
FAMILIES, PARENTS AND CARERS
RESEARCH REVIEW 3

Improving children's and young people's outcomes through support for mothers, fathers, and carers



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

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Improving children's and young people's outcomes through support for mothers, fathers, and carers

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Summary

This research review aims to identify what works when it comes to delivering support and intervention with mothers, fathers and carers of seven-19-year-olds¹ in order to improve children's and young people's attainment, behaviour, and emotional outcomes. Based on a rapid review of the research, involving systematic searching of literature and presentation of key data, the review summarises the best available evidence to enable strategic managers to improve practice and outcomes for children and young people. We explored four research questions, which can be summarised as:

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

Also available on the C4EO website are reviews on improving the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and carers; and on improving children's outcomes by supporting parental and carer couple relationships and reducing conflict within families, including domestic violence.

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

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

What did we find out?

Key messages from our research review

- Interventions that include support for parents and carers are often effective in improving outcomes for children, although rigorous evaluations are not common.
- The range of support on offer to parents is diverse. It includes: counselling, education, vocational training, parenting skills training, helplines and other information provision services, and financial support.
- Key ingredients for effective practice in supporting families in community settings are:
 - using joined- up multi-agency approaches
 - having a well-trained workforce
 - using media to engage hard-to-reach people
 - using both practical and therapeutic interventions simultaneously.
- Elements of effective school-based practice in supporting families include:
 - offering a one-to-one approach to parents
 - providing face-to-face support
 - offering a range of services in one location
 - maintaining the effects of the intervention in the long-term by, for example, running 'reunion' sessions for attendees at interventions.
- School-based programmes that work with parents and carers improve key outcomes including child behaviour, educational attainment, school attendance and substance misuse, as well as family relationships and stability.
- Fear of stigmatisation is a significant barrier to the uptake of services. Local commissioners need to consider how services can be delivered in a way that reassures users that they are not failing as parents just because they are engaging with the service, that they will be treated without judgment, and that their privacy will be maintained.
- School-based programmes are likely to minimise the fear of stigmatisation, which is more often associated with referrals to specialist services.
- The most commonly reported needs of parents and carers are advice and emotional support. Because these needs can often be met without referral to specialist services, delivering support through schools may be more cost-effective than alternative service delivery models.
- The review found few cost-effectiveness studies. Some evidence suggests effective programmes for child conduct disorders and full service extended schools can be delivered at a low cost. Local commissioners should make the collection of good quality cost and outcome data a priority if they are to make a case for value for money. Doing this across local authorities would enable local commissioners to deliver better value for money by being able to

benchmark costs and outcomes.

- Community-based programmes can work in improving child behaviour, improving child welfare, and reducing time spent in care and juvenile crime.
- Interventions are more likely to be effective when they are informed by the views of parents identified through a thorough needs assessment at the outset. This is particularly true of interventions with groups such as fathers (both resident and non-resident) and minority ethnic parents.
- The review did not find robust evidence of direct causal links between policy interventions designed to address family income (for example, financial incentives extended to parents to enter or increase employment) and improved child outcomes.
- It is important for local commissioners to have a good relationship with schools to develop strategies in delivery of services for parents and carers. This is likely to be of particular significance in light of planned legislation which will take some schools out of current local authority control, through the creation of academies and free schools.

Who are the key stakeholders?

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

Service users and providers for whom the review findings are relevant include:

- children and young people
- mothers, fathers and other carers with support needs
- managers of services providing support for parents and carers (including school- and community-based service providers)
- specialist frontline professionals
- education-based staff including head teachers and teachers, tutors and designated teachers, pastoral support staff and special educational needs coordinators (SENCOs)
- local authority, community and voluntary service providers
- those responsible for developing new policy in this area.

For the purposes of this review, **children and young people** are defined as being between the ages of seven and 19 years.

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

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

- Interventions targeted at parents to improve child outcomes can also improve outcomes for parents by supporting them to enter or improve employment, increase family income, increase involvement in the child's schooling and acquire skills such as time management and organisation.

Managers of services providing support services for parents and carers (including school- and community-based service providers).

- Evidence suggests that poor or short-term funding can put undue strain on practitioners and parents, thereby jeopardising the success of programmes. Financial planning is a critical priority in running parent-focused interventions.

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

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

Education-based staff (head teachers, teachers, tutors, pastoral support staff, SENCOs, etc.) can be involved in running school-based interventions, and are frequently involved in evaluations for assessing child outcomes.

- Education professionals have an important role in delivering parent-focused programmes. Several studies note that parents want more streamlined or regular school contact, enabling them to better monitor their child's progress.

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

- Community programmes in the UK typically target conduct and behaviour disorders, with good effect.
- Sharing good practices within and across local authorities can lead to improved services for parents.

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

- Evidence from the US suggests that welfare reform programmes, such as providing financial support to parents to return to work, are not effective in improving child outcomes but might have benefits for the family as a whole (for example, through parental employment stability or by alleviating family and child poverty).
- More evidence is needed on the cost-effectiveness of interventions. A greater focus on the systematic collection of robust cost and outcome data would enable policymakers to ensure resources are spent only on parental interventions with demonstrable efficacy.

What data are available to inform the way forward?

There is a wealth of publicly available data on children and young people's outcomes, particularly educational achievement and school attendance, that interventions with mothers, fathers, and carers aim to improve. The main source for this data is from statistical first releases from the Department for Education (DfE, formerly the Department for Children, Schools and Families, DCSF). Less information is available about emotional wellbeing.

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

Weaknesses in the evidence base

The review identified a number of key gaps in our understanding of parent and carer-focused support:

- A clear understanding of the needs of fathers and minority ethnic parents.
- Comparisons across intervention types to determine relative effectiveness of different service offerings.
- Evidence of child outcomes, measured using standardised questionnaires so that results from different studies can be compared more easily, or reporting outcomes from the child's point of view.
- Studies reporting costs and evaluating programme effectiveness, so that high quality economic analysis can accurately assess the cost-effectiveness and cost-benefit of the different interventions.

Research review methods

Research literature was identified through systematic searches of relevant databases and websites, through recommendations from the Theme Advisory Group (a group of experts on policy, research and practice on families, parents and carers), and by considering studies cited in identified literature ('reference harvesting'). The review team used a 'best evidence' approach to select literature of the greatest relevance and quality to include in the review. A systematic approach was used to critically appraise the evidence.

The methods used attempt to reduce bias in the selection of literature and the information extracted from the evidence, to ensure that the review's findings are as objective as possible. Data contained within the data annexe was obtained by a combination of search methods but primarily via online access to known government publications and access to data published by the Office for National Statistics.

Next steps

An updated version of this review is due to be published in spring 2011. This will include validated practice examples and views from children, young people, parents, carers and service providers.

C4EO reviews are available through the C4EO website on improving the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and carers; and on improving children's outcomes by supporting parental and carer couple relationships and reducing conflict within families, including domestic violence. Local decision-makers and commissioners working in local authorities and children's services might also find it helpful to read the families, parents and carers Directors' Summary, which presents the key messages from all [three reviews](#).

C4EO is using the main messages from the three reviews on the theme of Families, Parents and Carers to underpin its knowledge-sharing and capacity-building work with children's services, and through them the full range of professions and agencies working with parents and carers.

This review complements two other reviews in the area of supporting and engaging parents and carers in schools and communities:

- A current review for C4EO by the Institute of Education on what works in strengthening family wellbeing and community cohesion through the role of schools and extended services.
- A forthcoming review for the DfE by the Institute of Education on parental engagement in their children's learning, examining the impact of school-based initiatives that support and engage parents and carers in improving their children's learning outcomes.

Each review will bring together the best available evidence from research, data and local practice about improving outcomes for children and young people. Together, these reviews will create a comprehensive picture of 'what works' in supporting and engaging parents and carers of older children and will lead to a series of outputs including research summaries, learning tools, good practice guidance and materials, a series of training workshops and tailored support in local authorities.

C4EO is also undertaking some work to put a cost on the effective interventions local authorities deliver to children, young people and their families. The work includes the design of an outcomes-led model which can be applied to individual interventions. We are currently applying the model to a number of our local validated practice examples. Some of these are complete and can be found on the website. C4EO also offers tailored support to local authorities to consider applying the model to local services.

1. Introduction

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

1. What are the family support needs of mothers, fathers and carers of children aged seven-19 years for improving their children's outcomes?

2. What do we know about the impact of (a) school-based and (b) community-based initiatives which aim to support and engage parents in improving their children's:

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

3. What works in engaging mothers, fathers, and carers of seven-19 year olds in interventions and support initiatives designed to improve child outcomes?

4. How cost-effective are interventions and services offered to parents and carers to improve child outcomes?

The review is based on:

- the best research evidence from the UK – and, where relevant, from abroad – on what works in improving services and outcomes for parents and carers and their children
- the best quantitative data with which to establish baselines and assess progress in improving outcomes.

C4EO will use this review to underpin the support it provides to children's services to help them improve service delivery and, ultimately, outcomes for families, parents and carers. As such, the key anticipated audience for the review is strategic managers and local commissioners of children's services. The review will be followed by a knowledge review, which will update the research evidence and incorporate:

- the best validated local experience and practice on the strategies and interventions that have already proven to be the most powerful in helping services improve outcomes, and why this is so
- stakeholder and client views of what works in improving services.

Definitions of key terms

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

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

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

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

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

Methods

The research included in this review was either identified in the scoping study, *Improving children's and young people's achievement, behavioural and emotional outcomes through effective support and intervention with mothers, fathers and carers of 7-19-year-olds* (O'Mara *et al* 2010), or was cited within the research items identified. The research team ruled out obviously irrelevant research studies by screening study titles and abstracts when available. The remaining research studies were then coded based on their abstracts. Coding took account of each study's features – including research design, relevance to the scoping review questions, and country of origin – to identify the key items to be included in the review. Key items were those that were:

- of greatest relevance to the review questions
- the closest to providing an ideal design to answer the review questions
- of higher quality (relative to other evidence identified at the scoping stage) in terms of the research methods, execution and reporting.

The review team has appraised these key items to ensure that the evidence presented is the most robust available. The key items were then evaluated and data were extracted into a form specifically designed to capture the relevant information for this review. Finally, a narrative synthesis of the extracted data was conducted.

Strengths and limitations of the review

The strengths of the study methods include:

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

The limitations of the study method include:

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

2. Context

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

Policy context

Since May 2010, children and families' services in the UK are the responsibility of the [Department for Education](#). This was formerly the remit of the Department for Children, Schools and Families (DCSF, June 2007 to May 2010) and, prior to that, the Department for Education and Skills (DfES, June 2001 to June 2007). DCSF documents referred to in this review may not reflect the policy of the current, Coalition Government.

Parents need to engage in their children's learning and development from the early years, during school, and into adolescence. This is because of the many positive ways that parents can promote their children's health, learning and well being and the many negative child outcomes that are often associated with poor or disrupted parenting (Utting 2009). The increased recognition of the significance of parental and family influence in a child's life has led to a focus on services to support families in the UK.

In 2003, the Department for Education and Skills (DfES) released *Every child matters* (HM Treasury 2003). This Green Paper contained five key goals for Britain's young people: being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic wellbeing. The release of *Every child matters* sparked debate about the provision of services to young people, and led to a consultation with young people and their families and key stakeholders. This widespread consultation was incorporated into the publication of a further Green Paper. The Children Act 2004 (England and Wales. Statutes 2004) was subsequently passed, which provided for the development of more effective services for children, young people, and their families.

The important role that parents and carers play in achieving the five key goals for Britain's young people has been acknowledged in *Every child matters*. However, it was also recognised in the *Children's Plan* (DCSF 2007), a 10-year strategy to make England the best place in the world in which to grow up, that many parents and carers experience practical barriers to getting the assistance they need, and that mainstream services are not always organised in ways that are easy to access for parents. Therefore, under its *Every parent matters* agenda (DfES 2007), children's services arrangements were strengthened.

Since March 2008, all practitioners working with children and families in England were expected to use the Common Assessment Framework (CAF) when assessing individual needs, including the quality of parenting. This standardised approach helps to place the children and young people on a continuum of need, enabling the

appropriate level of service to be provided. However, when assessing families, the *Think Family Toolkit* (DCSF 2009a), developed under the DCSF Think Family strategy for delivering services, stresses that practitioners should undertake multi-agency, whole-family assessments based on the CAF. The whole-family assessment involves agencies sharing information, with the family's consent, to build a picture of the needs of individuals within a family. Since April 2009, all local authorities were able to receive extra funding to implement *Think Family* reforms.

The May 2010 election resulted in a new Coalition Government, which led to the formation of the Department for Education. In the Coalition's *Programme for Government* (HM Government 2010), a commitment was made to develop a new approach to supporting families with multiple problems. Ministers are currently in the process of working with officials to review the evidence available, including that on cost-effectiveness, in order to build on the many local projects that work with this group of families.

Research context

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

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

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

Previous reviews have attempted to draw together the evidence on support for parents and carers. The Family and Parenting Institute (FPI) published the results of a literature review on the usefulness of parent skill-training programmes for parents at different family life stages and in different social settings and circumstance (Barrett 2010), whilst another FPI review relating to families, parents and carers published in 2009 presents the results of a systematic literature review that examined issues relevant to the assessment of family needs for local parenting support services

(Utting 2009). This review adds to the knowledge base as it differs in the range and scope of programmes considered by the aforementioned reviews.

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

3. The evidence base

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

Our searches identified a total of 5,222 sources (i.e., items of literature). In total, 450 of these were duplicates, leaving 4,772 unique sources to be assessed for their relevance. The screening process led to the exclusion of 4,420 sources as being outside the study criteria. Of these:

- 3,983 items were excluded because they did not refer to interventions, services or support delivered to parents or carers primarily with the aim of affecting children/young people's outcomes related to achievement, and emotional and behavioural health
- 255 items were excluded for being about people under the age of seven and/or over the age of 19
- six items were excluded for not being available in English
- 176 items were excluded for not providing relevant data. The search strategies had been specifically constructed to identify studies within the population age range and language restrictions of the inclusion criteria, which is why relatively few of the studies were excluded on those criteria.

The remaining 352 sources were assessed as relevant to the review based on the inclusion criteria and were coded accordingly. The researchers coded these items using the available abstracts.

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

A small number of key items had inadequate information in their abstracts to determine the exact relevance or methodological rigour, but appeared to be worth including as a key item for full inspection in the research review because they satisfied another criterion quite strongly. Given that key items were determined on the basis of abstracts only, we generally opted to include rather than exclude sources where there was doubt about their relevance. After a more thorough screening on the basis of full-text documents, and after conducting citation chasing where relevant and incorporating further TAG recommendations, we reviewed a total of 52 key items (see *Appendix 2*).

Supplementary searching for effectiveness studies refers to citation chasing (the retrieval of additional related studies through screening citations/references of all or some included studies) of systematic reviews (9), TAG recommendations (17) and those studies included from the cost-effectiveness review (7). Supplementary searching for cost-effectiveness studies refers to citation chasing (2), TAG recommendations (1), studies identified from effectiveness studies (6) and studies identified from web searching (2).

These 47 key items were the finalised references included in this review. Details of the studies on cost-effectiveness are discussed in *Section 7*. Table 1 shows the distribution of effectiveness review items for the different questions. Note that some items were relevant to more than one question.

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

Research question relevance	Number
What does the evidence tell us about the family support needs of mothers, fathers and carers of children aged 7-19 years around achievement, and emotional and behavioural health?	28
What does the evidence tell us about the impact of school-based initiatives that support and engage parents in improving their children's achievement, and emotional and behavioural outcomes?	38
What does the evidence tell us about the impact of community-based initiatives that support and engage parents in improving their children's achievement, and emotional and behavioural outcomes?	32

Almost all items included were empirical studies (see Table 2). It is important to note that a high proportion of the studies involved a mixed methods approach. This is important in permitting some triangulation of data.

Table 2. Number of studies employing different research methods

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

Study population

The population studied in this review was children and young people between the ages of seven-19 years and their families, parents and carers. The specific characteristics of the population studied are heterogeneous. Studies included in this review addressed parents with support needs in:

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

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

General issues and gaps in the reviewed evidence

- Few studies reported rigorous needs assessments being conducted before designing and implementing the services. It is therefore difficult to ascertain whether service needs had been met.
- Where needs assessments are conducted, they typically rely on service providers to indicate the needs of parents and families. More evidence on the service needs by the service users (i.e., parents and children) would help to understand needs more precisely.
- Although programmes are targeted at parents, they aim to improve child outcomes. Few studies considered the benefits to parents, which could have indirect effects on the children in the longer term.
- Many studies suggested possible facilitators to engaging parents and carers in services, but almost none of these have been evaluated in any way. The efficacy of such approaches could be useful in improving low uptake of programmes by certain groups, particularly fathers and minority ethnic parents.
- One of the biggest concerns to parents in many studies was the issue of being stigmatised through involvement in the services. Research on how to improve general public perceptions of parenting programmes or the difficulty that many parents face in raising children and adolescents could help to change the broader cultural context that leads to such ways of thinking.

4. The support needs of parents and carers of children aged seven–19 years

This section looks at the family support needs of mothers, fathers and carers of children aged seven–19 years for improving their children’s outcomes. Evidence suggests that there are a number of outcomes in which many children need improvement. The Data Annex to this report shows the prevalence of mental health problems (emotional disorders, conduct disorders and ADHD), persistent absenteeism, and the attainment levels of children and young people in the UK. The figures presented give some indication of the extent of these problems in the population targeted by these interventions. For instance, 10 per cent of children aged five to 16 in the UK were clinically diagnosed with a mental health disorder in 2004, while 3.3 per cent of school children in 2008/09 were persistent absentees (see *Data Annex*).

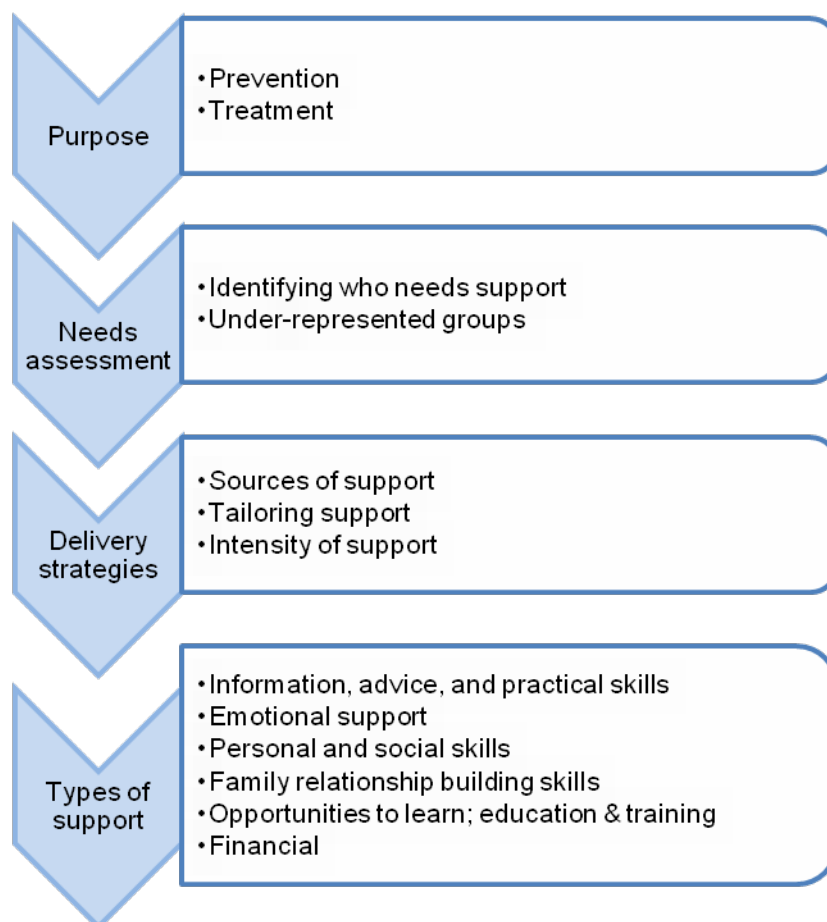
Parents and carers are in a special position to help their children improve their outcomes. However, some parents and carers need support in helping their children. Barrett (2008), in a review of the service needs of parents and carers in the UK, noted that the number of services has continued to increase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

Key messages

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

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

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



Purpose of the support

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

Several studies note that the particular support needs of some families mean that a **preventative** approach will be useful. This means providing support before a problem develops or is exacerbated. Preventative measures are typically encouraged where the family is at risk of problems in the future due to low socio-economic status, intellectual disability or other disabilities. For example, Cameron *et al* (2008) note that low-level ongoing prevention is particularly important with families who experience poverty.

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

Risk factors for the parents such as intellectual disability or poverty can also require early intervention. Tarleton and Ward (2007) describe examples of positive practice in supporting parents with intellectual disabilities² and their children across five regions in the UK, after speaking with 30 parents with intellectual disabilities. Parents were interviewed using open-ended questions such as how they were being supported in their parenting, how they would like to be supported, and how the support could be improved. The support received took various forms: developing skills, developing self-confidence, support to keep their children, and help in understanding the court process. As such, the forms of support varied depending on the particular parent's experiences (in other words, there was no uniform type of support). The authors note that ongoing support for parents with intellectual disabilities can reduce the likelihood of future problems that might otherwise warrant the intervention of child protection professionals.

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

² Intellectual disability refers to a significantly below average level of cognitive ability.

Needs assessment

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

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

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

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

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

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

- annual performance assessment (APA) and the joint annual review (JAR) (advocated by almost half of the 150 local authorities' children's services directors)
- common assessment framework (CAF) guidance (advocated by two-thirds of the local authorities)
- other central government guidance (used by three-quarters of the local authorities).

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

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

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

It was suggested that implementing and coordinating standards within and across local authorities could help to improve effectiveness of needs assessment (Virgo 2009). No clear systems are in place for information sharing. Two factors were identified as gaps in the current structure: lack of strategic coordination roles and the lack of prioritisation of evaluations and standards. It might also be useful to explore how the common assessment framework (CAF) could be used to address these concerns

Delivery strategies

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

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

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

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

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

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

Types of support

Twenty of the studies included in our review discussed the sorts of support needs that parents, service providers or the research authors themselves identified. For example, Tarleton and Ward (2007) reported that parents said they wanted support in being good parents through learning practical skills (including dealing with household bills and cooking). The different types of support that were mentioned as needed by parents fell into six main categories:

- **Information, advice, and practical skills** (12 studies). This category includes a range of information and practical skills such as information on school policies about expulsion, cooking classes, and advice on dealing with troublesome young people.
- **Emotional support; someone to talk to** (eight studies). Emotional support was often cited as a strong parental need when the child had characteristics that put them at risk of poor outcomes (such as children with conduct disorders). Parents desired an empathetic person to listen to their concerns and provide comfort.
- **Personal and social skills** (four studies). Some studies noted a need to improve the personal and social skills of parents through confidence and communication skills training.
- **Family relationship building skills** (five studies). Although many studies directly targeted family relationship building through their support programme (thereby implicitly suggesting a need for this type of support), five studies concluded that family relationship building sessions were important in improving child outcomes.
- **Opportunities to learn, education and training, and employment** (three studies). With improving child outcomes as the focus of this review, it is probably unsurprising that interventions designed to improve *parental* learning, access to education, and employability received little attention. As will be described in *Section 5* (on the effectiveness of parenting interventions), these sorts of interventions seem to have few benefits for the sort of child outcomes measured (such as behaviour, achievement). It is possible that supporting these particular needs of parents will have a longer-term, indirect impact on child outcomes.
- **Financial support; housing provision** (*eight studies*). As with educational and employment programmes directed at parents, evidence on financial and housing support was inconclusive about their benefits to children (at least for the outcomes measured and over the time spans covered). However, they are more frequently recommended because they are posited to relieve basic pressures on families that can lead to other problems (such as family instability).

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

Conclusions

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

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

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

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

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

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

Key messages

- Key ingredients for effective practice in community settings are:
 - using joined- up multi-agency approaches
 - having a quality workforce
 - using media to engage hard-to-reach people
 - using both practical and therapeutic interventions simultaneously.
- Elements of effective school-based practice include:
 - offering a one-to-one approach to parents
 - providing face-to-face support
 - offering a range of services in one location
 - maintaining the intervention effects in the long-term by, for example, running 'reunion' sessions for attendees at interventions.
- School-based programmes that work with parents and carers improve key outcomes including child behaviour, educational attainment, school attendance and substance misuse, as well as family relationships and stability. Offering a range of services in the same location (for example, full service extended schools) or through a single point of contact (such as parent support advisers) can improve the services available through schools.
- Training in parenting skills (for example, communication and discipline) is particularly effective in improving substance abuse and child behaviour.
- Community-based programmes can work in improving child behaviour, improving child welfare, and reducing time spent in care and juvenile crime. Successful programmes are typically either parenting skills programmes, or support to manage housing, employment, training or education.
- Dedicated service provision coordinators who work across agencies and components of interventions are likely to improve intervention effectiveness.
- The provision of financial supplements or incentives to parents typically had no

effect—or sometimes negative effects—on child outcomes. However, they did occasionally lead to positive outcomes for the parent or family (such as employment or reduction in poverty).

- Studies that either reviewed several intervention types, or mixed interventions that included more than one component (such as school- and community-based modules) also found some positive outcomes for children and families. Little data is available on whether multi-component interventions are more or less effective than single interventions.

Community-based initiatives

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

- *Incredible Years* (57 per cent of local authorities)
- *Triple P* (41 per cent)
- *Strengthening Families* (23 per cent)
- *Strengthening Families, Strengthening Communities* (17 per cent).

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

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

, Key ingredients for effective practice in community settings are:

- **Joined- up multi-agency approaches.** Having a dedicated coordinator might be necessary to ensure that the added complexity of multi-agency support is managed efficiently, while also providing a clear point of contact for parents and carers.
- **Having a quality workforce.** In particular, workforce development could focus on the interpersonal and communication skills of service staff, as parents and carers value empathy.

- **Having an effective outreach function.** Making interventions more accessible, such as delivering parenting skills training through a popular television show, can increase accessibility to some families.
- **Using both practical and therapeutic interventions simultaneously.** Providing access to housing alone is unlikely to be effective in improving most child outcomes unless it is complemented by therapeutic support for the parents.

Calam *et al* (2008) evaluated a six-week television series aimed at parents, *Driving Mum and Dad Mad*, which aired in the UK. The evaluation authors describe it as: 'a highly accessible and entertaining observational documentary format'. It showed five families with children with severe conduct problems who were involved in an evidence-based intervention called *Triple P* (Positive Parenting Program). *Triple P* emphasises five key principles: ensuring a safe, interesting environment; creating a positive learning environment; using assertive discipline; having realistic expectations; and taking care of oneself as a parent (Calam *et al* 2008 p 348). The evaluation involved randomly assigning parents to a standard condition (receiving weekly emails reminding them to watch the show) or an enhanced condition (receiving a self-help workbook, extra web and email support, and detailed weekly reminders to watch the series, including tips). Most families in the evaluation were at risk due to various factors such as low socio-economic status, high parental conflict, and/or risk of depression in at least one parent. In both conditions, parents who watched the programme reported significant improvements from pre- to post-intervention in their **child's behaviour**. Other benefits to the parents included self-reported reductions in dysfunctional parenting, parental anger and depression, and increases in self-efficacy. The authors concluded that media interventions involving evidence-based parenting programmes can be effective in reaching families who are usually difficult to engage, such as those with low socio-economic status.

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

A study on *Family Intervention Projects* (FIPs), delivered by local agencies in the UK, also reported benefits in **child behaviour** (NCSR 2010). Other positive outcomes included reduced **truancy**, **school exclusion** and **antisocial behaviours**. The FIPs dealt with the most challenging families in order to tackle targeted problems such as antisocial behaviour, preventing youth crime and tackling child poverty. Support

varied depending on the families' needs, but could include one-to-one parenting support; help in managing the risk of eviction; and support to find education, training or work. Families were assigned a dedicated 'key worker' who coordinates a 'multi-agency package of support'. Having joined-up service provision seems critical in engaging families, which could contribute to the success of this particular initiative.

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

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

Tarleton and Ward's (2007) study examined support for parents with intellectual disabilities and their children in England, Scotland and Wales. Thirty parents in rural, urban and metropolitan areas were asked about issues concerning support and positive practice. Parents reported that the support they received contributed to the safeguarding of their **children's welfare**. The study design does not allow generalisation of these findings to other parents with intellectual disabilities; however, it does offer some indication that support services allow some parents with intellectual disabilities to continue parenting their children.

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

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

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

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

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

To sum up, community-based interventions – typically parenting skills programmes or those to help parents manage housing or education/training – can improve outcomes such as child behaviour, child welfare and juvenile crime. Television programmes can improve accessibility for families who might otherwise be hard to reach (such as low socio-economic families). Community-based programmes are often multi-component, multiagency initiatives, which can make evaluation of their effectiveness difficult, and might affect parental engagement in the programme (see

more on this in *Section 6*). Having a dedicated coordinator of the service provision is important in engaging parents and organising service delivery across agencies and intervention components.

School-based initiatives

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

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

From the evidence, ingredients for effective practice are:

- **Offering a one-to-one approach.** Having a single point of contact, such as parent support advisers based in schools, is important in engaging parents and carers. Parent support advisers mean that parents do not have to deal with numerous teachers and support staff if they need help.
- **Providing face-to-face support.** The interface between parents and school staff can ensure that parents and carers have complete and accurate information about important aspects of the child's schooling, such as the child's performance and school rules about expulsion.
- **Offering a range of services in one location.** Families with multiple service needs (such as health, mental health, education and employment services) can benefit from having these services offered in one location. Not only is it more convenient, it can also ensure that the services are properly linked and information is shared between services. Providing these services through a school, such as a full service extended school, can reduce some of the stigma and difficulty that parents face in pursuing various and multiple types of support.
- **Maintaining the intervention effects.** Running 'reunion' sessions for attendees at parental skills training and other interventions can help to ensure that the benefits of interventions are maintained in the long term.

In a large-scale research programme, Cummings *et al* (2007) evaluated the effectiveness of full service extended schools (FSESs). FSESs are designed to provide a comprehensive range of services, including 'access to health services, adult learning and community activities, as well as study support and 8am to 6pm childcare' (p 2). Most FSESs serve areas of disadvantage. FSESs are asked to focus on five areas – childcare, out of school hours activities, parenting support, referral to other agencies, and community access to ICT and other facilities. Among other methods, the evaluation included detailed case studies, examination of

standardised achievement test results, and a questionnaire completed by the students. The study reported improvements in children's **engagement with learning, family stability, enhanced life chances**, and **child behaviour**. However, there was no clear, significant effect on **pupil attainment**. It is important to note that FSES are not a parent-focused intervention, but rather a holistic service provision for the child and family, making it difficult to ascertain how much of the improvement in outcomes is due to the parents' component.

The previous Government (DCSF 2009b) set up a knowledge-sharing scheme in three local authorities in the UK, with the aim of informing schools about how to help parents and carers improve their child's learning. The programme involved easing communication between parents and teachers. Ten primary and five secondary schools were involved in the project. There was some evidence of increased **parental involvement** and improved **family relationships** (for instance, 62 per cent of parents in the evaluation reported enjoyment in helping with their child's homework), but limited evidence of improvements in **attainment**. Apparently, critical to this success was the value placed on face-to-face meetings with parents. However, this project did not involve a rigorous evaluation and so the findings should be taken as suggestive rather than conclusive.

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

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

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

Improvement in the child's behaviour is a common outcome of parent-focused support services. When baseline levels of behaviour are already very low, then interventions can play a 'containment' role, by preventing bad **behaviour** from getting worse. Orchard's (2007) study, set in one of the UK's most economically and academically disadvantaged areas, examined the effects of an open-access group parenting course for parents of Year 7 students in one school. The study involved a ten week parenting course run by the researchers but with some units being covered by teachers and special needs coordinators at the school. The course covered a

range of topics, including: numbers, reading, and spelling; computing; using the library; and communication skills. A small sample size made quantitative evaluations of the programme inconclusive, but qualitative data from interviews with parents suggested a protective influence of the programme on the child (decreases in bad behaviour, increases in child self-esteem). However, these findings should be taken with caution because parents' ratings might be inflated due to the positive feelings that were reportedly associated with taking the course. The authors also concluded that parenting programmes such as this are unlikely to have a positive effect on child **academic attainment** – no significant change in achievement was observed in this study.

Goldman (2005) conducted a literature review (consisting of studies from the UK, the US, Australia, New Zealand, Canada and Europe) and a review of 13 case studies of schools and family learning programs from the UK to provide a comprehensive view of the state of father-focused programmes. They were particularly interested in the fathers' involvement in their school-aged children's education. Small-scale evaluations suggest benefits for both children and fathers in terms of **skill acquisition**, greater **confidence**, better **father-child relations**, and increased **engagement with learning**. Service managers and practitioners seeking to design an intervention that engages fathers are directed to the case studies reported in the document. However, the small size of the programmes included in the review make it difficult to generalise the conclusions more broadly.

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

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

terms of ensuring the maintenance of the intervention effects after the programme terminates.

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

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

- the classroom-based *Life Skills Training* programme (LST) for adolescents plus the *Strengthening Families Program* (which involved parents)
- the LST only
- a minimal contact control condition entailing mailed leaflets on teen development.

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

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

School-based programmes that work with parents and carers improve key outcomes including child behaviour, educational attainment, school attendance and substance misuse, as well as family relationships and stability. Training in parenting skills, such as the *Strengthening Families Program*, can be particularly effective in improving

substance abuse and child behaviour. Offering a range of services in the same location (for example, full service extended schools) or through a single point of contact (such as parent support advisers) can improve the services available through schools.

Policy initiatives

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

Lucas *et al's* (2008) review of nine studies (eight from the US, one from Canada) aimed to explore the effect of financial support for poor families on child outcomes (children's health, wellbeing and educational attainment). Interventions reviewed included direct cash payments and positive taxation schemes. The authors reported no consistent effects across the studies on child health, wellbeing, crime levels or attainment.

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

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

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

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

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

Reviews and multi-component initiatives

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

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

Study	Research method	Country	Programme features	Evidence of post-intervention improvements	No/inconclusive evidence
Asmussen <i>et al</i> 2007	Literature review	Mixed	Universally available services (e.g., information-based services, parent skills training), and targeted services for higher need families (e.g., services for families going through a divorce, services for families with children who have ADHD)	Adolescent outcomes	-
Barrett 2010	Literature review	Mixed	Parenting programmes—mostly parenting skills training	Reduction in youth crime, reduction in child abuse, improvements in child behaviour	Child's healthy behaviours
Caspe and Lopez 2006	Literature review	Mixed	Provides support to parents, seeks to change family behaviours	Family relationships	-
Dretzke <i>et al</i> 2005	Literature review	Mixed	Parent training programmes for the treatment of children with a conduct disorder	Child behaviour	-
Chacko <i>et al</i> 2009	RCT	US	<i>Strategies to Enhance Positive Parenting</i> programme (behavioural parent training).	Parent and child functioning (short-term), parent outcomes	Child behaviour (long-term)
Hall <i>et al</i> 2009	Survey and interviews	UK	Telephone helplines and innovation services (e.g., <i>Gotateenager</i> and <i>NetMums</i> online parent forums)	Limited evidence of improvements in family relationships and child behaviour	Most parents felt that accessing web and social media sites did not have a direct impact on their children
Hallam <i>et al</i> 2004	Survey and interviews	UK	Varies by local authority. Mostly general parenting programmes to improve attendance and behaviour in school, often complemented by helplines	Child behaviour	-

Conclusions

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

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

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

6. Barriers and facilitators to engaging parents and carers

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

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

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

Key messages

- Research that compares different approaches to engaging parents is scarce.
- Access to the interventions in terms of location is critical—many parents are unable or unwilling to travel to intervention sites that are beyond their normal routes. Access to childcare can also be critical for some families.
- Many studies pointed to the importance of non-judgmental, non-stigmatising interventions in engaging parents. Making service staff aware of these concerns can help to ensure that they take a sensitive approach to service delivery.
- Parents like to feel that they have a choice in the support they receive.
- Some studies suggested that improved collaboration between parents and schools could help to facilitate parental involvement. Schools tend to be less stigmatising than other services that involve formal referrals.
- Fathers and ethnic minorities face particular barriers to accessing interventions, which could explain their typically low involvement in parenting programmes. However, there are some promising suggestions for engaging these groups. For example, using hands-on activities, employing more male practitioners to work with fathers, using images that appeal to males in communications with parents,

making use of voluntary/community services that have links with fathers, informal settings, and making interventions available during evenings or weekends.

Accessible delivery methods

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

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

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

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

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

Physical and practical barriers

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

- transportation to the venue (Hallam *et al* 2004), especially in rural areas (Cameron *et al* 2008)

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

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

Non-stigmatising environment

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

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

‘...efforts by care workers can be seen as intrusive and judgmental, resulting in defensiveness, and feelings of stigma, such as that described around the term “poverty”’ (Cameron *et al* 2008 p 44)

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

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

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

One way could be by introducing the parents to the practitioners before the start of the programme, so that parents can see that they will be treated with respect and without judgment. For example, one study reported that parents were initially scared of being ‘told off’ by practitioners, but felt ‘relief’ that the practitioners were emotionally supportive (Lindsay *et al* 2009). That same study reported that privacy and confidentiality were incredibly important to parents, and that assuring parents of their privacy could help to allay their fears about being stigmatised.

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

Choice and confidence

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

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

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

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

School collaboration

Harris and Goodall (2008) noted that schools can be daunting for some parents. Secondary schools are complex organisations, with many teachers and staff whom parents must interact with, which can act as a deterrent for some parents. Strategies that have single points of contact for parents can make things easier when parents are intimidated. For example, the parent support adviser (PSA) programme offered a range of one-to-one support options for parents of students with behavioural, emotional, or social difficulties. Part of the role of the PSA was to 'develop parent awareness and a sense of trust' (Lindsay *et al* 2009). PSAs were involved in tasks such as contacting parents when their child was absent, developing the Extended Schools agenda around adult and community learning, and identifying families that needed further support. The evaluation of the programme found that PSAs were accessible because they were based in schools, and offered privacy and respect that parents valued (Lindsay *et al* 2009).

Other studies point to the importance of clear communication between parents and schools – the two centres of most children's and adolescents' lives. Cummings *et al*

(2007) noted that, for FSEs, it was important to identify coordinators at each school to facilitate clearer communication with parents. Cox's (2005) systematic review of US home-school collaboration interventions also supported this by claiming that the most effective interventions involve a two-way exchange of information between home and school.

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

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

Under-represented service users: fathers and ethnic minorities

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

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

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

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

- developing provision that appeals to fathers' interests and is available in informal settings and on evenings and weekends
- undertaking outreach (particularly in rural settings)
- making use of voluntary and community sector organisations with strong links with fathers

- reviewing communications with parents to ensure that positive language and images of fathers are used
- employing more male practitioners who have contact with parents.

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

Minority ethnic parents are also at greater risk of non-engagement. Some evidence suggests that this can be due to language barriers (e.g., Cameron *et al* 2008), or preconceptions by parenting services staff that are unfairly judgmental (Page *et al* 2007). Page *et al* suggest that minority ethnic parents are likely to be disproportionately affected by physical and practical barriers (time and transportation). The authors also suggest that culturally adapted programmes can improve attendance for minority ethnic parents. Language classes for parents and the provision of interpreters can help to overcome language barriers.

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

Conclusions

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

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

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

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

The keys to engaging parents are therefore:

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

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

Sections 4 to 6 considered the questions around what parents need and what works in helping them to improve their children's outcomes. This section is dedicated to understanding the economic implications of parental support initiatives: how much do they cost? Are they value for money? Are there lessons to be learnt about the funding and financial management of such programmes?

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

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

Key messages

- Although some limited evidence on cost-effectiveness and cost benefit is available, the review found little evidence of benchmarking in this sector. There are also not currently any datasets that specifically look at the impact of interventions with mothers, fathers and carers on improving outcomes for children and young people.
- There is evidence that programmes for child conduct disorders and full service extended schools (FSESs) can be cost-effective.
- Web-based services are likely to be a cost-effective strategy for delivering parent services because of their wide reach.
- When examining parenting programmes, group interventions tend to be more cost-effective than individual interventions, although this is due to the reduced costs (per participant) rather than greater effectiveness of group interventions. Likewise, local authorities seem to benefit from delivering to many groups rather than to just one, as there are cost efficiencies in providing large-scale programmes. These findings cannot be generalised to financial assistance-type services.
- More intensive interventions (i.e., those with more sessions or a longer duration) might be more effective while incurring more costs, and so economic analysis is particularly important when teasing out these issues.

- Value-added models would be useful in testing whether gains in desired outcomes are larger for groups that are disadvantaged (such as families of low socio-economic status) at the start of a project relative to non-disadvantaged groups.
- Under-funding and short-term funding can put pressures on service providers, which have detrimental effects on the service delivery and the families involved.
- Better, more consistent collection of costs data would allow economic analyses to more accurately assess the cost-effectiveness of parental support. The data could also be used in planning funding allocations that reflect the actual costs of support service delivery.

Cost-effectiveness and cost-benefit

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

Support delivery mode

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

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

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

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

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

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

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

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

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

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

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

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

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

Duration of the intervention

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

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

Adding value

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

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

The authors found that both costs and benefits were very high (Cummings *et al* 2007). The high costs, ranging from £391 to £1,961 per pupil per year, mean that FSESs have to make an investment of resources that go beyond the value of the project funding already being received. The authors warn that the costs data

presented here should be taken with caution, as information gathered and reported by school staff might not be reliable. Importantly, the authors concluded that the benefits of FSESs were high largely because they were operating in low socio-economic status (SES) areas where provision can be said to lead to more substantial outcomes. In most of the cases examined, the net present value (NPV) for provision is reported to be positive. This implies that the FSES approach is a reasonable investment.

Costs data

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

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

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

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

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

Can money be saved through parent support?

An evaluation of *Option 2*, a service that works with families affected by parental substance misuse, shows that, relative to a comparison group of referrals not provided with a family preservation service, *Option 2* resulted in statistically significant savings for the cost of care (Forrester 2008). The cost per child for *Option*

2 was £2,194.67, calculated by dividing the total grant for the programme by the sample size. The average savings identified in placement costs per child were £3,372.77. This means that, on average, local authorities saved £1,178.10 in placement costs for a child who completed the programme after the cost of the service is accounted for. The authors of the study have stated that they believe it is the first demonstration in the UK that an investment in preventative services for high-risk children can result in net cost savings. It should be noted however, that data on cost of care is only related to direct placement costs as recorded by the local authority. Costs relating to placement identification, placement support, and social worker allocation were not included in the costs calculations.

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

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

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

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

An economic analysis of *School-Home Support schemes* (SHS) in the UK compared the cost per SHS unit with the costs savings per pupil, taking into account the potential future cost to society if the child had not been at a school where an SHS scheme was in place (Matrix Evidence 2007). SHS involves the placement of a trained specialist (an SHS worker) in schools to provide support in school attendance, transitions, curriculum support, and family support. One of the key goals of the SHS worker is to facilitate relations and communication between schools and

families. In the economic evaluation, cost savings examined across the child's potential lifespan were: exclusion, truancy, criminal offending, drug use, and attainment/income. The authors concluded that for every pound spent on *School-Home Support*, £21.14 is saved across the whole of society.

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

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

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

- the type of work that could be done
- the capacity of organisations to plan for the future
- the relationship between organisations, staff and users in the VCS
- the compromising of outreach work, seen by many funders as a luxury addition to a programme, but considered by programme staff as integral to effective engagement
- the lack of programmes for vulnerable parents
- the low funding resulting in short-term projects that were conducted in a hurry³
- the compromising of evaluation and monitoring processes
- the premature withdrawal of programmes used by vulnerable people whose psychological health often depends on access to continued support.

The concerns about sources of funding directly threaten the relationship between service providers and users (Barrett 2008). Managers stated that scarce funding also threatens the relationships between VCS organisations competing for funds, when they ought to be working in cooperation with one another. With a trend towards short-term funding, the volume of bids for money increases and practitioners end up spending time on reports rather than with families. The managers interviewed in the evaluation stated that families with enduring problems could not be effectively helped with short-term measures. This is because at-risk families need time to build trust and build on progress towards goals. Respondents had particularly noted this for refugee and asylum-seeking families, young parents, and parents with learning difficulties. One respondent had noted, in relation to long-term support for young carers:

³ Similarly, short term funding can mean that projects do not have sufficient time to become established before the funding runs out.

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

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

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

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

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

Limitations in comparing costs

The findings presented above are drawn from a heterogeneous set of studies. For instance, costs are measured differently across the studies, with some focusing on the amount of funding provided, some using costs reported by service staff, and some ignoring the cost of recruiting participants and other extraneous costs. Just as importantly, the measures of effectiveness and benefit differed from study to study, with some focusing on the number of parents reached, others focusing on the number of children successfully treated, and others still focusing on specific child outcomes (for example, school attendance). Moreover, the interventions focused on a range of problems, from drug misuse to conduct disorders. As such, it is difficult to compare across the studies. We have attempted to highlight the findings that offer promising insights that could be considered by policymakers and service providers in planning parenting support services, but we do not suggest that these are definitely applicable to all settings and problems.

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

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

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

- Clinic-based individual programmes: £2,000
- Home-based individual programmes: £3,000
- Community-based group programmes: £7,200
- Clinic-based group programmes: £5,000.

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

8. Conclusions and main messages

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

Key messages

- Key ingredients for effective practice in supporting families in community settings are:
 - using joined-up, multi-agency approaches
 - having a quality workforce
 - using media to engage hard-to-reach people
 - using both practical and therapeutic interventions simultaneously.
- Elements of effective school-based practice in supporting families include:
 - offering a one-to-one approach to parents
 - providing face-to-face support
 - offering a range of services in one location
 - maintaining the intervention effects in the long-term by, for example, running 'reunion' sessions for attendees at interventions.
- Evidence shows that needs assessments of parents and carers are not adequately or consistently carried out. This can have consequences on the effectiveness of programmes.
- Community and school-based interventions have been effective in improving outcomes for children. School-based interventions can work in improving attainment, school attendance and substance misuse. Community based programmes can work in improving child behaviour, child wellbeing and reducing time spent in care and juvenile crime.
- Negative stigma was the most highlighted barrier to engagement of parents and carers. This will need to be addressed in the design and delivery of interventions if they are to reach a large user group.
- Economic analysis such as cost-effectiveness and cost-benefit analyses cannot be usefully conducted without the accurate reporting of costs and thorough evaluations of programme effectiveness. Conducting these analyses can be difficult because of the short-term and unstable funding experienced by many service providers. However, rigorous economic analysis of interventions can ensure the effective use of public resources and therefore potentially maximise the use of funding.

Support needs

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

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

Effectiveness

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

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

- Heterogeneity in the types of interventions and outcomes measured. This makes it difficult to draw firm conclusions across the body of evidence.
- Measurement of children's perceptions. Most of the studies base their effectiveness conclusions on the views expressed by service providers and occasionally parents. However, despite a focus on child outcomes, few studies looked at improvements from the child's point of view.

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

Engaging parents

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

Cost-effectiveness

There is some evidence for the cost-effectiveness of parenting programmes designed to improve child conduct disorders, and full service extended schools also have cost-benefits.

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

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

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

Conclusion

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

Data Annexe

Key messages

- There is a wealth of publicly available data on the children and young people's outcomes that interventions with mothers, fathers and carers aim to improve, particularly educational achievement and school attendance. Less information is available about emotional wellbeing.
- Children and young people who have special educational needs, who are from socio-economically disadvantaged families, or who are from certain ethnic minorities, including Gypsy, Romany and Traveller backgrounds, are particularly vulnerable to poorer outcomes. This suggests that families with these characteristics may particularly benefit from support or interventions.
- There are not currently any datasets, however, that specifically look at the impact of interventions with mothers, fathers and carers on improving outcomes for children and young people.

Introduction and availability of data

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

In this *Data Annexe*, we have focused on the following outcomes:

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

We have looked at these outcomes by background characteristics of children and young people, focusing on low income families, ethnic minority groups and children with special educational needs (SEN)⁴. This allows us to identify groups of children and young people who may particularly benefit from interventions with their families.

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

⁴ For further information about improving outcomes of looked after children and young people, please see C4EO reviews on the Vulnerable Children theme for educational (Brodie and Morris 2009) and emotional and behavioural outcomes (Dickson *et al* 2009).

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

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

Data search strategy

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

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

Nature and scope of the data

There are a number of publicly available datasets that enable us to build a picture of the proportion of young people who are affected by some of the issues that interventions with mothers, fathers and carers seek to address. Some of these datasets also provide information on which groups of young people may be particularly vulnerable to certain outcomes, such as absence from school or low attainment. In this annexe we present national data about some of these issues, but data is also available in some of these datasets at government office region (GOR) or local authority level. Practitioners or local authority personnel can access this data to gain an overview of the prevalence of these issues in their area (see Appendix 5 for a list of website links to datasets that are available at GOR and local authority level).

The DfE publishes a variety of data on children and young people's attainment and attendance at school in its statistical first releases (SFRs). Data on attainment and attendance is collected through the School Census and provides information on these outcomes, including by pupil characteristics (such as gender, free school meal

eligibility, ethnic group and special educational needs). The most recent SFRs at the time of publication, which are presented here, contain information on attainment and attendance during 2008/09 (DCSF 2009c and d; DCSF 2010a).

There is far less information about child emotional outcomes than there is about educational outcomes. The national *TellUs* Survey (DCSF 2010b) provides data on the national indicators relating to child emotional health and wellbeing (NI 50). However, this data is not broken down by background characteristics, so does not help to identify particular groups of children and young people who may benefit from interventions with their families.

A survey which does provide information about child emotional outcomes is *The Mental Health of Children and Young People in Great Britain* (Green *et al* 2005). This survey, conducted by the Office for National Statistics, provides information on the prevalence of mental disorders among children and young people aged five to 16 in 2004. The sample was drawn from child benefit records, resulting in a sample size of 7,977. The classification of mental disorders used in the survey was based on the ICD-10 diagnostic criteria and so the statistics on the prevalence of each disorder reflect cases where symptoms reach a clinical level of distress or dysfunction. A follow-up survey was conducted in 2007 (Clements *et al* 2008) and provides statistics on the onset, persistence and outcomes of mental disorders, rather than on their prevalence.

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

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

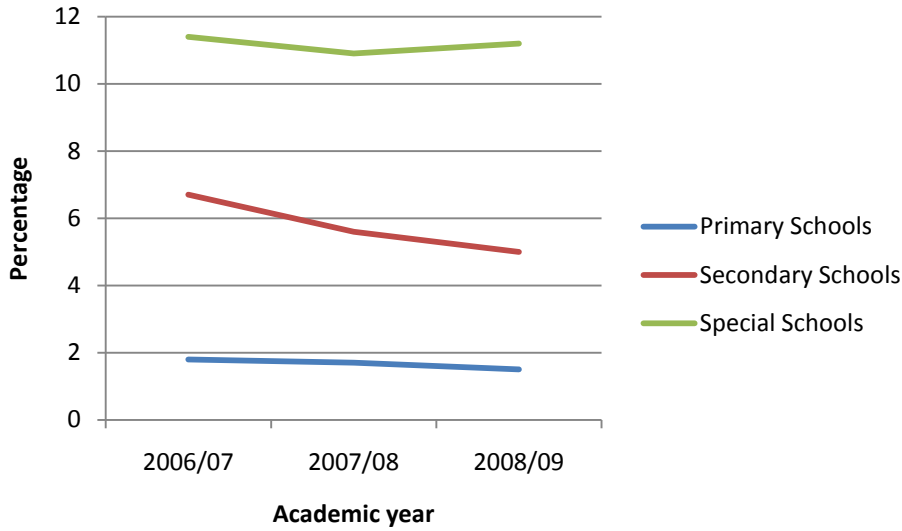
Persistent absence from school

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

In 2008/09, 3.3 per cent (208,380 children and young people) of the school population were classified as persistent absentees (DCSF 2010a). Overall rates of persistent absenteeism have been gradually decreasing over the past three years; especially in secondary schools, where rates have decreased by around two percentage points (see *Figure 1*). Despite this, there are still vulnerable groups of children and young people who are more likely to play truant than others, including

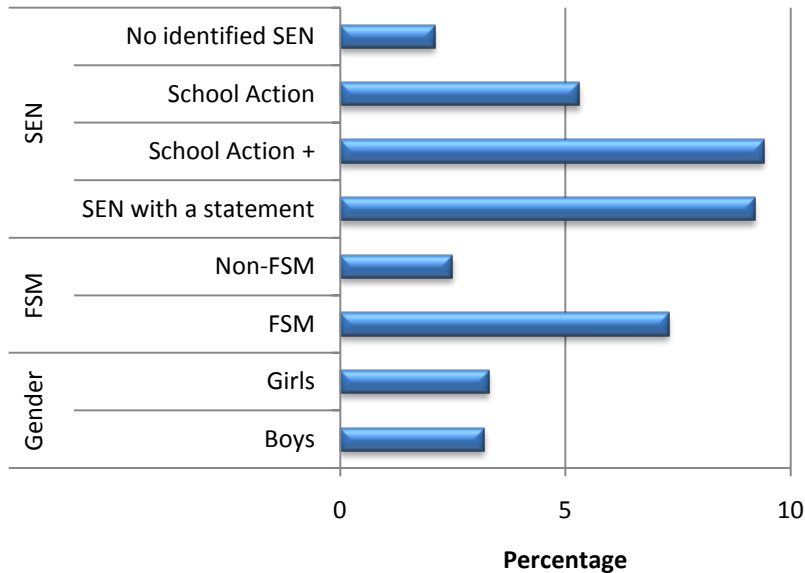
those with SEN and those known to be eligible for free school meals (FSM) (see Figure 2).

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



Source: DCSF 2010a

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



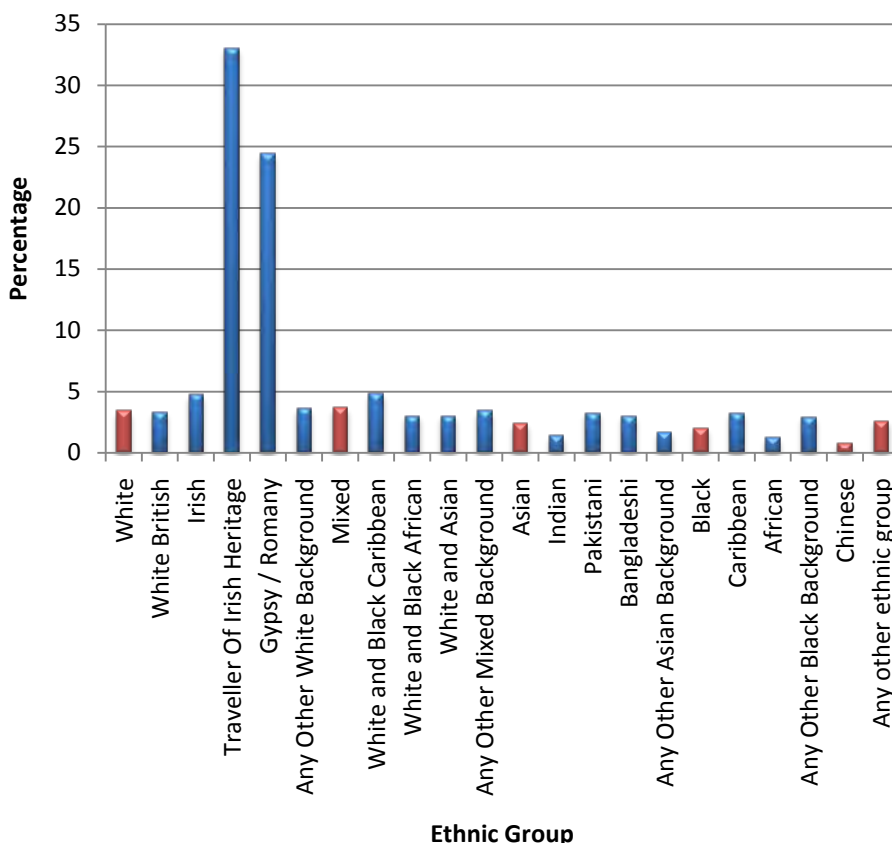
Source: DCSF 2010a

Figure 3 shows the proportion of persistent absentees in 2008/09 by ethnic group. The red bars in this chart indicate the major ethnic groups, and the blue bars show the ethnic sub-groups. Among the different ethnic sub-groups, in 2008/09, the

highest rate of permanent absence was, by far, amongst children and young people from Gypsy, Romany and Travellers of Irish Heritage. In 2008/09, a third (33 per cent) of children and young people classified as ‘Travellers from Irish Heritage’ and just under a quarter (24 per cent) from ‘Gypsy and Romany’ backgrounds were persistent absentees from school (see Figure 3). Research suggests that this may not only be due to their itinerant lifestyles (as many Gypsy, Romany and Traveller pupils are housed or ‘settled’), but may also be related to parental concerns about bullying, racism and negative cultural influences (Wilkin *et al* 2009).

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

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



Source: DCSF 2010a

Attainment at Key Stage 2

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

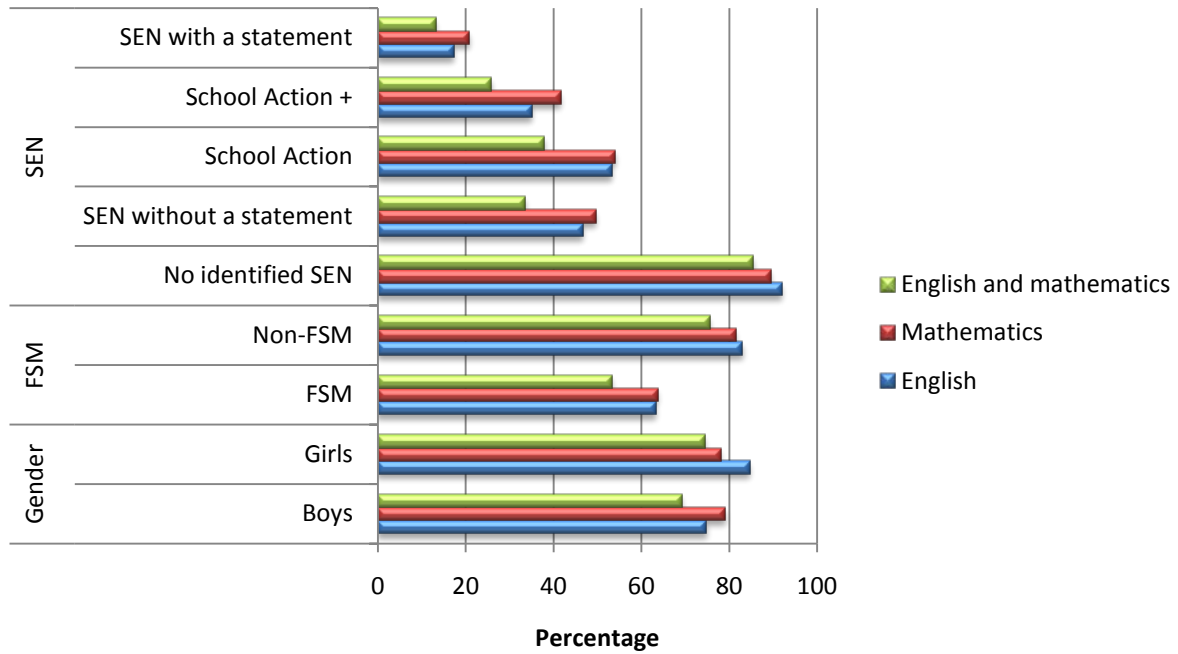
It should be noted that while attainment in English and mathematics have been considered separately to enable comparison between the subjects, the national indicator (NI 73) is the proportion of children at Key Stage 2 attaining level 4 or above in both subjects. Accordingly, the proportion of children meeting the expected level in both of these subjects is lower than the proportion meeting the expected level in either one subject or the other (see Figure 4). The achievement gap between children eligible for FSM and their peers in both 2008 and 2009 was 22 per cent (national indicator 102). The SEN/non-SEN gap⁵ in both years was over twice as large, at 51 per cent (national indicator 104).

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

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

⁵ The attainment gap is the percentage of pupils without SEN minus the percentage of all pupils with SEN (with or without a statement) achieving level 4 or above in both English and maths.

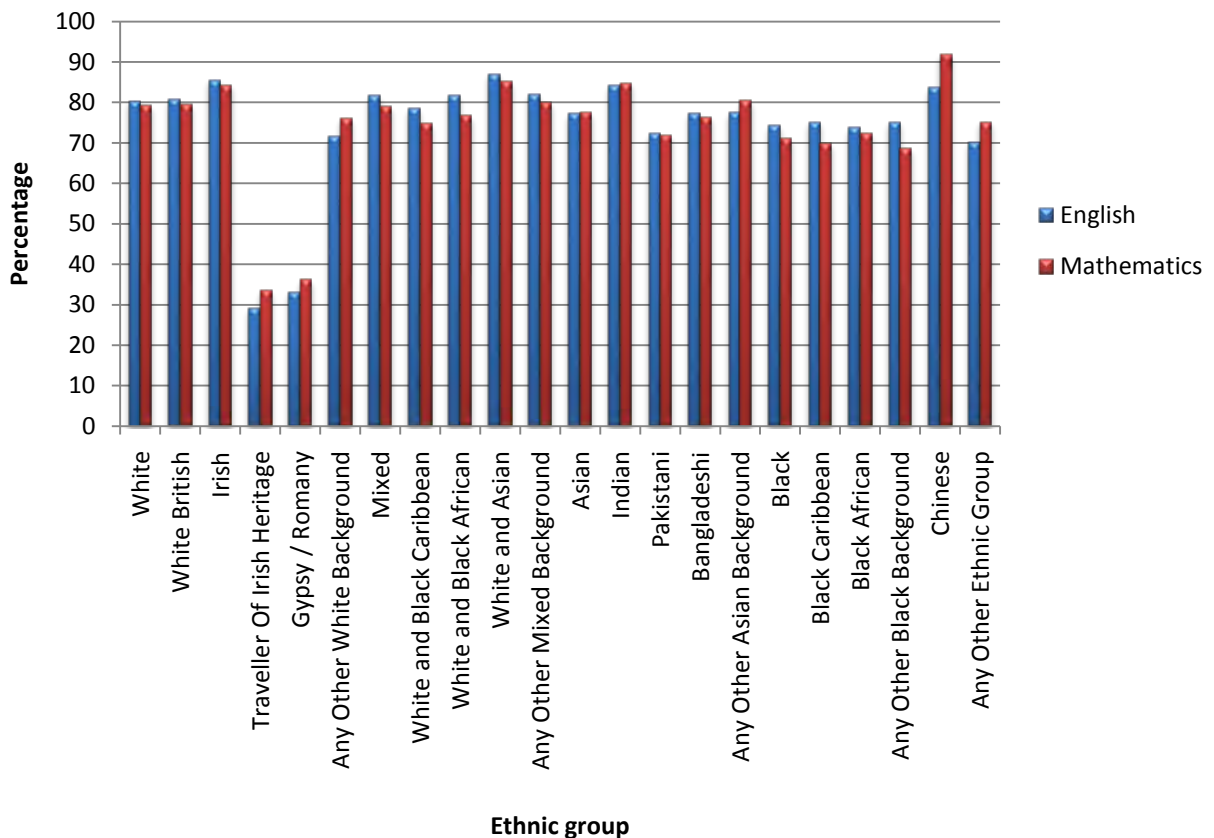
Figure 4: The proportion of children achieving level 4 or above in English and mathematics at Key Stage 2 in 2008/09⁶: by background characteristics



Source: DCSF 2009d

⁶ Based on provisional statistics

Figure 5: The proportion of children achieving level 4 or above in English and mathematics at Key Stage 2 in 2008/09⁷: by ethnic group



Source: DCSF 2009d

Attainment at Key Stage 4

National Indicator 75 is the proportion of pupils achieving 5 or more A*-C grades at GCSE (or equivalent), including English and maths. Attainment at Key Stage 4 by pupil characteristics is similar to attainment at Key Stage 2: fewer pupils with SEN, or eligible for FSM, and in particular, from Gypsy, Romany and Traveller backgrounds, achieve the expected level (see Figures 6 and 7). Again, however, figures relating to Gypsy, Romany and Traveller ethnic groups should be treated with caution due to reliability of the classification, which is a particular issue at Key Stage 4.

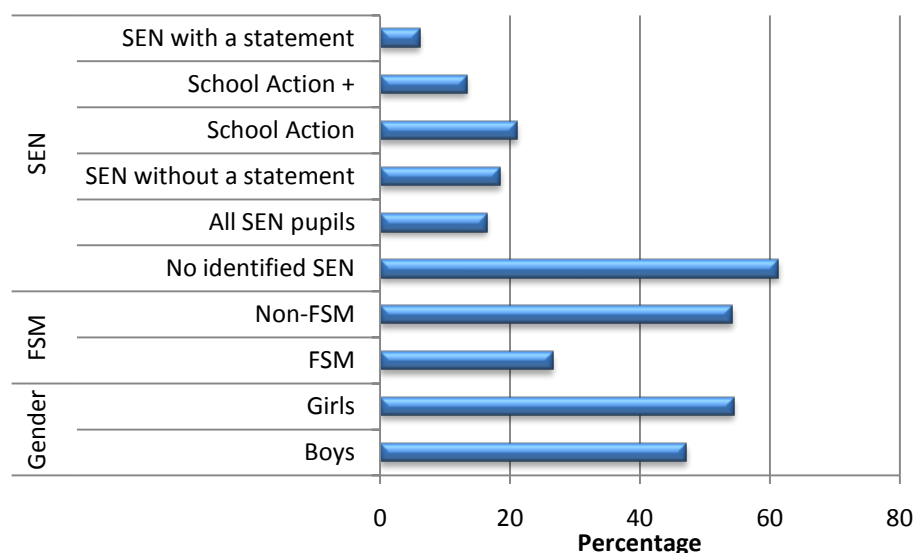
The achievement gap between children eligible for FSM and those not eligible in both 2008 and 2009 was 28 per cent, six per cent larger than at Key Stage 2

⁷ Based on provisional statistics

(national indicator 102). However, the SEN/non-SEN gap⁸ (national indicator 105) in both years was five per cent smaller, at 46 per cent. Children from Gypsy, Romany and Traveller backgrounds attained 42 percentage points below in 2009 (national indicator 108).

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

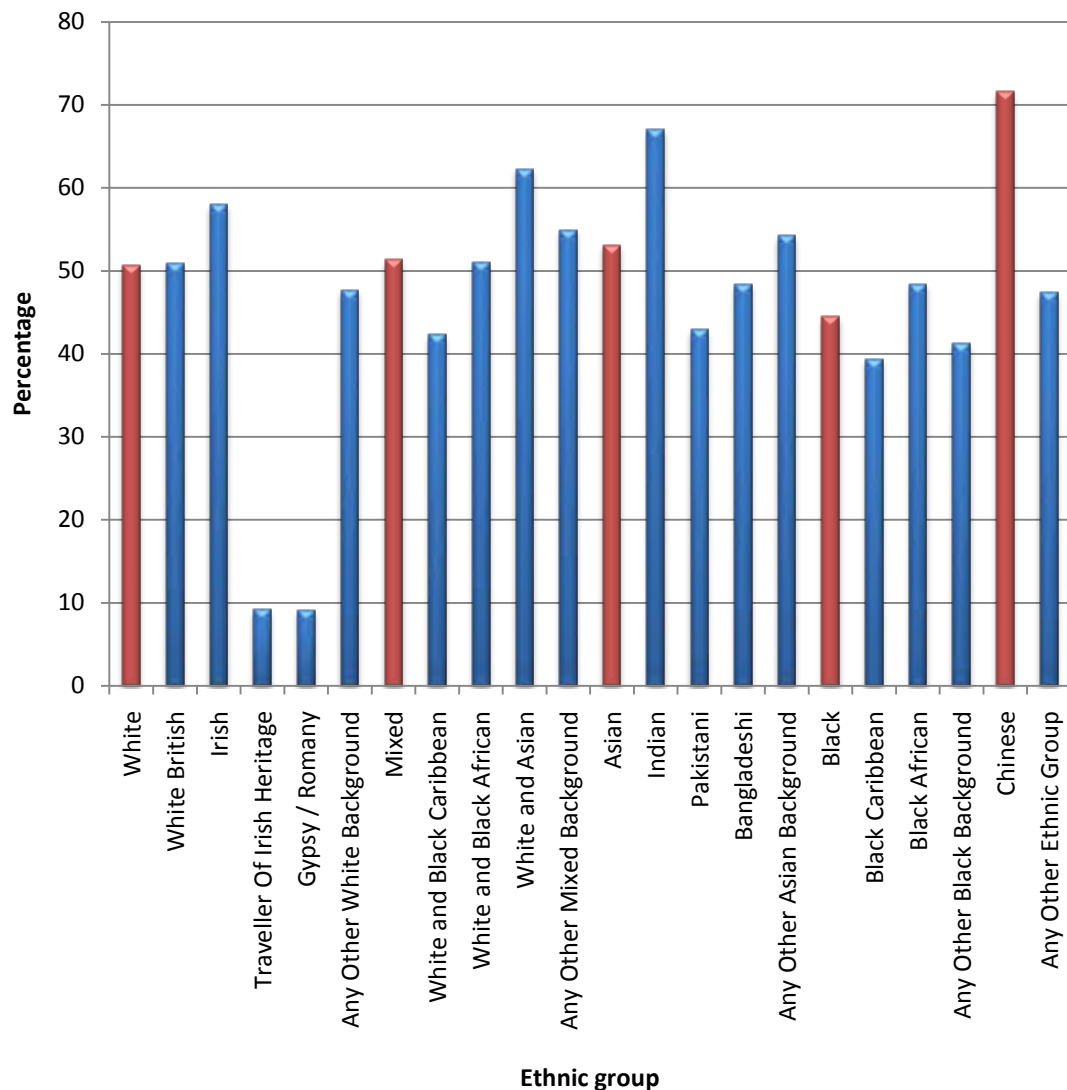
Figure 6: The proportion of children achieving 5 or more A*–C grades at GCSE including English and mathematics in 2008/09: by background characteristics



Source: DCSF 2009c

⁸ The attainment gap is the percentage of pupils without SEN minus the percentage of all pupils with SEN (with or without a statement) achieving 5 or more A* to C grade GCSEs including English and mathematics.

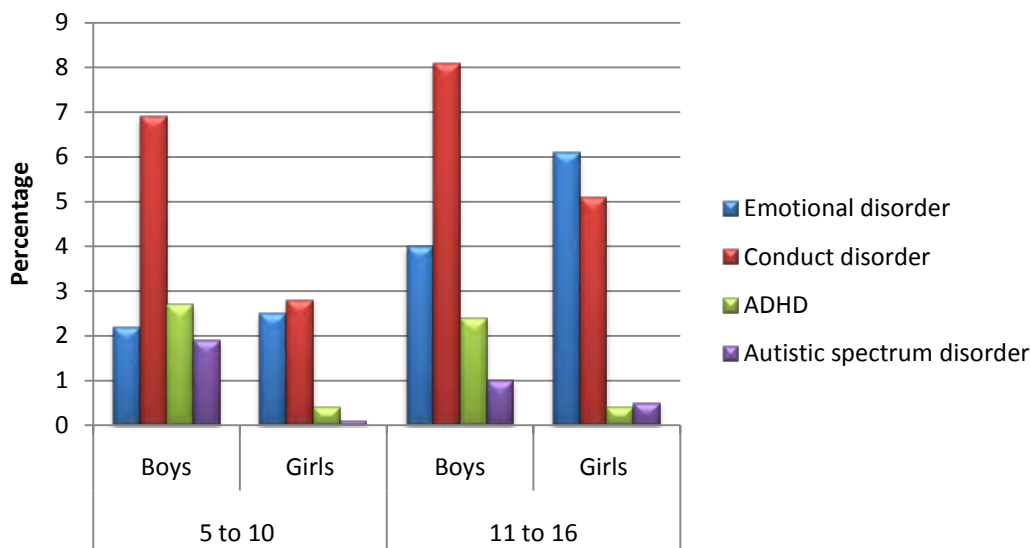
Figure 7: The proportion of children achieving 5 or more A*–C grades at GCSE including English and mathematics in 2008/09: by ethnic group



Source: DCSF 2009c

Child mental health (emotional and behavioural disorders)

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

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

Source: Green *et al* 2005

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

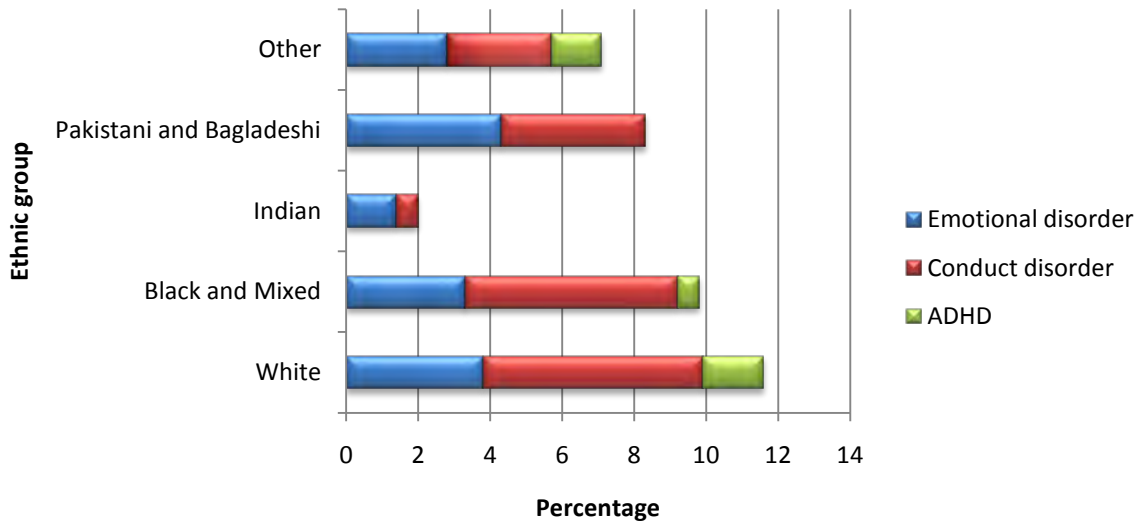
However, data about prevalence of mental health disorders by ethnicity is limited: children from Black and Mixed backgrounds are classified together, and there is no data on ethnic sub-categories (including the Gypsy, Romany and Traveller ethnic groups).

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

This suggests that interventions may wish to target mothers, fathers and carers from less advantaged backgrounds, including where the parent or carer is long-term

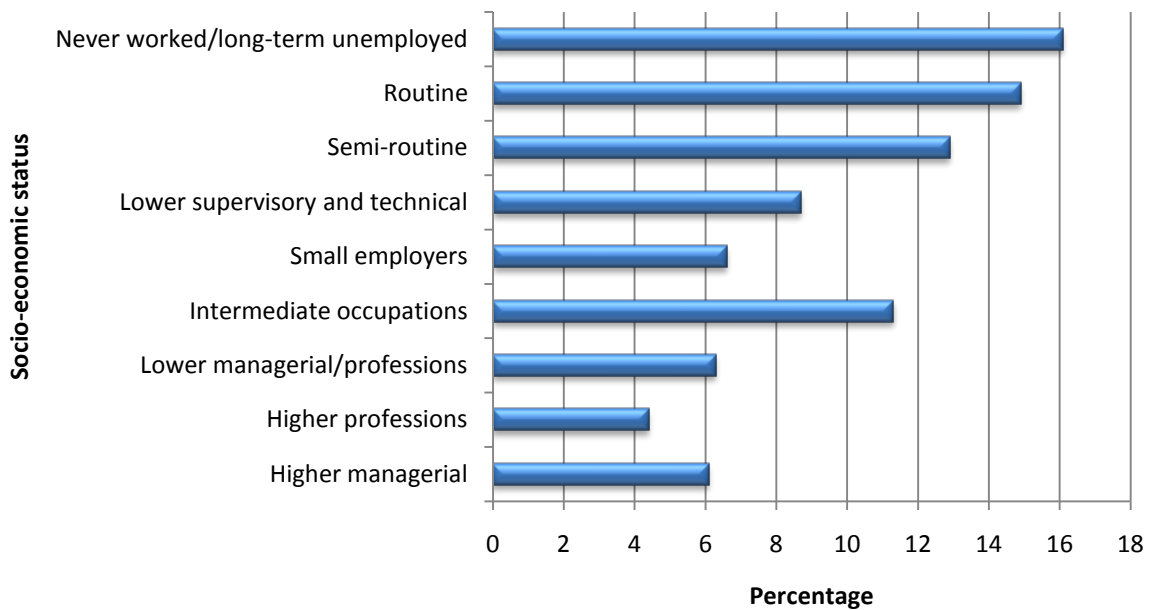
unemployed, as children from these families may be particularly at risk of poorer emotional and behavioural outcomes.

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



Source: Green *et al* 2005

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



Source: Green *et al* 2005

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Appendix 1: Research review methods

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

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

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

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

The scoping study had generated a total of 32 items; the review process that incorporated expert recommendations resulted in a final sample of 52 items. This final sample was predominantly based on UK and USA studies, with the majority of studies from the UK. This can be attributed to the significance of the UK policy and practice context (and to an extent, that of the USA) in answering the review questions. Almost all the final sample consisted of empirical studies, usually involving a mix of qualitative interviews, surveys and case studies. There is a good distribution of types of empirical literature included (refer to Table 2, page 15) with seven studies that are either randomised controlled trials or controlled trials. Included in the review are two systematic reviews on the topic of families, parents and carers (Barrett 2010; Utting 2009).

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

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

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

Additionally, the final included items for the effectiveness review (52) were screened for any data relating to costs or economic analysis, of which six items were included. An additional two items were included by harvesting references of the sections related to economic analysis/costs within the included studies of this review. The TAG team recommended four references, which was also included in the final review.

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

Appendix 2: Scoping study process

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

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

- were published before 2003 (to reflect the introduction of Every Child Matters in 2003)
- did not include outcome measures for people between the ages of 7 and 19 inclusive
- did not report on support, services, or interventions that are primarily delivered to mothers, fathers, and/or carers of children and that intend to impact on children/young people's outcomes related to achievement, emotional, and behavioural health
- were published in a language other than English
- did not present data on *either* (a) the support needs of parents/carers in relation to their role as parent/caregiver, (b) the effectiveness or cost-effectiveness of parent/carer interventions/support in terms of children's outcomes (achievement, emotional, and behavioural health), *or* (c) effective methods of engaging parents in support programmes or interventions.

The inclusion/exclusion criteria are shown in Table 6 below.

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

Table 6. Inclusion/exclusion criteria

The following criteria were applied sequentially from the top down:

Inclusion/exclusion criteria		Guidance
1	EXCLUDE YEAR (not published after 2003)	
2	EXCLUDE AGE (not between the ages of 7 to 19)	Studies that do not specify age, but use terms such as, children, young people, and adolescents were included pragmatically.
3	EXCLUDE TOPIC	<ul style="list-style-type: none"> Exclude studies that did not report on support, services, or interventions that address mothers, fathers, and/or carers of children that intend to impact or provide information on children/young people's outcomes
4	EXCLUDE LANGUAGE (not English)	
5	EXCLUDE DATA	<ul style="list-style-type: none"> Exclude studies that did not present data on <i>either</i> (a) the support needs of parents/carers in relation to their role as parent/caregiver, (b) the effectiveness or cost-effectiveness of parent/carer interventions/support in terms of children's outcomes (achievement, emotional, and behavioural health), or (c) effective methods of engaging parents in support programmes or interventions.

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

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

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

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

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

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

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

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

Table 7. Summary of different stages

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

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

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

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

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

Note. Duplicate removal was ongoing throughout the process. 351 items represent the included studies based on abstract. The final items included for this review is 47.

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

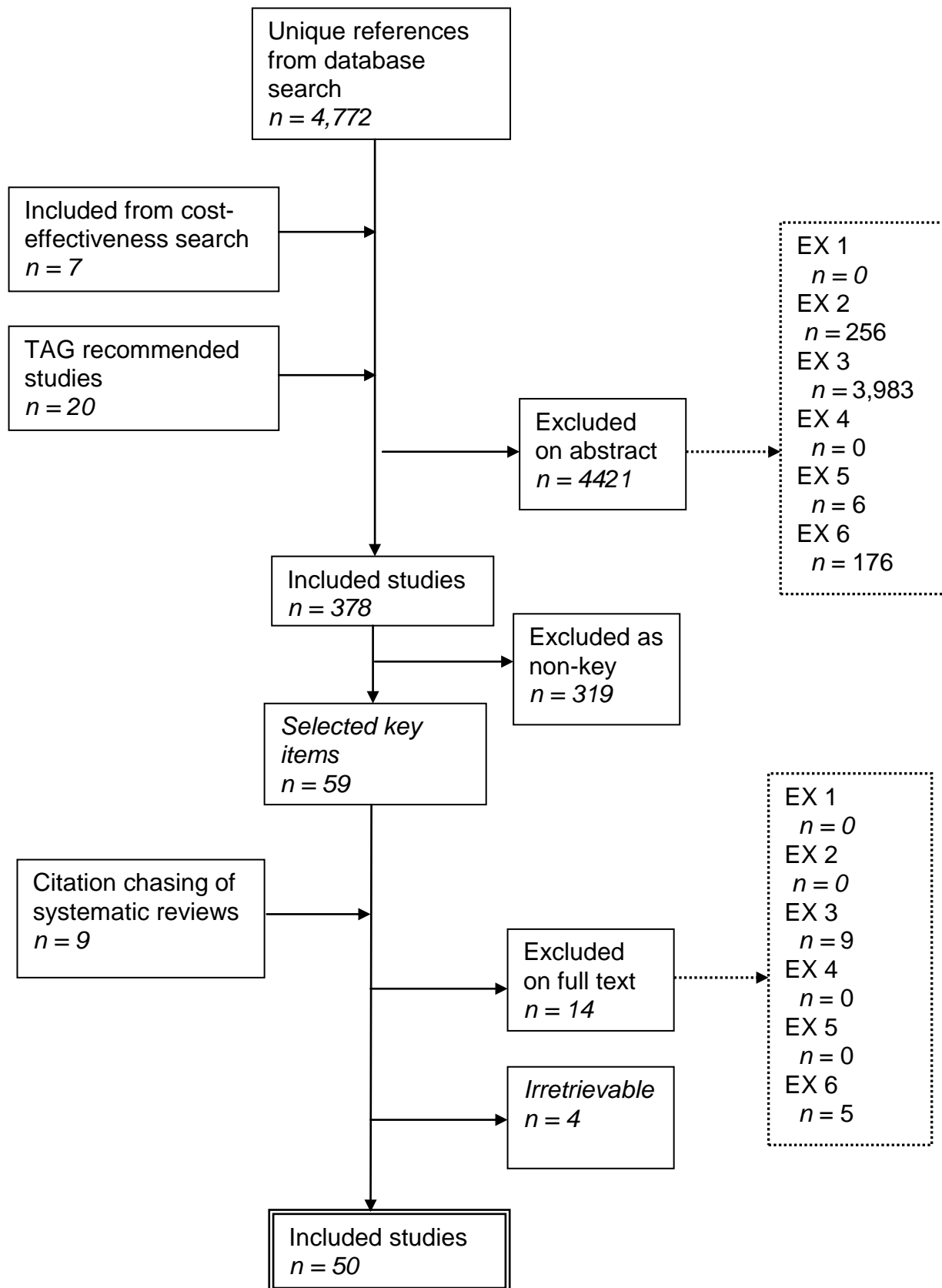
Source	Unique items found	Items identified as included studies/relevant to this study
Databases	495	10
Social Policy and Practice	59	6
Econlit	1	0
BEI	17	0
AEI	78	0
ERIC	307	3
ASSIA	32	1
TAG recommendations	4	4

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

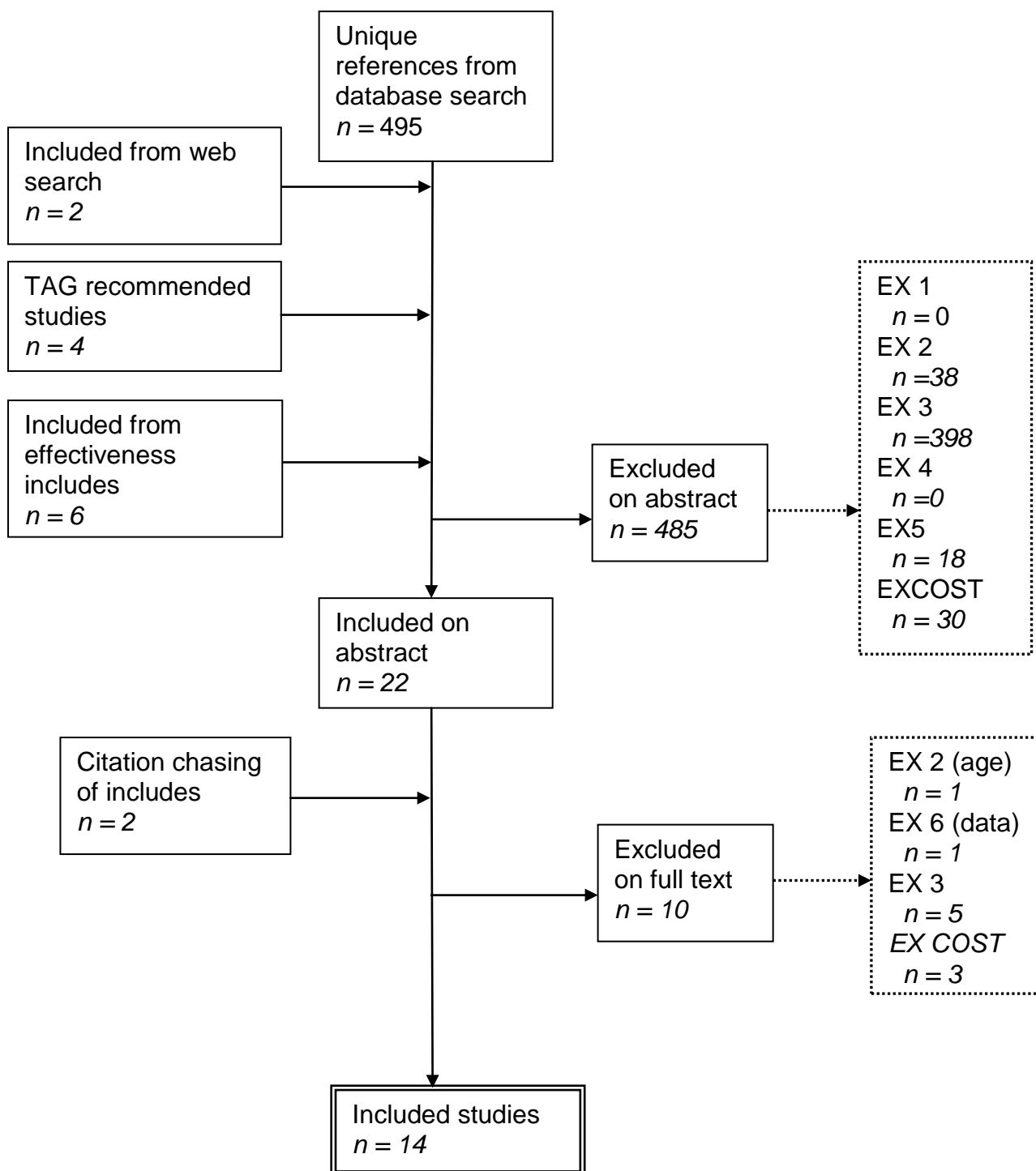
Source	Website⁹
DCSF	http://www.dcsf.gov.uk
TDA: Training and Development Agency for Schools	http://www.tda.gov.uk/
CWDC: Children's Workforce Development Council	http://www.cwdcouncil.org.uk/
NAPP: National Academy of Parenting Practitioners	http://www.dcsf.gov.uk/everychildmatters/strategy/parents/napp/napp/
Parenting UK	http://www.parentinguk.org/
FPI: Family and Parenting Institute	http://www.familyandparenting.org/
CPAG: Child Poverty Action Group	http://www.cpag.org.uk/
CPCS: Centre for Parent and Child Support	http://www.cpcs.org.uk/

⁹ Some of these websites may no longer be active and, if they are, they may not reflect current government policy.

Flow of literature – effectiveness



Flow of literature – cost-effectiveness



Appendix 3: Parameters document

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

1.C4EO Theme

Families, Parents and Carers

2.Priority 3

Improving children's and young people's achievement, behavioural and emotional outcomes through effective support and intervention with mothers, fathers and carers of 7-19-year-olds

3. Context for this priority

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

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

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

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

children's:

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

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

Child poverty, workforce development, equality and diversity

6. Definitions for any terms used in the review questions

Community-based initiatives – e.g. multi-agency partnerships, health, voluntary / charity sector, helplines, religious/faith groups

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

English language speaking countries

8. Age range for CYP

seven-19 years

9. Literature search dates

Start year 2003

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

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

support, parenting teenagers, teenage pregnancy, depression, suicide, self-harm, antisocial behaviour, YOTs, youth services, behavioural and educational support, parent support advisor, parent partnerships, choice advisors, family learning, safer schools partnerships

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

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

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

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

Review to identify issues around diversity e.g. age, gender, ethnicity, social class.

Review authors to consider teenagers' transition into adult services.

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

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

Appendix 4: Distribution of types of parent support programmes

Study	Information/ advice/ practical skills (e.g., cooking)	Emotional support	Personal & social skills (e.g., confidence)	Family relationship support	Opportunities to learn; education & training; employment	Financial support, housing
Anderson <i>et al</i> 2006		✓				✓
Asmussen <i>et al</i> 2007	✓	✓		✓		
Cameron <i>et al</i> 2008	✓		✓		✓	✓
Chacko <i>et al</i> 2009	✓			✓		
Cummings <i>et al</i> 2007		✓			✓	
DCSF 2009b	✓					
Edwards and Gillies 2004						✓
Fein and Lee 2003						✓
Forrester, 2008		✓		✓		
Gennetian <i>et al</i> 2005						✓
Hall <i>et al</i> 2009	✓	✓				
Ipsos MORI 2008	✓					✓
Kumpfer <i>et al</i> 2006	✓			✓		
Lindsay <i>et al</i> 2009		✓		✓		
Lucas <i>et al</i> 2008						✓
Orchard 2007	✓					
Page and Millar 2009	✓	✓	✓			
Parentline Plus 2006	✓		✓			
Tarleton and Ward 2007	✓	✓	✓		✓	
Utting 2009	✓					✓
Total number	12	8	4	5	3	8

Appendix 5: National indicators and key data sources

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Be healthy							
NI 50	Emotional health and wellbeing – children and young people user perception	<i>DCSF: Local Authority Measures for National Indicators supported by the Tellus4 Survey 2009–10</i>	National, regional and local authority	Annual	2009	2007	http://www.dcsf.gov.uk/rsgateway/DB/STR/d000908/index.shtml
		<i>Mental health of children and young people in Great Britain, 2004</i>	National	<i>Ad hoc</i> (1999, 2004 and 2007)	2007	1999	http://www.statistics.gov.uk/downloads/theme_health/GB2004.pdf
Enjoy and achieve							
NI 73 –74	Proportions of pupils achieving level 4 or above in both English and maths at each of Key Stages 2 and 3	<i>DCSF: Key Stage 2 Attainment by Pupil Characteristics, in England 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml

Support for mothers, fathers and carers

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 75	Proportion of pupils achieving 5 or more A*–C GCSEs (or equivalent) including English and maths	<i>DCSF: GCSE Attainment by Pupil Characteristics, in England 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI 87	Secondary school persistent absence rate	<i>DCSF: Pupil Absence in Schools in England, Including Pupil Characteristics: 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000918/index.shtml
		<i>DCSF: Outcome Indicators for Children Looked After, Twelve months to 30 September 2009 – England</i>	National, regional and local authority	Annual	2009	2000	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml
NI 99–100	Looked-after children reaching level 4 in each of English and maths at Key Stage 2	<i>DCSF: Outcome Indicators for Children Looked After, Twelve months to 30 September 2009 – England</i>	National, regional and local authority	Annual	2009	2000	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml

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

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI 105	The SEN / non-SEN gap - achieving 5 A*-C GCSE including English and maths	<i>DCSF: GCSE Attainment by Pupil Characteristics, in England 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI 107	Key Stage 2 attainment for black and minority ethnic groups	<i>DCSF: Key Stage 2 Attainment by Pupil Characteristics, in England 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml
NI 108	Key Stage 4 attainment for black and minority ethnic groups	<i>DCSF: GCSE Attainment by Pupil Characteristics, in England 2008/09</i>	National, regional and local authority	Annual	2009	Trend data available from 2006	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI 114	Rate of permanent exclusions from school	<i>DCSF: Permanent and Fixed Period Exclusions from Schools in England 2007/08</i>	National, regional and local authority	Annual	2008	Trend data available from 1998	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000860/index.shtml
		<i>DCSF: Outcome Indicators for Children Looked After, Twelve months to 30 September 2009 – England</i>	National, regional and local authority	Annual	2009	2000	http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000930/index.shtml

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Improving children's and young people's outcomes through support for mothers, fathers, and carers

This research review aims to identify what works when it comes to delivering support and intervention with mothers, fathers and carers of seven-19-year-olds in order to improve children's and young people's attainment, behaviour, and emotional outcomes. Based on a rapid review of the research, involving systematic searching of literature and presentation of key data, the review summarises the best available evidence to enable strategic managers to improve practice and outcomes for children and young people.

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