



Social Mobility
Commission

Helping Parents to Parent

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About the Commission

The Social Mobility Commission is an advisory non-departmental public body established under the Life Chances Act 2010 as modified by the Welfare Reform and Work Act 2016. It has a duty to assess progress in improving social mobility in the UK and to promote social mobility in England. It consists of up to 10 commissioners, supported by a small secretariat.

The Commission board comprises:

- The Rt. Hon. Alan Milburn (Chair).
- The Rt. Hon. Baroness Gillian Shephard (Deputy Chair).
- Paul Gregg, Professor of Economic and Social Policy, University of Bath.
- David Johnston, Chief Executive of the Social Mobility Foundation.

The functions of the Commission include:

- Monitoring progress on improving social mobility.
- Providing published advice to ministers on matters relating to social mobility.
- Undertaking social mobility advocacy.

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Executive Summary

- Official data reveals that in the last decade more than 2.5 million children in England, including over 580,000 children known to be eligible for free school meals, had not reached the Government's definition of a good level of development at the age of five.⁴⁹
- This is particularly concerning given the strength of the evidence on the potential for the early years to have a lasting impact on children's outcomes, and consequently their prospects for social mobility. By the time that students receive their GCSE results, around 32 per cent of the variation in performance can be predicted based on indicators observed at or before age five.¹⁸⁴
- In addition, research suggests that parenting has a significant influence on children's outcomes. Therefore, to improve social mobility in the United Kingdom it is important that public policy does not shy away from the issue of parenting and what the Government could do to support families in the earliest years of a child's life to help all parents to be the best parents that they can be.
- This literature review was commissioned by the Social Mobility Commission to explore the extent to which public policy levers can influence what parents do and what those policy levers might be. While there is some good evidence on targeted programmes for parents or for children with specific or identified needs, this review brings together the evidence on the extent to which and how public policy approaches could help a wider group of parents to parent.
- Under this category of what parents do, we consider their direct parenting behaviours and the factors which influence parenting. We then examine the evidence on international universal or large scale interventions that aim to address what parents do in the earliest years of their child's life and consider which, if any, of these have the capacity to influence parenting and improve outcomes for children.

Findings

- There is evidence to demonstrate that public policy can have an impact on parenting behaviours, and some of the associated factors that influence parenting, in order to achieve positive outcomes for children. In particular, the research suggests that the following parenting behaviours/factors appear to have the most potential to be influenced via public policy: parenting style; the creation of a supportive home learning environment; relationships within the family; and parental stress and mental health.
- In addition, the most successful parenting interventions appear to include a focus on equipping parents with a greater understanding of child development (e.g. *All*

Children in Focus in Sweden), developing parental confidence in their role as parents (e.g. *Parents as Teachers* in USA, Canada, Australia and New Zealand), or on providing assistance to parents to co-parent (whereby both parents become actively involved and cooperate in the child's development and upbringing; e.g. *Family Foundations* in USA) and reduce stress and tension within the family (e.g. *Parenting Shops* in Belgium).

- Some governments are beginning to approach universal parental support as a public health issue. Although there is a lack of robust evaluation for many universal parenting interventions at present, it appears that this approach is starting to normalise the concept of support for parenting, leading to success in engaging parents (for example, with *Parenting Shops* in Belgium or *The Family Support Programme in Stenungsund*, Sweden).
- Furthermore, to reduce the stigma associated with parenting interventions and to encourage parents to seek help and support if they need it, several of the interventions delivered 'targeted' services under the umbrella term 'universal'. This resulted in enhanced parental participation. A localised approach can also help to enhance parental engagement in parenting programmes.
- Home visiting programmes, alongside services delivered to groups of parents, appear to have moderate to high levels of success. Highly trained and skilled practitioners are crucial to the successful delivery of parenting interventions. Some successful interventions recruited practitioners from a broad range of fields, including nurses, social workers and teachers, to deliver parenting support.
- There is a dearth of longitudinal and follow-up studies in the evidence, which limits long-term findings. Hence, much of the assessment of the success of parenting interventions is based on their short-term gains. The Government should commission further research to address the gaps in the evidence on this issue and there is a need to develop a robust and consistent tool for the evaluation of parenting interventions.

1. Introduction

The United Kingdom has very low social mobility compared to other OECD nations.^{31, 85, 133} Children's academic attainment is closely linked with their parents' income, occupation and educational qualifications.^{84, 110, 167} While it has been observed that education can break the cycle of disadvantage⁸⁵, in the United Kingdom as educational opportunities grow, inequalities appear to widen.¹⁰⁸ Therefore, to improve social mobility it is imperative to explore the drivers that relate to children's outcomes. Children's experiences in the early years, especially from birth to the age of five, have a long term impact on outcomes.¹⁵⁶ By the time that students receive their GCSE results, around 32 per cent of the variation in performance can be predicted on the basis of indicators observed at or before age five. Children develop cognitively, emotionally and socially at a very rapid pace during the early years; it is a crucial time to influence their readiness for school, which can help to lay the groundwork for future success in education.⁷⁶ By the time children begin school, however, inequalities in outcomes are already apparent.⁸³ In the last decade more than 2.5 million children in England, including over 580,000 children known to be eligible for free school meals, had not reached the Government's definition of a good level of development at the age of five.^{49, 184}

Research has shown a link between specific behaviours and approaches that parents deploy, including the educational activities that parents engage in with their children (often termed the 'home learning environment'), and child outcomes in the early years. Sylva and colleagues argue that when it comes to child outcomes, parenting behaviours and the approach of parents to parenting, including the creation and quality of the home learning environment is more important than parents' social class and levels of education, although the evidence is clear that these factors are strongly related.¹⁶⁷

This report reviews the research on universal interventions that aims to influence parenting behaviours and approaches in the earliest years of a child's life. The review explores universal parenting interventions in countries with a high index on social mobility, including Finland, Germany, the Netherlands, Denmark and Canada, as well as other countries such as Australia, Sweden, the United Kingdom, Ireland, China (specifically Hong Kong), and the United States of America.¹³⁴ This review attempts to answer the following questions:

- Can universal interventions positively influence the parenting behaviours and approaches that matter to child outcomes? What has been shown to work, in the United Kingdom or abroad, or is showing signs of success?
- To what extent are parenting behaviours and approaches that matter to child outcomes amenable to public policy interventions?

- To what extent is there evidence of other ways to mitigate the impact of poverty on parents and the home learning environment?

UK Policy Context

The UK Government's provision of and future plans for improving parenting support has suffered some disruption in recent years. The latest scheme for universal parenting classes on a vouchers-based system, which was announced by the then Prime Minister, David Cameron, in January 2016, as part of the Life Chances strategy, is now in an uncertain position with no further information published to date. However, there is some universal support for parenting available in the guise of access to information; digital services are in place for parents-to-be and new mums and dads, who are encouraged to sign up to receive emails, videos and texts offering advice based on the stages of pregnancy or age of the child. The Department for Education, with 4Children, also published a 'What to Expect, When?' Handbook in 2015, focusing on the first five years of child development for parents.¹⁶⁰

Another key branch of the Government's approach to supporting parenting includes the health visitor programme and children's centres, which have a minimum expected requirement of access to at least one named health visitor. Sure Start children's centres have been significant, often acting as the mechanism for delivering parenting programmes that local authorities commission in their areas. However, these have been affected by centre closures and funding cuts since 2010/11. From October 2015, public health commissioning responsibilities for children aged zero to five were devolved from NHS England to local authorities. This has been outlined as an opportunity to join up the services that local authorities commission for all children, since they already hold the responsibility for children aged five to nineteen. In addition, the Government announced in January 2016 that they would double funding for relationship support to parents, strengthening relationships between parent and children, across the next five years.¹⁶⁰

2. Methodology

The following research review considers universal interventions that aim to influence parenting behaviours and approaches that matter to child outcomes. The first section of the review considers the different parenting behaviours and approaches to parenting that have an influence on children's outcomes, considering the way in which these behaviours can be impacted upon through interventions both directly and indirectly. The second half of the review focuses on various international and United Kingdom interventions that aim to influence parenting behaviours and presents the mechanisms of delivery, aims and success of these in influencing parenting. This then lays the foundation for assessing the key areas of parenting that public policy can influence.

For this review, we conducted online searches of journals, books and Google Scholar, using the following terms: social mobility, early parenting interventions, child outcomes, school readiness, social mobility and Scandinavian countries, parenting interventions for school readiness, supportive home learning environment, cognitive outcomes and early interventions, universal parenting programmes and social mobility. Our criteria for inclusion in this review was as follows:

- Studies from 2006-2016 only.
- Quality of evaluation based on the Maryland Scientific Methods Scale.¹¹¹ (NB: not all interventions have had an evaluation. Some have been evaluated using government regulations and certifications, while some are formative and showing signs of success).
- Interventions that are universal, in that they are open to all parents, or universal/targeted, in that they are broadly universal with elements that target a specific set of parents. In addition, we included wholly targeted interventions when considering programmes that aim to tackle/mitigate for extreme parenting behaviours.
- Studies are considered from Denmark, Germany, Australia, Sweden, United Kingdom, Ireland, China (specifically Hong Kong), the Netherlands, Canada, Finland and the United States of America. These countries (excluding Hong Kong) have signed the Convention on the Organisation for Economic Cooperation and Development (OECD) and have been considered to provide an international level of comparison in respect to parenting interventions that drive social mobility. This provides a solid foundation and a contextual base for understanding which interventions might be effective, and recommendations for public policy in the United Kingdom.

The review has identified 28 interventions and programmes for inclusion which have been implemented across the following countries. Interventions across five or more countries have been grouped.

Across five or more countries - 4	New Zealand - 1
USA - 9	Norway - 1
Sweden - 3	Iceland - 1
Australia - 3	Hong Kong - 1
United Kingdom - 5	Netherlands - 1
Germany - 2	Ireland - 1
Canada - 2	Belgium - 1

It should be noted that the overall evidence base for universal programmes and interventions is limited. Currently there are few programmes and interventions that have undergone rigorous and robust long-term evaluation in several different settings. Furthermore, there is a tendency for studies to focus on statistically significant, rather than clinically significant, change (i.e. whether programme changes correspond to “real” change in everyday life), and there is limited data available on the long-term sustainability of treatment effects. Where outcomes have been achieved, little is known about the mechanisms, processes or aspects of the interventions that have driven change.

Limitations of the current review

The researchers experienced a few constraints in conducting and presenting the findings of the current review. Firstly, the subject and scope of the review is very dense and limitations of time meant that some parenting interventions that might have been subsequently worthy of inclusion were excluded. Researchers also found some inconsistency in the type of evaluation methods employed by studies. This impaired more accurate comparisons of interventions since the methodologies employed did not have consistent standards of robust design and established measures.

Some interventions also did not have a robust evaluation, either because the intervention was in its formative stages or due to a differing assessment between governments of countries on what constitutes a robust evaluation. For example, in

Belgium's *Parenting Shops*, a quality label from the regulatory body indicates the fulfilment of a set criteria and hence achievement of this label meets the standard required for effectiveness of the programme. Furthermore, there is a lack of data on cost-benefit analysis for many interventions, which to an extent constrains recommendations for public policy.

The general applicability of many of the studies can be questioned due to limited sample sizes and lack of significant statistical and inferential data. Some inconsistencies were also noted within and between studies. Finally, there was a lack of available data on attrition and whether the effects of the intervention had worn off after a period of time. This was due to limited longitudinal and follow-up studies and this had a significant impact on the analysis of interventions over the long term.

3. Parenting behaviours and approaches

This chapter explores the following parenting behaviours and approaches: parenting style, the home learning environment, family relationships, health-related parenting behaviours and extreme parenting behaviours. The evidence from the literature suggests that a strong and secure attachment with parents is a significant predictor of improved child outcomes. Similarly, an authoritative parenting style, which combines a high level of warmth with firmness in setting boundaries, and a supportive home learning environment can help with school readiness and provide children with a strong foundation on which to develop their cognitive, emotional and behavioural skills.

a. Parenting Style

Stark differences have been reported between the parenting style of high-income and low-income families and these are associated with children's outcomes in later life. Maternal warmth and sensitivity, as well as parental responsiveness, have been identified in one study as significant factors in child development, accounting for 11 per cent of the gaps in numeracy and literacy in middle-income and low-income families, as well as nearly 20 per cent of the gaps in language acquisition and vocabulary in children.¹⁸³ 'Positive parenting', which includes a high level of warmth, low levels of harsh discipline, firmness in setting boundaries and engagement with the child in activities that foster learning and development, can improve children's outcomes.¹⁰¹

The way parents engage and communicate with their children is integral to their parenting style. In one study conducted in the United States, researchers found significant differences in the level of conversation and use of words in low and high-income families.⁷⁹ Children from families on welfare only heard approximately 600 words an hour, whilst children from high-income families heard over 2,100 words in one hour. It was estimated that by age three, children from poorer families heard 30 million less words. However, critiques of this study argued that there were flaws in the methodology employed, an ethnocentric bias (perception of others influenced by one's own culture) and a lack of an apparent use of a theory of language in the study. Similarly, another study conducted in the United States found that mothers with high educational qualifications tailored children's activities in an age appropriate manner which is more developmentally inclined to the child's learning ability (for example, selecting books to read based on the reading ability of the child), compared to mothers with lower educational attainment.⁹⁵

Parents who invest time reading to their children are likely to have children with more extensive vocabularies.²⁵ Similarly, a secure attachment in infancy enhances social, cognitive and emotional skills in later life.¹⁶²

i. Secure attachment

The theory of attachment highlights the biological need for infants to attach to their primary caregivers, and the quality of attachment formed depends on the relationship between the infant and the caregiver. The social and emotional development of children has been traced back to attachment formation in infancy.¹⁷³ The more sensitive, responsive, and warm the relationship, the more secure the attachment between the two. Caregivers can act as a secure base, and a secure attachment is likely to foster independence and autonomy at later ages.¹⁵¹ Insecure attachment on the other hand is linked to an increased likelihood for the child to develop problems socially and behaviourally in later childhood.¹³ Evidence from a meta-analysis of over 69 studies suggests that internalising behaviours (such as anxiety, low mood, and withdrawal) and externalising behaviours (such as aggression and hyperactivity) are associated with insecure attachment.⁶⁰ One study from Colombia University, New York, examining this link found that a secure attachment in infancy can mitigate the effects of poverty. Children who are securely attached to their primary caregivers are 2.5 times less likely to develop social and behavioural problems and show more adaptability, adjustment and exhibit enhanced social skills in later childhood.¹³⁷

Evidence from attachment studies finds links between the cognitive and language development of children and attachment. Meta-analysis of studies has shown that while the effects of attachment on cognitive development are small, executive function (i.e. a number of key cognitive processes such as attention, planning, focus and multi-tasking) and literacy are closely associated with attachment. Reviews of studies show that early language development in children is significantly impacted upon by the quality of attachment.¹⁷⁹ Securely attached children tend to show more motivation in learning and are more receptive. It is argued that parents who form a secure attachment with their children are better at teaching their children at home and providing a sound home learning environment.¹⁷⁹ Similarly, executive function, which comprises of three main functions of the brain and includes working memory, emotion regulation and cognitive flexibility, is also impacted upon by attachment. Research demonstrates that children's interaction with their parents, sensitivity of responsiveness from parents and the type of attachment formation at the ages of one and two can predict children's executive function at the age of three.¹⁴ In a Canadian study using a small sample of 69 families, security in attachment explained the variation in cognitive flexibility by twice as much as socio-economic status.¹⁴

ii. Authoritative parenting

Pong and colleagues show that the style of parenting has a significant impact on children's academic results.¹⁴² With respect to child and adolescent behaviour, research demonstrates that parenting style, especially parental engagement and quality of interaction with the child, can lower the risk of problem behaviour such as truancy, sex, drugs and alcohol use in adolescence.¹⁶ Parents' style of discipline and their level of active involvement in their child's learning and development is linked to a child's cognitive ability at the age of three and can have an impact on a child's behaviour and self-regulation.^{57, 100}

Baumrind proposed three different types of parenting style: authoritative, authoritarian and permissive. In the first instance, parents approach child discipline in a rational and pragmatic manner and encourage verbal communication, using reasoning to explain their own practices.^{11, 12} According to Baumrind, an authoritative parent 'exerts firm control...but does not hem the child in with restriction'.¹² On the other hand, authoritarian parents tend to discourage verbal communication, place a higher value on a child's obedience and display of respect, and tend to be more punitive in their approach. Lastly, it is argued that a permissive parent does not play a significant role in shaping a child's outcomes.¹²

From the styles of parenting discussed, and the studies (7) mentioned in this section, it might be argued that an authoritative parenting style, which combines high warmth, reasoning, verbal communication and firmness in setting boundaries, is associated with positive effects on children's cognition, stimulation of brain development, an increased sense of self-worth and self-esteem and an enhancement in their learning and academic skills.¹⁷⁸

b. Home learning environment

The home learning environment refers to the educational activities that parents engage in with their children, including the time spent reading to children or encouraging children to read, the activities and materials available to children, access to resources such as computers and visits to museums and libraries and other sources of learning. According to the Effective Provision of Pre-School Education (EPPE) research, the quality of the home learning environment available to children can have a higher level of impact on children's outcomes than parental occupation, income or educational level.¹⁶⁸ A supportive home environment is positively linked with children's early learning and later achievements.⁹⁷

Dickinson and Tabors show that parents' investment of time in respect to the home learning environment can significantly aid children's development in cognition and also helps with literacy, both of which are precursors to success in school.^{47 190} Parents'

engagement with children, such as reading, writing and numeracy at home, story-telling, nursery rhymes and poems, and actively being involved in other learning activities, as well as children's access to learning materials and resources at home, positively impacts upon children's later academic achievement.¹⁸⁶

Research by the International Centre for Lifecourse Studies in Society and Health found that between the ages of three and five, children from higher income families had more supportive home environments and in turn had less socio-emotional difficulties and improved cognitive abilities. This, it was argued, compared to children from lower-income families who had more socio-emotional difficulties, which manifested in conduct problems. There was also a significant difference in school readiness between the two groups.⁹⁷ A study by Reynolds and colleagues found that parental engagement with children's learning at home, especially at the ages of three and four, was positively associated with children's later reading and mathematics performance.¹⁴⁷

Researchers suggest that home learning can instil motivation, curiosity and a desire to learn in children, based on parental expectation and a value of learning taught to them by their parents at home.¹¹⁸ The evidence on the impact of parental assistance with homework, however, is mixed. One study has identified that the quality of parental help is important: help that was seen as supportive was associated with higher academic achievement, while intrusive involvement had negative effects on achievement.

A study conducted in the USA with 11,000 parents of school children found that the more involved the parents were in their children's school life (including volunteering in school, participating in Parent-Teacher Association (PTA) conferences, and teaching at home), the more positive the impact became on children's performance academically.¹⁵⁷ It is argued that parental interest in a child's education is a bigger factor in determining a child's educational attainment than socio-economic status.⁶¹ Blanden suggests that 'the simple fact of a mother or father being interested in their children's education alone increases a child's chances of moving out of poverty as an adult by 25 percentage points.²¹ However, evidence from another study suggests that only a minority of parents in the United Kingdom are uninterested in their children's education. Instead the majority may experience difficulty in expressing their interest, something which is identified and acknowledged by professionals.¹⁸²

c. Family relationships

The following section reviews the influence of family relationships on children's outcomes. More specifically, communication and interactions between parent and child and also the quality of the relationship between parents and its effect on parenting and children's outcomes is explored. Psychologists suggest that the most crucial aspect of a child's language development and cognitive development is the interaction between adult (parent) and child.⁹⁴ Therefore, the quality of parent-child interactions may be critical to the development of the social-emotional and cognitive development of a child. This can be accomplished at home through conversation, positive and warm interactions between parents and child, emerging literacy skills and school readiness. Healthy parent-child interaction consists of verbal and non-verbal communication that leads to the creation of a language-rich home environment, which enhances the child's conceptual and social development and aids the development of pre-literacy skills, all of which are essential for school readiness.³ Furthermore, parent-child interactions that are marked with mutual expressions of emotions such as shared laughter, smiling, and affectionate touch can also improve the quality of the relationship between parent and child and promote a secure attachment.⁷⁰

Studies suggest that parents who have a high quality and positive relationship with each other are likely to have well-adjusted children who develop a positive attitude towards relationships and are therefore likely to develop healthy relationships and marriages as adults.^{5, 40} Higher levels of conflict between parents, on the other hand, lead to an increase in stress among parents, which can result in unhealthy and adverse ways of parenting and interacting with a child, all of which can negatively affect child outcomes. This 'spill-over' effect can lead to low academic achievement, psychological and social stress, as well as having a detrimental effect on children's physical health.^{66, 80, 123, 124} It should be pointed out, however, that research is still limited on the way in which such family relationships might affect subgroups such as class, socio-economic status, cultural and ethnic variations.

One study based on self-reported assessments of parents' relationship quality suggested that higher levels of conflict between parents resulted in lower levels of engagement and involvement with children, as well as more punitive and harsher methods of disciplining children.⁷³ Similarly, another study found that mothers who are more satisfied in their relationship with their partner tend to be more involved in their child's education, have less harsh disciplinary styles, have children with extensive vocabularies, and children with fewer behavioural issues.¹⁵⁴

d. Health behaviours

The health of children has been shown to be linked to their cognitive outcomes.¹⁰ Poor health and nutrition can appear to significantly impede a child's development. Researchers have also identified differences in health and wellbeing factors (such as birth-weight, breast-feeding and maternal depression) between young children from poorer backgrounds and their wealthier peers.⁴³ Parental behaviours, lifestyle and nutritional choices can impact upon their children's risk of developing obesity. It appears that not only does parental obesity pose a risk factor for child obesity, but social class also plays a role in determining dietary habits. Obesity in childhood can lead to a number of adverse consequences for health, as well as poorer socio-economic outcomes. One study conducted in 2005 that considered a cohort of children born in 1950s Aberdeen argued that from a working age population, those who are obese are 15-20 per cent less likely to be in paid employment.¹⁰⁶

The health-related behaviours of parents can have a significant influence on levels of overweight and obesity among children.^{6, 34, 72, 121, 128, 136, 141, 158} Lifestyle changes and parental responsibility in this area can be effective in preventing, as well as treating, obesity (and being overweight) among children.^{93, 121, 141, 164} A review of studies that looked at parental involvement and interventions for obesity in children suggested that direct approaches involving parents were effective and resulted in positive outcomes for children.⁸⁶ A sedentary life style, high levels of television viewing and diet at home can influence rates of obesity. It is suggested that parents should be encouraged to create more opportunities for physical activity, healthy eating and the provision of healthy and nutrient-packed food for their children, while also restricting television viewing, especially at meal times.^{71, 180, 187}

e. Extreme behaviours

The focus of this review is on helping a wide group of parents to parent. However, there may be lessons from targeted interventions that are relevant and as such this section explores some of the adverse or extreme parenting behaviours that may negatively impact upon children's outcomes.

Children exposed to domestic violence, parental substance misuse, parental involvement in crime, a chaotic home environment and depravity in their community may experience impairment in their emotional, physical and cognitive development. It is established that certain adverse circumstances, such as persistent poverty, can have negative outcomes for children.¹²² It also appears that negative circumstances do not occur in isolation, but tend to be closely linked. One disruption or adversity (for example, living in a deprived neighbourhood) can play a role in creating another disruption (for example, a criminogenic environment).^{113, 120} Children who face adverse circumstances

may experience extreme levels of stress, which puts them at risk of cognitive impairment and stress-related disease.¹³² Toxic stress can lead to an over-activation of certain systems of the brain, which in turn heighten arousal, affecting normal brain development. It is argued that the consequence of these disruptions are likely to result in the poor academic performance of children, conduct disorders, inability to self-regulate, and a heightened risk of social incompetence.⁵⁹

Substance abuse is associated with an increase in the chances of child abuse³⁵ and a deficit in parenting,¹⁶⁵ such as poor responsiveness to infant cues and heightened intrusiveness. Such effects can impact negatively upon a child's neurological development, as well as their emotional regulation, and also increases deregulation in the parent-child bond.¹⁶¹ Prenatally, there is likely to be a heightened risk of damage to the foetus, with infants born with addictions and other complex physiological and psychological issues due to mothers' substance misuse during pregnancy.¹⁶⁵ Research with parents who misuse substances has found 'a lack of understanding about basic child development issues, ambivalent feelings about having and keeping children, and lowered capacity to reflect on their children's emotional and cognitive experience'.¹⁶⁵ Factors such as adequate supervision, parenting skills, perceptions of danger, and attention to their child's basic physical, as well as emotional, needs are more likely to be impaired due to the effect of substances on the parents.¹⁹²

Similarly, studies in the United States show that children exposed to battering or who witness domestic abuse may become anxious and fearful. This is likely to affect their social behaviour as they are likely to be mistrustful of adults.⁸⁹ Children may also feel guilt, sadness, depression, anxiety and anger, which in turn can have negative effects on their emotional, social, and cognitive development.¹⁰⁴

Research indicates that families from a low socio-economic background may be more likely to live in homes with structural issues (for example, toxins), noise problems and overcrowding. Such home environments can negatively impact upon important routines such as bedtime, mealtimes, and home learning.¹⁸⁵ The implications for children's mental health include the likelihood of depression, anxiety, insomnia and other psychological distress due to substandard housing and poor living conditions.

4. Factors influencing parenting

The following chapter explores the various factors that can influence parenting behaviours that matter to children's outcomes. Parents' level of income and its effect on resources, as well as time spent with children, the educational background of parents, the structure of the family and stress and mental health of parents are all factors which have a direct influence on the way parents behave with their children.

a. Income

In the United States, much of the research on family income and its impact on parenting has focused on families from a low socio-economic background.⁴⁴ Research demonstrates that children from low-income families suffer a myriad of difficulties, such as food insecurity, residential uncertainty and a lack of adequate health care. These situations do not improve until family earnings are raised above the poverty threshold level.⁶⁷

Material hardship can lead to an increased level of stress among parents, which in turn can hinder parenting responsiveness and sensitivity.⁶⁸ Low-income families may experience financial stress prompted by difficulties with paying bills or a mortgage on time, or ensuring that their children's basic needs are met.²⁴ Parents who experience material deprivation, or who are exposed to complicated or challenging financial circumstances, can be subject to stress as a consequence of struggling to make ends meet. This can mean they experience more negative life events than wealthier families.^{54, 115, 116} Stress from material deprivation may be critical in terms of marital conflict and can lead to the development of psychopathologies, such as depression. Children of parents with high levels of depressive symptoms or marital issues can be at an increased risk of emotional, behavioural, and social problems,^{39, 51} prompted by parents who may become hostile or even withdraw from their children.⁴⁸

From another perspective, the relationship between a family's financial situation and the time allocated to children, specifically parents' engagement with their child's education, has been shown to be related to the resources a family has (for example, time, energy and financial security).⁶³ Phillips conducted research comparing differences between each of the low-income ethnic groups of African American, Latino, Caucasian, and Asian Americans and their middle-income counterparts in the United States.¹³⁹ The research found that affluent parents in each of these groups tended to spend more time with their children in learning activities (on average three more hours per week than families from a lower socio-economic group).¹⁴⁵ Using high-quality childcare or educational trips, for example to libraries, has also been shown to have positive cognitive outcomes for children.

b. Education

Parents' educational background is positively correlated to children's outcomes.⁵⁸ Research suggests that parents with a high level of education, who tend to be from affluent families, have expectations and beliefs that correlate with their children's school performance. Parents from a disadvantaged socio-economic background, on the other hand, tend to have less high expectations of their child's academic performance.⁵⁸ One study conducted at the University of Memphis further demonstrates a connection between mothers with a high level of education and positive child outcomes. The group of mothers in the study were shown to have more realistic expectations of their children's academic performance and provided a home learning environment that was conducive to their child's attainment, resulting in enhancement of numeracy and literacy skills.³⁶ Other studies show that parents' education may be related to a more positive and warm relationship with the child. For example, parents with a higher educational background seem to be more likely to provide higher quality verbal interactions, offer a motivating learning environment and provide learning activities at home, and be more engaged with their children's education.¹⁰⁹ Accordingly, both the level of education that mothers reach and their income may be significant predictors of a home learning environment, as well as children's cognitive development and future academic performance.^{1, 36, 140}

The knowledge and attitude parents have towards parenting can also influence children's outcomes. For example, research has shown that parents who believe that they are not good parents or place a low value on their parenting skills are more likely to give up when things become challenging, are less effective in setting firm boundaries and more easily give in to their children's demands. They also tend to be more disengaged in interactions with their children.¹⁷¹ On the other hand, parents who are aware of children's development and place a positive value on their own parenting, tend to be less coercive in their parenting style and are better able to adjust to their child's different developmental stages.¹⁰⁵ Research has also established that parental attitudes impact on parenting skills and interactions between parents and children. For instance, Bugental and colleagues found that mothers who attributed 'intention' to their children's misbehaviours or felt that their children's misbehaviour was intended to displease them, were more prone to either hostile interactions with their children, or were unassertive and unable to set firm boundaries.²⁸ It has been shown that children who receive confusing messages tend to display an impaired or decreased level of cognitive functioning.²⁹ Similarly, parents' ability to think of the child's mental state in an accurate manner, also termed 'mindedness', can influence parenting; a higher level of mindedness can lead to a secure attachment as well as an enhanced child's socio-emotional development.^{15, 81}

c. Family Structure

This section explores the different types of family structures and their impact on parenting, as well as their influence on children's outcomes. Links have been found between the structure of families, in particular the number of parents in a household and the type (step, biological), and children's outcomes, especially in relation to children's later educational attainment, their cognitive outcomes and their general emotional well-being.^{4, 181} Research suggests that children living in two-parent households, whether biological, adopted or step-parent families, fare better in respect to better emotional and physical health, with less behavioural and emotional problems, compared to those living in single-parent households.^{20, 112} Extended families, such as those that include grandparents living in the household, have been shown to provide a source of support for parents, as well as children, and this extra support and reliance can help to improve children's outcomes.⁵²

Current beliefs and attitudes towards single parent families tend to be based on the notion that lone parenthood is bad for children. A number of studies have attempted to evaluate the effects of lone parenthood on children's outcomes in relation to upward social mobility.^{8, 114, 172} Research has highlighted a greater risk of a decrease in psychological well-being for children, an increase in the likelihood of criminal behaviour, and depression, a decrease in chances of high educational attainment and an increased risk of unemployment in later life.^{8, 18} However, the results from these studies are largely inconclusive in respect to lone parenthood as an independent factor for poorer children's outcomes. It is argued that these outcomes are not inevitable for all children and many children thrive in single-parent families.

One study from the London School of Economics found that 'lone parenthood per se has no substantive effect on any child outcome'.⁷⁷ It is also noteworthy that countries with a high level of social mobility, such as Finland, Norway, Sweden and Denmark, also have the highest number of single-parent families.¹⁷⁶ In some cases, where parental conflict is likely to have an adverse effect on children, lone parenthood is more favourable for children than two-parent families; separation for such parents translates to better and more positive effects on children's outcomes.⁸ One Government paper, *Aiming high for children: supporting families*, suggests that '*how parents continue to engage with each other to support their children after separation can have a major impact on a child's well-being. A low level of conflict between parents, a good quality relationship with the resident parent and high parenting capacity with both the resident and non-resident parent can all minimize the negative impacts that parental separation might otherwise have on children's health, social and educational outcomes*'.⁴⁶

Young parenthood has also attracted attention in research, in relation to its impact on parenting skills and children's outcomes. A study conducted in the United States

suggests that children of teenage mothers tend to show lower readiness for school compared to their peers and lag behind their peers in numeracy and literacy, as well as in communication and verbal skills.²⁶ Studies also suggest that children of teenage mothers tend to have poor outcomes in terms of their social, emotional and physical well-being.^{26, 170} Research has identified health risks to infants of teenage mothers, including a higher risk of premature birth, low birth weight, dyslexia, chronic respiratory issues and hyperactivity.^{69, 102, 155} Studies suggest that the offspring of teenage mothers are at an increased risk of offending, and are three times more likely to serve a sentence in prison during their adolescence and in their twenties.^{91, 155, 170} There is also an intergenerational component to young parenthood, with daughters of teenage mothers more likely to become mothers themselves during adolescence.¹²⁹ Young parenthood can place restrictions on family income, as often young mothers and fathers who have had to leave education early to look after a child have limited employment opportunities.³² Studies have suggested that young mothers tend to experience a much higher rate of both pre-and post-natal maternal depression.^{23, 88, 99}

d. Stress and Mental Health

As mentioned in other sections, stress and mental health can affect parenting in a variety of ways. For example, there is some evidence to suggest that a very high degree of anxiety and stress during pregnancy may lead to a number of negative child outcomes, including, in some cases, a higher risk for the child to develop attention deficit hyper-activity disorder (ADHD), behavioural problems, and impaired cognitive development. This is independent of other factors, such as smoking and alcohol use during pregnancy, maternal education and gestational age.¹⁶⁹ A child's language development is also significantly impacted upon by parents' stress levels. Mothers who report a high level of anxiety and stress show less responsiveness to their child's attempts at verbal communication and other interaction.¹³⁰ Language acquisition is also affected by parental stress levels.⁷ Research finds that financial stress, such as being unable to pay bills, is negatively correlated with a child's language acquisition, behaviour and verbal skills, after controlling for factors such as poverty.⁸⁷

The transition to parenthood can be a challenging and stressful time for couples and involves a significant amount of physiological and psychological change, which both men and women can find difficult.^{78, 149} Accompanying these changes are the loss of sleep, subsequent exhaustion, demands of a new baby, and the lack of focus on the spousal relationship, which can add stress and sometimes lead to the breakdown of a relationship.⁵⁰ An increased recognition of the importance of these changes and their effect on parents can significantly help parents to be prepared before the birth of a baby.¹⁷⁵

The daily demands of parenting can be difficult for many parents, especially those with young children. For example, bed times, meals, toilet training, and tantrums can be challenging for many parents.³⁸ The accumulation of these factors, coupled with other external demands of work, family, and household can result in considerable levels of stress.¹⁴⁸ Morales and Guerra found that cumulative stress experienced by parents is correlated with lower academic achievement of children and also depression among children.¹²⁵ Children can be affected directly through exposure to parental anxiety and, indirectly, by the way parents cope with stress.⁹ The means by which parents cope with stress has a direct influence on their children's environment. For example, parents reporting high levels of stress tend to use harsher forms of discipline and are more punitive in their approach, more irritable and critical, as well as inconsistent in their parenting style,¹²³ which can contribute to a child developing conduct and emotional problems.

5. Analysis: What makes an effective intervention?

In the previous chapters, this review has outlined parenting behaviours that matter to child outcomes and the key factors that influence parenting. In order to determine the most effective public policy levers likely to influence parental behaviours and achieve positive child outcomes, an exploration of international parental programmes and interventions has been undertaken. This paper has drawn upon a broad set of interventions both in the United Kingdom and further afield, all of which have focused on addressing and improving one or more facets of parenting, parent-child interaction and other more specific child outcomes. The search was focused on universal interventions that are aimed at influencing or changing behaviour relating to the parental approaches, or mitigating the factors that influence parenting, as discussed in sections three and four.

The interventions examined have been implemented across the following countries:

Countries	Interventions
USA	Minding the Baby, Parents as Teachers (PAT), Play and Learning Strategies (PALS), Family Foundations, Parenting Management Training (PMTO), Elmira Programme, The Abecedarian Early Intervention Project, Yale Child Welfare Project and FAST Track.
Sweden	Family Support Programme in Stenungsund, All Children in Focus, KOMET
Australia	PAT, Early Years and Language Literacy, FAST Track
United Kingdom	Minding the Baby, Best Beginnings, My Baby's Brain, Health Exercise and Nutrition for the Really Young (HENRY), Relationship Support Intervention
Germany	Steps Toward Effective, Enjoyable Parenting (STEEP), Familienzentren
Canada	PAT, Practical Money Skills
New Zealand	PAT
Norway	PMTO
Iceland	PMTO
Hong Kong	Teaching your Kids about Money
Netherlands	Spelen (play), Integeren (integration), Leren (learning) - SPIL
Ireland	The Parent Plus
Belgium	Parenting Shops
Across five or more countries	The Incredible Years, Home Instruction for Parents of Pre-School Youngsters (HIPPY), Families and Schools Together (FAST), The Strengthening Families Programme (SFP)

The interventions were selected on the basis that they were responding to a specific need, that they were replicable within a United Kingdom context and that they sought to influence parenting behaviours with the aim of improving child outcomes. The review was largely driven by interventions that had undergone some form of evaluation and

where there is evidence that they have delivered an impact on child outcomes. Also included are government-led interventions for which a national regulatory body regularly assesses quality but which have not been evaluated by an independent assessor (for example, the *Parenting Shops* intervention in Belgium). A small number of programmes have been included where data is not yet available, but where evaluations are currently underway or there is an intention to undertake one in the future.

It should be noted that the overall evidence base for universal programmes and interventions is limited. Currently there are few programmes and interventions that have undergone rigorous and robust, long-term evaluations in a number of different settings. Furthermore, there is a tendency for studies to focus on statistically significant, rather than clinically significant, change (for example, whether or not programme changes correspond to “real” change in everyday life), and there is limited data available on the long-term sustainability of treatment effects. Where outcomes have been achieved, little is known about the mechanisms, processes or aspects of the interventions that have driven change. It was found during the review that the evidence is currently most robust for targeted programmes, since evaluation data assessing the impact of universal programmes is in its infancy. As such, although potential policy levers have been discussed, it should be noted that these have been formulated based on the evidence incorporated in the review, rather than the full universe of programmes currently being run, and should therefore be approached with a degree of caution.

Most interventions evaluated were able to demonstrate varying degrees of efficacy in how successful the programme was in meeting its initial objectives. As discussed in the methodology section, the overall evidence base for universal programmes and interventions is limited and there is a lack of sufficient evidence in respect of both short and long-term outcomes. For example, successful interventions such as *Home Instruction for Parents and Pre-School Youngsters (HIPPY)*, *Families and Schools Together (FAST)* and *Play and Learning Strategies (PALS)* need a more robust evaluation that addresses differential attrition; currently there is a lack of data on this. Furthermore, *Parent Training Management Programme (PMTO)*, which is an intervention designed to strengthen family relationships, has no data on the long-term sustainability of outcomes, such as reduction in coercive parenting (a style of parenting marked by hostility towards the child and using punishment as a means of control), reduction in negative reinforcement (entails the removal of something which results in favourable behaviour in the future) and a reduction in child deviant behaviour. The intervention *Health Exercise and Nutrition for the Really Young (HENRY)*, which addresses health behaviours of parents, also has no data on long-term change. The *Elmira Programme*, which is aimed at reducing neglect and abuse, also needs a longitudinal study in order to assess long-term outcomes, however to date this has not occurred.

The studies also vary greatly in terms of their methodologies (for example, sample size, loss through attrition, research design, statistical rigour, type of assessments/testing). Nonetheless, it is still useful to consider which parenting programmes and interventions appear to be the most effective.

The programmes included in the review were delivered by a variety of professionals or trained practitioners. Some of these included social workers, nurses, counsellors and trained volunteers. The following table sets out the delivery mechanisms and the number of interventions that employed them. There is some overlap since the majority of interventions used a variety of delivery mechanisms.

Delivery Mechanism	Number of interventions
Home visits	12
Group sessions	11
Parent Education/Training	6
Counselling	5
Workshops	4
Published/Digital Information	4
Videos	4
Work with parent-child dyad	4
Individual work	3
Lectures	2
Role-Play	2
Information	2
Peer support	1
Telephone surveys	1

The following table provides a summary of the number of interventions included in this review which were universal or universal with targeted elements.

Type of intervention	Number of interventions
Universal	16
Universal/targeted	11
Universal/preventative	1

What makes an effective intervention?

The body of evidence examined in this review suggests that parenting programmes can be effective interventions in enabling parents to access support, helping to secure positive outcomes for children and parents. Intervention can develop parental management skills and confidence, build healthy family relationships and enhance children’s social, behavioural and cognitive development and well-being.

The following table lists the number of interventions and the level of impact and success that they had.

High Impact	Moderate Impact	Little or No Impact
6	19	3

The level of impact was assessed based on the initial aims of the intervention and how the outcomes of evaluations matched these aims. Additionally, limitations of the evaluations were also considered and lack of attrition data, lack of longitudinal and follow up data, as well as general applicability of the programme, pushed seemingly high impact programmes that appeared to show significant improvements, to those showing only moderate success. For instance, *KOMET* in Sweden was evaluated using a Randomised Control Trial (RCT) and was successful in decreasing negative parenting behaviours in line with its aims. However, limitations of the study found that the evidence was limited and insufficient, hence, it could not be regarded as highly successful. While many of the interventions that have been deemed successful demonstrate positive outcomes for families in the short-term, the long-term sustainability of these outcomes has not been sufficiently addressed in the evaluation studies.

Despite a lack of sufficient data on the long-term sustainability of positive outcomes, based on the current evidence from the research, it is clear that investment in the family is an essential component to improve children’s outcomes to drive social mobility, particularly during a child’s early years. For instance, provision of parenting support in respect to mitigating factors such as stress, low-income or lack of informed parenting knowledge, can have a positive effect on parenting. The evidence demonstrates that such investment is also highly likely to have a positive effect on social mobility within the United Kingdom. Such investment, it would appear, can avoid the long-term costs linked to key negative social and economic outcomes, for example heightened risk of household dysfunction, delinquency, truancy, substance misuse and other detrimental outcomes that may hinder upward social mobility or lead to inequality.

Investment in interventions in this area needs to be strategic and focused on those programmes that can achieve optimum effectiveness with potentially limited resources. Therefore, it is important to consider the parental behaviours on which interventions can

be most influential and the way in which policy can be used to shape these interventions. From the studies examined in this review, there are three clusters of parental behaviours that appear to demonstrate a more significant shift in relation to the desired outcomes: parenting style, creation of a supportive home learning environment and relationships within the family. In addition, of the factors that can influence parenting, interventions that support or aim to tackle stress or improve poor mental health among parents also stand out as particularly effective. The reason these parenting behaviours appear to be more receptive to intervention is that they can be directly influenced by the intervention process; the effects of adequate support can be easily garnered almost immediately. This is in contrast to other interventions, such as managing on a low-income and enhancing parenting knowledge through education and training, where the desired effects are more difficult to measure and the impact may only be seen in the medium to long term.

1. Parenting Style

The focus of the programmes examined in this area (for example, *Minding the Baby* and *Incredible Years* - see Appendix) were on strengthening parent-child interactions and enhancing skills/behaviours that promote a secure attachment. These interventions demonstrated capacity to foster more authoritative (warm and focused) parenting styles among the parents who took part in the programmes. Many of the programmes demonstrated that parents could learn to become more responsive and sensitive towards their child and respond more readily to their emotional and physical needs.

2. Home Learning Environment

Interventions examined within the area of a supportive home learning environment such as Home Instruction for Parents of Pre-School Youngsters (HIPPY), Play and Learning Strategies (PALS), Families and Schools Together (FAST) and Parents as Teachers (PAT) demonstrated improvement in children's cognitive skills, increase in vocabulary, and generally showed a higher level of school readiness. Through the help of these interventions, parental communication with their children improved and parents spent more time doing activities (e.g. reading more books) with their children which not only enhanced children's cognitive skills but also had a positive impact on family communication and strengthening of bonds between family members.

3. Family Relationships and Family Structure

As the literature suggests, the nature of parent and familial relationships in the home can heavily impact child outcomes. Interventions examined in this area focused on co-parenting, whereby both parents become actively involved and cooperate in the child's upbringing. In addition, the efforts of programmes to diminish tensions within the family

unit (for example, *Family Foundations*) were shown to have positive effects in several areas, including alleviating parental stress, improving positive communication and a reduction in negative parenting styles and problem behaviour. Furthermore, parent management training programmes (for example, *PMTO*), as well as teaching parents techniques to aid their children's development, has also been shown to be beneficial in increasing parents' positive interaction with children. These interventions reduce inconsistent and coercive parenting practices and improve family functioning. Evaluations of this approach have been far-reaching and replicated in various countries, as well as a variety of home and community settings and family structures (for example, single, biological and step-parent households).

Family structures are complex and the interventions examined in this area focused on those that aimed to mitigate any potentially negative or disruptive effects of changes in family structure on parenting. These interventions often aimed to assist and support separated parents to co-parent (for example, *Relationship Support Intervention* – see Appendix). The programmes examined demonstrate that in times of significant change in family structure, it is possible to help parents to manage their child's transitions, reduce stress and conflict and enhance parenting capacity. However, the three programmes (*STEEP* – Germany, *The Parent Plus* - Ireland and *Relationship Support Intervention* – United Kingdom – See Appendix) reviewed under family structures have limited evidence on effectiveness of the programmes. For example, while the *Relationship Support Intervention* in the UK showed signs of success, the results from the evaluation were unreliable since all participants did not receive all the services offered by the intervention. Similarly, *STEEP* in Germany had a small sample size and did not show any success in achieving its aims. Finally, the *Parent Plus* programme in Ireland showed some improvement in, for example, parents' relationship, but there was a lack of follow-up data available and the evaluation was not robust.

4. Stress and Mental Health

As the focus of this review is to look at universal approaches, applicable to a broad parental base, psychological health (for example, depression, anxiety) is not at the core of those intervention programmes reviewed. However, there were some programmes that did specifically focus on mental health areas, such as stress reduction/management or psychotherapy/counselling (for example, *KOMET* in Sweden, *Parenting Shops* in Belgium and *Family Centres* in Germany). These were found to ease general and parental stress by providing coping strategies, encouraging parents to implement a

greater work-life balance and connecting them with their local communities. It is worth noting however that some of these evaluation studies had methodological limitations and some caution should be taken when assessing their effectiveness.

While the interventions in the areas mentioned above stood out as the most effective, others demonstrated that it is more of a challenge to mitigate for certain factors that impact on parenting, such as income, the level of parents' education and parental roles.

5. Income

From the interventions that we have explored, it appears to be harder to mitigate the impact of factors such as low-income on parenting behaviours. Potentially, interventions could support parents to develop skills in budgeting and financial management (for example, in the intervention *Teaching your Kids about Money*). However, the evidence in this area is extremely limited and it is not possible to draw conclusions from the impact these interventions had on parenting behaviours or child outcomes.

6. Parental Education

As the literature demonstrates, the educational experiences of parents have a significant connection to parenting behaviours and styles. For this review, however, we struggled to identify any examples of interventions that attempted to shift the level of educational attainment and qualifications that parents have reached by the time they have a child to improve their child's outcomes. Nor did we find any that aimed to influence or change the impact of parental low level of education on parenting behaviours, or on their child's own attainment. Instead, we examined interventions that aimed to increase knowledge of parenting and child development among parents, to improve their parenting techniques and skills. Through this type of intervention, it is possible to change parenting behaviours so that parents are more likely to initiate age-appropriate activities with their children and provide developmental resources to improve their school readiness and cognitive outcomes (such as in the *Yale Child Welfare Project*). There is evidence from interventions in this area that parents can be supported to provide a more advantageous home learning environment.

In addition, from our assessment of the success of the parenting interventions considered in this review, we have identified two key themes that appear to go some way to ensuring that the programmes are effective.

7. Parental Knowledge

Several interventions demonstrate the importance of equipping parents who take part with both the knowledge and skills to enable a greater understanding of child development, and to develop parental confidence in managing their role. For example, *All Children in Focus* combined a range of services which provided individual and group support to parents using real-life examples. This was shown to enhance parental knowledge about child development, equip them with knowledge of the most effective parenting strategies and an understanding of the behavioural tools that support child development, especially in relation to their own interaction with their child. However there is no attrition data available due to a lack of follow-up data and longitudinal studies. While there is evidence of short-term effectiveness, it is more difficult to draw long-term conclusions about the impact these interventions had on child outcomes.

8. 'Active' Parental Roles

Several interventions also endeavoured to address the need to mobilise parents to become more empowered, involved and active in their child's development and learning. Interventions that included this approach appear to facilitate the transformation of parents from a potentially 'passive' role to a more 'active' one. In some cases, (for example, *PAT*), the emphasis was on equipping parents with the skills to be their child's 'teacher'. In others, (for example, *HIPPY*), the assistance included the provision of learning resources to the families, all of which were shown to contribute to a supportive home learning environment.

Lessons for public policy

This literature review has pulled together evidence to show that public policy can have an impact on parenting behaviours and some of the associated factors that influence parenting. In some cases that we have considered, parental support was viewed as a public health issue (for example, with *Parenting Shops* in Belgium or *The Family Support Programme in Stenungsund*, Sweden). As such, these 'one-stop-shops' for parents were embedded within the framework of governmental provision and were fully integrated with other services. In this sense, parental support is naturalised, widely available within communities and involves a wide-range of agencies supporting individuals to develop their knowledge, attitude and behaviour toward parenting, changing public norms and delivering institutional policies. There was a lack of robust evaluation available for the *Parenting Shop* intervention and *The Family Support Programme* however, which hindered assessing potential for these interventions. Based on government evaluations, both showed promise in their formative stage and seemed to show signs of success in engaging parents in the programme and having a positive impact on parenting behaviours.

The review demonstrates that many interventions on parenting to date seek to address or correct an already existing problem. Many of the programmes examined target one specific parenting behaviour or area, with a focus on improving a particular outcome (for example, managing behavioural issues or helping parents connect with their children). This is challenging for identifying interventions that aim to support a wide group of parents, as the evidence on these interventions is more limited. However, there were some interventions that sought to take a more holistic approach to supporting parents, providing guidance services to influence behaviours, and were therefore preventative in nature. The evidence does suggest that the number of areas or behaviours influenced by a parenting intervention is heavily dependent on the approach that is adopted. It is not possible to determine, from the current body of evidence, which approaches within parenting interventions are more effective in achieving longer-term, sustainable outcomes. Consideration needs to be taken in the implementation of interventions or programmes about whether there is a prioritisation of outcomes or whether interventions are required to tackle a broader range of issues.

Furthermore, it is believed that to reduce the stigma associated with parenting interventions and to encourage parents to seek help and support, several of the interventions delivered 'targeted' services under the umbrella term 'universal'. This resulted in overcoming the barrier to inclusion associated with stigma and enhanced parental participation in some of the interventions which were termed 'targeted/universal'.

The following themes were common to the highly successful and moderately successful interventions examined and could provide lessons for public policy in the United Kingdom:

Single-access platforms and community centres providing an umbrella of universal services

Universal interventions and services offered to all families are accessible to all parents in a non-stigmatising way, encourage more parental engagement and are likely to encourage more parents to seek support. These interventions are also effective in identifying problems early and providing more targeted support to at-risk families to prevent problems escalating. Furthermore, parents who need the most support are less likely to seek help but having ready access to a community centre which offers a multitude of universal parenting support can drive them to access help.¹⁴³ Examples of interventions included in the review which use a hub and provide a range of universal services and support to parents include, *SPIL* in Netherlands, *Parenting Shops* in Belgium and *Familienzentren* in Germany (see Appendix).

Multi-agency partnerships delivered by highly-trained professionals

Many of the interventions reviewed involve collaboration with multiple agencies to deliver their services. For instance, nurses, social workers, counsellors, as well as volunteers from the community, participated and held some form of stake in the intervention programmes. In addition, the programmes are delivered by accredited, highly-skilled practitioners. This approach allowed parents to receive expert input from a range of different sources, as well as providing the opportunity for intervention to occur at different touch points for parents.

Examples of successful interventions that used this approach include *Minding the Baby* (which involved specialist social workers and nurses), *Incredible Years* (which involved group leaders - practitioners equipped with knowledge about parenting and child development and parenting practitioners) and *FAST* (which involved community leaders, as well as education and health service providers). In addition, *The Family Support Programme* in Sweden has involved the restructuring and realignment of services to ensure they work to common delivery objectives regarding parental support and in enhancing parenting knowledge, as well as equipping parents with the most effective parenting strategies. The programme is far-reaching and involves the cooperation of all those dealing with parents, including mental health professionals, education and training professions, nurses, midwives and social workers, working under a management team to co-ordinate the network.

Multi-mode delivery

Many of the highly and moderately successful interventions that we examined were delivered through a variety of methods to reach parents, providing them with different access routes. In this respect the service was universal, but had the advantage of being able to effectively tailor guidance, information and the mode of service delivery to suit individual needs, and target higher-risk families, where appropriate. Combining home-visits with group activities appears to ensure that the individual needs of the parent and family are recognised, while also providing the opportunity for parents to build additional support networks within the community, helping to ease any potential feelings of isolation.

Almost all the interventions reviewed employed a variety of methods and delivery mechanisms to support parents. Specific examples include *The Incredible Years*, (which involved coaching and peer support), *PAT* (involving personal visits and access to resource networks), *FAST* (which consisted of training sessions and follow-up support meetings), *SPIL* (applying workshops, information hubs and individualised, practical and professional support), *Parent Plus* (which was formed of classes, workshops, home-visits and counselling) and *The Family Support Programme in Sweden* (which involved wide-ranging delivery as part of an integrated programme of support programmes, open lectures and public information).

Providing support early and then continuing delivery throughout a child's development

Universal programmes are typically preventative in nature and as such many of the services and interventions are delivered as early as possible. Interventions were effective however when support could be accessed throughout development, thus delivering guidance and reinforcing parenting skills and knowledge on wide-ranging and diverse social, behavioural and cognitive developmental needs. These included *The Family Support Programme* in Sweden, (which provided support for parents of children aged 0-17), *Incredible Years* (which is aimed at parents of children aged 0-12), *SPIL* (which is a programme for parents with children aged 0-12), *PAT* (which is targeted at parents of children aged 0-5) and *PALS* (which is aimed at parents with children who are 0-4).

Developing positive skills, using real-life examples and interactive demonstrations

Largely the successful universal programmes and interventions that we have examined focused on developing positive skills and empowering the parent. There was a high focus on the family unit learning from each other and responding positively to each

other's needs. Often the delivery curricula were contextualised using everyday scenarios to ensure relevance and relatability for parents and involved repeatable activities that they could implement in their home environment and elsewhere. Examples of interventions using these delivery methods were numerous and included *Incredible Years*, *HIPPY*, *PAT*, *FAST*, *PMTO* and *Strengthening Families*.

Tailoring to local need

A few interventions, while delivering core programme components and ensuring common objectives and goals are adhered to, implemented a degree of tailoring to account for local need and cultural environment. For example, the *PAT* programme trains and works closely with affiliates who deliver locally adapted programmes to ensure relevance. *HIPPY* adopts a flexible management and delivery structure based on local community and family requirements. The *FAST* programme employs multi-agency teams and involves parents in the co-production and delivery of the model. Parents involved in *FAST* actively work with agencies in the design and implementation to ensure community development goals are recognised and encompassed, thus ensuring that they are both beneficiaries of and advocates for the programme.

There are specific lessons that can be taken from two programmes via a comparison of their implementation in both a United Kingdom and international context.

Triple P is a large-scale, evidence-based, intervention, which has been implemented in many countries (including Australia, Belgium, Canada, China, the United States and the United Kingdom), with a high degree of success in improving children's behavioural, emotional, and cognitive outcomes. The intervention aims to enhance parenting style, parenting sensitivity and parent-child interactions in order to reach its goals of child development. The programme is available to all parents with children aged 0-12 and has targeted services for parents with children that have significant behavioural issues. Parents receive help and support in a range of different areas, including how to interact with children in an age-appropriate manner. The programme has been evaluated through a rigorous RCT and the findings of the study identified statistically significant improvements in children's outcomes.¹⁵³ A cost-benefit analysis has shown that the programme has a medium-low cost in implementation based on a rating scale developed by the Early Intervention Foundation.^{152 55} However, a meta analyses of the Triple-P parenting programme trials conducted found that 19 out of the 23 trials were ruled out due to small sample sizes.³⁷ The sample size in these 19 studies were less than 35 participants and 8 out of these studies had less than 20 participants. A smaller sample size could make the findings about effectiveness less reliable and not applicable to the general population, but the programme shows great promise. Ideally a RCT would have higher numbers of participants in order to be statistically significant, however the programme, run in several countries, has been shown to be successful,

albeit on a small-scale, in each country. While more evaluative research, with larger sample sizes, needs to be carried out to establish the effectiveness of this intervention, success in so many countries could be argued to be an effective indicator of the type of intervention that would work to help parents.

The Family Nurse Partnership (FNP) is a home-visiting programme, which is delivered by specially trained nurses and is aimed at all first-time young mothers. The programme begins at pregnancy and continues until the child has reached two years of age. The FNP is included in this section due to its success in improving children's outcomes in different parts of the world (especially in the United States and the Netherlands). It was introduced in the United Kingdom on the basis of positive findings from at least three different RCTs in the United States and one trial in the Netherlands. These found a large number of significant and enduring benefits for young mothers and children, such as improved health during pregnancy, reduced child abuse and neglect, an improvement in children's school readiness and an increase in maternal employment, as well as a decrease in closely spaced future pregnancies.^{53, 117, 135}

The United Kingdom trial and study however showed only one positive outcome (improved self-efficacy).¹⁵⁰ Part of the reason why the FNP intervention has not seen the same level of success in the United Kingdom, compared to the United States and other countries, can be attributed to the ratio of cost to benefit being very high. It was estimated that the cost to deliver the intervention to one woman was approximately £1,993. Importantly, the study conducted in the United Kingdom to evaluate the intervention was considered to be very early in the process; participant recruitment, maintenance of involvement of mothers, building a relationship between mothers and nurses and nurse training was still in its preliminary stages. It should be noted also that the evaluation study focused on the short-term benefits and did not include the long-term outcomes. The evaluation carried out in the UK therefore cannot be considered as robust in its findings as those conducted in the United States and the Netherlands.

Are there other ways to help low-income parents in order to drive better social mobility?

Research suggests that the outcome of children in low income households can be improved by a supportive home learning environment, community support and parenting style. Apart from interventions, the government can use natural variations in family circumstances to guide changes to policy on benefits. For instance, some of these studies (mentioned below) focus on how changes in such policy lead to a higher level of income for some families compared to others. For example, Dahl and Lochner compared higher-income families, who would have been unaffected by changes to EITC (Earned Income Tax Credit in the US), with lower-income families that are likely to have

been eligible for EITC, to observe if there were any relative improvements to children's test scores among the families that stood to gain (based on likely eligibility for higher payments, rather than actual receipt, which is not always known).⁴¹ Findings suggested significant positive effects on maths and reading scores, especially for boys, younger children and children with lower-educated mothers, alongside suspected EITC gains.

Another study which explored variation in child benefit levels across time, family type and Canadian provinces, simulated the benefits that a random sample of families would be eligible for in each province and year between 1994 and 2004, and examined whether the differences predict educational and health outcomes for children.¹¹⁹ Results for this study were found to be mixed with favourable effects regarding maths scores and learning disabilities only found among boys from lower-educated backgrounds, and significant improvement in physical aggression and indirect aggression only found among girls from lower-educated backgrounds. There were also strong positive effects on maternal depression, but no impact on maternal physical health or child health measures.

Lastly, a study which makes use of a sharp discontinuity in the eligibility for childcare subsidies in Norway established that the subsidies do not seem to affect workforce participation or the use of childcare, but were found to act as a boost to disposable income for eligible families.¹⁹ Using administrative data on the entire Norwegian population, a comparison was made between families just below and just above the eligibility threshold for subsidies. Findings suggested significant positive effects of the subsidies on medium-term educational outcomes (test scores in junior school). Greater effects were found in municipalities with larger subsidies and in places where the income cut-off is lower, implying a larger impact on lower-income households.

Psychosocial support, defined as 'any type of local or outside support that aims to protect or promote psychosocial well-being'⁹⁰, can also help children to fulfil their potential. Neighbours, families, friends, schools, health workers, community members and caregivers can all influence the level of care and support given to individuals on an individual and wider social level. Psychosocial support is imperative for families as it can help in combating inequalities and discrimination, lower risk of violence in the home, provide mechanisms for parents to form a network for help with parenting and can be a useful tool for re-integration.¹⁷⁷

6. Conclusion and Recommendations

This literature review presents an overview of parenting behaviours and the factors that influence these behaviours, as well as the ways in which these can impact upon children's outcomes. The research reviewed suggests an authoritative parenting style, which combines a high level of warmth with firmness in setting boundaries, secure attachment between children and parents, and the provision of a supportive home learning environment can improve children's outcomes, help with school readiness and provide children with a strong foundation on which to develop their cognitive, emotional and behavioural skills.

This literature review also assesses universal parenting interventions in the early years of family life, with examples from several countries. To varying degrees, these were found to be successful in improving children's outcomes, at least in the short-term, through influencing and altering parenting behaviours. While there is a lack of data on many of the successful interventions and there is a need for more longitudinal studies, it may be concluded from the evidence that is available that public policy can have an impact on parenting behaviours and some of the associated factors that influence parenting, to achieve positive outcomes for children. In particular, the research suggests that the following parenting behaviours/factors appear to have the most potential to be influenced via public policy: parenting style, the creation of a supportive home learning environment, family relationships and parental stress and mental health. In addition, the most successful parenting interventions that were examined appear to include a focus on equipping parents with a greater understanding of child development (e.g. *All Children in Focus* in Sweden), developing parental confidence in their role as parents (e.g. *Parents as Teachers* in USA, Canada, Australia and New Zealand), or on providing assistance to parents to co-parent (whereby both parents become actively involved and cooperate in the child's development and upbringing; e.g. *Family Foundations* in USA) and reduce stress and tension within the family (e.g. *Parenting Shops* in Belgium).

Through assessing the common themes of the interventions included in this review, we conclude that the following should be included in the design and implementation of services and interventions to help parents to parent:

- 1) **Well-trained, highly skilled, accredited practitioners** in the delivery of services.
- 2) **Multi-mode interventions**; ideally individualised support provided via home-visiting, combined with group sessions. This enables a tailored approach based

on individual needs, while also providing pathways for parents to connect with each other and building support circles and networks.

- 3) **An integrated, multi-agency approach**, whereby several services are involved at various touch points for families, to ensure expert input and advice can be accessed on wide-ranging issues.
- 4) **Intervening early and continuing support throughout the child's development**; ideally, a holistic service that runs from pre-natal to school, offering advice on general parenting skills, dealing with behavioural issues, health and nutrition and that supports parental development and well-being, as much as the child's. Services should support parents to become an active agent in their child's development.
- 5) **A localised approach**; services that are tailored to local need, while maintaining overarching fundamental principles and objectives. This approach supports the local community, while ensuring common objectives and goals are worked towards.

From the research in this review, it is evident that some governments are beginning to approach universal parental support as a public health issue. Although there is a lack of robust evaluation for many universal parenting interventions at present, it appears that this approach is starting to normalise the concept of support for parenting, leading to success in engaging parents (for example, with *Parenting Shops* in Belgium or *The Family Support Programme in Stenungsund*, Sweden). Furthermore, to reduce the stigma associated with parenting interventions and to encourage parents to seek help and support if they need it, several of the interventions delivered 'targeted' services under the umbrella term 'universal'. This resulted in enhanced parental participation. A localised approach can also help to enhance parental engagement in parenting programmes.

Our analysis of the evidence and of the interventions presented, as well as a discussion of parenting behaviours and factors that influence parenting, have led the researchers to make the following recommendations for policy and future research:

- There is a need for highly-trained practitioners to implement and deliver parenting interventions. Some of the interventions (for example, *The Incredible Years*) recruited a number of practitioners from multiple agencies, including teachers, social workers, counsellors, trained community volunteers and nurses, to deliver lectures, conduct workshops and provide group or individual counselling. Having a mix of specialist workers and practitioners working closely with children and families can bring an array of knowledge and experience and provide a holistic way of supporting parents.

- There is a need for more family centres or single-access platforms, which provide an umbrella of universal parenting support and services and are easily accessible for all families.
- Home-visiting programmes, or those interventions which have a home-visiting element, as well as interventions that provide support to parents in groups, show a potential to demonstrate more success in achieving improved children's outcomes. This is partly because the home-visiting element is the most common delivery mechanism employed by over 12 interventions included in this review. The majority of these were considered as having high or medium impact. This was followed closely by support provision in groups, which were used in 11 of the 28 interventions. This should be a consideration for further research. Although the *Family Nurse Partnership* (FNP), a home-visiting programme, did not demonstrate the same level of impact in the United Kingdom as in other countries, there is evidence that a more long-term and robust evaluation may be able to explain the variation in outcomes.
- There is a dearth of longitudinal and follow-up studies in the evidence that has been considered, which limits long-term findings. Hence, much of the assessment of the success of parenting interventions is based on their short-term gains. To address gaps in the evidence, the Government should commission further research on this issue and there needs to be a robust and consistent tool for the evaluation of parenting interventions, as well as more consistent definitions of the type of parenting interventions that exist. Any parenting programme implemented should have a rigorous, integrated evaluation element to effectively measure outcomes. Additionally, longitudinal studies of parenting interventions are vital to address the sustainability of positive outcomes in the long term.

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Appendix: Parenting Interventions

The following interventions were examined for this review. This appendix provides a summary of the aims, delivery mechanism, type of evaluation, cost-benefit and limitations of each of the interventions considered.

Each of the interventions has been categorised according to whether they aimed to influence parenting behaviours and approaches directly (under the categories of parenting styles, home learning environment, family relationships, health behaviours and extreme behaviours as described in section three) or whether they aimed to mitigate the impact of the factors that have been shown to influence parenting (under the categories of income, education and parenting knowledge, family structure and stress and mental health as described in section four).

PARENTING STYLES

Minding the Baby

Aims

Minding the baby introduces a new focus in home visiting on ‘reflective parenting’: the ability of the parent to understand their baby’s behaviour in terms of the underlying needs, thoughts and emotions of the infant.¹⁵⁹

Delivery Mechanism

The programme is delivered through home-visiting from specialist social workers and nurses working together to provide a combination of nurse home-visiting and infant-parent psychotherapy models, with the intention of developing mothers’ reflective capabilities to keep their babies (and themselves) ‘in mind’. The programme is run from the third trimester of pregnancy weekly until the child is one, and then fortnightly until age two.

Outcome & Limitations

Early findings from the US show that parents have improved reflective functioning and more secure attachment to their child. However, research is ongoing and consequently, long-term impacts have yet to be determined. Research is ongoing. There is currently no robust conclusion on the programme.

Countries

USA, UK

Evaluation type

A Randomised Controlled Trial (RCT) in Connecticut, USA, is currently underway.¹²⁶ An independent RCT in the UK with 320 first-time mothers under the age of 25 began in Spring 2014.

Cost Benefit

No data is available.

PARENTING STYLES

The Incredible Years

Aims

The Incredible Years has three categories of programmes, serving parents, children and teachers. The Incredible Years was founded on a social learning model of development, allied with attachment models. The model aims to improve parents' confidence, competence and coping strategies, to build good parent-child relationships, including their own relationships and feelings, and school readiness among children. It also intends to help parents to build supportive networks.

Delivery Mechanism

The programmes comprise of training using videos, role-play and peer support. Groups are run by trained group leaders, and parenting practitioners. Programmes reference video vignettes to structure the content, stimulate discussions within the group, and to aid problem solving strategies and practices related to participants' goals.

Outcome

RCTs demonstrated that Incredible Years parenting programmes significantly improve parenting interactions, reduce conduct problems, and promote children's social-emotional competence.

Countries

Various countries

Evaluation Type

Numerous Randomised Control group studies over the course of 30 years.^{30, 174, 188} Longitudinal research was undertaken with 58 boys and 20 girls with early onset conduct problems and whose parents received the Incredible Years parent treatment programme when they were aged 3-8 years. The social and emotional adjustment of the children was reassessed 8-12 years later. Assessments included home interviews with parents and teenagers separately.

Cost Benefit

The Incredible Years programme was found to have a high probability of being cost-effective.

PARENTING STYLES

Best Beginnings

Aims

Best Beginnings supports parents in the first year of their child's life, providing practical advice, guidance tips and signposting to additional support. The programme aims to enhance maternal well-being and improve parenting styles.

Delivery Mechanism

Media-based information for parents, typically involving the delivery of written material, websites and apps. 'Baby Express' Newsletters are sent monthly to parents of infants, until the child is one year of age, after which it is sent once every two months for the next 4 years. The magazine is delivered to the parents' home, reaching the 20 per cent of C2D2 young families who do not have smart phones, whilst also complimenting a 'Baby Buddy' app for those with access. Baby Express publications are embedded within an outreach model that involves home visiting (Baby Express Outreach) and the use of books and DVDs.

Outcome & Limitations

Best Beginnings newsletters were found to improve early relationships and child development. In addition, most parents reported reading the newsletter and that they learned something new from the information. The majority also reported having tried an activity from the newsletter with their baby and of those that had tried an activity, most reported noticing a positive difference in their baby. Having said this, evidence relating to some of the models is limited owing to lack of evaluation, particularly the newer apps and websites and there is no long-term evidence.

Countries

UK

Evaluation Type

Several evaluations have been completed or are underway on each of the various resources. The most robust evidence to date is the RCT of the Baby Express Newsletter, conducted with 185 families from a socio-economically disadvantaged area.¹⁷

Cost Benefit

No data is available

PARENTING STYLES

My Baby's Brain

Aims

My Baby's Brain aims to enhance attachment behaviours and their contribution to early brain development. It is a response to the growing body of neuroscience research and consequent recognition in recent years of the vital importance of brain development between the ages of 0-3.¹²⁷

Delivery Mechanism

The intervention comprises of five elements, which were evaluated over the initial trial phase: i) 'Five to Thrive', a Five-a-Day style campaign (the key messages are: Respond, Cuddle, Relax, Play and Talk); ii) a bespoke one-day training course for practitioners who have direct contact with parents of children 0-3; iii) a post-natal session for new parents designed as an add-on to existing post-natal parent education; iv) production of resources designed to continue to support parents' understanding of babies' brain development after the project ends; v) an independent evaluation of the impact of the project on both professionals and parent.

Outcome & Limitations

The intervention appeared to show success in passing on the message of the importance of early brain development directly to parents through post-natal sessions, and also indirectly through practitioners in supporting child development. The findings suggested positive outcomes for all groups who took part in the training day, enhancing practitioners' knowledge. However, the long-term effect on child and/or parents has not yet been evaluated. There is little evidence to date as to whether this equates to behaviour change. Furthermore, it was outside the scope of the evaluation to control for extraneous or confounding variables. Results therefore must be treated with caution.

Countries

UK- similar initiatives in New Zealand and Scandinavia

Evaluation Type

Methods include pre- to post- course questionnaires and telephone interviews with practitioners, and reflective diaries.

Cost Benefit

No data is available

HOME LEARNING ENVIRONMENT

Home Instruction for Parents of Preschool Youngsters (HIPPY)²⁷

Aims

HIPPY's goal is to improve the home literacy environment as well as to enhance the parent-child relationship quality. The programme is aimed at all parents with children between the ages of three and five, especially for those in disadvantaged communities. Through increasing verbal interaction between children and parents and supporting parents to scaffold their children's learning, HIPPY aims to improve school readiness of children.

Delivery Mechanism

30 sessions of home visiting and centre-based support for parents over a two-year period (a three-year curriculum is also available). Sessions are 30-60 minutes in which parents do role play exercises with children and attend groups with other parents. Parents are expected to participate in HIPPY activities with their children for at least 15 minutes daily. Programmes vary by region depending on community needs.

Outcome

Results of participation in the programme have shown an improvement in children's cognitive skills, classroom adaptation and basic readiness for school.

Countries

Israel, USA, Australia, New Zealand, Germany, Austria, Canada, South Africa and El Salvador

Evaluation Type

Several studies have been conducted using RCTs and one study used QED. The majority of the research has come from the USA (conducted between 1973-2014) and Australia (2011) and Denmark (2012). These studies have shown a statistically significant positive impact on several parent and child outcomes.

Cost-Benefit

Benefit cost ratio in USA is 1.80 and in Australia the return on investment is \$2.53 for \$1.

HOME LEARNING ENVIRONMENT

Parents as Teachers (PAT)

Aims

PAT promotes the optimal early development, learning and health of children by supporting and engaging the parents and caregivers through a family-centred, strength-based approach. The main goals of the programme include increasing parenting knowledge about child development, improving parents' practices, providing early detection of developmental delays and health issues of children, preventing child abuse and neglect, increasing children's school readiness, and developing home-school-community partnerships.

Delivery Mechanism

PAT is a home visiting programme, which is offered as a group-based and an individual service for parents and caregivers of children aged 0-5.

Outcome & Limitations

The results from the studies showed that parents involved in the programme went on to take more interest in their children's education and schools, and had enhanced knowledge about child development. In addition, parents on the programme could detect any developmental delays in their children and sought help and support in a timely manner. The limitations included inconsistent evidence across the base. Only one measure (parent happiness) showed significant results in the first evaluation compared to the control group across three year

Countries

USA, Canada, Australia and New Zealand

Evaluation Type

Evaluations^{2, 138} and research projects have been conducted by and supported by state governments, independent school districts, private foundations, universities and research organisations. Outcome data have been collected from more than 16,000 children and parents, including four published independent RCTs and seven peer-reviewed published outcomes studies. The programme is rated a "3 - Promising Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available

Cost Benefit

This intervention is cost effective. Benefit to cost ratio⁴²: \$1.18. There was a positive return on investment (3%) with benefits minus costs \$765.

HOME LEARNING ENVIRONMENT

Early Years and Language Literacy

Aims

The objectives of the programme are to develop a transition to school strategy and to support oral language enrichment based on a pilot scheme within two targeted schools, which serve a multi-cultural community with a high proportion of socio economic disadvantage. It aims to improve the capacity of parents and children to engage in learning through oral language and play, and to ensure children have sound oral language skills in their first language (if other than English), as well as English. A further aim of the programme is to produce a language enrichment model for transition to school that begins at a year prior to enrolment in primary school.

Delivery Mechanism

The programme provided a preventative intervention for children who were assessed as being at risk of language/speech problems. It encouraged parents to use their home language as well as English to develop their child's language and conceptual skills. Through a play-based approach and used kits with theme-based activities for parents and children to participate together with an emphasis on encouraging parents to become their child's first teacher and prepare them for school.

Outcome & Limitations

Children demonstrated an increase in oral language development across all nine RAPT scales. The highest improvements were recorded on oral language scales of RAPT (information and concepts). A lack of sufficient data due to internal evaluation and small scale nature of intervention.

Countries

Australia

Evaluation type

Evaluation⁷⁵ of participants was conducted pre-and post-intervention to investigate the impact of the activity on children's level of oral language development. This comprised of nine evaluation scales, including Renfrew Action Picture Test (RAPT) for information and grammar, concepts, body, nouns, verbs, functions and prepositions. Parent feedback was also obtained through post-intervention surveys.

Cost Benefit

No data is available

HOME LEARNING ENVIRONMENT

Families and Schools Together (FAST)

Aims

There are three core aims of FAST. The first is to enable children to succeed in school and have improved social, emotional and cognitive skills. The second is to enable children to live in strengthened families due to improvement parent-child bond, family cohesion and enhanced communication. Finally, FAST aims to enable children to live in stronger communities with increased inclusion, trust and participation.

Delivery Mechanism

The programme was delivered through group-based intervention on a voluntary basis within schools. Certified FAST trainers co-produce programme adaptations with culturally representative teams that facilitate the direct delivery to children and families, whilst protecting the core components of the programme. The team of FAST programme facilitators is always comprised of at least 25 per cent local parents. A FAST multi-agency team of local parents, community leaders, school and service provider representatives always co-produce local adaptations of this model, while still evaluating outcomes, monitoring retention rates and checking core-programme integrity.

Outcome & Limitations

Outcomes included high participant retention rates and teachers reported fewer children in the bottom 30 per cent of the class for reading, writing and maths. Improvement in classroom behaviour was also noted. Parents felt more able to support their children in learning and reported an improvement in children's behaviour at home, more communication and family cohesion. Little evidence on long-term impact and no RCT undertaken to date.

Countries

Implemented in 11 countries including Russia, United Kingdom, United States of America, Australia and Canada

Evaluation Type

Integrated evaluation¹⁸⁹ process within each FAST group. Every FAST intervention is evaluated for child, family and community outcomes to ensure that in each community over time the expected benefits are achieved. Site evaluations are based on pre-and post, mixed methods evaluation design, with two independent reporters using standardised instruments, with established validity and reliability, and a one-tailed, paired t-test analysis.

Cost-Benefit

No data is available.

HOME LEARNING ENVIRONMENT

Play and Learning Strategies (PALS)

Aims

Play and Learning Strategies (PALS) comprises of several different interventions aiming to strengthen the bond between parent and child, as well as stimulating early language, cognitive, and social development.

Delivery Mechanism

PALS is a home visiting programme delivered by trained PALS facilitators through 14 weekly sessions lasting 90 minutes each. Facilitators coach mothers on responding sensitively to their infant's cues and provide a stimulating environment through rich language and cognitive activities. Coaching includes video footage for modelling and appropriate behaviour of parent-infant interactions.

Outcome & Limitations

Statistically significant results reveal an improvement in child behaviour outcomes, improved independent goal-directed play, improved child cognition in respect to communication, comprehension and pre-school language development and improved vocabulary. For parents, there was evidence of improved maternal sensitivity and early scaffolding to enable children's learning and development. Yet, attrition, short-term gains and reading progress were found negligible one year after the intervention.

Countries

USA

Evaluation Type

RCT with mother-infant pairs: 85 pairs in the treatment group and 84 pairs in the control group. Both groups received the same number of visits (11).⁵⁶

Cost-Benefit

The Early Intervention Foundation (EIF) has awarded this programme with a cost score of 2. This means the programme is estimated to be medium to low cost to set up and deliver compared to other interventions reviewed by EIF.

FAMILY RELATIONSHIPS

Family Foundations

Aims

Family Foundations is a universal programme that aims to improve mother, child and birth outcomes through promoting co-parenting quality among couples who are expecting their first child. The beneficiaries of the programme are heterosexual couples who are expecting their first child.

Delivery Mechanism

This is a group based programme, which consists of four prenatal and four postnatal sessions. These sessions run once a week with each two-hour session administered to groups of 6-10 couples. Sessions are led by a trained male-female team within children/health/community centres, and follow the Family Foundations curriculum. The female leader is a childbirth educator and the male leaders are from various backgrounds, but are experienced in working with families and leading groups. An ongoing observation of sessions facilitates regular supervision discussion.

Outcome & Limitations

Significant intervention effects were found for fathers' co-parental support, parenting-based closeness, and parent-child dysfunctional interaction. Mothers' co-parental support, depressive symptoms and anxiety also had effective results in the second wave. In wave 3, participating mothers' showed improvement towards co-parenting, warmth to partner, parenting positivity and negative communication. Similar outcomes were also noted for wave 4 and 5. Its effect on low birth weight and maternal length of hospital stay were limited but some improvement among subgroups was noted. Limitations include low participation and limited generalisability. Only 11 outcomes were measured independently, there is low reliability of some measures and higher effects noted for at-risk families.

Countries

USA

Evaluation Type

Data²² was collected from participants in waves, at five separate points during the programme. The first wave was pre-test data collected on couples during mothers' pregnancy, the second wave post-test data collected after couples had completed the programme when their babies were six months. Wave three was a six month follow up, wave four was a two and a half year follow up and wave five was another follow up when the children were 6-7 years old.

Cost Benefit

The total year one cost is estimated to be \$9,550 based on the programme being delivered to 10 couples. Data on cost benefit analysis is not available.

FAMILY RELATIONSHIPS

Parent Management Training (PMTO)

Aims

Delivered to groups or individually, PMTO aims to support parents' relationships with children aged 4-12 with severe behavioural issues. PMTO intends to enhance family management strategies, parenting and social skills and cooperation including skill encouragement, setting limits/positive discipline, monitoring, problem-solving, and positive involvement to reduce antisocial and behavioural problems in children.

Delivery Mechanism

The programme is delivered in diverse settings (clinics, home, schools) by trained professionals over a varied length of time depending on family needs. Sessions are one week apart to optimise the opportunity for learning and rehearse new practices. The number of sessions delivered per parent group range from 6-14. Parents receiving individual treatment usually receive 25 sessions.

Outcome & Limitations

PMTO is evidence-based and has been found to have several positive outcomes for both parent and child, including a reduction in coercive parenting and negative reinforcement, an increase in positive parenting, effective parenting practices and adaptive functioning, and a significant reduction in deviant behaviour among children. Additionally, positive outcomes include a reduction in maternal depression, and reduced child internalising and externalising behaviours. Whilst there was some criminal behaviour found among participants after the nine-year follow up study, there were lower rates of police arrests and a delay in age at first arrest. In terms of limitations, the focus of the evaluations was on statistically significant, rather than clinically significant change. There is no data on sustainability in the long-term and too little information on processes by which PMTO improves outcomes.

Countries

USA, Norway, Iceland

Evaluation Type

Various experimental longitudinal studies⁶⁵ and RCT evaluations from 1991 to 2016 in the USA, Norway and Iceland.

Cost Benefit

While numerical data is not available, it was concluded that group-based PMTO is cost-effective in reducing conduct problems and improving parental health and skills.

HEALTH BEHAVIOURS

Health Exercise and Nutrition for the Really Young (HENRY)

Aims

The aim of HENRY is to protect children from the physical and emotional impact of obesity. The programme adopts a holistic approach recognising the importance of parental style, skills and well-being in tackling obesity alongside a healthy nutritious lifestyle.

Delivery Mechanism

The programme is delivered through group-based and individual interventions through children's centres. HENRY brings together three key elements: information about food and activity; parenting skills; and behaviour change. The programme works with parents of 0-5 year olds to help them develop a healthier and more active lifestyle for the family through two formats: the HENRY group programme, which is an eight-week coaching programme for parents and the HENRY one-to-one programme, which provides targeted interventions for families with children at risk of obesity or who are already overweight. The programme also delivers practitioner training.

Outcome & Limitations

Participating families were shown in evaluations to make significant improvements to their lifestyles, which were maintained at follow-up (including healthier eating, increased activity level, improved parental efficacy and well-being). In addition, the programme has led to improvement in nutritional policy and practice at Children's Centres and a sustained impact on practitioners' approach in this area. The evaluation method used self-reported data without controls or additional resources to obtain data on long-term change. There is a lack of data on weight change.

Countries

UK

Evaluation Type

Various clinical studies undertaken between 2008-2016.¹⁹¹ Most recently, analysis of routinely collected pre- and post- intervention data from 144 programmes in the UK.

Cost Benefit

No robust cost-benefit analysis is available.

HEALTH BEHAVIOURS

Family support programme in Stenungsund

Aims

This programme from Stenungsund was in response to the Swedish Government's national strategy for parental support - 'A Benefit for All'. The long-term aim is to find ways to cooperate in developing and structuring sustainable, innovative parent support that runs from pregnancy until the child finishes school. In this municipality, parent support takes a public health, integrated approach and is part of a child mental health promotion strategy, as well as community organisation and development. It focuses on strength, competence and capacity building.

Delivery Mechanism

Programme activity includes universal access to telephone surveys, parental support mapping and open lectures at the request of parents, with coordination across the municipality and contribution to family centres through study visits and discussions. Education and training in innovative practice is provided to professionals. Activities are provided for various groups: early years groups, target all future parents or parents of children 0-5 years of age and service providers are prenatal clinics, well-baby clinics, day care centres, open preschools social welfare and NGOs; school children groups, target all parents with children 6-17 years of age and service providers are schools and NGOs. Parents with children aged 13-20 have access to parental support and advice, including telephone advice, family counselling, and public lectures, whilst websites and public information are also shared.

Outcome & Limitations

Outcomes are yet unknown, as the objectives of the approach are long-term. However, some indicators and determinants are already collected in the health care services (breastfeeding, weight, dental health and participants on universal parent training groups). However, effects and limitations are undisclosed so far.

Countries

Sweden

Evaluation Type

No robust evaluation has been undertaken to date. The approach was in its pilot phase period from 2010-2011. The next step for the programme is to measure the long-term outcomes for children.

Cost Benefit

No data is available.

EXTREME BEHAVIOURS

Elmira Programme Prenatal/Early Infancy Project (PEIP)

Aims

The Elmira Programme PEIP, is a parental support programme designed to reduce neglect and abuse. The intervention focused on parent education, enhancement of the women's informal support systems, and linkage with community services.

Delivery Mechanism

This programme is delivered through nurse home visits, at the prenatal stage and during early infancy. The children of the women that took part were considered high risk because of their mother's young maternal age, single-parent status, or low socioeconomic level.

Outcome & Limitations

Follow up to the programme recruited 324 at risk women. The results revealed that the intervention had succeeded in reducing child abuse cases (46 per cent decrease), fewer emergency room visits, more mothers in employment and fewer closely spaced pregnancies (31 per cent reduction). However, the programme is considered too costly and evaluations need to be longitudinal to assess long-term effects.

Countries

New York, USA

Evaluation Type

RCT and a follow up study 15 years after the infant and mother had participated in the intervention.¹⁴⁴

Cost Benefit

\$24000 versus \$12000 however, economic analysis showed that the programme paid for itself by the time the children reached the age of four, due to enduring effects, such as the reduction in child abuse cases and decrease in subsequent pregnancies.

EXTREME BEHAVIOURS

The Abecedarian Early Intervention Project

Aims

The Abecedarian Early Intervention Project is both a universal and targeted intervention for vulnerable low-income families that focuses on early childhood education and aims to improve cognitive outcomes and enhance school readiness.

Delivery Mechanism

The intervention is delivered through home visits and an activity program set by an individually assigned resource teacher from infancy to the age of five to supplement school learning within high quality childcare settings.

Outcome & Limitations

Results showed an increase in reading levels, maths achievement and an enhanced IQ. Long term life outcomes were also measured and among 21-year-olds who had participated in the programme as children, a high percentage were studying at college/university. Lower rates of teenage pregnancy and higher rates of skilled employment were also recorded. However, some analytic discrepancies have been reported, as well as differences in IQ, which may have been present latently rather than a result of the intervention.

Countries

USA

Evaluation Type

RCTs and longitudinal follow up when the children reach the age of 21.³³

Cost Benefit

The benefit to cost ratio is £3.64 to \$1.¹⁷

EXTREME BEHAVIOURS

The Strengthening Families Programme (SFP)

Aims

The Strengthening Families Programme (SFP) generally targets high-risk families, but the programme has also been found to be effective with a wider group of families. The SFP aims to improve parenting skills and family relationships, reduce problem behaviours, delinquency and alcohol and drug abuse in children.

Delivery Mechanism

The programme is delivered through individual family and group-based learning with trained group leaders. It consists of 14 sessions of 2.5 hours each (and one booster session for children) in which parents and children participate both separately and together. Three versions of the programme are available, for children aged 3-5, 6-11 and 12-16. A new web and DVD based 10-session version for children aged 10-16 has also been developed, but not yet evaluated for effectiveness.

Outcome & Limitations

The RCTs have shown that the programme consistently improves parenting skills, parenting efficacy, parental confidence, monitoring and supervision and parent-child involvement. Results show the programme decreases negative child behaviour, overt and covert aggression and conduct disorders. Further results show the programmes improve children's cognitive, behavioural and social development, while reducing substance abuse and risk factors predictive of later problem behaviours. No limitation data or any evidence of long-term effects are available.

Countries

Canada, UK, Australia, Sweden, US, Norway. 15 other countries are in the process of implementing the programme.

Evaluation Type

Eight independent RCTs.^{64, 74} Over 100 quasi-experimental studies have also been conducted

Cost Benefit

No cost data is available

INCOME

Teaching your kids about money

Aims

The ‘Teaching your kids about money’ programme consists of parent-child workshops and universal interventions, with the aim of equipping parents with knowledge and skills of money management, alongside teaching their children the value of money.⁹²

Delivery Mechanism

The programme is delivered in two workshops, held one month apart. Each workshop is held in a primary school and involves three sessions: two separate sessions (one for parents and one for children), and one joint session. Activities involve story-telling, real life simulation, discussion, experience sharing and a money management card game.

Outcome & Limitations

For parents on the programme, confidence about money matters and management grew from 55 percent to 73 per cent post-interventions, helping to reduce financial stress, especially among low-income families. Significant increases were also found in developing a saving habit among the children. However, no thorough evaluation has been conducted. The evaluation simply consists of self-reported surveys from a small sample of parents.

Countries

Hong Kong

Evaluation Type

Pre-and post-intervention surveys were conducted with a one-month gap after finishing the workshops. In addition, two focus groups were conducted after the second workshop.

Cost Benefit

No cost-benefit analysis has been conducted.

INCOME

Spelen, Integreren, Leren (SPIL) – Play, Integration, Learning

Aims

SPIL is universal for all parents with children aged 0-12. SPIL provision consists of a regional hub for parents, coordinated parenting support in all areas focusing on four pillars (pedagogical, physical, management and financial) and enhanced training of professionals who work with parents and children.⁹⁸

Delivery Mechanism

Parenting centres are set up in each town to be easily accessible. Hub information, workshops, practical and professional support is delivered as needed. SPIL Centres have different profiles in each neighbourhood, depending on the group of children and parents for whom they are intended. Each centre thus has its own specific identity, reflecting the needs of parents and children.

Outcome & Limitations

One finding of the programme is that it is less successful for high-risk families, but showed success in reducing parents stress through provision of affordable and high quality childcare and parenting support. However, proper evaluation needs to be conducted to identify the impact of the SPIL centres as an independent factor in influencing better outcomes for families in relation to income.

Countries

The Netherlands

Evaluation Type

The evaluation was conducted by the Integrated Services of Youth Affairs (a Government department) using questionnaires, interviews, observation, dossier studies and talks with parents.

Cost Benefit

No data is available.

INCOME

Practical Money Skills

Aims

Practical Money Skills is a universal programme for all families, with the aim of helping families in Canada understand the fundamentals of money management and budgeting.⁶²

Delivery Mechanism

The programme is delivered through websites, budget calculators, and free information, such as books, games, calculators, booklets for money guides, credit history and budget. It is part of a national strategy, with resources provided by Visa Canada, and works with all schools to develop financial literacy for families.

Outcome & Limitations

There has been no real evaluation of impact to date, thus there is no information regarding outcomes available.

Countries

Canada

Evaluation Type

No thorough evaluation has been conducted.

Cost Benefit

No data is available.

EDUCATION AND PARENTING KNOWLEDGE

Yale Child Welfare Project

Aims

The Yale Child Welfare Project is both a universal and targeted programme for low-income families to offset the detrimental effects of socio-cultural deprivation by educating parents, and aiming to assist parents by providing long-term support and guidance, alongside the enhancement of parenting skills and capacity.

Delivery Mechanism

The programme is delivered through home visits by paediatric care professional, social workers and health visitors. Each family was assigned a team of project staff members who provided services and recorded their work with and observations of the families.

Outcome & Limitations

A significant proportion of mothers on the programme went on to achieve both higher levels of education (further education beyond high school), as well as enhanced parenting skills and economic independence. Children's verbal skills also showed improvement. Child behaviour among the children of the parents on the programme also improved. In terms of limitations, there is no comparable data available.

Countries

USA

Evaluation Type

A randomised control trial (RCT) was conducted with eighteen children (birth to 30 months of age) from low-income families. A project staff member was assigned to each family participating in the intervention. Data was collected from home visitor programmes and a developmental evaluation was done and compared to the control group.¹⁹³

Cost Benefit

No data is available.

EDUCATION AND PARENTING KNOWLEDGE

FAST Track

Aims

FAST Track is a universal and preventative intervention programme that aims to improve parenting skills, educate parents on ways to manage children's conduct and to enhance capacities as parents, in an effort to ensure that children are better prepared for the social, emotional, and cognitive demands of the school environment and minimise aggressive exchanges and academic difficulties.⁸²

Delivery Mechanism

The programme is delivered through parent training groups, designed to promote the development of positive family-school relationships and to teach parents behaviour management skills, and bi-weekly home visits to promote positive parenting and teach parents skills for behaviour management of children (for example, praise, self-restraint).

Outcome & Limitations

The parenting skills and knowledge of the participating parents improved, which led to improvement in children's conduct. However, it is not possible to determine whether the intervention was an independent factor in the improvements in parenting and children's behaviour seen in the outcomes.

Countries

USA, Australia

Evaluation Type

The evaluation consisted of 445 families of children in the first year of school from diverse communities. A combination of services such as therapeutic groups, home visits, and school-based services were evaluated for efficacy in preventing conduct problems in later life and enhancing cognitive skills for improved performance in school.¹³¹

Cost Benefit

No comparative data is available.

EDUCATION AND PARENTING KNOWLEDGE

All Children in Focus

Aims

All Children in Focus is a universal programme available to all Swedish parents with the aim of equipping parents with the necessary tools to become better parents, enhance communication and reduce behaviour problems among their children.

Delivery Mechanism

The programme is delivered over four sessions providing parents with children aged 3-12 with home-visits, as well as using focus groups, role-play and visual techniques to enhance their knowledge. Sessions are held by trained group leaders from backgrounds including social workers, teachers and pedagogues.

Outcome & Limitations

The intervention led to significant improvements in parents' knowledge/skills regarding child development, especially in relation to improved child-parent interaction. Further analysis is needed to understand long-term impact of this intervention.

Countries

Sweden

Evaluation Type

Wait-list RCT with 600 parents of children aged three to 12 years.¹⁰⁷

Cost Benefit

No data is available.

FAMILY STRUCTURE

The Parent Plus

Aims

The Parent Plus can be both universal for general parenting support and a targeted programme for divorced, separated or single parents. Parent Plus aims to help parents in these families to co-parent, cope with stress and enhance their parenting skills.⁹⁶

Delivery Mechanism

Parenting Plus is delivered through parenting classes, workshops, home visits and counselling. Parent Plus training is provided to professionals working in child care, family support or community settings to facilitate the programme for small groups of parents over six to twelve weeks.

Outcome & Limitations

Compared with the waiting list group, the treatment group had significant improvements in a range of domains, including parenting satisfaction, child and parent adjustment and reduction in parental conflict. However, data on a number of parents approached to take part in the study was not collected, so uptake estimations were not possible. Follow-up data is also not available for this intervention, so the long-term effects are not known.

Countries

Ireland

Evaluation Type

A total of 161 parents participated in the intervention and were assigned to treatment and waiting list control groups and assessed.

Cost Benefit

No data is available.

FAMILY STRUCTURE

Steps Toward Effective, Enjoyable Parenting (STEEP)

Aims

STEEP is a targeted intervention for young mothers, aimed at helping young/adolescent mothers develop parenting skills and develop secure attachment with their children.

Delivery Mechanism

The programme uses video feedback to guide mothers on interactions when their children are around three to six months old. The programme includes home visits every two to three weeks for nine months and focuses on four elements: mother-infant interactions; intrusive behaviours; child development; and maternal sensitivity.

Outcome & Limitations

There was no significant difference in attachment quality. There was some difference in maternal sensitivity and parent-child interactions improved. The intervention was not sufficient to prevent/treat attachment disorganisation and the sample size was too small for robust evaluation.

Countries

Germany

Evaluation Type

RCT with 120 adolescent mothers and 3-6-month-old children.¹⁶⁶ One group received STEEP interventions and the other standard support over two years.

Cost Benefit

No data is available.

FAMILY STRUCTURE

Relationship Support Intervention

Aims

Relationship Support Interventions are open to all parents with the objective of helping to improve relationships between parents.⁴⁵ The aims of the programme are three tiered: preparing for marriage; repairing relationships; and getting families ready for a new baby.

Delivery Mechanism

The programme is delivered through couple counselling and family therapy, focus groups and workshops with trained facilitators.

Outcome & Limitations

Results showed significant levels of change in relationship quality among couples who participated fully in the interventions, did homework for the programme and read suggested books. However, some of the couples who attended one area of intervention (counselling) did not attend the second (focus group) area and the results were not an accurate depiction of 'what works' well and for whom.

Countries

UK

Evaluation Type

Pre-and Post-intervention surveys and interviews.

Cost Benefit

For every £1 spent there is a benefit of £11.50.

STRESS AND MENTAL HEALTH

KOMET/ COMET (COMmunication METHod)

Aims

The aim of the programme is to provide the communication tools to enable parents and teachers to resolve conflicts with children at home and at school. It focuses on the adult as the primary driver to change a child's behaviour and reduce the problems. The programme is offered to parents who find that they are often in conflict and arguing with their child and find it difficult to manage the situation well.

Delivery Mechanism

KOMET is delivered through group based intervention parental support in community settings for parents seeking out advice or recommended by professionals. Enhanced KOMET offers individual support for parents with children aged 3-11, whilst KOMET for parents of children aged 12-18 is also offered in groups. The group sessions happen with a trained team leader once a week for 11 weeks and the training programme is based on examples in everyday life. The training delivers practical suggestions and exercises to test between meetings. The meetings are based on active participation and contain examples, discussion and ideas for how to respond to children.

Outcome & Limitations

The evidence shows that the programme had immediate effects after the programme end when compared to control groups. Externalising behaviours among children whose parents took part in the programme decreased significantly. Parents showed immediate significant decreases in negative parenting behaviours. The finding also revealed improved sense of competence amongst parents. The evidence is considered small and insufficient. Additional randomised trials in varied settings are required to provide more robust evaluation of the programme's effectiveness.

Countries

Sweden

Evaluation Type

Randomised Controlled Effectiveness Trial (2010).¹⁰³ The programme was evaluated as part of a national evaluation of parenting programmes in Sweden (2015).^{146, 163}

Cost Benefit

No data is available.

STRESS AND MENTAL HEALTH

Parenting Shops

Aims

Parenting shops is a universal parenting intervention in Belgium that provides a one-stop 'shop' for parenting support in all areas. The intervention is designed to increase community cohesion and reduce stress for parents. It also aims to improve the well-being of parents and children.

Delivery Mechanism

The interventions are delivered through information lectures, parenting classes, home visits and local community initiatives to increase counselling, brochures and leaflets. Professional staff involved have backgrounds in social studies (social work, social welfare studies, psychology etc.), whilst some parenting shops also work with volunteers who have the necessary competences.

Outcome & Limitations

The parenting shops have been shown to be successful in reducing tension and difficulties, improving parental engagement as well as improving parental capabilities, and increasing community cohesiveness. No data available on limitations.

Countries

Belgium

Evaluation Type

24 parenting shops have received a quality label from the Flemish Government via regulations and guidelines; producing a policy document every five years.

Cost Benefit

No data is available

STRESS AND MENTAL HEALTH

Familienzentren (Family Centres)

Aims

The Familienzentren is a universal programme for working parents with young children, which aims to improve reconciliation of work and family life for parents, to reduce stress and strengthen parenting capacities.

Delivery Mechanism

The programme is delivered in the form of local family centres that provide family and child services. Immediate assistance is given to resolve everyday challenges through organising activities and childcare, counselling and group sessions. This intervention is coordinated via a network of local community services, with local authorities (youth welfare offices) being responsible for choosing a certain number of child care centres in their district to be developed into family centres.

Outcome & Limitations

Familienzentren has shown significant reduction in stress and improvement in general well-being by focusing on work-life balance. The programme also showed that the majority of parents surveyed were satisfied or fully satisfied with the services provided by the family centres. However, more robust evaluations are needed to confirm the effects of the intervention.

Countries

Germany

Evaluation Type

The programme's evaluation is based on 94 quality criteria to gain national certification. It is also evaluated through regular surveys and questionnaires for participants.

Cost Benefit

No comparative data is available.

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