Follow up work to support implementation of the NICE/ SCIE guidance on parenting programmes (CSDI)

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Helen Barrett

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Written by Helen Barrett

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Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB
tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

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1 Introduction

This report describes the findings of a follow-up study to support the implementation of the National Institute for Health and Clinical Excellence (NICE)/ Social Care Institute for Excellence (SCIE) guidance on parenting programmes (NICE/ SCIE, 2006). The original guidance made recommendations for good practice in the delivery of programmes for parents of children aged 12 or younger with a conduct disorder.

The follow-up study involved carrying out a practice survey, talking to a wide range of frontline practitioners about their experience of providing a variety of parenting programmes. The aim was to address three major questions:

1. How are parenting programmes made accessible and acceptable to all parents?
2. How do programme facilitators check that their work is effective and that they are successful in engaging a wide range of parents?
3. What are the views of frontline practitioners on the standards set by NICE/SCIE guidance?

The first part of this report provides some background to the current study. This includes an outline of the recommendations made by the NICE/SCIE guidance and a brief review of what is already known about the factors that increase the likelihood of uptake and completion of parenting programmes.

The second part outlines the methods used. The third part summarises, as far as possible in practitioners' own words, the issues that emerged from the interviews. This includes the recommendations made by practitioners on how to ensure that programmes were accessible and acceptable to all parents, as well as their views on the NICE/SCIE guidance.

2 Background

2.1 NICE/SCIE guidance

The NICE/SCIE guidance (2006) was informed by a literature review which focused on evaluations of parenting programmes for families with children aged 12 and under (or with a developmental age of 12 and under) with a conduct disorder.

One of the main recommendations was that parenting programmes should be group-based. One-to-one training should only be provided when there were particular difficulties in engaging parents or where a family's needs were very complex. The guidance also recommended that providers should make additional support available to enable all parents to access and take part in these programmes.

With respect to programme content and format, the guidance recommended that programmes should:

- be structured and have a curriculum informed by the principles of social learning theory
- include strategies for improving family relationships
- offer a sufficient number of sessions, with an optimum of 8–12
- enable parents to identify their own parenting objectives
- incorporate role-play during sessions, as well as setting 'homework' between sessions, to help establish new behaviours at home
- be delivered by appropriately trained and skilled facilitators, who are able to establish therapeutic relationships with parents and receive high-quality supervision with access to ongoing professional development
- adhere to the programme developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

It also recommended that programmes should demonstrate proven effectiveness, based on the evidence from randomised controlled trials (RCTs) or other suitable rigorous, independent evaluation methods.

2.2 The need for follow-up work

The literature review that formed the basis of the NICE/SCIE guidance was limited to an appraisal of programmes that targeted a specific group of parents. For this reason, there has been some question as to whether the conclusions are useful to a wider range of programmes designed for parents with different needs. There have also been concerns about whether programmes are successfully meeting the needs of parents of children with more complex problems or with different cultural backgrounds. SCIE therefore commissioned further follow-up work to find out:

- whether and how programmes could be made more accessible and acceptable to a wide range of parents
- whether facilitators were evaluating their impact and were successfully engaging parents from a wide range of backgrounds

- whether the NICE/SCIE guidance was useful to facilitators delivering a variety of parenting programmes.

2.3 Findings from a scoping study

There have been several reviews of parenting programmes published in the UK over the past decade (for example, Barlow, 1997, 1999; Barlow and Stewart-Brown, 2000; Coren et al, 2002; Sherman et al, 2002; Barnes and Freude-Lagevardi, 2003; Barrett, 2003; Barlow et al, 2004, 2005; Hallam et al, 2004; Moran et al, 2004; Utting et al, 2007; and other Cochrane reviews, for example, Barlow and Coren, 2002; Barlow and Parsons, 2002). An initial review of this literature was carried out to find out what was already known about the accessibility and acceptability of parenting programmes and how they have been adapted to meet the needs of different groups of parents.

The factors that influence accessibility and acceptability of programmes are listed in Appendix 1. The main conclusions are summarised below.

A number of evaluation reports (both published and unpublished) identified a wide range of problems with access to parenting programmes causing low levels of uptake and high rates of drop-out. These problems were most acute for socially disadvantaged families and children with complex needs. The most common reason for irregular attendance was 'competing commitments'. For example, parents on Income Support found it difficult to commit to regularly attending a course because they must be available for work at all times to be eligible for benefits. These barriers to access have to be overcome to ensure parenting programmes are available to the families who are most likely to benefit.

At a general level, it is critical that a relationship of trust and respect is first established with 'hard-to-reach' families (Barrett, 2008). This makes it safe for parents to engage, without feeling stigmatised. It requires long, persistent, labour-intensive preparatory outreach work. Attendance rates could be improved if there was capacity for follow-up of individuals who missed sessions. However, lack of funding often limited both outreach activity and follow-up of non-attendees.

More specifically it has been found that:

- parents on compulsory orders did not require qualitatively different support from other parents
- families with complex needs often required more individual preparation to enable them to attend.

Guidance on how to adapt materials and courses for parents with specific needs was given during training for the more well-established programmes. Facilitators were also able to contact the trainers for advice. Typically the programme guidance focused on how to make the setting comfortable for parents and how to interact with parents to encourage their participation, as well as tips on publicising courses, recruitment, outreach work and keeping up attendance.

Experienced facilitators also developed their own strategies for recruitment and retention. This often involved assessing parents before they joined a programme, to ensure they enrolled on a course that was likely to meet their needs.

In summary, there are three main factors that influence the extent to which parents can access and engage with parenting programmes:

- the skills and experience of the facilitator
- the content and practical delivery of specific parenting programmes
- practical barriers to access and regular attendance.

3 Methods

This project consisted of a practice survey at eight different sites across England and Wales. Three experienced practitioners (one manager and two facilitators) were interviewed at each site, and between them, those interviewed had extensive experience of delivering a number of programmes to a wide range of parents, in a variety of locations and venues. They were asked specifically about the group-based parenting programmes they offered.

3.1 Practice sites

SCIE sent an email invitation via existing UK parenting networks to invite both individual and umbrella parenting organisations to take part in this study. The invitation was also posted on the SCIE website.

All interested organisations were asked to complete a form that asked a series of questions about their parenting programmes. This included questions about the:

- setting (school, community, clinic, etc)
- location (urban or rural area)
- ages of children
- target audience (for example, families with children with disabilities, families from black and minority ethnic [BME] communities)
- type of programme provided
- attendance by parents at risk of social exclusion, or with parenting orders.

A total of 50 organisations responded. Eight sites were selected to include as wide a range of organisations as possible, operating in a variety of settings and locations, using a variety of approaches and methods, and offering services to parents at risk of social exclusion.

3.2 Interviews

The interviewees were offered the choice of being interviewed by telephone or face to face. They all chose to take part by telephone. Interviews lasted between 30–60 minutes and, with the individual's permission, were tape-recorded and transcribed in full.

A semi-structured interview schedule was used for all the interviews (see Appendix 2). This included questions about:

- the challenges of working with a wide range of parents
- how practitioners monitor the work they do and what steps they take to ensure their programmes are being effective
- practitioners' views on NICE/SCIE guidance.

The interviewees were also asked about specific elements of their practice, including:

- strategies used to ensure that programmes were easy to access
- strategies for involving parents in programmes and for making sure that the programmes addressed their different needs and interests
- practical aspects of programme delivery and evaluation.

3.3 Data analysis

Transcripts were analysed using a software package designed to assist the analysis of qualitative data (Non-numerical Unstructured Data Indexing, Searching and Theory-building). The principle investigator carried out the analysis.

4 Characteristics of the practice sites and interviewees

4.1 Characteristics of the practice sites and the programmes they offered

Table 1 shows the location, type, and context of organisation in each site. At seven sites programmes were run in an urban setting, although at four of these sites programmes were also run in rural areas. In two of these sites programmes had been adapted to suit the needs of parents living in more remote locations.

At seven of the sites programmes were hosted at community and voluntary sector venues (community centres and schools, the voluntary organisations' own premises, churches and mosques). Four sites also ran programmes in public sector venues including schools and health service settings. One voluntary organisation offered training and co-facilitation of courses at a variety of venues around the country.

Table 1: Organisation location, type, and context

Table 2 shows the number and type of parenting programmes offered at each site

Site code	Location	Type of organisation	Context
NE-U	North-East	Voluntary organisation	Urban
NWM-U	North West Midlands	Voluntary organisation	Urban
OL-U	Outer London	Local authority/multi-agency	Urban
SWa-UR	South Wales	Voluntary organisation	Urban and rural
SW-UR	South West	Borough-wide voluntary organisation	Urban and rural
UK-UR	Nationwide	Voluntary organisation	Urban and rural
WM-R	West Midlands	Youth service	Rural
WM-UR	West Midlands	Health service	Urban and rural

in terms of whether they had been developed within the UK or in another country. (The latter are referred to as 'internationally recognised programmes'.) Two of the programmes on offer were modifications of original programmes, while a third had been developed on the basis of an internationally recognised programme.

Table 2: Parent skills-training programmes available at each site

Site code	Number and type of programmes
NE-U	UK and internationally recognised programmes
NWM-U	One modelled on an internationally recognised programme
OL-U	One internationally recognised programme
SWa-UR	One modified UK programme
SW-UR	One internationally recognised programme
UK-UR	22 topic-based group sessions; nine topic-based workshops
WM-R	One modified US/UK-developed programme
WM-UR	One UK programme and one US/UK-developed programme

The status of the programmes is shown in Table 3 in terms of whether the programme came with a manual and whether post-training supervision was available (from either programme developers or accredited supervisors).

Table 3: Status of the programmes

Site code	Whether manualised	Ongoing supervision
NE-U	Yes, both UK and international	Yes
NWM-U	Yes	Yes
OL-U	Yes	Yes, expensive
SWa-UR	Individual sessions photocopiable	Yes
SW-UR	Yes	Yes, expensive
UK-UR	Yes	Yes
WM-R	Adapted from a programme with a manual	Yes
WM-UR	UK programme: Yes	Yes
WM-UR	US/UK: Yes, not publicly available	Yes

There was considerable variation among the programmes in terms of how well they had been evaluated. Most had been evaluated externally, although the adapted programmes had not undergone any form of rigorous assessment. In some cases, the programme had been evaluated for use with a different parent group to the group that was currently enrolled. In general, programmes from abroad tended to have been more extensively trialled. This appears to reflect the general lack of funding in the UK, which limits the capacity of programme providers to carry out in-depth evaluations.

Table 4: Parent groups in receipt of programmes at each site

Site	At risk of social exclusion	From BME groups	Anti-social behaviour/offending	Parenting orders/contracts	Asylum-seeking/refugee groups	Parents with disabilities	Parents of children with disabilities	Fathers/male carers	Teenage parents	Foster/adoptive parents	Parents of children 0–5	Parents of children 6–12	Parents of children 13–18
NE-U[a]	X		X	X				X				X	X
NWM-U	X	X	X	X	X	X	X	X	X		X	X	X
OL-U	X	X	X	X		X	X	X		X	X	X	X
SWa-UR	X							X		X	X	X	
SW-UR	X	X	X	X		X	X	X		X		X	X
UK-UR	X	X	X	X	X	X	X	X	X	X	X	X	X
WM-R	X		X	X					X				X
WM-UR	X	X	X	X		X	X	X	X		X	X	X

Note: [a] Information is provided about only one of the programmes on offer, a programme for parents of children diagnosed with attention-deficit hyperactivity disorder (ADHD).

Table 4 indicates the populations of parents targeted at each site. Groups at all sites included parents at risk of social exclusion, and most programmes also included fathers (or male carers) and parents on parenting orders or contracts.

4.2 Characteristics of the interviewees

All the practitioners who were interviewed had received training in, or had recent experience of, facilitating parenting programmes. Four of the managers were not currently delivering programmes: two were involved in training facilitators while the other two were involved at a more strategic level in commissioning parenting services and in monitoring delivery; the other four managers were co-facilitating programmes.

The interviewees came from a range of professional backgrounds: the majority had social work backgrounds; three had health work backgrounds (one was a clinical psychologist); three were trained as youth workers; one was an educational psychologist; one facilitator worked primarily in a mediation service but also ran parent skills-training; and two were former parent participants who were now working as facilitators (one was salaried).

5 Summary of findings from the interviews

The findings from the interviews are summarised under the following themes:

- How to make parenting programmes accessible and acceptable to all parents
- How programme facilitators ensure their work is effective and engages a wide range of parents
- Views of frontline practitioners on NICE/SCIE guidance

5.1 How to make parenting programmes accessible and acceptable to all parents

The strategies that practitioners used to make parenting programmes accessible and acceptable to all parents related to the following aspects of programme delivery:

a. Recruiting parents
b. Matching parents to programmes
c. Preparing parents
d. Overcoming barriers to access and attendance
e. Creating a safe space for parents
f. Providing additional support
g. Adopting a facilitative style and a collaborative approach
h. Tailoring the programme

At a more strategic level, increasing the accessibility and acceptability of parenting programmes requires:

i. Increasing provision of parenting programmes
j. Partnership working with other agencies
k. Offering different kinds of support in a variety of ways
l. Ensuring facilitators are highly skilled
m. Recruiting volunteers to help run and support programmes

These will now be discussed in turn.

5.1.1 Changes to programme delivery to increase the accessibility and acceptability of parenting programmes

a. Recruiting parents

The interviewees identified a number of ways of recruiting parents that included:

Marketing courses or programmes

All the interviewees agreed that marketing was essential to encourage parents to attend a course. They described a wide range of approaches they had found useful. Most adopted a multi-pronged approach, including:

- holding taster sessions for prospective parents and interested professionals

- leafleting all the places that parents routinely visited
- networking and displaying/sharing information at parenting forums, conferences, etc
- holding open days at community venues
- regularly updating information about courses in local service directories and on the council website
- encouraging enthusiastic parents to pass on information through informal and more formal channels
- providing clear information about the types of programmes on offer
- producing videos illustrating programmes in action
- more rarely, giving press or local radio presentations.

Most of the interviewees produced written leaflets and ensured these were written in plain English: "We do a mailshot three times a year, and that's to all the professional agencies. We include a leaflet for professionals, which has some basic details of the courses and what we are hoping to achieve and how long the courses last.... But we also put in a very user-friendly parent-oriented pamphlet ... that's accessible to all parents regardless of their literacy skills" (voluntary organisation, North East).

Some practitioners produced videos as these were more accessible to parents unable to read: "We produced a video to show in people's houses, to show what a group is like ... because I think you have to respond to people's different learning styles" (voluntary organisation, South Wales).

Many of the interviewees found that 'word of mouth' cost relatively little and was often the most effective method of spreading the word about the benefits and availability of programmes: "They're saying ... if it's done that for my neighbour, I want a piece of that action" (voluntary organisation, South Wales).

They also commented that it was very important to market programmes in a way that meant it did not imply that courses were only suitable for parents who were not coping. The name of the programme could be very important for this reason.

A key feature of any publicity material is that it contains all the information that parents need to decide which programme is best for them, so they know who the programme is aimed at, how long it lasts and what topics it covers. This makes it easier for parents to self-refer to programmes. It also ensures that staff who make referrals can make better choices.

Developing effective referral mechanisms

Referrals came from a variety of sources, across voluntary, community and public sectors. However, the general picture that emerged from this study is that referral routes were rather haphazard and would benefit from being more efficiently organised.

Poor referral procedures seemed to account for many of the problems with low levels of interest or early drop-out. These problems were linked to the attitudes of the staff

making referrals and their lack of understanding of different programmes. This often led to a mismatch between programme and parent.

The way that some professionals referred parents to courses often made parents feel that they were to blame:

> "The way that other professionals sell it, is quite often in a very punitive way which isn't helpful … there's a large piece of work that needs doing with professionals to get them to encourage parents … around it not being seen as they are the bad parents." (voluntary organisation, South West)

> "I've just come away from a mother now where a GP told her that there was nothing wrong with the child, it was her, and she had to be sorted out." (voluntary organisation, South West)

Some staff also referred parents inappropriately. Some of the most widely used programmes were not geared for parents with very complex needs or for parents needing a crisis intervention. Referring such parents was therefore problematic: "We actually need a lot more work to be done with professionals' understanding of what parents need … we cannot have someone put on the Child Protection Register one day and sent off to Family Parenting programme [the next]. They need an awful lot more before they go to the parenting programme" (voluntary organisation, South West).

Educating the staff who make referrals was an effective way of preventing these problems. Many facilitators therefore hosted short information sessions for professionals:

> "We advertise; we do taster sessions; we inform. We do professional workshops." (voluntary organisation, South West)

> "Now what we're doing is … awareness raising and we get … parents to come along to the training to talk to the professionals about what it's about, so that they understand … and that increases their confidence to refer." (national voluntary organisation)

Offering access to programmes via other services

Offering access to courses via more general community activities helped avoid parents feeling blamed or stigmatised: "We put on events that are not actually billed as offering support … as a result of that, with all our leaflets there, maybe there's a parent who goes to an event and says this is my situation, I desperately could use some help" (national voluntary organisation).

These events could include clothes swap shops, financial advice sessions, open days, fund-raising activities, etc – they provide parents with a kind of 'back-door access' to parenting services.

b. Matching parents to programmes

All of the facilitators in this study emphasised the value of outreach in helping recruit the right people to the right courses. Most facilitators routinely set up pre-group meetings with parents, where they made careful assessments of parents' readiness to engage with a programme: "[Parents] have to be in the right place at the right time … they have to be in a place where they actually have the understanding and awareness that they need to change something in order to help their child…. And if it's all just locating the problem in the child then they probably won't change" (voluntary organisation, South West).

It also helped to ensure that parents who were not eligible for a course, or who were unlikely to benefit from a programme, were not inappropriately offered a place: "Parents will not be ready to participate in a parenting programme if they have drug, alcohol or domestic violence problems, court proceedings or children in care. They just won't have the emotional and intellectual capacity to make the changes" (voluntary organisation, South West).

The pre-group assessment visit therefore plays an essential role in checking the suitability of a programme for a parent (and vice versa) as well as starting the process of developing a good working relationship. This makes a big difference to getting people through the door and paves the way for successful engagement: "That's really the key to getting people who've got complex needs involved in a parenting programme, they have to do all the extra work beforehand and then gaining their trust and stuff. And if you just offered a programme without doing that … they won't come" (voluntary organisation, South West).

c. Preparing parents

Almost all parents need reassurance at the point of recruitment and there is a very real need for careful preparatory work prior to starting a course:

> "Some families might find it difficult to do without having had the opportunity to ask questions first and to engage in a trust relationship." (voluntary organisation, Midlands)

> "We would always engage with the parent prior to them coming on the groupwork. We wouldn't expect them to come in cold because I think it's totally unrealistic, to be honest." (voluntary organisation, North East)

This preparation benefited most parents, but was particularly important for parents who had a history of poor relationships with people in authority. It is best tailored to suit individual needs: "Maybe if you've somebody who's very angry who's on a parenting order, you may need to do additional preparatory visits … that [eases] their entry into the group. But that's what we would do with anyone because sometimes people who are coming on a voluntary basis are still incredibly anxious…. So you just need to do different preparation, depending on the needs of the individual parent" (voluntary organisation, North East).

This pre-group preparation also increased attendance levels and prevented drop-out. The point at which parents were most likely to drop out was generally between the referral and the first week or so of a group. If facilitators were able to encourage parents to attend the first session, then they usually stayed for the duration: "We've found by introducing the pre-group meeting is that we've actually had much more consistency of attendance" (nationwide voluntary organisation).

The assessment visit also helped identify whether parents had any special needs, as well as how they might cope with the group setting. Facilitators could then respond by providing any additional support that parents needed to help overcome any physical or psychological barriers:

> "I think there has to be an awful lot of prep work before a group takes place in order to encourage people to attend.... [I] almost do motivational interviewing before the group takes place, and examine ... what's going to stop you from coming on the day? Do you have any anxieties about coming along?" (health service organisation, West Midlands)

> "It's about assessing the needs of parents before they come to it. Because what we don't want them to do is to fail. So if they need extra support, we try and look at that. So we will discuss this with them at the assessment." (voluntary organisation, South West)

Some facilitators developed short courses which were found to help parents prepare for a full programme: "We have actually introduced a four-week taster course, one for parents of pre-teens, one for parents of teenagers.... It's very much about starting the attitudinal shift, and what we find is the parents who have attended the taster course are fully tuned in for the 10-week course and they hit the ground running and they get the maximum out of it" (voluntary organisation, South Wales).

d. Overcoming barriers to access and attendance

Identifying barriers

Some interviewees described the benefits of consulting local groups of parents to help identify barriers to access. For example, one facilitator who consulted a group of young parents was surprised to learn how much lack of transport, age and class differences had deterred young parents from accessing services in the past: "They were very open, very good, said what the issues were and I'd never thought transport was [a problem].... They said they don't access services because they feel intimidated because parents are older ... the health visitor is middle class ... they feel very intimidated by that, so half of them said they didn't attend baby clinics" (youth service, West Midlands).

In spite of recognising these benefits, not all organisations have well-developed consultation processes: "I don't think our consultation strategy is as good as it should be. We've done some very good consultation work but I don't think we've got a strategic approach to it" (voluntary organisation, Midlands).

Overcoming physical barriers to access

To overcome problems with physical access, some facilitators were considering taking their programmes out to parents in rural areas: "We are talking about doing satellite outreach courses, where we visit some isolated areas within our county, because … time restraints just don't allow them [parents] to make the journey. So we are looking at going out to these outlying areas and delivering the 10-week groups in their communities" (voluntary organisation, South Wales).

Another facilitator working with young, socially isolated parents was experimenting with running telephone-based parenting courses. Although these courses have not been evaluated, the facilitator believes they were successful in reaching people who might otherwise be difficult to access. This mode of delivery appears to "fill a gap and reach where other parent support programmes struggle" (nationwide voluntary organisation).

Many interviewees also commented on the value of offering free transport: "We've found in the past that leaving transport to … the parents themselves, whether that be buses, taxis, walking, just doesn't work. I don't think we would run the groups that we do if we didn't put the transport on alongside of it" (voluntary organisation, South Wales).

As well as addressing the more common concerns, it is also important to check with each individual whether they have any specific problems with access. This helps with finding more tailored solutions: "Things like … is the venue on a bus route, can they get the bus … can they get the buggy on the bus … do they need assistance with those kinds of things, what's going to prevent them from coming to services" (youth service, West Midlands).

Overcoming psychological barriers to engagement

The biggest challenge for programme providers is engaging the parents who were very likely to benefit, but who did not believe they needed support, or who were wary of attending. Some interviewees felt that putting parents under an obligation to attend a parenting programme ran counter to the underpinning philosophy of self-directed learning. Others felt that parenting orders could be of benefit: "You can go so far with de-stigmatising services and making them very family-friendly, and we work really hard on that, but I do think there may be a group of families that will never come voluntarily … and you might actually be doing them and their kids a favour if you compel them to come … I think there might be some real benefits from using parenting orders" (voluntary organisation, Midlands).

Most facilitators who had worked with parents on orders were positive about the experience: "They always are very unhappy in the beginning, and then half way through … they say, why did it have to get this bad? Why wasn't this available to us earlier?... Once the programme shows them that it's not about them being bad parents. It's a collaborative approach. And they say, fine" (voluntary organisation, South West).

Some parents on orders may even benefit more than others:

> "We actually find we get as good outcomes and as good attendance, in fact better attendance for parents on programmes on orders than we do on a voluntary basis." (voluntary organisation, North East)

> "Most parents who come on an order and engage – and I would say that's probably in the high 70% – actually engage very well, complete and are very positive about having been on the programme." (voluntary organisation, North East)

> "We've had some fantastic results with parents on parenting orders, who didn't want to be there but then said that they thought it was the best support that they had ever had." (health service organisation, West Midlands)

There are a number of strategies that facilitators used to help this group of parents overcome their psychological barriers to engagement. These included:

- *ensuring that parents did not perceive that the programme was only aiming to improve their parenting skills:* "Any programme … has to meet their own needs first.... Efforts to help their own self-esteem and confidence need to be made and they ought to be valued" (voluntary organisation, South Wales)
- *keeping the sessions informal:* "If it's structured and formal they would feel like they're at school being told off, and I think it's important that that is not the case at all, particularly with parents that are made to come" (local authority organisation, Outer London)
- *using the parent's anger to build a working alliance*, because "They are usually really feeling angry and resentful, but actually not towards you, it's aimed at the courts" (voluntary organisation, North East)
- *letting the individual choose whether to tell the other parents about their parenting order.*

Helping parents complete a programme

Other family or work commitments could make it difficult for parents to attend sessions consistently. Although facilitators often helped parents who missed sessions to catch up, this was not possible for everyone. Sometime parents might need to attend a second time to complete the programme: "If they need to devote time to … a child or a partner or whatever, then it's going to mean that the course sort of gets put on hold for a while. And that actually doesn't stop them from re-entering the next group" (voluntary organisation, South Wales).

Some parents took time to become psychologically ready to take in a learning experience and so could not take in the information the first time round: "Sometimes we get families coming along, it's not the right time for them, and they will actually dip out and say I want to come back in the autumn or I want to come back next year" (voluntary organisation, South Wales).

These second attempts could be more beneficial than one-off programmes: "Because about 10% of our people redo the course all over again because they feel they

missed too much and they haven't got it all. They missed a bit, or something … they found that those parents got a bigger benefit" (voluntary organisation, South Wales).

However, offering repeat courses might not always be possible given the general lack of funding: "We would let them if we had spaces but we've such a long … such a big waiting list … and [with only] 12 people on a group, you can't have people keep repeating it. But … when it has been repeated, it has been extremely successful, and it's usually been people that have been in very, very desperate situations … who got to a better place by the end of the first course and were [then] ready to take it on board" (voluntary organisation, South West).

e. Creating a safe space for parents

A safe space is created for parents by choosing the right venue, setting up the right group dynamic, making parents feel welcome and by establishing ground rules right at the start. These are discussed in turn below.

A familiar venue

The most successful courses are typically run in venues that are already well used by parents. Parents often access other services at the same place and may have already developed relationships with the staff:

> "People say that they wouldn't access the course, they wouldn't be willing to commit once a week, but they have, because the agency that's running the course is an agency that they already use as a support." (voluntary organisation, Midlands)

> "We ran it in a community centre where there's already lots of parents attending, parents with children of various ages." (voluntary organisation, Midlands)

Facilitators often invited parents to become more familiar with a venue (for example through attending coffee mornings and 'stay and plays') to encourage them to sign up to a programme. This also helped parents begin to develop relationships before deciding whether to get more involved: "We … say, well, this is what's going on, we've got a trip coming up…. Maybe you could [come and] get to know the people? We do things like that to try and get them to come in" (voluntary organisation, South West).

Similarly, encouraging parents to visit the venue before their group started helped them feel comfortable about using the facilities. This was particularly important for parents using crèche or childcare services, as knowing their children were being well looked after would help them engage more fully in the sessions: "[It's] a way of familiarising them with the building and the facilitators … the more nurturing that goes on at the beginning of a group the better the attendance and … the drop-out seems to be less. And, of course … helping children to separate from their parents is, is extremely … important. It has to be a sensitive process" (youth service, West Midlands).

Another important consideration was whether the venue was located in a safe area. Even if a building had all the right facilities, if it was located in a run-down area, some parents might not be willing to attend.

There was some disagreement among the interviewees as to whether schools were a good place to hold parenting programmes. Some facilitators found it to be a problem: "We haven't had a great deal of success, and we believe part of that might be … [from] holding a group in school. Some of our parents have had such negative experiences … that to actually come into a school is too much to ask" (voluntary organisation, Midlands).

Other facilitators found there could be benefits to running programmes in schools, particularly if the teachers were engaged: "For me doing it in schools was great because actually the messages got out to the teachers, who were very ambivalent initially" (youth service, West Midlands).

Setting up the right group dynamic

Some interviewees believed it was important to set up groups with parents who all had similar experiences: "Some things can upset the balance, when you go into a group and there's mostly [parents of] 14-, 15-, 16-year-olds, and they're talking about drug-taking, stealing cars, or breaking and entering … other poor parents might be sitting there thinking, oh my God, that's going to happen to my nine-year-old, so we've got to be very careful … placement … could be crucial" (voluntary organisation, South Wales).

However, others believed that groups were better if they were mixed. To some extent this depends on the particular group of parents involved. The issues affecting the different groups are now discussed in turn.

Fathers

Most interviewees experienced some difficulty in recruiting fathers. This could mean that the men who did attend then found themselves outnumbered, which could be off-putting: "We did try to get males involved, but they didn't seem interested … they didn't really want to get involved" (youth service, West Midlands).

In general, most of the interviewees believed that men and women needed separate groups, or at least needed to spend some time in separate same-sex groups. This was because:

- men and women often had different kinds of conversations
- there could be problems in a mixed group if a parent had a background of domestic violence or other serious relationship difficulties
- men and women often had different parenting roles and therefore rarely shared exactly the same values in bringing up children.

Others suggested that where the focus of concern was a child's behaviour it could be helpful to have mixed mother and father groups, but where the focus was on family relationships, then it would be more helpful to have single-sex groups.

Opinion was also divided on whether it was necessary to have male facilitators of fathers' groups: "Five years ago, people said if you want to work with men, you should have a male worker. And people aren't saying that anymore. They're saying that you need a worker who can engage with men, but it doesn't matter about their gender" (voluntary organisation, North East).

Parents on parenting orders

Most of the interviewees believed that it would be better not to have groups exclusively for parents on orders. This was because it was important to aim for inclusion of this group and because mixed groups enabled a richer exchange of information as well as greater opportunities for relationships and social support systems to develop.

Some facilitators also thought it important that not all parents in a group came via referrals as this could have an adverse effect on the group dynamic: "At the time they come, they do feel judged because it's a referral only group" (local authority, Outer London).

Parents of children with disabilities

Parents of children with disabilities tended to prefer being in a group with their peers: "I think it's better that they all have disabilities because … you need to handle it very, very differently. It's not the same … where they're with … other parents in exactly the same situation as them … it's quite comforting I think" (local authority, Outer London).

Deaf parents

There were mixed views about whether it might be preferable for deaf parents to be offered specific groups. There are pros and cons, as one facilitator described having run a group that included a small number of deaf parents: "They enjoyed it. I don't think they moved as far as the other parents and the difficulty is the amount of time it takes … it was often hard to get meanings across…. I think it would be better to have a group for deaf parents. Except, having said that, they did appreciate finding out that there were other parents in the hearing world that had these problems too" (voluntary organisation, South West).

Teenage parents

Facilitators working with teenage parents tended to be of the view that it would be easier if groups were run exclusively for young people. Feedback from young parents has often indicated a reluctance to get involved if most of the other parents were much older than them.

Grandparents

It was generally thought that grandparents did not need a separate group, partly because many of them were quite young, but also because they often had a lot to contribute to groups of less experienced parents.

Making parents feel welcome

If parents had already met and established a relationship with the facilitator, they found it much easier to enter into the groupwork. It was also the responsibility of every programme facilitator to make all parents feel welcome: "It's very important. Groupwork for anybody, for most people is pretty daunting.... So, I think a familiar face, someone they connect to as soon as they walk through the door, is going to make it much easier for them to settle down, to come in the first place and then to feel comfortable while there". (voluntary organisation, North Midlands)

Establishing ground rules

Establishing ground rules of respect, a non-judgemental approach and confidentiality was considered essential if parents were to feel safe enough to participate in a group:

> "We strive to be non-judgemental ... so that what we are doing is actually providing a very safe arena for parents where they can be open and they can share. I think that the level of trust that's established right from the start is a key factor in the success of the programme." (voluntary organisation, South Wales)

> "We begin the session with ground rules and stress confidentiality, and we actually get one of the volunteers to talk about that and how important it was to them and what a difference it made to them." (voluntary organisation, South Wales)

> "I think that we provide ... a safe environment for them to come and talk ... and they don't feel that they are being judged either by the workers or by the other parents ... people feel safe to say things and they do talk about some ... stuff that is really quite close to the bone." (voluntary organisation, North East)

It was also important that parents were given time to get a feel for their group before any challenging material was introduced: "You start off gently, you don't start off with the bigger topics" (health service organisation, West Midlands).

f. Providing additional support

Providing additional support during a course can have a major impact on a parent's level of engagement and rate of attendance. In many cases, this support simply consisted of a between-group telephone call to check on how parents felt they were progressing. This is not a standard feature of all programmes, but many facilitators routinely offered this anyway: "It's not part of the programme, but we also offer a follow-up within the week. So, we can visit them, or they can telephone us" (voluntary organisation, Midlands).

This type of support could be vital for parents who missed a session to help them continue with the programme:

> "I'm maybe dealing with parents that are depressed, and one week, life has got too much for them and they can't come. And if we don't engage with them, they won't come back. Whereas if you give them … time to go through the previous week's session. That makes it easier for them to come back." (voluntary organisation, South West)

> "We just say, you know, are you okay, and we … missed you, or the group were concerned about you and just wondered if you're all right and to see if there's anything we can do to help them … access the group." (youth service, West Midlands)

If parents had more complex problems, the facilitator would usually ensure that these families received additional support in parallel with the sessions. This is often crucial to ensure that these parents benefited:

> "We're really clear … that a parenting course on its own isn't a sort of magic fix." (voluntary organisation, North West Midlands)

> "Certainly, in terms of parents with more complex needs, you would have to put extra resources in terms of maybe one-to-one support." (voluntary organisation, Midlands)

Parents with more complex needs were sometimes only offered a place that was conditional on other agencies working alongside them: "We would [offer] intensive one-to-one support if there were more complex needs … it would need to be part of a package" (voluntary organisation, Midlands).

Some groups of parents, for example parents with learning difficulties, might need additional home visits to help them understand and make use of the course material: "They would have a key worker who is their worker all of the time … and it might be that if they wanted … to cover that session, then their key worker would go and do a home visit and cover that session with them" (voluntary organisation, North East).

Extra visits could also benefit individuals who became distressed or disclosed serious problems during a group. This was not uncommon: "I might actually say, there's a lot more to cover here, isn't there, can we just possibly follow this outside of today? And I might go and do a home visit or talk to the person on the phone and signpost [them to other services]" (youth service, West Midlands).

At the majority of sites in this study, facilitators also scheduled in contact with parents after the courses finished. This helped parents embed the lessons into their daily lives: "Most of the groups that I've ever done … all have some sort of follow-up and I do think that there has to be that in some way… because you can't just… have a client come to a group … expect them to do so much throughout this and then just leave them high and dry to get on with it.... Because there is going to be questions, there's going to be times when there's maybe a bit of blip … they want to either ask

those questions or have that reassurance and they need somebody there" (voluntary organisation, North East).

Some facilitators set up additional systems of support that enabled the parents to continue meeting and learning from each other:

> "Every single parent that does it, they then become part of a sort of network that we keep in touch with. The parents can contact us, and often do, if anything is changing or they're not coping." (youth service, West Midlands)

> "The parents … didn't want it to end they just found it so useful … what we have done from there, which has gone on now for about three years, is a parents and carers of teenagers support group, and we run that every eight weeks … just so they've still got that contact and support of each other." (local authority, Outer London)

Some programme providers also offered refresher courses, for example: "an open invitation for people who have completed programmes to come back to the centre to go over the materials again" (voluntary organisation, South West).

Others encouraged parents to make the most of their newly developed skills and confidence to go on to other courses: "We're working with our Adult Education department and we're trying to get them to come at the end of our courses and do some signposting because, for a lot of the parents, this will be the first course that they've ever done and they will have really built their confidence about working in a group so we really want to build on that" (voluntary organisation, Midlands).

g. Adopting a facilitative style and a collaborative approach

The interviewees identified a good facilitative style as being non-judgemental, collaborative (rather than didactic) and respectful:

> "You've got to be friendly, non-judgemental, and you've got to make it clear that that's the way you work." (youth service, West Midlands)

> "If they feel like they're respected by you, they give and they get a lot more from the group than if they don't feel like they're respected." (youth service, West Midlands)

> "We respect their point of view and their feelings … we offer suggestions about how things can be done differently and then it's up to them to decide.… Even if we don't agree we can say … I have respect for what you're saying [but] if it's not working, how about trying this?" (voluntary organisation, West Midlands)

A collaborative approach involves empowering parents and enabling them to set their own parenting goals: "At the beginning the parents choose the behaviours that they want to change … so they say this is what I want to change" (local authority, outer London).

The process involves working in partnership and recognising the parent's own expertise:

> "It's not a model where the facilitator teaches or advises. It's around the parent … pulling out the principles, and being the expert, and coming up with the ideas." (voluntary organisation, South West)

> "We … say … that we are not experts here, we have some ideas but you know what will work for your child." (voluntary organisation, North East)

This approach is fundamental to programmes being acceptable to a wide range of parents: "I think what I like about our approach is that it encourages parents to reflect on their own life stories and their own history of being parented, and how that affects how they want things to be or not to be for their children.… And it's not about telling them how it should be … and that's very acceptable to our parents" (health service organisation, West Midlands).

h. Tailoring the programme

Many of the interviewees adapted the programmes they ran to make them more suitable for certain audiences. Importantly, this did not involve radically changing the content, but making changes to the delivery and format to ensure the content was accessible: "You don't adapt the model but it's all about tailoring the course to the experiences of the families … it's quite subtle, you don't change the order in which you teach the skills or what you teach.… The tailoring is about making it relevant to them and to build on what they bring with them" (voluntary organisation, Midlands).

This seems to be particularly important for young parents, parents whose first language is not English, parents from different BME communities and parents with special needs. It ensures the programme focuses not only on parenting skills but also on the needs of the individuals. The issues for different groups will now be discussed in turn.

Young parents

Facilitators who work with young parents tended to include more unstructured sessions allowing the young people to have more of a say in what was covered. (This appears to be the exception to the rule, as most facilitators did not feel it was necessary, or appropriate, for other groups of parents to have control over the topics discussed.) However, young people were more likely to engage if they had more of an input: "Allowing them to have an input into what they want to do. I think that works really well rather than saying to them, you're doing this, you're doing that … if they've had an input, they're more likely to say, oh, right, we'll do this, then, and they'll get more involved" (youth service, West Midlands).

Working with peer volunteers also proved to work particularly well for this group: "We've had a couple of projects that have worked, specifically, with teenage parents, and they have had peer mentors … facilitating the courses for teenagers. It worked very well, the teenage mentoring" (voluntary organisation, Midlands).

Parents whose first language is not English

Parents whose first language is not English tended to cope with courses fairly well because often the material was provided in different formats and they were also able to work at their own pace. However, some of the interviewees found that involving an interpreter did not work well. This was because of problems with ensuring an accurate translation and the adverse effect of the extra person on the group dynamic. For this reason, many of the sites were making efforts to train same-language speakers to deliver the programmes: "One of the mothers, a Somali lady, is going to be running it, so they have found a way that they can address [this problem]" (local authority, Outer London).

Parents from BME communities

Many of the interviewees believed that all programmes were accessible and acceptable to parents from different BME communities. This was because all programmes encouraged parents to bring their own experiences to the group and the ground rules always stipulated that parents should respect each other's opinions. In effect, this makes all programmes culturally sensitive: "We try to treat everybody the same. Equality within diversity" (voluntary organisation, South Wales).

And again, it is possible to highlight or play down different topics to reflect the interests of the group: "So if you're working with a certain community, some of the information is more relevant to that community than other bits" (voluntary organisation, Midlands).

Parents with special needs

Facilitators usually adapted materials (using different font sizes, different colours, simpler language and pictures) for parents with learning difficulties. However, most of the interviewees also said that as a matter of standard practice, they tried to make sure that parents did not have to rely on the written word. This benefited a wide range of parent groups: "The onus is on the facilitator to have everything spoken out and to make sure that the parents understand it. And we've had many parents with low literacy, or no literacy in terms of accessing the programme, because the facilitator is trained to make sure that they read everything out and explain everything, and there's a lot of discussion. So the parents don't have to read or write" (voluntary organisation, Midlands).

5.1.2 Changes at a strategic level to increase the accessibility and acceptability of parenting programmes

i. Increasing provision of parenting programmes

Although the interviewees were generally keen to maximise access to parenting courses, some expressed concern about raising parents' expectations and then not being able to meet the demand: "If we made ourselves too popular we'd get so inundated we'd end up with a waiting list and that would be completely unfair on the parents" (voluntary organisation, North East).

Many were also concerned about being able to sustain programme provision, given the unpredictable nature of funding: "Sometimes it feels like the whole parenting strategy is like this house of cards, built on tiny bits of temporary funding that could all come crashing down at any minute" (voluntary organisation, South Wales).

Short-term, central funding was thought to undermine the quality of local programmes as well as local parenting strategies. This is because funding decisions were often made without the experience of people 'on the ground': "How could they know what was needed locally? They would fund things that ... looked very good on paper, but some of us were thinking I wouldn't give money to them!" (voluntary organisation, West Midlands).

The general picture is that there are not enough resources to provide courses for all parents who could benefit, particularly in areas of high deprivation, as one manager described: "We think probably around 50% of our parents, given the levels of deprivation, would benefit from the course. I can't see how we could resource 20,000 places ... it's always a compromise ... trying to get better at getting the most needy families onto the courses ... actually we're reaching about half to three percent... And yet we have more provision than most cities.... I don't think there have been any discussions nationally about that" (voluntary organisation, Midlands).

There is therefore a lot of interest in finding ways to increase provision of parenting programmes, including working with other agencies (see below).

j. Partnership working with other agencies

The interviewees identified several benefits to working closely with other agencies. These included:

Better access to target groups of parents, particularly groups that were 'hard to reach':

> "We're getting them [the Youth Drug and Alcohol Projects and Youth Offending Teams] to help us to recruit the [teenage] parents because they're ... dealing with those parents specifically.... And they've gone to their clients and ... basically sold the course to them." (voluntary organisation, North East)

> "What works really well, is when the statutory agencies work in partnership with the voluntary agencies, particularly in a group that is deemed hard to reach, like fathers, like parents with a low income and ethnic minority parents." (voluntary organisation, Midlands)

Earlier intervention for families who were in trouble, which helped avoid crisis situations. For example, specialist parent support workers located within housing departments were able to help families at risk of being made homeless:

> "We are beginning to start working with housing associations as well ... because an awful lot of families find themselves in the situation of being evicted because of anti-social problems, which, if we could have worked with the family sooner, we may well have managed to defuse." (voluntary organisation, South Wales)

> "The most vulnerable families are presenting to them as homeless or coming to their attention because of anti-social behaviour … so they can access some families before other services perhaps know there's a problem." (voluntary organisation, Midlands)

Making it easier for parents to find out about the support available, for example through improved telephone access:

> "We've got, with three of them, a special arrangement so that we can put parents through directly … so that parents don't have to put down the phone and ring another organisation and go through all the processes again … it's about making it easier for parents." (voluntary organisation, nationwide)

Increasing local capacity to deliver parenting programmes. This has involved training staff in other organisations in the use of programme materials:

> "Basically what it means is that you allow another organisation to use your materials and brand … and we would train their people as we might train out own people … and they would go out and run our courses." (voluntary organisation, nationwide)

This has extended the reach of programmes to groups that might not have otherwise attended courses:

> "The foster carers all feel that for every foster carer … they should all have the opportunity to have it [parenting training]. We'd like to do it … but funding is an issue. So what has happened now is that staff from the fostering and adoption team … are coming to train with us so that they are better able to support those foster carers … and the funding lies with the fostering and adoption team." (voluntary organisation, South West)

> "You would go to small community organisations that are set up specifically to work with and support asylum-seeking groups, and they might just be offering advice but not specifically parenting support." (voluntary organisation, nationwide)

Increasing the skills of staff in other organisations could also bring other benefits. For example, it could help parents who were not eligible for parenting programmes to receive some basic level of support. In one site, an Anti-social Behaviour Order officer undertook group-based training and then shadowed a worker providing support through outreach. He was then able to use these skills to work with parents who could not attend the courses: "He is most effective in that … very, very successful" (voluntary organisation, Midlands).

It also enables parents to receive support from other agencies while they are on a waiting list for programmes: "They can actually support those parents to try and stop the situation deteriorating further … and [prepare] the parents to come along so that when parents join us they are almost hitting the ground running" (voluntary organisation, South Wales).

It can also extend the reach of programmes by providing support for children and/or parents in other settings. For example, working with the teachers who are teaching the children of parents on courses has proved very effective: "We've had examples where the teachers have changed what they're doing in the whole class situation, and it's made things better for the [child and the] other children as well" (voluntary organisation, Midlands).

However, some practitioners were concerned about working with other agencies. They worried about quality control and ensuring that training and programme delivery met the required standards: "There are some groups that are run at arm's length and we can't be 100% sure what they are doing" (voluntary organisation, Midlands).

For this reason, some facilitators also stressed the value of spending time negotiating boundaries and making formalised agreements about roles and responsibilities when working in partnership with other organisations:

> "There are very clear SLAs [service level agreements] for that. And the work is very controlled, to a very high quality ... we're working with a coalition of voluntary groups and there would be issues about accountability and giving consistent messages and so on, and we're trying to work through that." (health service organisation, West Midlands)

> "I think quite a lot of work has to be put into it and into understanding each other and there are pitfalls. It's terribly important to try to think of it as a partnership and not for one partner to impose its agenda on another." (voluntary organisation, nationwide)

k. Offering different kinds of support in a variety of ways

Often the parents in most need of support had the greatest difficulty in accessing services. It is therefore essential to offer different kinds of support in a variety of ways, so that all parents can find a service suited to them: "We're talking about a menu of services with different entry points" (voluntary organisation, nationwide).

This could mean offering more than one programme and/or different formats, for example one-to-one support as well as groupwork:

> "What we have found are some people are doing the one-to-one and then go on and do the group, so we offer that ... sort of have a double dose which is probably quite effective." (voluntary organisation, South West)

> "A lot of parents do benefit from the group situation and learn a lot from other parents.... However, for some parents, they are not the most appropriate form of intervention." (health service organisation, West Midlands)

People also face new challenges as their families change, which can mean parents need to repeat courses or complete a new programme:

> "They accessed the course when their children were young – five, six, seven years old – and they've waited a few years, and now they're going to go on a course because they're getting to teenagers and they're displaying different behaviour and they just need... different skills or to re-affirm the skills they've already got." (voluntary organisation, Midlands)

> "Sometimes parents need to do more than one parenting programme because all parenting programmes don't aim to achieve the same thing. I would use [a] programme ... about what being a good parent, a caring, nurturing parent looks like, [to help them] build relationships with their children ... but you might want to come back six months later and do a programme that is more around boundary setting. It's very hard to do a programme around boundary setting if you haven't got a relationship with your child. So sometimes you would want to have a parent do two different programmes at different stages." (voluntary organisation, North East)

l. Ensuring facilitators are highly skilled

Having a highly skilled facilitator was widely agreed to be essential to guarantee a good outcome from parenting courses: "It's about the relationships, the intensity, a very skilled way of engaging the parents and making them want to be there" (voluntary organisation, Midlands). Ensuring facilitators were highly skilled requires provision of adequate training, access to continuing professional development (CPD) and high-quality supervision, and provision of both emotional and practical support. These issues will be discussed in turn.

Training facilitators

The interviewees were unanimous that good training was fundamental to ensure facilitators possessed the degree of skill required to run effective groups:

> "You will get some kind of disclosure ... from some parents somewhere along the way, and this is why it's really important for the facilitators to be trained, and not to be phased by ... these discussions." (health service organisation, West Midlands)

> "My last group ... we had a heroin addict ... how do you manage somebody who's disclosing that in a group of people who aren't heroin addicts?... it requires a lot of sensitivity on the part of the facilitators." (health service organisation, West Midlands)

There was considerable variety among even the few programmes that were included in this study, in terms of how much training was involved. Some programmes only required two or three days initial training, although most also ensured that practitioners observed skilled facilitators and then co-facilitated a group, before running a group on their own.

Short training courses that focused only on the delivery of parenting programmes were thought to be inadequate. On top of the specialist programme training, facilitators also needed training in groupwork skills, child development and the 'tasks'

of parenting. One interviewee also thought that facilitators needed to have relevant experience if they were to be sufficiently aware of parents' situations and insightful enough to work sympathetically with them. She believed that the fact she was a young, mixed-race parent helped to make her courses much more acceptable to the young parents she worked with: "it's probably better if you have the life experiences so you can empathise with the people that you're with" (youth service, West Midlands).

CPD

There was considerable variation among even the small number of sites in this study in terms of the scope for personal and professional development. All the interviewees felt that this was important and some felt they needed more opportunities to extend their theoretical knowledge and to keep up to date with developments in the field.

Providing high-quality supervision

Most facilitators received supervision, either from colleagues or from line managers. If not skilled in programme delivery, these managers usually had experience of working with parents.

Supervision was highly valued by facilitators because it provided:

- *Much needed emotional support:*

  "Because of the nature of the group, sometimes you get something disclosed which is quite horrific and you need to talk it out before you go home really." (youth service, West Midlands)

- *An opportunity for reflection on practice:*

  "It's very easy to drift into your own style of working, and it [supervision] just keeps ... the programme fidelity true. I think it's vital for that, really." (voluntary organisation, South West)

- *Personal and professional development:*

  "It's being a way of supporting our development. It's a way of being us being accountable to somebody.... They can also assess our abilities to present these programmes and offer training where it's needed." (voluntary organisation, Midlands)

Supervision was particularly important for facilitators working with parents with more complex needs: "If you're doing a parenting programme with a number of families where there are high levels of risk and safeguarding issues, then I think you need more access to support and supervision around that work than if you're doing a universal programme for parents who just want to improve their skills" (voluntary organisation, North East).

Some facilitators received additional specialist support and supervision from the people involved in developing and/or rolling out the programmes. This could be expensive: "I'm very lucky where I am at the moment because we've got a budget that offers us a chance to go for supervision.... Where I worked before, we didn't have these ... budgets" (voluntary organisation, South West).

One form of supervision/training that some facilitators found beneficial involved videotaping sessions and then reviewing the tapes within a group supervision setting. Again this was expensive which may have limited its take-up on a wider scale. However, it has proved very successful: "For me, it was the most positive learning experience ... that process of watching yourself on videotape, perhaps sensing that something wasn't quite right and then realising why it wasn't" (voluntary organisation, South West).

Providing support through co-facilitation

Many interviewees commented that working with other facilitators worked well because it provided both emotional and practical support. It also helped to reflect on practice:

> "I think it's invaluable for many reasons, because if ... there's lots of issues in that group, it can be very draining. It's good to provide emotional support for each other." (voluntary organisation, Midlands)

> "We talk together a lot, so if I'm feeling a bit unhappy about something, or she is, we'll talk about it." (youth service, West Midlands)

Some sites also included a third facilitator to help practically manage groups with more complex needs. This extra person could give more intensive support to a parent who might otherwise find it difficult to stay in the group or to meet the demands of group tasks, or who might disrupt the group: "We've actually put in a ... sort of a third standby facilitator who, if there was any difficulties, if a parent was struggling ... can go and give assistance without it being extremely obvious ... also, if a parent... became upset ... they could then go out of the room with the third facilitator who would be on ... the sidelines to help" (voluntary organisation, North East).

m. Recruiting volunteers to help run and support programmes

Many interviewees commented on the value of recruiting volunteer parents either to provide additional support or to help co-deliver programmes.

Parents who provided support alongside the courses provided an invaluable service in enabling other parents to engage and complete the programmes. They also helped boost recruitment: "We have community parents who are home visitors [and] run our play and stays as well ... they're recognised as being members of the local community ... I think they command a lot of respect, and I think people approach them an awful lot as well, so the word of mouth is, is very good via the community parents" (health service organisation, West Midlands).

Parents who had been through the programme also proved to be very influential and effective co-facilitators:

> "To actually have a parent sitting there and saying do you know, last year I was exactly like you … but hey, you can put effort in and we can turn this around, and the power of actually hearing another parent say that outweighs anything we can say." (voluntary organisation, South Wales)

> "Someone saying the course worked for them is worth eight times what anything I might say.... You can see people looking at people like me and thinking, well, you would say that. Once a volunteer gets up and says, you think your Johnny has problems, god, my Leanne, she was doing x, y, and z and, you know, we turned it around.... That's fantastic. That's really powerful stuff." (voluntary organisation, South Wales)

They were also more accessible and less intimidating to the other parents: "I think I may be more of a grassroots kind of person than a lot of the professionals that deliver the courses. I don't even look like one. I'm big and hairy but I'm not scary. I look like an average Joe off the street" (voluntary organisation, South Wales)

Becoming a parent facilitator was sometimes a natural next step for parents who increased their skills and self-confidence through a parenting programme. To encourage parents to develop further many sites provide accredited training:

> "All our volunteers have been checked, and … we have volunteer training that is accredited by the OCN [Open College Network] as well." (voluntary organisation, South Wales)

> "We felt that the parents were working hard and … it would be fantastic for them to actually have a qualification in the end. Some of our parents have never had a qualification before, so it really begins to open up the whole idea of returning to education, which again is a form of empowerment." (youth service, West Midlands)

5.2 How programme facilitators ensure their work is effective and engages a wide range of parents

While all of the interviewees were convinced that parenting programmes were rewarding, both for parents and for providers, few were certain that the methods used to monitor and evaluate their work reflected the true picture. Most of the methods generated quantitative data, which might not capture the changes that were actually important to measure: "I think [we] should be evaluated by our line managers, and the whole thing should be evaluated by the parents.... But it's easy enough to come out with a load of figures … but it's how people feel about themselves that actually helps them parent better" (voluntary organisation, South Wales).

The most common methods used to monitor and evaluate parenting programmes included the following:

Recording attendance and progress

Some of the interviewees keep systematic records on the numbers of referrals, patterns of attendance and parents' progress, but there was considerable variation in the kind of information that was kept. Few stored the information electronically or carried out any form of analysis, mainly because of a lack of administrative capacity. This made it difficult to obtain a comprehensive picture of the populations being served by parenting programmes.

Monitoring parents' experiences of programmes

Most of the interviewees asked for feedback from parents, and again used a variety of approaches to do this. Some obtained feedback session by session and others at the end of a programme. One organisation held a focus group at the end of the course, led by an independent facilitator, but most asked for some form of written feedback, typically via questionnaires: "We're taking feedback all the time from parents and carers as to what's effective about what we're delivering" (voluntary organisation, Midlands).

Many used this feedback to improve their delivery and develop the programme content:

> "We get feedback from the parents on how they find the sessions.... Then we ... would sit down and do a session-by-session evaluation ... and marry the two up to find out sort of areas where there was any problems." (voluntary organisation, North East)

However, some were more sceptical about the value of feedback from satisfaction questionnaires:

> "So you get what we call a 'happy evaluation' but that isn't the measure of change or effectiveness; that just means that ... [it's] been quite a pleasant experience. And I don't think that's sufficient ... to make the kind of investment that you make to deliver a parenting programme." (voluntary organisation, North East)

> "The [programme] I used before was lovely and it made the parents feel absolutely wonderful, but I didn't have any evidence that it was actually effecting much change." (local authority, Outer London)

Assessing the impact of programmes

A number of the interviewees were using standardised measures, often pre- and post-intervention questionnaires, to assess impact. Some were sceptical as to whether these measures were sufficiently sensitive to detect the subtle changes that programmes typically brought about. Others were concerned that they might not pick up the changes that were important to parents: "In terms of what you want to measure, it depends what you want to achieve in the first place, doesn't it?" (voluntary organisation, South West).

It is also important to assess the long-term impact of programmes to be certain that any change is sustainable. A lack of resources makes this difficult: "We do a six-month follow-up, which is one of the areas where we've had difficulty because we haven't had the capacity to do that" (local authority, Outer London).

External evaluations

Several of the programmes were in the process of being evaluated externally at the time of the interviews, some involving RCTs. However, few of the interviewees were convinced that this was the best method of obtaining evidence of benefits (see also Section 3). But they also recognised that parent feedback alone might not provide robust evidence of effectiveness. While most facilitators were trying to monitor the impact of their work (often with very limited resources), there was no agreed best practice approach. Many would welcome clearer guidance in this area and the development of more user-friendly evaluation tools.

5.3 Views of the frontline practitioners on NICE/SCIE guidance

Most of the recommendations in the NICE/SCIE guidance were well received and, with minor modifications for certain groups of parents, considered very helpful. More detailed feedback on each of the recommendations is provided below.

Programmes should be group-based

The interviewees identified the main benefits of working in a group as being able to:

- share concerns with other parents
- make new supportive relationships with other parents
- learn from your peers as opposed to professionals
- be challenged in a safe space

> "The most powerful learning from it, with any group of parents, is what they get from their peers and from other people who have been through similar situations because … it kind of carries extra weight." (voluntary organisation, North East)

> "Also parents team up with each other to help each other … if you've got parents who can't write English, and what happens is another parent will help them." (voluntary organisation, Midlands)

> "You probably could learn some of it out of a book, but without the support of the others around you, I don't think you get on as far, really … the support they get from each other is a major part of it." (youth service, West Midlands)

> "It is encouraging for others to see somebody succeeding." (voluntary organisation, South Wales)

However, not all parents are eligible for parenting programmes. The standard programmes in use are not designed for parents with complex needs or those in very challenging circumstances. This means that group-based learning is only really

effective for parents with lower levels of need (for reviews, see Barrett, 2003, 2008; Moran et al, 2004). Other parents are more likely to benefit from more intensive forms of support.

Programmes must be structured

There is some variation in opinion as to how far courses needed to be structured. It was generally agreed that programmes needed to:

- include core material
- cover topics in a pre-determined order
- start with simple topics before moving on to more controversial subjects.

Having a clear structure helped facilitators stay on track and ensure that everything got covered:

> "They [the parents] feel in a very safe environment because all of a sudden they're with parents that are actually experiencing exactly the same as them … the flood gates can open, therefore you [need to] keep it very focused. And that's where the structure is good." (local authority, Outer London)

> "Experience tells us that it's important to get through all the information that we've got to get through and we've only got eight weeks to do it … we need to try and keep it to task as much as we can." (voluntary organisation, North East)

However, it was also important that the sessions did not become too formal: "It's very prescriptive … inasmuch as … we do this week one, two, three, we follow the programme; but it's not in a classroom environment, it's very much fun and we have a laugh" (local authority, Outer London).

It was also possible to keep to a programme structure and yet, by giving more or less emphasis to certain topics, retain enough flexibility to be responsive to the needs of individual parents: "I would emphasise certain areas more than others … there's various subject areas that need more emphasis, depending on the group" (voluntary organisation, Midlands).

Programmes must have a curriculum informed by the principles of social learning theory

This recommendation was less well received, largely because some interviewees felt unclear about what was meant by social learning processes as different people could interpret it in different ways. They thought it would be helpful if this aspect of the NICE/SCIE guidance were made clearer.

Programmes should include strategies improving parent–child relationships

This recommendation met with no disagreement. Most facilitators believed that the fundamental aim of parenting programmes was to improve parents' relationships with their children as well as with themselves and each other.

Programmes should offer a sufficient number of sessions, with an optimum of 8–12

Most of the programmes on offer at the sites in this study ran for the recommended 8–12 weeks. The differences in course length reflect the different aims and the kinds of difficulties the programmes sought to address.

Standard programmes which aim to increase the skills of parents with younger children tended to run within school term times, mostly for practical reasons: "We're able to not give anything to do in holiday time, which means then, if there's any childcare issues, we've no need to worry" (voluntary organisation, South Wales).

Some interviewees felt 12 weeks could be too long: "I think 12 weeks is a little bit long and quite difficult to sustain. We usually find that if you can run a parenting programme within a term, so that you don't have a big break, then actually, your engagement is better" (voluntary organisation, North East).

But courses any shorter than eight weeks could not cover all the material: "We did pilot a seven-week model and I don't think that was as powerful" (voluntary organisation, Midlands).

Programmes for parents of older children or for parents with more complex needs might need to be longer than the recommended time:

> "The older the child then the more entrenched the behaviour is going to be and the more entrenched the parenting styles are going to be." (voluntary organisation, South West)

> "It needs some more time, just because it's going into deeper issues." (health service provision organisation, West Midlands)

There was some disagreement as to how best to run longer courses as it might still be preferable to avoid running sessions during school holidays: "For the 17-week course, you're always having to keep them over a school holiday so I'm not at all convinced that 17 weeks is ideal. I think what's possibly more realistic is to offer top-up sessions [in addition to a 12 week programme]" (voluntary organisation, West Midlands).

Programmes should enable parents to identify their own parenting objectives

This recommendation was widely supported by all the interviewees. Enabling parents to set their own goals was agreed to be a fundamental principle underpinning all parenting programmes (see also Section 5g).

Programmes should incorporate role-play during sessions, as well as setting 'homework' between sessions, to help establish new behaviours at home

The interviewees were very positive about role-play in parenting programmes. However, they stressed the need to introduce role-play to parents gradually and not to insist that every parent should participate: "I think to assume that parents will

be happy undertaking role-play is not an assumption that you should have really. I think that needs to be … thought out very carefully … actually, the term role-play in itself is very off-putting, and we don't tend to use that word, because immediately people's anxieties go up" (health service provision, West Midlands).

They all also agreed with the recommendation for homework:

> "They're doing it at home themselves. It can make them feel so empowered and they feel like they've done wonderful things, just seeing their child smile or having a special moment with their child." (health service provision, West Midlands)

> "It can be very powerful, what people come back with … things like observing the children … or thinking about what behaviours might mean or how they felt around certain issues." (health service provision, West Midlands)

> "It's really helpful because it then generates discussion and other parents are able to give different points of view and it's also helpful learning for other parents who maybe haven't done their homework." (voluntary organisation, North East)

However, again the word 'homework' might not always be helpful, especially for parents who had had bad experiences of school: "So that would be when you'd be very sensitive about using the word homework, and what would you like to call it" (health service provision, West Midlands).

Not all parents would do the homework but most of the facilitators said they took a relaxed view on this: "Not everybody is asked to do the homework anyway, and it's just that the ones that do always give such valuable insights to the others. You just see light bulbs going on and they're picking up things even if they're not physically doing the homework" (youth service, West Midlands).

However, the approach to homework much depended on the aims of the programme: "In the substance-using programme … we actually give parents formal homework because it's an accredited programme and it's also a programme that they go on because they're at risk of their child going into care. So they have to produce evidence of change and homework is a way of producing evidence.… I think homework is something that should be a component of all parenting programmes, but then depending on what the programme is there for, may be presented in different ways" (voluntary organisation, North East).

Programmes should be delivered by appropriately trained and skilled facilitators, who are able to establish therapeutic relationships with parents and receive high-quality supervision with access to ongoing professional development

This recommendation received widespread support (see also Section 5l).

Programmes should adhere to the programme developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme

The interviewees agreed that it was important to adhere to the programme manual and to preserve programme fidelity, but that it was also essential to introduce some level of flexibility to be able to respond to an individual's needs. In fact most manuals provide tips on how to do this:

> "The manual may be seen as ... quite wordy, but in terms of delivery ... it's very flexible. So you are able to change the language ... to put visual aids in if you want to – lots of facilitators will add in things and they've got the freedom to do that." (voluntary organisation, Midlands)

> "You don't change the materials that much, you change the way you deliver it and ... how you talk about it, and what you would give to some groups." (voluntary organisation, South West)

However, changing the key elements of a well-researched programme was not thought to be a good move: "If you alter it – especially without properly researching why you're altering it – you have no idea what effect you're having. You might think you're having a very good effect but you don't know, do you?" (voluntary organisation, South West).

Programmes should demonstrate proven effectiveness, based on the evidence from RCTs or other suitable rigorous, independent evaluation methods

All the interviewees agreed that was very desirable for parenting programmes to have a robust evidence base: "I think I'd be a bit concerned about rolling out a brand new programme to parents that hadn't had some research done on it.... Because, I mean, at the end of the day, we're dealing with people's lives" (voluntary organisation, North East).

This evidence is also important to counteract the tendency for practitioners to become devotees to the programmes they have been trained on and to provide more objective information to help match parents to programmes: "What you will get sat round the table is you'll get the person over there who's trained on Webster-Stratton and thinks that everybody should use that, and the person over there who's trained on Triple P and thinks that everybody should use that ... I'll make an assessment of the client group I'm working with and decide which is the most appropriate intervention" (voluntary organisation, North East).

However, not everyone was convinced that RCTs always provide the most robust evidence. Some were concerned that:

- the results from a trial could be misused
- some trials were not well-designed
- the results did not always reflect how popular a course was with parents
- trials did not always use outcome measures that captured what was most relevant and important to the actual participants.

Many of the interviewees concluded that there were other forms of evaluation that could provide just as convincing evidence of benefit.

The interviewees also highlighted a shortcoming in the evidence that was currently available. It tended to be limited to the use of a programme with a certain group of parents, which might not be the same as the target group for enrolment. This could create a need for further assessment, but many felt they had neither the skills nor the capacity to do this.

6 Summary and conclusions

The study involved carrying out a practice survey, talking to a wide range of frontline practitioners about their experience of providing a variety of parenting programmes. The aim was to address three major questions:

1. How are parenting programmes made accessible and acceptable to all parents?
2. How do programme facilitators check that their work is effective and that they are successful in engaging a wide range of parents?
3. What are the views of frontline practitioners on the standards set by NICE/SCIE guidance?

The findings are summarised below.

6.1 How to make parenting programmes accessible and acceptable to all parents

There was general agreement among facilitators and managers that in order to make parenting programmes accessible and acceptable to all parents it was important to consider factors that influenced the delivery of programmes as well as factors at a more strategic level. These will be discussed in turn.

6.1.1 Programme delivery

Keep everyone well informed through publicity

Although it could be expensive, publicity for programmes helped recruit parents and better inform staff making referrals. There are many different ways to do this, but the consensus was that 'word of mouth' was the most effective way. This worked particularly well if satisfied parents were able to pass on their experience to others.

Introductory or 'taster' sessions also proved successful. These helped parents prepare for a course, to find out whether they wanted to make a commitment and whether the practical arrangements (for example the crèche facilities) would work. They also helped develop relationships between parents and facilitators.

Match parents to programmes

A mismatch between programme and parent was the main reason for high rates of non-take-up and/or early drop-out. It would be helpful if more detailed information was more widely available about the purpose and outcomes of different programmes. This would help parents, facilitators and staff making referrals to all make better choices.

Assess parents' needs and circumstances before offering a place

This was essential so that parents were not set up to fail. The assessment helps facilitators gauge parents' readiness and also to understand the barriers that may prevent a parent from engaging with the programme. Each parent could then be

given the specific support they needed to be able to attend and fully participate. This meeting could also be an important first step in building the trust necessary to support a good working relationship.

Create a safe space for parents

A safe space for parents was created by choosing the right venue, setting up a good group dynamic as well as by the moderating skills of the facilitator. A good venue would be:

- located in a safe area and close to public transport
- welcoming, preferably not too 'clinical looking' but clean and bright, and evidently used by people from diverse backgrounds
- accessible for people with mobility problems and equipped for people with additional sensory or language needs.

It would also provide:

- free, high-quality crèche facilities
- access to play or sports activities
- refreshments.

A good facilitator will make all parents feel welcome and agree the 'ground rules' with the group right at the beginning. This helped parents feel safe in sharing their experiences. It involved establishing rules about confidentiality as well as ensuring respect for difference and a non-judgemental approach. This was particularly important for parents who were socially excluded or who had received parenting orders.

In terms of group dynamics, it seems that some groups of parents found it easier to work with a group of their peers, for example teenage parents preferred groups mainly made up of young people. There was some debate as to whether it might also be helpful to match facilitators with parents, for example to have male facilitators running fathers' groups.

Providing additional support during a course can have a major impact on a parent's level of engagement and rate of attendance. In many cases, this support simply consisted of a between-group telephone call to check on how parents felt they were progressing. This is not a standard feature of all programmes, but many facilitators routinely offered this anyway. This type of support could be vital for parents who missed a session, or parents with more complex problems ,to help them continue with the programme:

Help overcome any barriers to parents attending and completing a programme

Facilitators might also need to take additional steps to ensure all parents were able to commit to and successfully complete a programme. These relate to overcoming some of the barriers to engagement and include providing:

- one-to-one support work in preparation for coming to the course
- additional reassurances about confidentiality, about the collaborative nature of the work and the principles of non-judgement and respect
- extra support, for example for parents with learning difficulties or social anxiety
- interpreters
- assistance with the first visit to the venue
- all-round support by working with other agencies, where appropriate.

Adopt a facilitative approach as opposed to a didactic approach

A good facilitator would:

- *work collaboratively with parents* to empower them to set and meet their own targets; they would view parents as experts in respect of their own children, as well as capable of finding the best solution to their own problems
- *work from 'where parents are at' and, as far as possible, at their pace* – this is key to the successful engagement of parents from a wide range of backgrounds and at different stages along their parenting journeys. Good facilitators would cover all elements of a programme, but spend more time on the aspects most relevant to the particular group of parents. Each parent's experience would also be used as material for group discussion. This would ensure that all parents could closely identify with programme content
- *actively listen to parents* – this would allow new ideas to be fed into the group for reflection and discussion and ensure all parents could make a contribution
- *demonstrate trust and respect* – this is important to engage a wide range of parents.

6.1.2 Changes at a strategic level

Work closely with other agencies

Working in partnership with other agencies benefits all involved (Barrett, 2008). It helps increase awareness of the services available and therefore increases the likelihood of staff making appropriate referrals. It also helps ensure that services are not duplicated and can be developed to more closely reflect parents' needs.

Working with community organisations is particularly valuable in engaging parents from minority communities. It helps to develop programmes that are more acceptable to these parents. Where parents have complex or multiple needs, the extra support from partner agencies can be crucial to their successful engagement.

However, partnership working can be very demanding, particularly if partner agencies are unstable or poorly regulated. Clarity over roles and responsibilities must be achieved before entering into joint working agreements.

Offer different kinds of support that can be accessed in different ways

The parents who are most in need of support may have the greatest difficulty in accessing services. It is essential to offer different kinds of support in a number of

ways so that all parents can find a service that suits them. This includes providing home-based support through to simply providing information, as well as having drop-in activities through to more specialist services.

Offering parenting programmes in settings where parents are already accessing another service can help with recruitment, particularly as some parents will need access to more than one kind of support.

Some parents may find it difficult to work in a group and for some it may not be at all possible, for example in rural areas. This may mean developing more creative approaches to programme delivery, for example providing extra support to parents over the telephone.

Engage in reflective practice

Reflective practice is generally agreed to be of great value. It helps facilitators to better meet the needs of group members, obtain emotional support for themselves and enrich their planning of programme delivery. It is sometimes built into supervision processes or developed through a process of peer support.

Involve parents in delivering parenting programmes

There is great value in parents being involved in running parenting programmes or simply providing additional support (for example childcare or refreshments). This contributes greatly to creating a safe space for parents and to easing new parents into programmes.

Parents who help run courses are usually provided with training for their voluntary role and may go on to train as facilitators themselves (Barrett, 2007). This step is often linked to their personal development and helps further increase their confidence and self-esteem.

6.2 How programme facilitators ensure their work is effective and engages a wide range of parents

Most facilitators use similar strategies to monitor and evaluate their work to ensure it is effective and meets the needs of a wide range of parents. Typically this involves:

- recording attendance and progress
- monitoring parents' experiences of programmes
- assessing the impact of programmes.

Recording attendance and progress

Although facilitators often kept notes on individual attendance rates and achievements, this information was rarely fed systematically into evaluations.

Monitoring parents' experiences of programmes

Most facilitators asked parents for feedback on the course to help them with their planning of the programme. Different methods were used, ranging from feedback forms to telephone contact between sessions.

This feedback could help with improving the delivery and design of courses to reflect the needs of different groups.

Based on this feedback, many facilitators were confident that the work they did was valuable and made a difference to parents. They can often draw on many examples of parents who had made very good progress. The problem seems to be that other stakeholders, such as programme developers, did not consider this type of 'anecdotal evidence' to be a robust indication of effectiveness.

Assessing the impact of programmes

The challenges

There are many challenges to measuring the impact of a lengthy and in-depth course on as complex an activity as parenting. In addition, the whole purpose of parenting programmes is to enable parents to set their own goals. This makes it very difficult to use objective measures to assess participants' progress.

Most evaluations are based on standard questionnaires that ask about:

- parents' depression, self-esteem, anxiety
- problem behaviours in children
- the difficulties that parents experience in their relationship with their children.

There is some debate as to whether these questionnaires capture information about changes that can be directly linked with the parenting programme, whether they are relevant to all parents and whether they produce sound evidence of change. One advantage is that they do produce data that allows some comparisons to be made.

Currently there is some interest in using direct observation of parent–child interactions as a way of assessing the impact of a programme. However, because this approach is more expensive and labour-intensive, it is unlikely to become widely available.

6.3 Views of frontline practitioners on NICE/SCIE guidance

Most facilitators welcomed the NICE/SCIE guidance because it endorsed the principles that they supported. Their views on the different standards set by the guidance will now be discussed in turn.

Programmes should be group-based

Many facilitators commented that group-based programmes might not be enough to help parents sustain change. This is particularly true for socially excluded and vulnerable groups. They suggested that parent support groups should run alongside programmes, and that a menu of alternative support services should be available to complement courses. Parents with more complex needs were likely to require more intensive interventions.

Programmes must be structured

Almost all facilitators agreed that programmes should be structured. Although not all agreed that sessions must be run in a set order, most agreed with the principle that 'heavier' topics, such as discipline or anger management, should only be tackled once 'softer' topics, such as building better relationships with children, had been discussed.

Programmes must have a curriculum informed by the principles of social learning theory

This is the only part of the guidance that facilitators had concerns about because most were unsure as to what this meant in practice. The guidance needs to provide more detail about which model of learning best forms the basis of parenting programmes.

Programmes should include strategies for improving child–parent relationships

This standard was widely supported because the purpose of all parenting programmes is universally agreed to be to improve parent–child relationships. Almost all programmes also aim to help parents strengthen their social support networks and relate better to other people in their lives.

Programmes should offer a sufficient number of sessions, with an optimum of 8–12

Most facilitators agreed with this standard and tended to offer 10 sessions so as to fit with school holidays. More sessions are thought to be required for parents of older children, however. Where courses need to be longer, some facilitators chose to deliver them as a series of modules, while others delivered them as a core course followed by top-up sessions.

Programmes should enable parents to identify their own parenting objectives

This standard was widely accepted as being an essential part of the facilitative approach in all parenting programmes.

Programmes should incorporate role-play during sessions, as well as setting 'homework' between sessions, to help establish new behaviours at home

Facilitators saw role-play and homework as indispensable. However, some advocated careful use of role-play because not all parents were comfortable with it. For this reason, many facilitators stressed the need for training in the use of these exercises.

Some facilitators pointed out the need to give 'homework' another name in case it reminded parents of negative school experiences. They also highlighted the fact that different levels of commitment to carrying out homework ought to be demanded of different groups of parents. For example, parents using the programme to gain accreditation might be expected to carry out homework tasks more diligently than others.

Importantly, the point was made that homework should never be considered obligatory, because this would run counter to the principle of parent empowerment inherent in the philosophy of all programmes.

Programmes should be delivered by appropriately trained and skilled facilitators, who are able to establish therapeutic relationships with parents and receive high-quality supervision with access to ongoing professional development

All the facilitators interviewed in this study had undergone training to deliver the programmes they were running and some had been trained to deliver more than one programme. They found the training to be valuable in helping them manage the difficult issues that often emerged during the course of a programme.

Lack of funding was the main reason why many facilitators were unable to access high-quality supervision. This is a problem as supervision is highly valued.

Facilitators were in full agreement over the value of CPD. Most facilitators were satisfied with the opportunities available, but a minority based in voluntary organisations felt they did not have enough. Some were unable to take advantage of these opportunities due to pressure of work.

Programmes should adhere to the programme developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme

There was less agreement about the extent to which facilitators should adhere to the programme developer's manual. Many facilitators found the manuals useful and thought it important to follow the recommendations closely. However, it was not uncommon for facilitators to adapt programmes to suit the needs of specific parent groups. Often there was no external evaluation of the adapted programmes, which led to concerns about how effective they were. There was a risk that by making changes, facilitators reduced a programme's impact.

Programmes should demonstrate proven effectiveness, based on the evidence from RCTs or other suitable rigorous, independent evaluation methods

There was general agreement about the need to use programmes that had been proven to be effective. However, there was less agreement about the second part of this recommendation: '... on the basis of evidence from rigorous independent evaluation, through the use of RCTs or other suitable methods'. This is because of the difficulty of putting this into practice.

Although some facilitators were confident that the programmes they ran did have a sound evidence base, for many the evidence was simply lacking. Not all programmes had been extensively evaluated in all circumstances for all parents and many organisations lacked capacity to commission an independent evaluation of a programme within their particular local context. Those programmes that had been fully researched were not necessarily any more effective. The debate over what counts as 'sound evidence of effectiveness' remains unresolved (see Section 2.3).

6.4 Conclusions

This study has gone some way towards exploring how facilitators try to ensure that parenting programmes are accessible and acceptable to all parents. A number of areas have emerged as needing further research, and perhaps the most important of these is the need for more detailed analysis of the effectiveness of programme constituents. There is also a need for more direct measures of programme impact – it is important to find out which elements are most effective for which groups of parents.

The study has also explored the usefulness of NICE/SCIE guidance when applied to a wider range of programmes and to parents with a wider range of needs. The main conclusion is that the parents in most need of parenting programmes often require access to other forms of support in parallel if they are to engage with and benefit from a parenting course.

Although some minor aspects of the NICE/SCIE guidance seem to be rather too open to interpretation to be helpful, on the whole it fits very closely with most facilitators' ideas about how parenting programmes should be run. For this reason it has been widely welcomed and endorsed.

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Appendix 1: Attributes associated with accessibility and acceptability

(From the scoping paper submitted to the Social Care Institute for Excellence [SCIE], July 2007, by Helen Barrett)

Facilitator qualities

- Warmth, empathy and a non-judgemental approach
- Respect and class/cultural responsivity
- A welcoming manner
- Flexibility to follow up non-attendees
- Being a parent, although this is not generally considered essential
- Having undergone a parenting programme can help recruit parents and allay the fears of parents on parenting orders (especially if they have been on a parenting order)
- Training in the use of specific programmes, so that facilitators understand how to run programmes and how to adapt them to meet varying needs without losing programme fidelity
- Knowledge of programmes available
- Ability to assess parents' needs
- Ability to judge when it is necessary to adapt programme materials to match parents' abilities/interests
- Ability to facilitate groupwork so that principles of respect are observed between parents and so that all parents are able to participate as fully as they wish
- Contact with/knowledge of alternative provision (network of support for parents) to supplement parenting programmes where necessary

Programme factors

- Programmes that suit the needs and abilities of the target parent population, that is, culturally appropriate and terminologically suitable content
- Multiple formats (for example audio as well as visual/verbal formats)
- Multi-use (on group/individual basis)
- Multi-level (that is, components that are suitable for different degrees/types of difficulty), for use in a range of situations (home, school, work, clinic, community centre, etc)
- Provides an opportunity for parents to make their needs known and facilitates their contribution
- Enables 'hands-on' learning
- Builds on parent strengths (empowers rather than preaches)
- Not too abstract/cognitive, especially for parents with learning difficulties
- If there is homework, it needs to be manageable, not overwhelming
- Targets, set with parents' agreement, allowing small, manageable steps
- Allows for attendance irregularities and budget for 'catch-up'

Practical factors improving recruitment and attendance

- Sufficient staff and funding to be able to carry out preparatory outreach work and to follow up non-attendees
- Attractive publicity in appropriate places
- 'Word of mouth' access to parents (good local contacts)
- Rooms and staff suitable for individual as well as group-based work
- Interpreting facilities where necessary, including facilities for people who do not use spoken language to communicate
- Formats that are accessible to people with differing sensory requirements
- An engaging 'shop front' with universal services to encourage parents to put a 'foot in the door'
- An attractive venue that is large enough, comfortable, suitably furnished, welcoming to people from all cultural backgrounds, capable of providing access for people with physical disability
- A venue located in a safe area or capacity to assist parents to navigate dangerous localities (for example escorts/transport)
- Transport where necessary
- High quality crèche and childcare facilities
- Refreshments
- Programmes run at suitable time

Appendix 2: Interview questions for managers/ facilitators

Experience of parenting programmes

Which programmes are you familiar with?
How long have you been running programmes?
What training have you had?

Parents worked with

What different kinds of parents have you worked with?
Are any parents on parenting orders or contracts?
How are parents usually recruited to courses (who refers)?

What records have you kept?

– numbers of parents offered the course?
– numbers accepting offers?
– reasons parents gave for coming to courses?
– reasons for not attending?
– numbers actually attending?
– numbers completing?
– feedback on courses?

Has an external evaluation been carried out?

– If yes, was it a randomised controlled trial (RCT)?
– What are your views on RCTs?
– How important do you think it is that programmes should be evaluated using RCTs?

Accessibility

Did any parents have particular difficulties?

– finding out about the programmes?
– getting to the programmes?
– staying on the programmes?

Did you develop any strategies

– to advertise the course?
– to encourage parents to come?
– to encourage parents to stay?

Acceptability

Were there any aspects of the programmes that you felt created particular problems for parents?

– anything about course content?
– anything about how the course was run?
– anything about the activities involved?

Did you develop any strategies

– to monitor parents' views on course content and to alter it if necessary?
– to monitor parents' views on how the course was being run and to deal with problems?
– to monitor how easy parents were finding the activities and to help them cope?

Views on NICE/SCIE guidelines

For each question, explore views on the following aspects

How structured are the programmes that you run?

Does the format of the programme change at all according to parents' wishes, interests or views?

How many sessions? Why this number?

Are they group-based or one-to-one?

– If group-based, how many people do you prefer to work with in a group?

How would you describe the conceptual basis of the programmes you run?

– behaviourist?
– cognitive behavioural?
– cognitive analytic?
– social learning (role models)?
– focused on relationship enhancement?
– relational?
– historical/psychoanalytical?

Do you have a view on which conceptual basis works best?

Does the programme require parents to do homework?

– If yes, how useful do you think this is and why?

Is there a manual for the programme?

– If yes, do facilitators all adhere to it?
– Do facilitators all use the same programme aids or other materials?

What kind of training do the people who deliver your programmes have?

What kind of supervision do facilitators have/need?

What opportunities do facilitators have for professional development?

Follow up work to support implementation of the NICE/ SCIE guidance on parenting programmes (CSDI)

This report describes the findings of a follow-up study to support the implementation of the National Institute for Clinical Excellence (NICE)/Social Care institute for Excellence (SCIE) guidance on parenting programmes. The first part of this report provides some background to the current study; including an outline of the recommendations and a brief review of what is already known about the factors that increase the likelihood of uptake and completion of parenting programmes.

All SCIE publications and resources are free.

This publication is available in an alternative format upon request.

Social Care
Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB

tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

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