddler Parenting Programmes in areas that previously only delivered the Incredible Years BASIC Parenting Programme.

3.32 The popularity of Incredible Years parenting programmes was attributed to the strong steer towards Incredible Years via the levels of free training places offered by the Welsh Government through other funding streams; the access to support and supervision from the Incredible Years research centre in Bangor; and the range of Incredible Years conferences and events that happen throughout the year. Parenting Positively and Handling Children's Behaviour were primarily delivered as one-to-one programmes with parents in the home and appeared to be used as targeted approaches with parents with higher levels of need. Handling Children's Behaviour was felt to be particularly appropriate where there were high levels of challenging behaviour, even in children as young as two. Parenting Positively was reported to be effective in engaging harder to reach families and was generally delivered as targeted support where families were referred by a health visitor because of behavioural or relationship issues.

3.33 FLNP was the second most popular programme being delivered in around half of the Flying Start areas. Again the choice of programme was due to significant investment in the programme pre–Flying Start, which also resulted in four areas engaging in the RCT of the programme. Despite the inconclusive results from the RCT, a number of authorities continued to report positive outcomes for parents and children. One authority was piloting the ante-natal Family Links programme. Other Flying Start partnerships were also considering introducing the FLNP due to the emphasis in the programme on relationship building and its appropriateness for families with poor literacy skills, making it more accessible than other programmes, such as the Incredible Years Parenting Programmes. Consultees identified links between drop-out rates for parents with poor literacy skills and some programmes.

3.34 Other Programmes: the Solihull Approach was the programme most frequently referred to, other than Incredible Years and FLNP, and the one most recently introduced, but it does not currently feature in the Flying Start guidance. In some authorities where it has been introduced, the principles have been adopted to reflect the whole authority approach to supporting parents to have a more sensitive and reciprocal approach to their relationship with their children. Both the principles and tools linked to the approach have been widely used in the training of health visitors to inform how they work with parents. The approach therefore lends itself to delivery across the Flying Start model.

3.35 The New Forest Parenting Programme (NFPP), a specialised psychosocial intervention for preschool children with signs and symptoms of attention deficit hyperactivity disorder (ADHD), was being trialled in one area. The standard programme is eight weeks long and delivered in the client's home. A number of areas reported that they were providing parenting programmes for families with a child who had a diagnosis of ADHD.

3.36 Earlybird was another programme being delivered in at least half of the areas for parents of children with autism, although this was not specifically as part of the Flying Start programme.

Identifying and Assessing Parenting Needs

3.37 As identified previously, there is evidence that programmes that address the identified needs of families, rather than a "one size fits all" approach, are more likely to have positive outcomes. It is now widely accepted that living in high stress situations has a measurable, negative effect on parenting (Conger *et al.*, 1994). "*Parents cannot fully engage in parent training unless their other basic needs have been adequately addressed*" (Forehand and Kotchick, 2002).

3.38 In order to ensure parenting support services are targeted at those with greatest need and those who are most likely to benefit from them, an assessment of parenting need should also take into account wider family needs. Most Flying Start partnerships used a recognised assessment model. This included: the Child Health and Wellbeing (CHWB) assessment undertaken by health visitors; the Common Assessment Framework (CAF); the Joint Assessment Family Framework (JAFF); the Schedule of Growing Skills (SOGs); and other locally developed tools like "My World". All of these tools and models were aimed at ensuring that the needs of families and appropriate responses were available across the whole Flying Start offer. A number of authorities had moved away from single agency assessment to a multiagency approach to assessment. Feedback during our consultations indicated that some guidance around assessment would be welcomed across the Flying Start offer.

3.39 The Flying Start model of targeting geographically with a universal offer has resulted in around two-thirds of authorities seeing parenting programmes as something they can offer to all parents. However, within this, the programme offered would still normally be based on an assessment of need and parents' readiness for either a structured programme or one to one delivery. In these areas, programmes were well advertised and self-referral was encouraged. In the remaining areas where demand for programmes was high, targeting was based on parents who had identified relationship or behavioural issues with their children, and access to programmes would be through referral, usually by the health visitor.

The Engagement and Retention of Parents

3.40 The engagement and retention of parents was raised as an issue in more than half of the LAs. Key features identified by LAs impacting on the engagement and retention of parents were identified as follows:

- **Programme Length**: longer programmes (i.e. more than 10 weeks) were generally seen as more challenging to maintain the engagement of parents or to have good retention rates. However, there were some exceptions where good retention rates were reported, even for longer programmes. Where this was the case the reasons given were: additional support offered to parents during the programme through outreach; the ability to offer top-up sessions; and the quality of parental engagement with the staff delivering the sessions. Programmes that could be coterminous with the school terms were reported as having better retention rates.

- **Venues and Timing**: the importance of ensuring that parenting programmes are run at times convenient for service users, that they can access the venue easily and without cost has been raised consistently by previous evaluations (Forehand and Kotchik, 2002; Ghate *et al.*, 2000). Staff from some Flying Start areas felt that schools were good venues in which to run parenting programmes and that the venue helped engage parents. However, other consultees felt that running parenting programmes in schools was a barrier to engaging vulnerable parents. Where programmes were delivered during school hours, attendance on programmes was predominantly by mothers. Delivery of group programmes in rural areas was also identified as a particular challenge due to the small populations involved and the lack of venues and transport available. Providing suitable venues with adequate crèche facilities was also an important consideration. The use of crèches (rather than registered childcare settings), which could only provide two hours of childcare, made delivering some programmes difficult. Most partnerships were very creative at surmounting these issues, for example using mobile crèches; using staff to transport parents to suitable venues; and using community venues. The territorial culture within some communities was

cited as an additional barrier to parents accessing programmes (e.g. the reluctance of parents to access programmes delivered outside their community). The timing of delivery was also a factor, particularly in engaging fathers. Running sessions on a Saturday was reported as improving fathers' engagement in programmes.

- **Adaptability, Relevance and Suitability**: the adaptability of programmes to parents' needs and levels of literacy (whilst maintaining programme fidelity) improved retention. Programme content needs to be culturally appropriate and parents need to feel that it is relevant to their lives. Some of the programmes, such as the Incredible Years parenting programmes, were seen as less accessible because of parents' poor literacy skills, or because they could not relate to the programme content as it was seen as too American, or just not relevant to their lives. Furthermore, particular types of delivery mechanism, such as video based interventions may be inappropriate for some parents.

- **The Referral Process**: there seemed to be better retention where parents were already involved in the Flying Start programme, knew the staff and were supported and encouraged to become involved with the parenting programme as a "next step". Where the programmes were more targeted and referrals were made by professionals, there was less continuity, i.e. parents were referred to another agency or group of staff for the delivery of the programme. Engagement was not as good in these instances because parents were less likely to know other parents on the programme; there was the potential for less outreach or follow-up work at the end of the programme; and they were less likely to be involved with other elements of the Flying Start offer. The sharing of assessments to understand the wider family needs, alongside parenting needs, was also identified as key to the effective engagement of parents.

3.41 Further issues were identified (both in the literature and our consultations) in the recruitment of fathers, black and minority ethnic parents and teenage parents (see for example Moran and Ghate, 2005; Utting, 2009):

- **Fathers** were seen by most partnerships as a group that they wanted to engage more effectively. A number of studies have recognised the challenges of only engaging one parent/carer in an intervention/approach when, in order for it to be successful, all adults taking on the parenting role need to model the approach. Therefore, it is important that parents who attend programmes are encouraged to discuss with partners what they have learnt and the strategies they are planning to implement (to ensure consistency of response) and that booklets and manuals can be shared with other family members. Because many services are designed with mothers' needs and preferences in mind, rather than those of parents of both sexes, men can be harder to attract and engage as service users than women. Coplin and Houts (1991) suggest that more needs to be known about the differences and similarities in parenting strategies employed by fathers and mothers in order to inform the design of parenting programmes, in terms of both content and delivery style. Different strategies were being employed by partnerships to engage fathers, including employing a male dads' worker, delivering Saturday groups, and dad's sessions in LAP.

- **Teenage/Young Parents**: A number of Flying Start partnerships were keen to target teenage/young parents, although some of the smaller authorities had low numbers and a dispersed population making it less viable. Some areas did this through funding a teenage parents' midwife or part funding midwifery services to work specifically on a one to one or group basis with this age group. Some had established groups specifically for young parents but many areas had failed to reach teenage parents or engage young parents in more formal support. Strategies were being discussed around recruiting youth workers, and teenage parents to facilitate engagement.

- **BME Parents**: Approaches to running targeted programmes for certain groups were also varied. In a small number of Flying Start areas BME focused community work was being undertaken, for example running groups for Arabic and Polish mothers. However, in the majority of areas the relatively low numbers of BME groups residing in the locality meant

that one to one support was a preferred alternative. In terms of the recruitment and retention of BME parents on parenting programmes Gross, Julion and Fogg (2001) found that retention improved by offering programmes on weekdays or evenings. The authors concluded that it was important to identify recruitment and retention strategies that are meaningful for service users and that the identification of 'what works, for whom' needs to be applied equally to recruitment and retention as it does to the nature of the intervention itself. Ensuring that the content of programmes is both culturally appropriate and suitable for parents' levels of literacy is important. Similarly, the employment of paraprofessionals and community deliverers, or a fathers' worker or non-English speakers to deliver in parents' first language, or youth workers to co-deliver programmes with midwives for teenage parents, is likely to improve levels of engagement.

3.42 Other groups who were targeted, included parents of children with autism and ADHD. Domestic violence and mental health issues were identified by many partnerships as a particular concern and there was felt to be a need to look specifically at the needs of these parents and the impact of these issues on children. There was little reference in the programmes and approaches identified to parents with additional needs, such as parents with substance misuse problems, parents with learning difficulties, parents/children with disabilities, or other carers, such as grandparents.

3.43 Engagement strategies used by Flying Start partnerships included offering informal support groups, general interest classes such as cooking classes and sewing classes, as well as LAP and Numeracy and Play (NAP) sessions, which were seen as less threatening than more formal programmes of parenting support. Some partnership areas were also developing and using new approaches to gain a better understanding of local issues and circumstances in order to reduce attrition and improve parents' participation. For example, one area had developed a community based programme to engage the more difficult to reach parents and outreach workers attended antenatal classes to raise awareness of the support available.

Training and Workforce Development

3.44 Workforce training is as critical to effective delivery of programmes as is the monitoring of programme fidelity. NICE guidelines suggest that effective parenting groups should be: delivered by appropriately trained and skilled facilitators who are supervised; have access to ongoing professional development; and are able to engage in a productive, therapeutic alliance with parents. Training and implementation support is critical to ensuring the fidelity of the approach/programme and appropriate delivery of content.

3.45 Most LAs adhered closely to the fidelity of the programmes and had a range of Quality Assurance measures that they utilised, from supervision to video sessions, direct observation, home visits and shared delivery. A number of LAs had an individual (parenting coordinators) whose role included monitoring fidelity. Access to an Incredible Years peer support group was an important element in a number of areas. More universal/informal programmes were much less likely to have training and implementation support, e.g. High Scope's Caring Start programme is an 'off the shelf' intervention which can be delivered by any practitioner.

3.46 It may be that the 'visible' mix of a staff team is important for making a service seem to reflect the 'normal world' (Ghate, Shaw and Hazel, 2000), i.e. the range of cultures, ethnicities and gender of the parents' targeted, and that this may be a relevant factor in attracting parents in the first instance. It is also evident that when working with parents in distinct linguistic or cultural groups that it may be easier to build initial rapport when staff are perceived to be the 'same', rather than 'other' in relation to user groups (Gross *et al.*, 2001).

3.47 Both the literature selected for review and Flying Start coordinators consistently identified that the skills and training of staff were the key component in providing effective parenting support. There were some good examples in Flying Start areas where there was a whole systems approach to the delivery of parenting support with all staff across Flying Start (and, where relevant, Families First) working to the same value base and theoretical model of support. In these examples, staff who were not delivering parenting programmes were still trained in the model being used to ensure that families received a consistent response from all practitioners. A number of partnership areas also ensured a consistent approach to delivery was embedded across the team by providing core training for all staff in key aspects of delivery, such as group work training, basic counselling skills, and solution focused practice. Motivational Interviewing was also mentioned as a particularly effective model of delivery and a number of Flying Start areas had identified this approach as part of their future development strategy.

4   Improving the evidence base

4.1   The aim of this section is to help the Welsh Government move forward in developing the strength of the evidence base in relation to parenting support. As previously identified, current Flying Start guidance only permits programmes to be funded if they fall into Categories A or B.

4.2   Flying Start Partnerships have found the guidance can limit the scope of the parenting and family support they wish to offer. The issue is of particular concern in relation to more informal or universal programmes of support (e.g. baby massage), which are known to have benefits in terms of engaging vulnerable families and reducing the potential stigma of support, but despite multiple efforts have struggled to prove that they improve outcomes in their own right. The REA found only a few additional programmes that were considered to have a 'robust enough' evidence base, i.e. evidence of positive outcomes for children or parents from a RCT or equivalent to be able to be added to the list of the programmes (see **Section 2** and **Annex A**).

4.3   The aim therefore is to provide recommendations on how Flying Start Partnerships can contribute to the development of a robust evidence base. Research designs need to be based on the particular context, programme or outcomes they aim to achieve, taking into account the local delivery environment and the factors influencing both delivery and recipients. The challenge of developing a robust evidence base was illustrated by the issues faced by the experience of the Family Links Nurturing Programme, which despite best efforts, struggled to demonstrate impact in a non-controlled environment (see **Section 2**).

4.4   Within the limitations of this short-term, small scale study, what we were able to do was:

- re-consider the programmes we examined which had the strongest evidence base and report on the research design and tools utilised;
- highlight what local partnerships were currently doing to evidence impact and provide our assessment of the strength of these approaches;
- provide recommendations on how the Welsh Government should take this forward.

Improving the Evidence Base – Lessons from the Literature Review

4.5 The main focus of the literature review was to identify parenting programmes that, since 2006, had published robust evidence that they led to improved outcomes. The research team and the steering group acknowledged that this would most likely lead to the identification of mostly targeted or specialist interventions. In order to reflect the reality of the delivery of parenting support in Wales, the review also identified research published since 2006 on informal/universal programmes and considered the evidence base for these.

4.6 In order to learn from these studies, in this section we report on:

- programmes with the strongest evidence – how they did it; and

- programmes where the evidence base needs strengthening.

Programmes with the Strongest Evidence Base

4.7 The review identified few recently published studies which had successfully undertaken research which proved the impact of the support programme. The programmes which had the strongest evidence base were Incredible Years BASIC Parenting Programme and Parents Plus Early Years Programme. In these examples, RCTs were undertaken involving parents and children who received support and those who were on the waiting list for support. Assessments of the parents and children were undertaken pre and post intervention (where relevant) and five/six months after support ended using a range of validated tools and structured observations which measure parental stress, child behaviour, and parent and child relationships. Both these programmes were targeted in terms of the type of support they offer.

4.8 The Flying Start team could learn from the research designs of these programmes, and provide recommendations in relation to the tools and approaches used. In all three studies multiple methods were used to measure outcomes using a range of validated tools (see below for details). However, it should also be recognised that the studies were also led by experienced academic researchers, with significant budgets and therefore there are limitations in how far these approaches could be replicated locally or nationally. Undertaking a randomised controlled trial is both challenging in design terms and expensive to set up. In developing advice about measuring outcomes the Welsh Government needs to be realistic about what is feasible and proportionate for the partnerships.

Incredible Years

4.9   The most widely implemented programme in Wales, which has a strong
       evidence base of improved outcomes is Webster Stratton's Incredible Years
       Parenting Programme. The programme has been subject to multiple studies
       around the world including the USA, the UK, China and Sweden, which include
       a number of randomised controlled trials. In 2007, the North West Wales
       Research Ethics Committee gave approval for the Incredible Years BASIC
       Parenting Programme to be examined in eleven 'real world' delivery settings
       under a grant awarded by the Health Foundation. **Annex K** provides a
       summary of the programme and the research design. This was a 'pragmatic
       randomised controlled trial' with pre-school children at risk of both early-onset
       conduct problems and ADHD. Participants were randomly assigned either to
       the intervention group or a waiting list control group.

4.10   Key outcome measurement tools used included:

- the Parenting Stress Index (PSI) to measure parents' levels of stress;

- the Eyberg Child Behaviour Inventory (ECBI) measuring the number and
  intensity of conduct problems within the treatment child;

- SDQ measuring particular behaviours associated with conduct problems,
  hyperactivity, emotional symptoms and peer problems in children (parent
  self report);

- observations in the home and videotaped interaction were also
  undertaken.

4.11   The measures were administered pre-intervention and three months post
       intervention. The outcomes showed significant improvements in the behaviour
       of treatment children and the parenting behaviour of parents, which was also
       reflected in the videotape observations. This was a major research study with a
       significant research budget involving experienced researchers. However, the
       tools used could be utilised by Flying Start partnerships to measure changed
       outcomes.

4.12   The limitations of the measures and approach should also be acknowledged:

- the primary outcome measure was based on parent self-report. Independent reports of changes in behaviour, e.g. from pre-school teachers, would be beneficial in future studies;

- there was no longer-term follow-up to see whether positive outcomes were maintained. However, other studies of the intervention have evidenced these (Webster-Stratton 1990, 1998; Scott *et al.* 2001);

- the study was undertaken by someone involved in the delivery of the programme in Wales;

- the need to compare the outcomes associated with this intervention and the outcomes achieved by similar interventions, in order to assess which is most effective. This is something which would be beneficial for evaluations of other parenting programmes, as previous evaluations have focused on the effectiveness of the intervention compared with not providing support, rather than providing another type of support.

Parents Plus Early Years Programme

4.13 The Parents Plus Early Years Programme (PPEYP) was developed in Ireland but is not currently delivered in Wales. It has been subject to three randomised controlled trials and has been independently evaluated by the National Parenting Academy in the UK which noted the evidence for the programme as robust. **Annex K** provides a summary of the programme and the research design.

4.14 Griffin *et al.*'s (2010) study was a multi-site trial involving parents of 81 children aged 3-6 years with behavioural and development difficulties who received PPEYP parenting training (46) or 'treatment as usual' over a 12 week period. The authors recognise the need for further research with larger group sizes. Parents from both groups completed a series of standardised parent and child measures. Key tools used included:

- SDQ (parent form – preschool children);

- parental stress scale;

- independently rated video observations coded by trained professionals in relation to parent child requests and parent child questions;

- Parent Defined problems and goals form (rating of three problems and three goals).

4.15 The measures were administered pre and post intervention and at five months follow up. Intervention parents reported improved child behaviour, a reduction in parental stress and increasing parental confidence. These findings were supported by the independent video observations with intervention parents showing significant improvement on independent ratings of parent/child interaction. The research evidence for this programme is promising and warrants further consideration.

Programmes where the Evidence Needs Strengthening – Lessons Learnt

4.16 Programmes selected for review included those like the Solihull Approach where the outcomes appeared promising but the evidence needs strengthening, and those such as FLNP where a robust evaluation approach was undertaken but the findings on impact were inconclusive. **Annex K** provides a summary of the programmes and their research design.

4.17 Evaluation of these programmes provides important learning for the Welsh
Government:

- **Drop out and retention rates**: this was an issue for both the Solihull and
FLNP evaluations, with drop-out rates of 22% and 52% respectively. There is
a need to monitor and investigate drop-out and retention rates from parenting
programmes across Flying Start partnerships and look at the reasons why
parents drop out /fail to engage and differences between programmes. Where
possible, this could be undertaken via follow-ups with referring
agencies/services.

- **The need to understand better fathers' responses to particular types of
programme and engage partners in programme delivery**: only women
were involved in the evaluation of the Solihull approach and factors reported
to inhibit change in the FLNP evaluation included lack of partner support.

- **Much of the evidence for parenting programmes is based on parental
self-report** of changes in outcomes and this was a limitation recognised by
those undertaking the evaluation of the Solihull Approach (and has also been
raised as an issue in relation to the evaluation of the Incredible Years BASIC
Parenting Programme where the primary evidence was also based on
parental self-report). This suggests that for many parenting programmes there
is a need for additional objective assessment of changes in child and parent
behaviour. The FLNP evaluation did include such an assessment, using video
recordings of parent/child interaction to assess parenting. However, this
approach also raised challenges for the evaluation and the requirement for
the video was given as one of the main reasons for parents not taking part in
the research.

- **The challenges of using RCT approaches to evaluate universal programmes within community settings**: the FLNP evaluation clearly highlighted this issue, as well as the need to develop an evidence base, which compares outcomes across programmes (which was also raised by Hutchings *et al.*, 2007), and the need to use a range of outcome measures. Stewart-Brown *et al.* (2011a), who conducted the FLNP evaluation, have suggested that: "*We need to become more sophisticated in evaluating complex interventions, and re-consider the weight given to the RCT. Considering evidence from good studies of whatever design might make policy makers and commissioners lives more complex and less certain but it might improve outcomes for children*". As noted above, the use of RCTs clearly remains contested.

- **The need for longer term follow-up to research** to see whether improvements in outcomes are maintained. This issue has consistently been raised by programme evaluators, for example Griffin *et al.* (2010) and Hutchings *et al.* (2007).

- **Analysis of demographic data**: the evaluation of the Solihull Approach did not include any analysis of demographic data which meant the authors were unable to identify the variables which influenced how parents responded to the programme. This information will be critical when reviewing the effectiveness of programmes in the future.

Flying Start Approaches to Monitoring and Evaluation

4.18 The performance of a service is measured in terms of its impact on the lives of parents and children. The decision about which tools to use to measure effectiveness is dependent on the relevance of the tools to the programmes being delivered and the target audience. In order to demonstrate improvement we need to have an understanding of the characteristics and needs of the families, and a baseline from which we can measure distance travelled and improvement towards the target or goal set. The evaluation tools used by Flying Start partnerships to measure progress were varied. However, a number of tools were used more frequently than others (**Annex E** provides an overview of the tools used by Flying Start partnerships, as well as those identified whilst undertaking the REA).

4.19 A number of areas used programme specific evaluations, or validated tools such as Goodman's Strengths and Difficulties Questionnaire (SDQ) and the Eyberg Child Behaviour Inventory (ECBI), both of which can be used pre- and post-programme to measure parental reports of child behaviour. A number of authorities were also using Tool to Measure Parenting Self-efficacy (TOPSE) and a number were also considering using it in the future. This is a validated tool which was being used to measure distance travelled pre- and post-intervention.

4.20 Some authorities were also using the Adult Wellbeing Scales and Beck Depression Inventory to measure adult wellbeing and depression, not specifically linked to parenting, but reflecting the needs of the parents they were working with. SOUL (Soft Outcomes Universal Learning) tool was being used in one area to evaluate the outcomes of informal interventions. SOUL is a non-validated tool which measures soft outcomes such as confidence and self-esteem, and is not specifically focused on parenting. Only a small minority of areas undertook any post programme follow-up using validated tools.

4.21 Results Based Accountability (RBA)/Outcomes Based Accountability (OBA) were also referred to by consultees from several authorities as the model they were using currently, or planning to use in future, for higher level monitoring.

Strengths and Limitations of Approaches

4.22 The experience of the Flying Start partnerships reflected the wider issue of demonstrating outcomes in social care interventions and, in this case, parenting (i.e. it is incredibly difficult to do). The REA demonstrated the kind of measures and research that have been undertaken in the parenting field, but all too often the evidence was found to be inconclusive or not statistically significant.

4.23 All the partnerships were attempting to capture some outcomes on a programme basis with pre- and post-programme evaluations but were aware that this tended to reflect parents' experience/enjoyment of the programme rather than a measure of improved parenting capability. In order to verify outcomes, collecting self-assessment questionnaires and balancing this data against other objective data, such as other external professionals' data (e.g. from teachers or empirical data), would provide a greater degree of measures of success.

4.24 Developing a local evidence base of programmes will need to ensure triangulation of data sources to verify that outcomes have improved. Following up parents' post-intervention will have time and cost implications. The chaotic and transient nature of some families' lives would make longer-term follow-up impossible and this approach would not be practical for every programme. However, longer term monitoring of outcomes would be beneficial, in order to further develop the local evidence base.

4.25 What a number of partnerships were doing (around half) was trying to introduce some systematic data collection on three levels:

- An individual assessment of how an intervention has impacted on a parent. This would use tools like TOPSE or My World which asks parents or parents and professionals to assess against a number of criteria pre- and post-intervention (see **Figure 4.1** for an example of data from one partnership area).

- Secondly, aggregating those responses across a programme or range of programmes.

- Thirdly, incorporating those responses into an overall reporting structure like RBA or OBA, where the information from different interventions or strands can be brought together in a scorecard format and compared (see **Figure 4.2)**.

Figure 4.1 Tools Used by Partnership Areas

'My World'

The tool is aimed at providing triangulation within the evaluation process by asking both:

- service users to complete a baseline and end of service evaluation questionnaire;
- referrers to complete a baseline and end of service evaluation questionnaire.

This is followed by in-depth, part structured, interviews with a sample of participants involved. The interviews explore in greater detail the nature of the changes, and the role of the service in bringing them about.

The tool focuses on three headline outcomes:

- *what difference has the project made to parents' self-confidence and self-esteem?*
- *what difference has the project made to parents' parenting skills?*
- *what difference has the project made to the children of parents who participate?*

Evaluation of the programme during 2010/11 showed the following outcomes (scored out of 10):

Programme	Parenting			
	Parents		Professionals	
Question	Before	After	Before	After
What difference has the project made to parents' self-confidence and self-esteem?	4.4	6.9	1.9	6.9
What difference has the project made to parents' parenting skills?	6.0	8.6	3.6	6.8
What difference has the project made to the children of parents who participate?	5.7	7.8	3.9	7.1

Similarly, TOPSE provides an assessment across a range of parenting indicators, and looks at individual progress, but can also be aggregated to assess group progress.

Parenting Scale	Mean Pre-course Score	Mean Post-course Score	Mean Change (+ or -)
Emotion	7.54	8.21	+ 0.67
Play	6.54	8.68	+ 2.14
Empathy	6.31	8.25	+ 1.94
Control	4.51	6.86	+ 2.35
Boundaries	4.54	7.82	+ 3.28
Pressures	5.17	5.46	+ 0.29
Acceptance	6.04	7.60	+ 1.56
Learning	6.88	8.78	+ 1.90

Figure 4.2 Example of a Scorecard

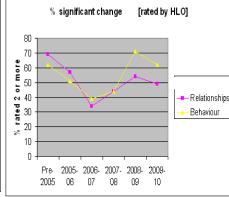| Flying Start Parenting Service : Performance Evaluation Report 2009-10 |
| --- |

Purpose of Service

- Assessment of child's functioning, development, well being and play within the family context
- Agreement with parents on appropriate changes to implement within the home
- Evaluate improvements in family interactions and relationships; and in the child's behaviour

Headline Performance Measures

1. Evaluation of training by Childcare Staff [DD4* 6 months follow-up after PP+ Behaviour Training course]
2. Percentage significant change rated by HOME LIAISON OFFICER: relationships & behaviour
3. Percentage significant change rated by PARENTS: relationships & behaviour

How Are We Doing?

Data Development Agenda

DD1 - % Families referred (needing the intervention) who take it up
DD2 - % Families receive Initial Assessment Visit within five weeks of referral

4.26 Flying Start partnerships collected significant amounts of data, but in common with many organisations, this data was not used systematically to inform service delivery. There are opportunities, through the refreshed guidance, to identify a menu of outcome tools and models that will assist in building the evidence base.

Views on future guidance

4.27 The consultations also sought the views of Flying Start staff about the expansion of Flying Start areas and the new Flying Start guidance. The views were varied; however opinion was fairly evenly split as to whether minimum provision should be set out in the guidance, with some feeling that it should be specified nationally; others that it should be national with some local considerations; and others feeling that it should be decided locally.

4.28 There was considerable consensus, however, around the need to give more prominence and value to informal support. Clarification was also sought by some on the distinction between family support and parenting support.

4.29 Staff from a number of authorities raised the issue of the current economic climate and its effect on family life and how this needed to be reflected in future thinking, in terms of how services responded to families' and parents' needs. Domestic violence was a recurring theme, along with mental health and how these areas of work might be considered in future guidance.

4.30 A number of interviewees wanted a shift in the guidance to reflect outcomes not outputs. Many highlighted the need for more guidance on evaluation tools and measuring impact.

4.31 Geography was raised as a significant issue when delivering programmes. This was linked to some concerns around the expansion, and also to monitoring arrangements. There was a view expressed by interviewees from several authorities that the monitoring arrangements worked better where there was a large population but where numbers were relatively small, groups were much harder to run and a lot more support was needed on a one to one basis.

4.32 The expansion of Flying Start areas was perceived as challenging with new areas having to start from scratch. It was suggested that consideration needed to be given to the time taken to engage families, capacity issues and workforce training.

5   Conclusions and Recommendations

<u>Conclusions</u>

Objective 1: To refresh the evidence base on informal and formal parenting support and summarise the implications for policy and practice, relating this to current activity within Flying Start.

5.1   Overall, the review found little recently published evidence of new parenting programmes that have been able to provide robust evidence that they improve outcomes for families with children aged 0-4, particularly at the universal/informal level. What was identified tended to be more at the targeted or specialist level, such as the Parents Plus Early Years Programme and the Family Nurse Partnership, or was firming up evidence on existing programmes such as FLNP and the Incredible Years BASIC Parenting Programme.

5.2   The review highlighted the ongoing debate around the benefits and challenges of undertaking RCTs linked to universal/preventative programmes of support (e.g. FLNP). The challenges in demonstrating the effectiveness of universal/preventative support should be taken into consideration when making decisions on what should be funded. It seems pragmatic to consider the available evidence, whether it is good enough (i.e. given the constraints of 'real world' situations) and balance this with the relative costs of delivery and the potential for additional positive (and negative) outcomes.

5.3   We would suggest that there continues to be a need to widen the base of recommended programmes within Flying Start and to continue to review ongoing research in this area. This could be developed through support for evaluation locally, sharing of common approaches, and using and building on collaboration with academic partners.

5.4 Most of the Flying Start partnerships were delivering programmes with a robust evidence base. Incredible Years Parenting Programme was the most widely used programme and comprehensive training and ongoing support was available for practitioners. There were also close links with Bangor University, which had enabled Flying Start areas to support the piloting and development of new programme such as the Incredible Years Toddler Parenting Programme. There was increasing take up of both the Baby and Toddler Parenting Programmes and Incredible Years Parenting Programmes will clearly continue to be a significant element of Flying Start delivery.

5.5 The Solihull Approach had been introduced in a number of Flying Start partnership areas and the review highlighted that this programme can deliver positive outcomes. Whilst a RCT has not been undertaken, the review highlighted the importance of looking at other evidence of effectiveness.

5.6 FLNP was delivered in a number of Flying Start Partnerships where staff report positively on its effectiveness. The review highlighted the recent RCT and inconclusive results, but, like the Solihull Approach, there was other evidence of positive outcomes and this needs to be part of the consideration around which programmes are delivered. The level of investment in FLNP was also a factor in its widespread use.

5.7 Programmes identified by the review that focused on developing positive parenting with some evidence of improvements in child outcomes through RCTs included the Parents Plus Early Years and 1-2-3 Magic. Neither of these were currently delivered in the Flying Start areas and consideration should be given as to whether these should be trialled. There may be some overlap between Parents Plus Early Years which focuses on speech and language with the Language and Play programme. 1-2-3 Magic offers a short, universal intervention to managing behaviour and would respond to the need identified by some partnerships to have access to shorter programmes, which could improve parental engagement and retention.

5.8 Findings from community based home visiting programmes and the use of paraprofessionals to provide parents with support provided mixed evidence of improved outcomes. However, the evidence from both the Community Mothers Programme and the Family Nurse Partnership (for vulnerable first time mothers) suggest that both are worthy of further consideration. Findings from the UK evaluation of the Family Nurse Partnership programme should be looked at once published.

5.9 Baby massage was identified through the review as an appropriate intervention for low risk families and a number of Flying Start areas found it particularly useful to engage fathers. It was delivered by a large number of partnerships that included it as part of their informal support offer.

Objective 2: To review the current parenting entitlement and offer, identify barriers, enablers and best practice in delivery.

5.10 The review identified a number of examples of good practice across many Flying Start Partnerships, including services designed around the needs of parents; the development of Action Learning Sets to share learning and best practice across authorities; and the use of a range of strategies to improve engagement and access, such as the use of a mobile crèche and the employment of a male dad's worker.

5.11 The delivery of the Flying Start parenting entitlement across the partnerships was influenced by local conditions and structures. In many LAs the parenting offer was well developed and integrated within a continuum of support with partners, in others there was more fragmentation and a less integrated offer. The consultations with Flying Start partnerships identified a number of enablers and barriers to delivering an effective and enhanced parenting offer.

5.12 Enablers focused on:

- providing a coordinated approach to delivering parenting with other partners and agencies, based on a local needs analysis;

- providing a well designed and developed Flying Start offer, with clarity on the outcomes that the parenting support was contributing towards;

- having strong governance arrangements closely linked with Local Authority plans;

- ensuring that evaluation and monitoring of parenting support services is undertaken to inform future planning and redesign;

- providing integrated services for children, young people and their families, driven and championed by the local children and young people's board/partnerships;

- having a Parenting Champion at a senior and strategic level;

- improving skills and knowledge through joint training, co-working and co-location. Through better communication, shared approaches to assessment and managing risk, services were seen as responsive to local needs, improving engagement of families and maximising outcomes for children;

- workforce development that included an understanding of the underlying principles of work with parents, not just training in parenting programmes;

- providing a highly motivated workforce, delivering creative solutions to local challenges.

5.13 Barriers focused on:

- the challenge of demonstrating impact and outcomes in a coherent way across services;

- a lack of accessible venues and high costs of transport and childcare/crèche facilities;

- the challenge of engaging some more difficult to reach groups such as fathers, teenage parents, black and minority ethnic groups.

Objective 3: To support the future development of the programme, identify gaps in evidence and provide suggestions on how to improve the evidence base on the effectiveness and impact of these interventions in Flying Start.

5.14 The review of the literature highlighted the challenges in undertaking research to evidence the impact of parenting programmes. The issues identified have implications for parenting programmes delivered via Flying Start which will help to build the evidence base, namely:

- the need for longer term monitoring of outcomes to see whether positive changes are maintained. Following up parents post-intervention will have time and cost implications. The chaotic and transient nature of some families' lives would make longer term follow up impossible and it would not be practical for every programme. However, longer term monitoring of outcomes would be beneficial in order to further develop the local evidence base;

- using a triangulated approach to monitoring and evaluation, building on parent self-report to provide an independent assessment of impact and improvement in outcomes;

- better analysis of demographic data to identify the variables which influence how parents respond to programmes and how different parents respond to different programmes;

- more robust monitoring of the engagement and retention of parents on different programmes, particularly the reasons why parents drop out or do not engage with support. Where possible, this could be undertaken via follow-ups with referring agencies/services. Services need to know which parents are not engaging /dropping out and gather the views of those who do not engage to develop further learning, as well as ensuring that programmes are suitable for the parents recruited on to them;

- to better understand the needs of vulnerable or under-represented groups of parents through careful targeting so that appropriate engagement approaches are developed, as well as evaluated;

- the lack of evaluation evidence from informal programmes of support also needs to be addressed with suitable outcome indicators identified for the delivery of all informal support, such as whether participants go on to access additional programmes of support or the uptake of formal parenting programmes by vulnerable or hard to reach parents. It would also be beneficial to further explore the suitability of using tools such as SOUL (Soft Outcomes Universal Learning) to measure soft outcomes;

- the informal programmes offered by partnerships should be reviewed to ensure that services are clear which informal programmes facilitate parental engagement in more formal parenting programmes.

5.15 Partnerships need to systematically analyse their data to inform service delivery (a number were already implementing such an approach). This needs to be undertaken at three levels:

- at the individual level: undertaking individual assessments of progress;

- at the programme level: analysis of impact within a programme of support;

- at the service level: incorporating evidence to allow comparison of outcomes across different programmes of support.

Recommendations

Recommendation 1: While there was considerable consensus around the need to give more prominence and value to informal support within Flying Start, the current guidance does not include any informal programmes. This might reflect, in part, the lack of robust evidence for informal programmes. We recommend that the guidance could be extended to include baby massage, which was seen as a suitable intervention for low risk families.

Recommendation 2: In order to strengthen the evidence base for informal support, we recommend that suitable outcome indicators are identified for the delivery of informal support. A parenting self-report model such as TOPSE (Tool to measure Parenting Self Efficacy) or 'My World' could be used.

Recommendation 3: It would be advantageous for Flying Start partnerships to name a Parenting Champion operating at a senior level who can promote

parenting support and engage partners at a strategic level ensuring that services are delivered to meet need and achieve outcomes.

Recommendation 4: We recommend that the parenting offer be strengthened in the new guidance and that there is a parenting strand within LAs' strategic plans, which includes a local needs assessment.

Recommendation 5: We would recommend the Flying Start partnerships, in conjunction with other services and initiatives, set and agree minimum local outcome indicators rather than minimum levels of provision, to ensure better alignment and measurement of impact.

ANNEX A: REA METHODOLOGY

Key Stages of the REA

The key stages in the REA were as follows:

- agreement of search strategy and inclusion criteria;

- initial database searches to generate a long list of sources;

- interim project update and agreement of exclusion criteria to generate a shortlist;

- synthesis of evidence.

Further guidance on undertaking REAs can be found at: http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment

Agreeing a Search Strategy

Establishing a clear search strategy provides an appropriate structure and focus for the REA. In order to access literature from a wide range of sources we undertook the following approach:

- a review of academic journals;

- a review of parenting programmes detailed on Children's Workforce Development Council's (CWDC) Commissioning Toolkit;

- contact with deliverers of programmes;

- drawing on the research team's previous experience of conducting literature reviews and awareness of literature in this area;

- a review of the 'grey' literature.

Defining Inclusion Criteria

The REA questions and underpinning conceptual framework determine what studies should be included. The 'inclusion criteria' specify which studies are to be included in

the REA together with justification for these decisions. They define the studies that the search strategy is attempting to locate.

Articles were generated by reference to the search terms through the range of sources described below. An 'in situ' assessment of relevance was made on each source identified by the search process prior to placing on the longer list, due to the wide array of material generated.

The underpinning conceptual framework covers:

1. Nature of what is being studied:

- the impact of parenting support on outcomes for children and parents;

- interventions to address identified parenting issues (universal and targeted/specialist support).

2. Setting and population:

- support for parents/carers with children aged 0-4 years.

3. Date of research:

- only research published between 2006 and March 2012.

4. Research methods:

- all methods including qualitative, quantitative and desk research (e.g. systematic reviews) but with a particular focus on evidencing outcomes and including before and after studies, randomised controlled trials etc.

5. Language of reports and geographical focus:

- English only

- International studies as well as those from the UK.

Sources Searched

The following sources were searched as part of the REA:

- ASSIA - Applied Social Sciences Index and Abstracts;

- ERIC (Educational Resources Information Centre);

- Google Scholar;

- Parenting UK;

- CWDC Commissioning Toolkit;

- Biological Sciences;

- C4EO;

- BEI;

- PsychINFO;

- Social Policy and Practice;

- ChildData.

Search Process

We distilled our initial list of search terms into a manageable list focused on: parents/parenting with early years/0-4s etc; and, words associated with interventions/outcomes/support/programmes and effectiveness (see **Table A1** below).

Table A1: Search Terms		
Key words	In combination with:	
Parenting	Support	Focus of support
parent*	intervene*	vulnerable*
mother*	support	hard to reach
mum*	relationship*	low/moderate/complex/high need*
father*	approach*	formal
dad*	model*	informal
carer*	programme*	targeted
grandparent	outreach	universal
family*	advice	specialist
teen parent*	training	language
young parent*	preventative	welsh language
lone / single parent	Effectiveness	play
AND	effective*	health visit*
	strength*	mental health
Age	quality	black and minority ethnic
early years	outreach	BME
0-4 (inclusive i.e. if mentions 1 , 2 and 3 year olds)	outcome*	substance misuse
early intervention	child outcome*	drugs
new born	benefit*	alcohol
baby*	improve*	behaviour
toddler*	relationship	conduct disorder
4	impact	learning disability
four	develop*	social development

Table A1: Search Terms		
Key words	In combination with:	
	evaluation	control
	review	discipline
	RESEARCH	protective factors
		resilience

* includes any character which comes afterwards

Initial Long List

During the search process researchers checked the documents to ensure their relevance, and where there was any doubt of their relevance they were included. The process involved generating a long list of documents which were referenced in an Excel spread sheet. In total, 94 documents were identified for review. This consisted of:

- 12 policy documents;

- 5 tools for assessing parenting needs;

- 19 reviews of multiple parenting programmes;

- 58 reviews of single programmes.

Exclusion Criteria

Exclusion criteria were designed to isolate the most relevant sources from the long list. The exclusion criteria focused on: parenting support, the outcomes identified and the robustness of the evidence base, the 0-4 age range, and the relevance to the Flying Start context (see below for details).

Parenting/Family Support Focus: extent of focus on parenting/family support:

3=strong;

2=moderate;

1= weak or none.

Age range: extent of focus on 0-4 year olds:

3=strong;

2=moderate;

1= weak or none.

Robustness of Evidence Base/outcomes identified:

3=strong e.g. randomised controlled trial or equivalent;

2=moderate e.g. pre and post outcomes measurement;

1= weak or none e.g. anecdotal evidence base.

Relevance to the Study i.e. severe mental health problems, severe learning difficulties and child abuse and neglect excluded except where intervention was concerned with primary prevention:

3=strong;

2=moderate;

1= weak.

Each source was reviewed and scored according to the above criteria. A total of 21 sources were selected for more in-depth review. Each of the documents selected for further in-depth review were analysed using the Parenting Programme Evaluation Tool (PPET)[32]. The tool was developed by Kings College, London as part of work in England to develop the Parenting Programmes Commissioning Toolkit (see http://www.commissioningtoolkit.org/Public/Search.aspx). The PPET provides a consistent framework for analysing the effectiveness of the four critical elements of effective parenting programmes, based on a review of what was known to be effective. For each programme we used the PPET to review four elements of each programme. The extent to which:

- Element 1: the targeted population, level of need, aims and expected outcomes are clearly described and well matched;

- Element 2: the programme has a sound theoretical base appropriate to the target group, the processes of how parents learn are based on theory and clearly specified, and comprehensive materials are provided for practitioners to successfully implement the programme;

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[32] http://www.cwdcouncil.org.uk/assets/0001/1493/11017_SP700310_PPET.pdf

- Element 3: systematic training and supervision provided are appropriate to the level of need and complexity of the programme, and there are clear mechanisms to ensure the quality and consistency of delivery;

- Element 4: robust evidence that participation in the programme results in positive, substantial and long lasting gains for parents and children.

Programmes were rated on a 5-point scale on the degree to which they met the following criteria:

- a score of 4 means that the programme meets all of the criteria;

- a score of 3 means that the programme meets most of the criteria;

- a score of 2 means that the programme meets some of the criteria;

- a score of 1 means that the programme meets a few of the criteria;

- a score of 0 means that the programme meets none of the criteria.

Following the assessment scoring, a validation exercise was carried out to ensure that the judgements made by the two reviewers were consistent. Where available, the scores were also compared with the assessments published on the Commissioning Toolkit website.

Synthesising the Findings

The REA draws on the information detailed in the consultations reviews and provides a synthesis of the review findings which have been discussed and reviewed as a team.

Table A2: Types of Programme/Intervention		
Policy documents (2)	Multiple programme reviews (6)	Single programmes (13)
National (1) International (1)	Universal (5) Specialist (1)	Universal (7) Specialist/targeted (6)

The types of programmes/interventions selected for further investigation for this review are detailed in **Table A2**:

- two provided an overview of policy, both national and international. The first was focused on early intervention (Carpenter, 2007) and the second was focused on parenting programmes more generally (Oates, 2010);

- six provided evidence on multiple parenting programmes/interventions i.e. literature reviews, meta-analyses and systematic reviews (e.g. Barrett, 2010);

- five focused on universal programmes (C4EO, 2010; Barrett, 2010; Barlow *et al.*, 2010; Heaman *et al.*, 2006; and Magill-Evans *et al.*, 2006);

- one focused on specialist programmes (Stewart-Brown and McMillan, 2010).

A total of 13 documents selected were reviews of single programmes/interventions:

- six focused on specialist/targeted programmes (Barnes *et al.*, 2011; Hutchings *et al.*, 2007; Griffin, 2006; Baradon *et al.*, 2008; Broadhead *et al.*, 2009; Jones *et al.*, 2007);

- seven focused on universal programmes which included some targeting of the offer (Barnes *et al.*, 2006; Bateson *et al.*, 2008; Rait, 2011; Madoc-Jones *et al.*, 2007; Smith 2009; Bradley *et al.*, 2003; and Simkiss *et al.*, 2012).

The geographical focus of the programmes is detailed in Table A3. Most were from the UK (14) or Ireland, with four specifically focused on Wales. The remaining programmes had an international or European focus.

Table A3: Geographical Focus of Programmes		
Geographical Focus	Total	Type of Programme
Wales	4	Specialist (2) and universal (2)
England	6	Specialist (1) and universal (5)
Ireland	1	Specialist (1)
UK	3	Policy (1), specialist (1) and targeted (1)
Europe	1	Specialist (1)
International	6	Universal (5) and policy (1)

The age range targeted by the programmes is detailed in Table A4. Over a third were focused on the 0-4 age group, including babies.

Table A4: Age Range Targeted		
Age Range	Total	Type of Programme
Babies (including pre-natal)	2	Specialist (1) and universal (1)
0-4 (including pre-natal)	6	Specialist (1) and universal (5)
0-5/6	3	Specialist (2) and universal (1)
3-7+	2	Targeted (1) and universal (1)
All ages (including a focus on age group targeted for review)	5	Specialist (2), universal (2) and policy (1)
Other (parents, early intervention)	3	Universal (2) and policy (1)

ANNEX B: BIBLIOGRAPHY

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Author	
Date	
Title	
Publication Details: source, version, number, page	
Location (Wales, England, US, Australia, International etc.)	
Type of literature (evaluation, literature review, research project)	
Age Focus (e.g. preschool, 0-4, 0-5, babies, toddlers etc.)	
Ranking 1 = 2= 3= 4=	

Summary/Overview

Aims of Research/ Article

Who Commissioned/Carried Out/Reasons for Commissioning Research/Review

Target Population/Need Clearly Identified (Ranked 0-4)

Clarity re target population, level of need, aims and expected outcomes. Parenting programmes are more effective when they clearly specify who they are trying to help and include explicit processes to ensure that appropriate families (as determined by their level of need and characteristics) can be recruited into and participate in their programme.

Evidence-based Content (Ranked 0-4)

The content (what information parents learn) of the programme should be based on an explicit and sound theoretical framework that is underpinned by a substantial body of research evidence and is delivered in a way that is sufficient for improving outcomes for parents and children. Extent to which the programme has a sound theoretical base appropriate to the target group, the processes of how parents learn are based on theory and clearly specified, and comprehensive materials are provided for practitioners to successfully implement the programme.

Well-developed Training and Implementation Support (Ranked 0-4)

In order to ensure that the programme is consistently delivered to a high standard, good quality parenting programmes include a package of training support that includes a sufficient number of training days, a clear and detailed training manual, recommendations for ongoing supervision, systems for maintaining programme fidelity and advice on agency implementation. Systematic training and supervision provided are

appropriate to the level of need and complexity of the programme, and there are clear mechanisms to ensure the quality and consistency of delivery.
Evidence that it works/Outcomes and Robustness of Evidence Base (Ranked 0-4)   Good quality parenting programmes have robust evaluation evidence to show that participation in their programme results in positive, substantial and long-lasting benefits for parents and children. Provide details of research methods used: e.g. a) qualitative, b) quantitative and c) desk research (e.g. systematic reviews), d) sample size and e) make a qualitative assessment of robustness of method.
Gaps in Evidence Identified or Weaknesses in Model
Implications for Flying Start
Other references

ANNEX D:
COMPONENTS OF SUCCESSFUL PROGRAMMES AND APPROACHES

Using NICE guidelines (for parenting programmes for children with conduct disorders) and existing research evidence Bateson *et al.* (2008) suggest that effective parenting groups should:

- teach principles which empower parents for a variety of situations rather than techniques, which parents may see as applicable to specific circumstances only (Hutchings and Lane, 2006);

- be structured and have a curriculum informed by principles of social learning (and manualised);

- include relationship enhancing strategies;

- offer enough sessions, usually 8-12;

- help parents identify their own parenting goals;

- incorporate role play during sessions and homework in between;

- be delivered by appropriately trained and skilled facilitators who are supervised, have access to ongoing professional development and are able to engage in a productive, therapeutic alliance with parents;

- adhere to the programme developers' manual (i.e. ensure programme fidelity) and use all materials to ensure consistent implementation of the programme.

The most commonly used validated outcome measurement tools in the documents reviewed for the REA were:

Parenting and Other Adult Focused Measures

1. **HOME (Home Observation for the Measurement of the Environment):** parenting and the home environment to assess the child's experience. The HOME inventory enables the practitioner to assess the quality of parenting and the home environment provided for a child. The HOME inventory can be used in a range of different situations, including: initial assessment; for core assessments; and for assessing the level of change following interventions with children and their families.

2. **Parenting Stress Index (PSI)** short form: family stress and support. There are 36 statements scored on a five point scale from 'strongly agree' to 'strongly disagree'. The measure yields a total stress score from three scales: parental distress, parent-child dysfunctional interaction and difficult child. The tool is recommended to be administered by a trained professional with a degree in psychology, education, social work or nursing.

3. **Beck Anxiety Inventory for Adults** (BAI): 21-item self-rating scale for adults and adolescents.

4. **Warwick-Edinburgh Mental Wellbeing Scale** (WEMWBS): a 14 item self-report measure of positive mental health and wellbeing.

Child Behaviour Measures

5. **Goodman's Strengths and Difficulties Questionnaire (SDQ):** measures parental reports of child behaviour and can be used in relation to children aged 3 and above (there are two versions for parents to complete with one for children aged 3 to 4 and another for 4-16 year olds. SDQ measures parents' reports on problematic and positive social behaviours with four problem subscales (conduct problems, hyperactivity, emotional symptoms, peer

relationship difficulties) which show a reduced score if the child's behaviour improves and a fifth subscale: pro-social behaviour, which increases if the child shows more positive social skills.

6. **Child Behaviour Checklist (CBCL):** measure parental reports of child behaviour and can be used with age 2 upwards. There are 3 scales: externalising behaviours (e.g. aggression, defiance), internalising behaviours (i.e. distress e.g. withdrawal, tearfulness) and total score.

7. **Eyberg Child Behaviour Inventory (ECBI):** Parents rate their child on the number of difficult behaviour problems that they exhibit and their frequency.

8. The most frequently identified outcome measurement tools identified as being in use within Flying Start partnerships were:

Parenting Focused Measures:

- **Tool to measure parenting self-efficacy (TOPSE)**: validated tool developed by Hertfordshire University and parenting practitioners. It can be used to evaluate the effectiveness of parenting programmes as well as changes in parenting behaviour (pre and post intervention). It can be used individually or as a group evaluation tool. Parents are asked to rate their views from 0 (totally disagree) to 10 (completely agree) on 48 statements covering the following categories: emotion and affection, play and enjoyment, empathy and understanding, control, discipline and setting boundaries, pressures, self-acceptance, learning and knowledge.

Depression/Low Mood Focused Measures

- **Beck Depression Inventory** (BDI): parents' rate how they feel in relation to 21 multiple-choice questions on indicators of depression such as crying, loss of pleasure, changes in appetite or sleep. To be used by professionals who are qualified in using and interpreting the scale.

- **Adult Wellbeing Scale**: a clinical scale used to measure wellbeing. It covers four aspects of wellbeing: depression, anxiety and inwardly and outwardly directed irritability. To be used by professionals who are qualified in using and interpreting the scale.

9. One area was also using **Soft Outcomes Universal Learning** (SOUL) tool. This is not a validated tool but was developed by voluntary and community sector agencies and Norwich College to measure progress in informal learning. The tool is used to measure soft outcomes, e.g. confidence, self-esteem and problem solving, some of which may be related to, but are not specifically focused on, parenting. There are versions for both adults and children to complete. Each question sheet contains 21 statements which are scored from strongly disagree to strongly agree. Questionnaires are used by service users to identify their strengths and areas for development/goals they want to achieve. These are then reviewed on a regular basis.

10. **Child Behaviour Measures**

   - **SDQ** (see above);

   - **Eyberg** (see above).

Additional tools identified during the literature review process are detailed below:

Author	Date	Title	Publication Details	Location
Comfort M., Gordon P.	2006	The Keys to Interactive Parenting Scale (KIPS): A Practical Observational Assessment of Parenting Behavior	*NHSA Dialog: A Research-to-Practice. Journal for the Early Childhood Field*, 9(1), 22-48.	US
Oakland T., James A.	2011	Adaptive Behavior Assessment System-II Parent/Primary Caregiver Form: Ages 0-5: Its Factor Structure and Other Implications for Practice	*Journal of Applied School Psychology*, 27(2), 103-117.	US
Friedman-Weieneth J., Doctoroff G., Harvey E., Goldstein L.	2009	The Disruptive Behavior Rating Scale--Parent Version (DBRS-PV): Factor Analytic Structure and Validity among Young Preschool Children	*Journal of Attention Disorders*, 13(1), 42-55.	US
Anning A., Ball M., Belsky J., Melhuish E.	2007	Predicting impact in an Early Years intervention: the design of a tool using qualitative and quantitative approaches	*Journal of Children's Services*, 2(3), 27-42.	England

ANNEX F: COMMUNITIES THAT CARE PARENTING PROGRAMMES DELIVERED BY FLYING START

Category A courses

Incredible Years	BASIC
	Toddler
	Baby

Handling Children's Behaviour
Parenting Positively

Category B

Triple P - Positive Parenting Programme
NBAS (Neonatal Behavioural Assessment Scale): Brazelton

Category C

PIPPIN
Stepping Stones
Coping with young children
Family Links Nurturing Programme
Fun and Families (family fun time)
High Scope - Caring Start and Hand in Hand Programmes
The Healthy Child

Best practice is defined as a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge at one's disposal to ensure success.

Workforce Development

Authorities in the North have come together to form a "Parenting Action Learning Set" to share learning and best practice across authorities. Action learning sets allow those taking part to experience the "spiral of learning" as a continuous process of action and reflection. It supports participants to learn from success and failures, plan and make changes, and are conducted on the basis of positive challenge, supporting all participants to think, and take action, positively and creatively.

The model of Parenting Positively that is delivered as a home based programme over 12-18 weeks focused on specific families' parenting needs. This delivery model of Parenting Positively has been endorsed by Carol Sutton the programme developer. Staff delivering this programme have also undertaken training in solution focused practice, counselling skills and motivational interviewing so that training in the programme is not standalone.

A number of authorities train all staff in the approach that they take to parenting support to ensure that there is consistency across services around the model of intervention and therefore the advice that parents receive from a range of professionals, e.g. training in the Solihull Approach and linkage through to Incredible Years or FLNP across all staff delivering parenting support. Most authorities emphasised the importance of providing a coherent approach, both within Flying Start and across other agencies and initiatives, and saw joint training as an important model in achieving this goal.

Enhanced supervision for parenting staff is provided in a number of areas. This is delivered in a number of ways, including access to specialist supervision for

complex cases, group supervision supporting the delivery of individual programmes, and supervisors going into groups where there are particularly challenging issues.

Similar to the above but extending into schools: the integrated delivery of support across early years and schools creates a seamless pathway for families and children (Powys-case study in Excellence Wales www.wlga.gov.uk/download).

Improving Access

Partnerships have employed a range of strategies including:

- the use of a mobile crèche has allowed programmes to be delivered in local communities, which has enhanced retention and success rates. The employment of a male Dad's worker is reported as significantly improving men's engagement, particularly when linked to Saturday or evening provision of services. A number of partnership areas are developing their services for fathers in response to research evidence that the involvement of fathers has a significant positive impact on outcomes for children;

- use of interpreters to engage parents from BME communities. Several authorities are experienced in the use of interpreters to deliver parenting interventions and ensure that both the language and culture of parents is understood when delivering parenting support;

- using Genesis or the Family Information Service as a follow on resource in a structured way, e.g. staff attend the final parenting session to identify follow on routes for parents;

- use of programmes like Parentline Plus which is delivered in homes and on a one to one basis to develop the engagement of harder to reach parents and prepare them for a group programme;

- use of life coaching on a one to one basis for hard to reach parents, potentially over several months, prior to their engagement in a group programme;

- 'Partnership for Young Parents': a targeted service for teenage parents that delivers literacy and numeracy skills, resilience and emotional

intelligence input and Incredible Years Babies Parenting Programme to groups of teenage parents. This is a year-long programme which equips young parents with parenting skills, life skills and qualifications;

- the use of parent volunteers as mentors to other parents. This is a well-developed model in one authority where volunteers are trained to support other parents, working with families on issues in the home. It is a model that several LAs are interested in developing.

Measuring Outcomes

- Use of a single assessment/outcomes tool across the authority, enabling the comparison of outcomes across programmes. Assessment and outcomes tools used to identify the impact of parenting interventions are varied and fall into three main categories: programme specific assessments which all deliverers use; generic tools like TOPSE that are selected as a preferred tool; and locally designed/commissioned tools like My World. There is little information to inform authorities which tools they should select. However, the advantage of using a single tool is the ability to compare outcomes across programmes and interventions.

- There was increasing use of Results Based Accountability to give an authority wide view of impact and outcomes.

Customer Journey

Services designed around the needs of parents. These were evident in a number of authorities and contained a range of elements including:

- a key professional who had engaged with the parent who would support them to access services, including attending sessions with them where that level of support was required;

- clear referral pathways;

- flexible delivery models so that programme content could be delivered on a one to one basis, or to a couple, or as part of a group;

- pre- and post-intervention assessments (TOPSE was the most commonly used tool) to identify improvements in parenting efficacy;

- 6 month follow-ups to ensure improved parenting was sustained;

- clear exit routes from targeted services into universal services;

- information sharing between agencies to reduce multiple assessments;

- parent participation in service design through networks and consultations.

A Review of Parenting Support for Flying Start

Aims of the Review

Interface Associates and **York Consulting** have been commissioned by the Welsh Government to undertake a review of parenting support for Flying Start. The evidence will be used to inform the Flying Start Guidance due to be published in April.

Goal 1: To refresh the evidence base on informal and formal parenting support and summarise the implications for policy and practice, relating this to current activity within Flying Start;

Goal 2: To review the current parenting entitlement and offer, identify barriers, enablers and best practice in delivery;

Goal 3: To support the future development of the programme, identify gaps in evidence and provide suggestions on how to improve the evidence base on the effectiveness and impact of these interventions in Flying Start.

Method and Timelines

The core elements of this study are:

- a **Rapid Evidence Assessment** on research related to informal and formal parenting support (January/February);

- a **review of centrally held data** on Flying Start parenting support activity (January);

- **telephone consultations** with all 22 Flying Start Partnership Network Coordinators, and parenting coordinators where available (February 1st to 22nd);

- **a validation workshop** to be held at the next Flying Start Network Coordinators meeting in early March.

Either Julia or Nafisa will contact you to arrange a date for a telephone consultation between **1st and 22nd February**. We expect these to last around an hour to an hour and a half. We appreciate that this is short notice and would be grateful if you could make the time to speak to us.

We would like to develop a good picture of delivery before the consultation. We will review your Flying Start parenting offer and any other documents you may wish to provide to inform the review. In addition, you will be sent a template which provides an overview of the basic data that we need to gather from each area, pre-populated where this is possible. We would be grateful if you could complete and return this **at least two working days before the agreed consultation date**. This will be reviewed alongside other information sources. **We look forward to working with you**.

Key Data

Core data to be collected for period 2010/11 as 2011/12 not yet complete.

Key = 1 = provided to Interface already; 2 = LA to provide, 3 = WG to send

Local Authority Name: 1	Flying Start Coordinator Name and Contact: 1
Position of Flying Start Coordinator in Local Authority Structure:	2
Is there a Parenting Coordinator? Name? Contact details.	2
- Number of Flying Start Partnership localities	3
- Flying Start Funding: 2010/11:	3
- Parenting Funding 2010/11:	3
- Programmes delivered 2010/11 by category	1
Description of informal parenting support provided in Flying Start outside of the ABC categories?	
Programmes Delivered 2010/11 By programme - • Numbers enrolled, • numbers completing • groups of parents targeted e.g. fathers, teen parents, BME parents, (if collected) • groups of parents targeted with specific or additional needs e.g. learning disability, substance misuse, children with behavioural problems, mental health concerns (if collected)	2

Consultation Questions

The purpose of the consultation is to gain an in-depth understanding of:

- how the Flying Start Parenting offer has developed in your local area;

- what support is provided, by whom, to who and based on what rationale;

- perceptions of strengths and weaknesses of the current strategy/offer and plans for development; and

- its integration with wider parenting support, in particular Families First and IFSS.

The consultation is likely to take around one and a half hours. The aim is to complete this with the Flying Start Coordinator as a minimum. We would also like to speak to the Parenting Coordinator if this position exists in Flying Start or in the LA? The information provided will be used to inform future guidance on the Flying Start Parenting Offer. The consultation will focus on:

- the development of the Flying Start Parenting offer;

- identifying parents, assessing needs;

- the nature of informal and formal delivery and wider support available; will be useful to explain up front what is meant by formal/informal and universal/targeted

- monitoring, evidence of outcomes and impact;

- future development.

A. The Flying Start Parenting Support Offer

1. Please explain how the Flying Start Parenting Support Offer has developed in your Flying Start Partnership. Give consideration to:

    a. Lead person, partners involved, use of Flying Start guidance to determine range of provision.

    b. Rationale for approach—research and needs analysis, existing provision, what outcomes are you trying to achieve? Links with local authority parenting strategy, predecessor programmes, Families First and IFSS.

    c. Role of the parenting coordinator if in place – helpful to separate out role of Flying Start co-ordinator and relationship with LA-wide parenting co-ordinator.

2. Please provide an overview of the key features of the Flying Start Parenting Support Offer

    a. Distinction between specific parenting support and wider family support; informal and formal support, universal/targeted support , individual support/ group based,

    b. Providing a continuum of support –links with wider Flying Start entitlements (in terms of referral/identification of need, delivery etc),

    c. Extent of focus on parents/children with specific and/or additional needs, and other hard to reach groups, e.g. children with conduct disorders, teenage parents, lone parents, parents with learning disabilities, black and minority ethnic parents, parents who misuse drugs and alcohol, parents with mental health issues, fathers. What exactly do they offer for these groups?

    d. Who delivers what? HV? Parenting worker etc.

B. Identifying Needs

1. How are families in need of parenting support identified?
    a. Referral by professionals (which, who)?

    b. Self referral? Do they do any promotional work to target parents for universal support?

    c. Data?

2. Once identified, how are families' parenting needs assessed? To what extent is the identification and assessment process fit for purpose?

3. How are decisions made about which support parents should access? Useful to probe here on how they distinguish between who needs specialised/targeted support and the more universal programmes. Do they do any preparatory work with parents before they start the more formal programmes? Use of motivational interviewing etc specific examples.

C. Delivery

1. How is the annual programme of delivery determined? Talk through the range of provision delivered over 2010/11 distinguishing between formal and informal provision.

2. What factors have influenced what is delivered? How has the make-up/offer of provision been determined? Think we need to tie down this section to be more specific about exactly what support/programmes are offered identify distinctive features, strengths, weaknesses. Please consider the following:

    a. balance of informal and formal parenting support;

    b. type and nature of informal/formal programmes/support offered;

    c. volume of parents supported related to CAP proportion;

    d. focus on the different range of needs (universal to high end);

    e. focus on addressing specific and/or additional needs, e.g. conduct disorders, teenage parents, parents with learning disabilities, black and minority ethnic parents, parents who misuse drugs and alcohol, parents with mental health issues, dads.);

    f. signposting to more intensive support that could be outside the Flying Start offer (via social workers, family support workers etc.).

3. Who delivers informal/formal parenting support? What training is offered? Again, what exactly are they delivering? Probe for role of HV in providing family support and role of Third Sector. If external organisations – how was this commissioned?

4. What structures are in place to support effective delivery, i.e. childcare, ongoing support, post programme follow up, support for parenting practitioners, including training/CPD and ensuring programme fidelity for formal programmes.

5. How effective is Flying Start in retaining families once engaged in support? Why, why not? What constitutes completion? What are the differences in informal and formal retention rates? Why? How have you overcome any difficulties in engaging/retaining some of the more hard to reach families? How are strategies different for particular groups?

6. To what extent does the informal and formal support available match the needs of the families in your area? Do you have sufficient capacity to respond to the needs of parents? What are the priorities for future development?

7. Do you feel that some parents are receiving support which is too 'high end' for their needs? Why?

8. What would you say are the operational barriers and enablers for delivering a full parenting offer in your area? Barriers – how could these be overcome? Enablers - what elements of the offer do you believe demonstrate good practice?

D.   Monitoring Outputs, Outcomes and Impact

1. How is the quality of the parenting offer monitored?

2. How are the outcomes from informal/formal parenting programmes assessed? Who does this? How? Are any validated tools used? What are the challenges in doing so? Important to draw distinctions here between getting positive feedback/satisfaction about the course against capturing objective measure of impact from participating in programmes.

3. What positive outcomes have you observed? Views from parents on specific programmes.

4. Are families' outcomes followed up post intervention? How?

5. Have you conducted any formal evaluations or reviews of the parenting offer in your Flying Start areas/wider LA area? Ask for key findings and request if the report can be shared for the purposes of this review?

6. How is evidence/data used? Does it inform the development of plans?

E.   Future Development

1. Extent to which the current parenting offer is fit for purpose? Do you think it needs to change? How? What would you like to do differently?

2. The strengths and weaknesses about the current Flying Start guidance, should minimum levels of provision be specified in the guidance? What should this be? What are the current constraints?

3. What are the challenges for developing the parenting offer for the expansion of Flying Start?

4. How is good practice shared? By whom? In what format?

5. Anything else you wish to comment on?

ANNEX I:
DEFINITION OF TERMS
GLOSSARY

EFFECT SIZE

An index of the magnitude of difference in outcome between treatment groups and control groups (DfE, Parenting Programme Glossary).

EVIDENCE-BASED PROGRAMME

Framework of treatment or intervention that combines practitioner expertise with knowledge of the best external research and evaluation-based evidence (DfE, Parenting Programme Glossary).

FAMILY SUPPORT

Any activity which is intended to support families in meeting the needs of their children and young people, including practical and emotional support and adult services which impact upon parenting (Blaenau Gwent, Parenting Strategy).

FIDELITY

Measure of the correspondence between an intervention's described model and how it is implemented (DfE, Parenting Programme Glossary).

NBAS

The Neonatal Brazelton Assessment Scale

NBO

Newborn Behavioural Observations Systems Training

META-REVIEW (OR META-ANALYSIS)

Quantitative method of systematically combining results from multiple studies investigating similar interventions in order to derive the most meaningful answer to a

specific question. Effect sizes are statistically combined to calculate a meta-effect size (DfE, Parenting Programme Glossary).

PARENTING

The process by which a parent/carer fulfils their role in raising, nurturing and caring for their child or young person (Blaenau Gwent, Parenting Strategy).

PARENTING SUPPORT

'*Any intervention for parents aimed at reducing risks and promoting protective factors for their children, in relation to their social, physical and emotional wellbeing*' (Moran *et al.*,2004).

RANDOMISED CONTROLLED TRIAL (RCT)

Study design in which participants are randomly assigned to either one or more treatment groups or to a control group and then observed or measured to detect the variable or outcome of interest. The process ensures that any known or unknown confounding factors are evenly distributed across intervention groups. This is considered to be the most robust method of measuring and comparing the effectiveness of interventions (DfE, Parenting Programme Glossary).

SPECIALIST SUPPORT

Specialist support is provided for children and young people who have significant or severe and complex needs to be addressed (Statham and Smith, 2010).

TARGETED SUPPORT

Support/interventions that apply to an identified population deemed to be at greater risk of a negative outcome. Targeted interventions, which are operating in the presence of risk factors, aim to protect or inoculate children or their families from those risks. Targeted services focus on a specific group with particular requirements, or on families with specific issues to deal with at a particular time (Statham and Smith, 2010).

UNIVERSAL SUPPORT

Support applied to whole populations, irrespective of risk. The aim of such interventions is generally preventative. Universal support is available to every family on demand and can be accessed through schools, children's centres, GP surgeries etc. (Statham and Smith, 2010).

ANNEX J:
SUMMARY OF EVIDENCE FOR THE MAIN PROGRAMMES IDENTIFIED IN THE REVIEW

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
Perinatal Support and Support in the Early Years						
Baby/infant massage	Underdown *et al.*, 2006.	Universal, informal.	Review of studies: Looked at 23 studies (too varied to combine outcomes data into a meta analysis) where infants under 6 months, using a RCT and using standardised measure of infant mental or physical development.	Evidence of benefits e.g. improved mother-infant interactions, fewer sleep problems, less difficulty coping with crying and effects on hormones linked to stress but were small studies which require further replication. Concerns of bias in 13 of the studies (where claims of benefits for infant growth identified) so suggest further research required. No evidence of impact on quality of mother-infant attachment, infant cognitive development or reduction in behaviour problems (larger samples and timeframes may be required). Conclude that baby massage may have a role as an additional support for parents who are stressed, but where there is a risk of child neglect other strategies are likely to be preferable.	Widely used.	Promising evidence - further research desirable but include in guidance.
Interventions with fathers of young children	Magill-Evans *et al.*, 2006.	Universal, informal and formal.	Review of studies: looked at 14 studies covering 12 interventions. Only included studies with a control group or had a pre and post-test design: 7 had a RCT, 6 were a cohort study and 1 used pre and post intervention measures.	Infant massage and prenatal education about infant behaviour directed to fathers and modelling this behaviour with their newborn children had a significant influence on the father's behaviour with his child. However, only two of the 14 studies were rated as having a strong evidence base, sample sizes were small, retention on the programmes was varied and there was limited information on the reliability and validity of the outcome measures. No information on effect size or statistical power. Conclude that more research was required to determine the influence of interventions over time, the differential influence on mothers and fathers, and the 'optimal dose' of intervention required.	Identified as an area for development by a number of partnerships.	Promising evidence - further research desirable but include in guidance.
Breastfeeding / weaning clinics	C4EO, 2010.	Universal, informal.	Description of breastfeeding initiative in Blackpool.	Improvements in breastfeeding initiation rates were identified. This was not a systematic evaluation of the initiative and therefore cannot comment on whether the increase in breastfeeding rates was a result of the initiative.	Widely used.	Insufficient evidence – do not include in guidance.
NBAS and NBO	Das Eiden and Reifman, 1996;	Universal, formal.	Das Eiden and Reifman's study was a meta-analysis of 13	Das Eiden and Reifman found that intervention has a small, moderate, beneficial effect on the quality of later	Used by small number	Promising evidence -

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
	Barnes and Freude-Lagevardi, 2003; Wolke, 1995.		published studies (using control groups) involving 668 families.	parenting and Barnes and Freude-Lagevardi (2003) found that it was effective in enhancing parental sensitivity and knowledge in low risk families. However, the impact with high risk families was likely to be short lived unless families were offered additional ongoing support (Barnes and Freude-Lagevardi 2003) and Wolke (1995) found that in order to achieve positive outcomes the intervention needed to be integrated into a continuum of support.	of Flying Start partnerships.	further research desirable but retain in guidance.
Solihull approach	Bateson *et al.*, 2008.	Universal, formal.	Three validated measures (pre and post) used: 1. Beck Anxiety Inventory for Adults (BAI); 2. Goodman's Strengths and Difficulties Questionnaire (SDQ); 3. Child Behaviour Checklist (CBCL). Received 72 completed BAI sets, 63 completed CBL sets and 37 SDQ sets (from 83 mothers). Evidence reviewed by researchers not involved in delivery.	Showed improved outcomes in children's behaviour and a reduction in parental anxiety: - CBCL: 2 and 3 year-old group found a significant decrease post-intervention scores on externalising behaviour score (e.g. aggression, defiance) but not on internalising (i.e. distress e.g. withdrawal, tearfulness) or total scores. In those aged 4 and above significant differences were seen for all measures apart from internalising behaviour score. - SDQ: scores decreased on all 4 problem subscales (conduct problems, hyperactivity, emotional symptoms, peer relationship difficulties). - BAI: found relationship between change in parental anxiety and change in internalising behaviours in children aged 4 and over. However, there was no parental data on behaviour of children under two; or follow up to see whether changes were maintained; or analysis of demographic data to identify the variables which influenced how parents responded to the programme; they only worked with mothers; and the drop-out rate was 22%.	Used by small number of Flying Start partnerships.	Promising evidence - further research desirable but include in guidance.
Parents and Infants in Partnership (PIPPIN)	Parr 1998 cited in Stewart-Brown, McMillan, 2010.	Universal, formal.	No further information provided.	No new evidence identified but Parr's evaluations (non-RCT) showed a significant increase in psychological wellbeing, parental confidence and satisfaction with both couple and parent-infant relationships in the post-natal	Used by small number of Flying Start	No additional evidence – retain in guidance.

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
				period.	partnerships.	
Promoting Positive Parenting	Juffer *et al.*, 2008.	Targeted, formal.	No information provided.	RCTs have shown a positive impact on maternal sensitive behaviour and attitudes, positive parent/child interaction and on child behaviour.	No evidence that used.	Promising evidence - further research required before could be included in guidance.
Mellow Babies/ Mellow Bumps	Puckering *et al.*, 2010.	Specialist, formal.	Not a specific focus of the review.		No evidence that used.	Programme too specialist – do not include in guidance.

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
Early Intervention to Support Vulnerable Parents						
Community Mothers Programme (CMP), Dublin Barnardo's Community Mums and Dads Programme (based on CMP)	C4EO, 2010. Original study: Johnson *et al.*, 1993 and follow up Johnson *et al.*, 2000.	Universal, formal.	A RCT was undertaken when children were 1 year old involving 262 mothers and children: 232 completed (127 in the intervention and 105 in the control group). A follow up was undertaken when the children were 8 years old (with 38 intervention and 38 control). Data were collected on demography, environmental factors, mother's self esteem (including completion of Rosenberg's self-esteem questionnaire), immunisations and hospitalisations, child and mother's nutrition and developmental stimulation factors.	Children involved in CMP were more likely to have better nutritional intake; read books and visit the library regularly; they scored better regarding immunisations and cognitive development; and had higher levels of self-esteem. Mothers were more likely to oppose smacking, have strategies to help them and their children to deal with conflict, enjoy participating in their children's games, eat appropriate foods, express positive feelings about motherhood and scored better in terms of self-esteem. The benefits also extended to subsequent births. Robust evidence base RCT undertaken.	No evidence that used.	Promising evidence - further research desirable but include in guidance.
Home-Start UK	Barnes *et al.*, 2006.	Universal, formal.	A cluster randomised study i.e. randomised at service level rather than individual level. Three groups examined: - Group 1: 92 parents supported. - Group 2: 178 not supported – lived in a different area to supported families - Group 3: 66 parents not supported living in intervention area. Used a range of validated tools: - Social disadvantage and screening index to assess vulnerability; - HOME: parenting and the home	Robust review which found few differences between those receiving support and those in the comparison group. There was a greater reduction in parent–child relationship difficulties for supported families but they offered their children fewer healthy foods. There was no evidence of enhanced parenting, organisation of the home environment or more appropriate use of health services. Comparing families receiving support with a second comparison group, living in intervention areas but not receiving support, no differences were found.	Widely used.	Insufficient evidence – do not include in guidance.

Table J1: Summary of Evidence						
Programme name	Authors and Dates	Nature of programme	Research Methods and Outcome Measurement Tools	Outcomes Identified and Robustness of Evidence Base	Extent of Delivery in Wales	Implications for Guidance
			environment to assess the child's experience; - Parenting Stress Index short form: family stress and support; - Maternal social support index: family stress and support. Length of Breastfeeding and Healthy eating scale: Child feeding and health service use.			
High Scope's Caring Start Parenting Programme	Not formally evaluated.	Universal, formal.	Caring Start Programme has not been formally evaluated.	The overall High Scope programme has been extensively evaluated in the US. The programme has evidence of long term benefits, including follow-up of participants when they were aged 40 (see Schweinhart *et al.*, 2005).	No evidence that used but High Scope widely used across the UK.	No additional evidence – retain in guidance.
Parents as First Teachers Programme (PAFT)	C4EO, 2010.	Universal, formal.	RCTs undertaken in the US: Parents as Teachers (PAT) programme. RCT of the revised PAT 'Born to Learn Curriculum' included 459 families (PAT = 227 and control = 232).	Initial RCTs in the US had disappointing findings (no formal evaluations undertaken in UK). As a consequence, the programme was revised and a subsequent RCT of the revised Born to Learn curriculum found more positive outcomes but still fairly mixed. PAT children had higher mastery motivation and higher levels of assertion but there was no impact on their cognitive development, attachment security, conceptual skills, early reading readiness, expressive language development or parents' ratings of their social skills. However, PAT children from low-SES families scored better than the control group on cognitive development and adaptive behaviour at 24 but not 36 months and teachers' assessment of their skills were substantially better than the control group (although numbers were very small: 11 PAT and 16 control children).	Used by one Flying Start Partnership.	Insufficient evidence – do not include in guidance.
Family Nurse Partnership Programme	Barnes *et al.*, 2011.	Targeted, formal.	3 RCTs undertaken in the US: - New York 400 low income mainly white families;	RCTs in the US found the greatest benefits for the most vulnerable mothers, including better maternal pre-natal health; fewer child injuries; longer intervals between	England only.	Promising evidence - further

Table J1: Summary of Evidence						
Programme name	Authors and Dates	Nature of programme	Research Methods and Outcome Measurement Tools	Outcomes Identified and Robustness of Evidence Base	Extent of Delivery in Wales	Implications for Guidance
			- Memphis 1138 low income mainly African American families; - Denver 735 families including large proportion of Hispanics. All the studies included maternal interviews, child development tests, observations of parent-child interaction and home environment, and medical and admin data. Impact evaluation not yet published in England.	subsequent births; more father involvement; more maternal employment; less reliance on welfare support; better child school readiness; a reduction in offending behaviour; and a reduction in child abuse and neglect. However, outcomes were not statistically significant for alcohol and drug use, arrests and violence. Initial findings from England show take up is good; a reduction in smoking rates during pregnancy; increased rates of breastfeeding; improved mastery; parents were positive about their parenting capacity; and children were developing in line with the general population. Need to await findings of impact evaluation in England.		research required before could be included in guidance.
Parent Infant Project	Baradon *et al.*, 2008.	Specialist, formal.	Four studies undertaken using validated outcome measures (pre and post intervention). A RCT is currently being undertaken.	Evaluations have shown improvements in parental understanding of their baby's feelings and states of mind and improved self–efficacy and reduced levels of concern about their children.	No evidence that used.	Programme too specialist – do not include in guidance.

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
Positive Parenting						
Family Links Nurturing Programme (FLNP)	Simkiss *et al.*, 2012.	Universal, formal.	RCT recently completed in Wales. Tools used (baseline, 3 and 9 months): 1. Composite measures of negative and supportive parenting (from the HOME inventory and the MORS Index) 2. A video of parent/child interaction at the child's mealtime and a 5 minute speech sample of parents describing their child and their relationship with their child to assess parenting. 3. PedQL: parent report and the PrePACS to assess child wellbeing 4. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Parenting Stress Index (PSI) to measure parental wellbeing.	The findings from this study were inconclusive, a number of positive outcomes were reported but they were not statistically significant. Given the low cost of the programme the evaluation deemed FLNP to be cost effective but the authors concluded that "*the results of this trial fail to show that FLNP improved parenting or wellbeing more than could be expected by chance*". Challenges in delivering the RCT included: difficulties in recruiting parents; professional anxiety about parents being allocated to a control group; concerns from families and practitioners about being filmed; and issues with 'contamination' of the control group due to the availability of other parenting support within Flying Start areas.	Widely used.	Further research required – retain in guidance.
Parenting Positively	Sutton, 1992 and Sutton, 1995.	Universal, formal	No new evidence available. Original research (1992) with 37 parents using all types of intervention (group, home visiting or telephone support) with a waiting list control group. Further study in 1995 focused on telephone support only with 23 children.	Both studies found a clinical improvement in children's behaviour and reduction in mothers' depression for all types of intervention. Impact on children's behaviour was still apparent at follow up but had diminished, whereas improvements in parental depression were maintained.	Used in a small number of Flying Start Partnerships.	No additional evidence – retain in guidance.

Table J1: Summary of Evidence						
Programme name	Authors and Dates	Nature of programme	Research Methods and Outcome Measurement Tools	Outcomes Identified and Robustness of Evidence Base	Extent of Delivery in Wales	Implications for Guidance
Handling Children's Behaviour (HCB)		Universal, formal.	No new evidence.		Used in a small number of Flying Start Partnerships.	No additional evidence – retain in guidance.
1-2-3 Magic	Bradley *et al.*, 2003.	Universal, formal.	222 parents involved: randomly assigned to immediate intervention or waiting list. The control group received intervention 3 months after the treatment group. Baseline sample of 198 (89 treatment and 109 control) and post-intervention sample of 174 (81 treatment and 93 control). Follow-up questionnaires completed by 25 parents a year later. Tools used: 1. Parenting Scale (PS): assesses how parents handle their children's behaviour. 2. Pre-school behaviour questionnaire (PBQ) to assess parents' views on child behaviour change. 3. Pre-school characteristics questionnaire (PCQ): to explore whether parents who rated their children as having difficult temperaments would show less benefit from the intervention. 4. Brief Symptom Inventory (BSI) adult self report showing symptom severity and stress. Distinguishes between	Intervention and control parents had similar characteristics. Intervention parents reported: • More positive parenting behaviour and rated their children's behaviour as less problematic; • Their children's behaviour was less problematic overall and less hyperactive, but they were not less angry or anxious; • That their children were more compliant, happier and less difficult. Intervention parents did not report significant change on the BSI total scales but did on the hostility scales. Changes in parenting behaviour correlated with changes reported by parents in child behaviour. The differences were clinically significant although there was a modest effect size. The programme was delivered to educated middle class parents and would need to be tested with wider groups. The follow up group was small in number and not representative of the original sample.	No evidence that used.	Promising evidence - further research required before could be included in guidance.

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
			psychiatric and non-psychiatric subjects.			
The Incredible Years BASIC Parenting Programme	Hutchings *et al.*, 2007 and Jones *et al.*, 2007.	Offered as universal or targeted intervention, formal.	RCT of the Incredible Years BASIC Parenting Programme: 153 parents from socially disadvantaged areas with children aged 36-59 months at risk of conduct disorder defined by scoring over the clinical cut off on the Eyberg child behavior inventory. Participants were randomised to treatment (104) and control waiting list (49). They were then followed up six months post intervention (20 were lost, 18 of which were treatment families). Tools used Parents: - PSI – stress levels; - PS – parenting competencies; - Beck depression inventory; - Personal data and health questionnaire: demographics and risk factors; - Independent blind observation in the home on entry and six months after the intervention; Observational measures: - Dyadic parent-child interaction coding system in a 30 minute home observation within 3 days (blind) Child problem behaviour reported	Children in the intervention group had significantly reduced anti-social and hyperactive behaviour and increased self-control compared with the control group. The primary outcome measure, the ECBI showed a mean difference between groups of: - Problem scale: medium to large effect - Intensity scale: large effect size Compared with parents in the control group, intervention group parents perceived the intensity of problems in siblings as less severe at follow up. For most of the remaining secondary outcomes measures the intervention families were above the level of clinical cut-off at baseline but below at follow up. For positive parenting behaviours, there was a medium to large effect for the intervention group. Levels of parental criticism were reduced at follow up for intervention families, although the difference between the groups was not significant. The intervention group showed twice the reduction in observed child deviance, although this was not significant. Other secondary measures showed reduction in stress and depression levels and improvements in parenting competencies in the intervention parents.	Widely used.	Good evidence - retain in guidance.

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
			by parents. Treatment child: • Eyberg child behaviour inventory (ECBI) (number and intensity of conduct problems); • SDQ: conduct and hyperactivity; • Conners abbreviated parent/ teacher rating scale (hyperactivity measure); • Kendall self control rating scale. Sibling of treatment child: ECBI .			
Parents Plus Early Years Programme	Griffin *et al.*, 2006; Griffin *et al.*, 2010 and Kilroy *et al.*, 2011.	Targeted, formal.	Parents of 81 children aged 3-6 years with behavioural and developmental difficulties, referred to a mental health unit at a Dublin hospital. A quasi-experimental waiting list design was used with 46 in the treatment group and the remaining receiving treatment as usual. Tools used: • SDQ used to measure outcomes, on entry, exit and five months later; • PSI; • Independently rated video observations coded by trained professionals; • Parent Defined problems and goals form; • Parents were assessed as having completed if they attended over half of the sessions.	The treatment group reported significant improvement on the SDQ total problems and hyperactivity scales and the parental stress scale, which were maintained at the 5 months follow up. The programme was equally effective for children with behavioural and developmental difficulties. In terms of clinical significance, the scores on total difficulties and conduct problems moved from the clinical range of difficulty at time 1 (pre-intervention) to the borderline range at time 2 (post intervention) and time 3 (five months post). The lack of significant difference between times 2 and 3 suggests evidence of a maintenance effect, rather than on continued improvement. Analysis of the problems and goals highlights significant decreases in parent reported problems and significant increases in parent related goals. Video observations showed significant reductions in beta-commands and questions (vague and ineffective parent child requests), and significant increases in attends (positive comment, description or imitation) and rewards (verbal or non-verbal positive reinforcement), each showing moderate and large effect sizes. These patterns represent higher	No evidence that used.	Good evidence - include in guidance.

Table J1: Summary of Evidence						
Programme name	**Authors and Dates**	**Nature of programme**	**Research Methods and Outcome Measurement Tools**	**Outcomes Identified and Robustness of Evidence Base**	**Extent of Delivery in Wales**	**Implications for Guidance**
				levels of child centred interaction indicating that the parent was attending more positively as well as a reduction in the overall number of parent instructions, particularly those which are not constructive or ineffective.		
Scallywags	Broadhead *et al.*, 2009 and Frampton *et al.*, 2008.	Targeted or specialist, formal.	411 children included in the study. Tools used: ECBI, SDQ, PSI (short form) and SESBI-R. Parents and teachers completed these pre, post, and six months after the intervention (with some 2/3 year follow up).	Results demonstrate significant decreases in child conduct problems after the six months intervention, with this change maintained six months later. In all measures, approximately 60% of children that were above clinical significance pre-intervention, dropped below clinical significance and remained so six months later. Statistically significant reductions in disruptive behaviour have been found at home and in the school setting, as measured by the ECBI. Levels of parenting stress (PSI) were also significantly reduced. A representative sample of 81 families was followed up two to three years after participation in the Scallywags intervention to investigate predictors of clinical status and service use. It was found that participation in the programme was associated with a non-clinical outcome for nearly 50% of the children. Children who participated in Scallywags were subsequently significantly less likely to require further specialist children's services.

However, these findings also provide evidence of less positive outcomes particularly for those with higher levels of need (Frampton *et al.*, 2008). | No evidence that used. | Programme too specialist – do not include in guidance. |

This Annex provides a summary of the design of the four research programmes explored in **Section 4** of the report:

- Incredible Years BASIC Parenting Programme;

- Parents Plus Early Years Programme;

- The Solihull Approach;

- FLNP.

Incredible Years BASIC Parenting Programme: Research Overview	
Programme Overview	The Incredible Years BASIC Parenting Programme is designed for any parent with concerns about their child's behaviour. It can be used as a universal or a targeted programme with children aged 3-6 years with general behaviour problems, ADHD, ODD and aggression and parents (including foster parents) with low family income, moderate anxiety/stress and/or at risk of child maltreatment.
Outcomes to be Achieved	The programme aims include increased positive interactions and improved parent-child relationship.
Research Approach	Evaluation has been completed, including randomised controlled trials, using scientifically validated measures and structured observation at home and school, administered pre and post programme. Hutching *et al.*'s (2007) trial took place in 11 disadvantaged settings in north and mid-Wales. A total of **153 parents** were involved in the study with children aged 36-59 months at risk of conduct disorder defined by scoring over the clinical cut off on the Eyberg child behaviour inventory. Participants were randomized on a 2:1 ratio, 104 to intervention and 49 remaining on the waiting list. They were then followed up six months post intervention, at which 20 were lost, 18 of which were treatment families.
Measures Used	The measures used were: **Parents:** **Competencies, mood and demographics reported by parents** - Parenting stress index – stress levels - Parenting scale – parenting competencies - Beck depression inventory - Personal data and health questionnaire – demographics and risk factors - Independent blind observation in the home on entry and six months after the intervention **Observational measures** - Dyadic parent-child interaction coding system in a 30 minute home observation within 3 days (blind) **Child problem behaviour reported by parents** - Treatment child: Eyberg child behaviour inventory (number and intensity of conduct problems) - Sibling of treatment child - Eyberg child behaviour inventory (number and intensity of conduct problems) - Treatment child – SDQ – conduct and hyperactivity - Treatment child – Conners abbreviated parent/teacher rating scale – hyperactivity measure - Treatment child – Kendall self control rating scale
Issues in Delivery	20 (13%) parents were lost between research episodes, 18 were treatment families
Significance of Outcomes	Evaluations demonstrate significant changes in positive parenting, reductions in harsh discipline and child conduct problems amongst other positive outcomes. Post intervention, the intervention group was associated with significantly lower levels of parent-reported inattention and hyperactive/impulsive difficulties, even after controlling for post-intervention

	changes in child deviance. In addition, 52% of those in the intervention condition, compared with 21% in the control condition, displayed clinically reliable improvements post intervention, giving an absolute risk reduction of 31% and a number needed to treat of 3.23.
Implications	This was a major research study with a significant research budget involving experienced researchers. However, the tools used could be utilised by Flying Start partnerships to measure changed outcomes.

Parents Plus Early Years Programme: Research Overview	
Programme Overview	Parents Plus Early Years is designed for any parent with a child in the 1-6 age range with behavioural, emotional, developmental or learning difficulties and aims to increase parental self-confidence.
Outcomes to be Achieved	Aims include increased knowledge of child development and behaviour and reduced symptoms of behavioural and emotional problems in the child.
Research Approach	The latest study was carried out with parents of 81 children aged 3-6 years with behavioural and developmental difficulties, referred to a mental health unit at hospital in Dublin. A quasi-experimental waitlist design was employed involving 46 participants who received parenting training and 35 that received treatment as usual over a 12 week period. No exclusion criteria were applied.
Measures Used	The measures used in the study were: SDQ parent form – preschool children Parental stress scale Independently rated video observations – coded by four trained professionals in relation to frequency of counts in relation to: - Alpha commands – clear constructive parent child requests; - Beta commands – vague, ineffective parent child requests; - Parent child questions; - Parent attend – positive comment, description or imitation; - Reward – verbal or non verbal positive reinforcement. Parent Defined problems and goals form: - Three problems (rated); - Three goals (rated). Parents were assessed as having completed if they attended over half of the sessions. The SDQ was used to measure outcomes, on entry, exit and five months later.
Issues in Delivery	It would be beneficial if the group sizes could be larger than 100.
Significance of Outcomes	Compared with the control group, the Parents Plus group reported significant improvement on the SDQ total problems and hyperactivity scales and the parental stress scale, and this was maintained at 5 months follow up. The programme was equally effective for children with behavioural and developmental difficulties. In terms of clinical significance, the scores on total difficulties and conduct problems moved from the clinical range of difficulty at time 1 (pre-intervention) to the borderline range at time 2 (post intervention) and time 3 (five months post). The lack of significant difference between times

Parents Plus Early Years Programme: Research Overview	
	2 and 3 suggests evidence of a maintenance effect, rather than on continued improvement.
	Analysis of the problems and goals highlights significant decreases in parent reported problems and significant increases in parent related goals. With regards to video observations, significant decreases were noted in beta-commands and questions, and significant increases in attends and rewards, each showing moderate and large effect sizes. These patterns would represent a higher level of child centred interaction indicating that the parent was attending more positively as well as a reduction in the overall number of parent instructions, particularly those which are not constructive or ineffective.
Implications	The research evidence for this programme is strong enough to warrant further consideration for the Flying Start guidance. A presentation by Alan Carr, Professor of Clinical Psychology, University College Dublin reviewed four of the Parents Plus programmes, and compared the 'effect' of the Parents Plus programme to a range of other programmes.
	He concluded that the effect of the Parents Plus Early Years programme was in the range of 0.61 to 0.67 (medium to large) between pre and post treatment, based on three RCT studies.
	The presentation identified the needs for four main types of research: • Larger multi-site trials, involving many trainers/therapists, with about 100 clinical cases in each treatment and control group with 1-2 year follow up, for the 3 new versions of the programme; • Research to discover the active ingredients of the Parents Plus programme; • Translational research to ensure programme fidelity; • Programme enhancement studies to make the programme effective for those that do not currently benefit and special populations such as minority ethnic groups and separated parents.

The Solihull Approach: Research Overview	
Programme Overview	Universal programme (although can be used for more complex problems) for parents of children aged 0-18. It is a 10 week group based programme (2 hours a week). Developed by practitioners: a working group of health visitors, school nurses, psychotherapists, psychologists, training consultants and learning disabilities nurse drawing from their practice and existing evidence. The learning methods include role plays, homework and group exercises. Accessible to parents with literacy difficulties as the programme is designed without the need for parents to read or write. Can be run by community practitioners such as health visitors and school nurses, and supported by a staff training model.
Outcomes to be achieved	Aiming to improve parent-child relationships and behaviour management. This was the first large scale evaluation of the programme. The approach is based on psychotherapy, child neurodevelopment and learning theory (behaviour management). Assumption that by providing containment to parents they can reduce their anxiety and anxiety can undermine a parent's capacity to think clearly what their children's behaviour is communicating i.e. containment allows parents to tune in better to what their children's behaviour means which means parents can become more sensitive and effective in their behaviour management.
Research Approach	83 mothers completed the programme between Sept 2005 and May 2007 and were involved in the research. Evidence reviewed by researchers not involved in delivery. Authors recognised that the lack of a RCT was an issue and one that will need to be addressed in future.
Measures Used	Three validated tools were used pre and post-intervention: 1. Beck Anxiety Inventory for Adults (BAI); 2. Goodman's Strengths and Difficulties Questionnaire (SDQ); 3. Child Behaviour Checklist (CBCL).
Issues in Delivery	Main issues were: no comparison/control group; findings based on parental self-report only; 22% drop out; no follow up to see whether outcomes maintained; and only mothers were involved.
Significance of Outcomes	Received 72 completed BAI sets (i.e. pre and post intervention), 63 completed CBCL sets and 37 SDQ sets. Showed improved outcomes in children's behaviour and a reduction in parental anxiety: 1. CBCL: 2 and 3 year old group found a significant decrease post-intervention scores on externalising behaviour score (e.g. aggression, defiance) but not on internalising (i.e. distress e.g. withdrawal, tearfulness) or total scores. In those aged 4 and above significant differences were seen for all measures apart from internalising behaviour score. 2. SDQ: scores decreased on all 4 problem subscales (conduct problems, hyperactivity, emotional symptoms, peer relationship difficulties). 3. BAI: found relationship between change in parental anxiety and change in internalising behaviours in children aged 4 and over.
Implications	The evaluation provides important learning for evidencing outcomes within Flying Start partnerships.

FLNP: Research Overview	
Programme Overview	Universal group based parenting programme. A key component of the programme is that it focuses on family relationships and provides experiential learning through guided discussion, role play and homework. FLNP is a 10 week programme (weekly 2 hour sessions) for groups of 6-10 parents. Parents set targets for themselves on a weekly basis and report back on progress the following week. The course covers a wide range of behaviours and attitudes which parents may or may not choose to adopt. The programme ethos is that in order to empower parents to bring about changes in family life it is important to get them to test different approaches and see which suits their families rather than providing prescriptive instructions. The four building blocks of the programme (principles of positive parenting): • development of self-awareness and self-esteem; • appropriate expectations; • positive discipline; • empathy. FLNP draws on social learning theory and psychotherapeutic insights founded on the belief that empathetic insight into emotional determinants of behaviour is important for both positive relationships and behaviour management. FLNP aims to provide parents with insights into origins of self-esteem and positive relationships by drawing on their own experiences as children. Thus, the programme aims to support parents in improving their own relationships with others, as well as with their children.
Outcomes to be Achieved	Aims of the evaluation were to: • Measure the effectiveness of the programme in impacting on parenting, and health and social outcomes for young children and families in the short and medium term; • Measure the cost consequences of the programme; • Investigate the fidelity of implementation and delivery; • Investigate families' views of the benefits of the programme.
Research Approach	RCT undertaken in four Welsh LAs (Flying Start partnership areas - representative of UK population in deprived areas). A total of 286 families were engaged in the research (143 families in intervention and 143 in the waiting list control group). A total of 84% of parents were followed up at nine months. Attendance and completion rates and fidelity to the FLNP course delivery were also assessed. Qualitative interviews were undertaken with 41 parents (23 who attended the course and participated in the research, 11 who refused to take part in the research but attended the course and 9 with those who refused both the course and research).
Measures Used	Tools used (baseline, 3 and 9 months): 1. Composite measures of negative and supportive parenting (from the HOME inventory and the MORS Index) 2. A video of parent/child interaction at the child's mealtime and a 5 minute speech sample of parents' describing their child and their relationship with their child to assess parenting. 3. PedQL: parent report and the PrePACS to assess child wellbeing. 4. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Parenting Stress Index (PSI) to measure parental wellbeing.

FLNP: Research Overview	
Issues in Delivery	Main issues were: • Challenges in recruitment and issues with drop-out (one third did not attend at all and less than half completed the course); • Professional anxiety about parents being allocated to the control group; • Family concerns about video and audio recording and programme facilitator concerns about the recording of FLNP sessions for fidelity purposes; • 'Contamination' of the control group due to the availability of other parenting support within Flying Start areas (10% of control families went on the programme before the 9 month follow up and 9% accessed other parenting interventions in that period).
Significance of Outcomes	The findings were inconclusive, a number of positive outcomes were reported, but they were not statistically significant. The findings show that '*change among all families allocated to FLNP compared with change among all families allocated to control regardless of exposure - showed no statistical difference between intervention and control groups on any of the outcome measures*'. Improvements were seen in both groups (intervention and control). Families in the intervention group improved more than those in the control group in 12 of the 18 outcomes but these were not statistically significant. Due to the issues of drop out for the intervention group and contamination of the control group, the researchers undertook an analysis focused on parents' exposure to the programme. They found that relative improvements amongst parents who attended more than 5 sessions were larger than the relative improvements amongst all parents in the trial and for one outcome, in one analysis, the hyperactivity scale of the PrePACs, achieved statistical significance.
Implications	The evaluation provides important learning regarding the challenges of undertaking RCTs of universal programmes in 'real world' settings.