Developing policy in the provision of parenting programmes: integrating a review of reviews with the perspectives of both parents and professionals

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Abstract

Background   Parenting programmes are a key component of the delivery of children's services, but evidence-based policy has often proved difficult to implement.

Methods   The present review addressed this issue by integrating a review of systematic reviews of parenting programmes and a series of focus groups with parents and professionals involved in parenting across three agencies in a regional area (health, education and social work). The review summarizes parenting interventions targeting infant mental health, emotional and behavioural difficulties, autism spectrum disorder and attention deficit hyperactivity disorder, abuse/neglect, alcohol/substance abuse and 'vulnerable' parents. The focus groups discussed topics such as the range of parenting services across the three agencies, accessibility, gaps in the service and future directions.

Results and conclusions   Twenty systematic reviews were summarized. These reviews demonstrated that there is a wide range of parenting programmes available that have the potential to benefit families who are affected by problems ranging from emotional and behavioural difficulties to adolescent substance abuse. However, the findings of the focus groups reveal that the success of these programmes will depend in part on how they can be tailored to meet the social context of the families targeted. These integrated findings are discussed in terms of their implications for policy and practice.

Introduction

Despite the high profile of 'parenting' on political agendas, services are often poorly co-ordinated and 'patchy' (Public Health Institute Scotland 2003). Although authorities involved in the provision of services to children and young people are legally obliged to produce a plan of services, these are often developed in a somewhat *ad hoc* fashion and are often conflicting [Children (Scotland) Act 1995]. Parenting support should be co-ordinated across agencies and professional groups. It should be accessible and responsive to specific needs and parents should be involved in their development (Department of Children, Schools and Families 2007; Scottish Executive 2007). There is a wealth of evidence relating to parenting programmes which has been built up over recent years to assist those developing services. Indeed, these sources of evidence can sometimes be so extensive that it may be difficult to know how to translate what are often highly contextualized interventions from one population to another.

There are various levels of evidence available to drive this type of translational activity, ranging from the use of systematic reviews of specific interventions, to audit of services, to engagement with service providers. These levels tend to speak to different audiences and potentially result in different conclusions.

For this reason there is a need to combine different sources of data and to apply them to local contexts.

This study adopted a novel approach to informing local parenting policy by integrating quantitative and qualitative research methods.

Methods

This paper aims to integrate the findings of a summary of systematic reviews in parenting programmes with those from a series of focus groups with parents and professionals. This piece of work was commissioned by a partnership between two local authorities with representatives from parenting service providers in social services, education and the National Health Service. For the purposes of this study, 'parenting interventions' represent specific techniques to help parents who are experiencing difficulties with their parenting skills; and these difficulties primarily concern their child's behaviour within the home, the community or within school.

Systematic reviews addressing the effectiveness of intervention traditionally consist of studies reporting on trial data and use explicit replicable methods such as data extraction and quality appraisal of studies against predetermined criteria (McCormack *et al.* 2006). However, in the context of this particular review which was intended to inform local policy, the above methods were less appropriate. The alternative approach used was a realist synthesis. This approach employs a less prescriptive methodology to deal with heterogeneous literature surrounding complex issues such as service delivery or policy. There is also an element of knowledge co-construction between researchers and those commissioning the study, the latter contributing to the shape of the review as it develops (Pawson *et al.* 2004). The realist approach also allows for the integration of both quantitative and qualitative research methods (Pawson *et al.* 2005).

The present study was conceived of as two inter-locking phases: a summary of systematic reviews of the research literature relating to parenting interventions; and a series of several focus groups of parents' and practitioners' experiences of parenting interventions.

Phase 1: summary of reviews

Search strategy

A combination of thesaurus and free text terms were entered into online electronic search engines and databases. The search strategies used broad generic terms to ensure that all literature relating to parenting with potential relevance was identified. Electronic searches identified 4048 citations that could be of potential relevance to the literature review. In addition to this, members of the project steering group were asked to provide relevant unpublished/grey literature or literature not identified in the systematic searches but available within the public domain.

Selection criteria

As an extensive literature has been developed over the last few years it was considered appropriate to include only existing reviews of the literature in our search, effectively a 'review of reviews'. It is important to note that this is not a **meta-analysis** or critique of individual intervention therapies but a **research summary** of the **systematic reviews and meta-analyses** of the parenting literature. The initial criteria were kept broad, seeking to identify studies with a range of interventions targeting parents and children. This summary of reviews focused on studies of parenting interventions with a range of psychosocial outcomes.

To be included in the literature review, studies had to meet the following criteria:

- included studies must be a systematic review or meta-analysis relating to parenting or family support interventions;
- included studies must consist of studies of parenting/family support interventions targeting parents of children from 0–18 years;
- included studies must measure the impact of parenting/ family support interventions on child outcomes.

Studies not published in English were excluded from the review.

Screening

The results of the systematic searches were imported into Reference Manager Software and put through a two-stage screening process. The 33 duplicate results identified by the software were removed and the titles and abstracts of the remaining 4015 studies identified in the electronic searches were screened against the selection criteria (stage 1 of the screening process). There were 45 citations left and the full reports of these studies were retrieved for stage 2 screening. Sixteen reports failed to meet the inclusion criteria for the review, therefore 19 studies were included in the literature review. One additional study was identified from a key contact in the area of parenting, increasing the total of included studies to 20.

The included systematic reviews in this research summary covered approximately 200 papers in the field of parenting, and it is therefore likely that there is a degree of overlap in the studies included in the systematic reviews.

Data collection/extraction

Where available data on type of intervention, participants and intervention outcome details from the 20 included studies were summarized and presented in a tabular format.

Description of studies

A total of 20 studies were included in the literature review: three meta-analyses of parenting/family support interventions; and 17 systematic reviews of parenting/family support interventions.

Structure

The included studies described a range of interventions targeting a variety of parents and children for diverse reasons ranging from guidance on general child care to the management of more specific conditions such as autism. Studies were grouped in a number of themes which developed out of the literature, namely:

• infant mental health;
• emotional and behavioural difficulties;
• autism spectrum disorder/attention deficit hyperactivity disorder;
• abuse/neglect;
• alcohol/substance abuse;
• 'vulnerable' parents.

Phase 2: focus groups

Recruitment and format

Parents and practitioners were recruited via steering group members who represented education (six parents; seven practitioners), health (eight parents; nine practitioners) and social work services (three parents; eight practitioners). It is important to note that the participants in this sample come from a relatively small number of parents and practitioners. Parent recruitment is mostly likely to be determined by the parents' willingness to attend and participate in the focus groups. For these reasons, this sample could not claim to be representative

of the huge number of people who both use and provide parenting services. Six focus groups were run separately for parents and practitioners involved in parenting in each agency. All groups discussed experience of existing service, gaps in services and opportunities for change.

Each focus group lasted approximately 1 h and consisted of no more than nine participants. Two researchers were involved in the organization of each focus group, one to facilitate focus group discussions and another to take notes and record the conversations on digital software. Each recording was transcribed and analysed further using a content analysis approach to identify key themes.

Findings

Phase 1: findings from the summary of the reviewed literature

Infant mental health

There is a great deal of evidence to support the use of parenting intervention in the promotion of infant mental health through targeting the mother–infant relationship. Effective methods for improving maternal attachment and sensitivity are those with a clear and narrow focus (Bakermans-Kranenburg *et al.* 2003). Effective approaches for attachment include video feedback and skin-to-skin contact (Anderson *et al.* 2003; Bakermans-Kranenburg *et al.* 2003). Narrow focused interventions were also effective for promoting responsive parenting among vulnerable populations in countries of high economic resource (Eshel *et al.* 2006). This approach can also be implemented in the home visit format over 6 months by paraprofessionals leading to large improvements in maternal–child intervention. In addition, interventions implemented by peer/paraprofessinals can be effective for parent–child interaction and child development in 0–6-year-old children. However, the long-term impact of parenting intervention by paraprofessionals on outcomes such as healthcare uptake, child health status, abuse and neglect is unknown (Wade *et al.* 2007).

Emotional and behavioural difficulties

There is a good deal of evidence to support the use of parenting groups as an intervention for young children with emotional and behavioural difficulties. For example, behavioural parenting groups significantly improved child behaviour from the clinical to the normal range (Thomas *et al.* 1999). Behavioural and cognitive behavioural approaches have led to significant

improvements of emotional and behavioural adjustment of toddlers in the intervention group (Barlow & Parsons 2003).

However, group-based parent approaches have had differential effects on different outcome measures. Video tape modelling of the incredible years programme over 12 weeks significantly improved teacher reports of behaviour but not parental reports. Second, a 10-week programme of the parent child series led to differences in mother and father reported outcomes. There was no evidence of effect on maternal reports of child behaviour outcomes, although there were non-significant improvements in father reported outcomes (Barlow & Parsons 2003). While there is evidence to support the use of parenting programmes with biological parents, a meta-analysis did not find cognitive behaviour therapy (CBT) interventions to be effective in training foster parents to manage difficult behaviour (Turner *et al.* 2007). Within behavioural parenting groups, role playing models that empowered parents were more effective than general discussions. Furthermore, programmes that were based on parental empowerment models were effective immediately post intervention and over time (Thomas *et al.* 1999). Last, the use of incentives encouraged parental involvement in parenting groups (Barlow & Parsons 2003).

Parenting approaches have also been shown to be effective for older children. Behavioural parent training has been found to be particularly effective in reducing externalizing and disruptive behaviours in children aged 9–11 years. Intervention methods such as individual consultation and controlled learning approaches were more effective than group education or mixed methods (Maughan *et al.* 2005). Parenting interventions in the USA and Australia have been demonstrated to be cost-effective for children aged 0–18 years (Dretzke *et al.* 2005). In children aged 10–17 years with conduct disorder, family and parenting interventions reduced the risk of subsequent arrest, length of time spent in institutions and self-reported delinquency. However, there were no effects of interventions on parental mental health, family functioning, risk of incarceration and peer relations (Bruce 2002). Multi-systemic therapy for youths aged 10–17 with social, emotional and behavioural problems was not found to be more effective than alternative approaches in reducing these difficulties (Littell *et al.* 2005). Family and parenting approaches such as multi-systemic therapy and multi-dimensional treatment foster care can reduce the length of time in institutions by adolescents with conduct disorder and delinquency. However, there is no evidence for the effectiveness of such approaches on risk of re-incarceration or positively impacting on parenting, parental mental health, family functioning, academic performance, future employment and peer relations (Woolfenden *et al.* 2001).

Autism spectrum disorder/attention deficit hyperactivity disorder

There is a small amount of evidence relating to the effectiveness of parenting intervention for children with autism or attention deficit hyperactivity disorder. A review of mainly single subject designs evaluating parent training found this approach to be ineffective for hyperactivity or impulsivity but there were small effects for improving attention (Purdie *et al.* 2002). Those interventions delivered in the home had stronger effects than those managed in the clinic. Psychologically based interventions and multi-modal interventions had greater effects than parent training. However, school-based and parent training interventions resulted in the largest effects for general cognition (Purdie *et al.* 2002).

The evidence regarding parenting intervention for children with autism spectrum disorder is inconclusive (Diggle *et al.* 2002). However, the autism pre-school parenting programme had non-significant improvements in cognitive measures, children's communication and levels of disruptive behaviour, parental knowledge and mother–child interaction (McConachie & Diggle 2007). Parent social communication training groups significantly reduced ratings on the autism diagnostic observation schedule. Pooled results show significant effects of parent-implemented intervention on words understood and words spoken. Social communication training led to significantly greater interaction strategies with their child involving greater parental synchrony. Observations of happiness, interest, low stress and communication style were rated better in interactions of pivotal response training groups compared with the individual target behaviour groups (McConachie & Diggle 2007).

Abuse/neglect

There is very little evidence to support the use of parenting intervention in the treatment of neglect and the evidence relating to abuse is mixed. A systematic review of parenting programmes for the treatment of physical abuse and neglect found that there was no strong evidence to support the use of these types of programmes in the treatment of physical abuse. However, the existing evidence base suggests that some parenting programmes may be effective in improving some outcomes that are associated with physically abusive parenting such as physical discipline practices (Barlow *et al.* 2006). This latter finding is corroborated by a meta-analysis of parent training programmes aimed at preventing child abuse (Lundahl *et al.*

2006) which indicated that parent training is effective in reducing the risk that a parent will abuse or neglect a child.

A review of responsive parenting interventions in the United States found that home visiting with teenage parents had positive effects on rates of abuse and neglect. Furthermore, when the children of these mothers were 15 years old, they were less likely to engage in criminal and antisocial behaviour than controls (Eshel *et al.* 2006). The above review found that parent–child interaction therapy significantly improved parenting behaviour towards children and reduced child behaviour problems. CBT reduced physical discipline and parental anger. Also a group-based parenting programme significantly improved parenting skills and improved child abuse as reported by agency records (Barlow *et al.* 2006). Of the various parenting programmes available for targeting abuse, it would appear that CBT is significantly more effective than family therapy in reducing parental anger and child reported family outcomes. Multi-systemic family therapy was more effective than parent training for parental competence. Also multi-systemic therapists reported greater decrease in family problems than parent training therapists. A behavioural child management programme was significantly more effective than stress management in improving parenting behaviours, although the stress management programme was significantly more effective for improving family functioning (Barlow *et al.* 2006).

Family preservation programmes are intended to support families and prevent out-of-home placements of children at risk of abuse or neglect. A systematic review of these support programmes found that the results of included studies did not show any benefit of reducing out-of-home placements in children at risk of abuse or neglect (Heneghan *et al.* 1996). In terms of format, interventions involving home visitors had a positive impact on parents. Combined formats of individual and group training changed attitudes more than individual only or group only formats. Behavioural only programmes were less successful in targeting parental attitudes and child-rearing practice than non-behaviour or a combination of behavioural and non-behavioural approaches (Lundahl *et al.* 2006).

Alcohol/substance abuse

Of the available evidence relating to adolescent substance abuse, family-based intervention such as multi-dimensional family therapy and brief strategic family therapy was found to be efficacious treatments (Austin *et al.* 2005). Multi-dimensional family therapy significantly reduced adolescent drug misuse and significantly improved family functioning post treatment. The

changes in drug use were also found to be clinically significant between pretreatment and 12-month follow-up assessments. Brief strategic family therapy led to significant decreases in conduct disorder, socialized aggression, marijuana use in adolescents and improved family functioning post treatment. However, there were no significant effects for adolescent alcohol (Austin *et al.* 2005).

'Vulnerable' parents

Both group-based and individual-based parenting programmes may be effective for improving psychosocial outcomes of teenage parents and their children (Coren & Barlow 2001). Specifically, one-to-one parenting programmes implemented at home significantly improved mother–infant interaction, maternal sensitivity, and maternal capacity for fostering growth, maternal identity, attitudes, beliefs and non-significant improvements in on maternal self-confidence, while group-based parenting programmes showed non-significant improvements in maternal motivation and the receptive language, expressive language, and overall language development in infants (Coren & Barlow 2001).

Limitations of the evidence base

This literature review covered an immense amount of material drawn from both systematic reviews and meta-analyses of the research literature on parenting interventions. However, there are several gaps in the research literature relating to the effectiveness of parenting interventions:

1 it is not possible from the existing research literature to ascertain which populations benefit the most from which interventions;
2 there is no attention paid to critical points across childhood and how services can respond to changing familial circumstances;
3 there is no evidence related to the appropriate training for parenting practitioners and how this impacts upon child and family outcomes;
4 there is limited evidence on the role of paraprofessionals in parenting support and how they impact on long-term outcomes such as child health status, abuse or neglect;
5 there is currently no evidence from reviews relating to therapist competence and adherence to treatment protocol and how this may impact on intervention outcomes.

Phase 2: focus group findings

Parents' views

Generally, parents were very positive about the services that they were currently receiving. In particular, parents of older children found the groups set up by family support workers as a very helpful way of meeting others, receiving some training and sharing their experiences. It was also recognized that the focus on the child's behaviour also led to reflection about their own abilities as a parent.

> But it means that the skills I've now got I can employ on the other daughters. I mean it's not just how to train the kids, it's your change as well, it's not just the kid's behaviour that's under the microscope, it's yours as well.
>
> Education services – parent

This was commonly offset against their earlier experiences when they had found it difficult to find support and felt socially isolated. They also spoke positively about the links that they made with others, sharing experiences and the pride that they felt about the advice that they were able to provide for others.

> You can't help yourself because if you know a way it works you can see the pattern that the causes of the behaviour might be totally different from the circumstances you're in but you can recognise patterns. And of course, you're not as emotive with other people as you are with your own kids.
>
> Social work services – parent

Clearly the number of groups that parents experienced performed a number of functions benefiting the parents, the target child and the other children in the family.

A number of obstacles to becoming involved in programmes were identified. Practical concerns such as child care are paramount, preventing attendance and restricting access to services.

> You're kind of isolated and the general consensus was there isn't enough crèche facilities.
>
> Health services – parent

> I mean a lot of people can't get out and about because they've not got babysitters and sometimes it's harder to take the kids with you.
>
> Social work services – parent

Issues surrounding the location and setting of parenting support were also important. For example, support provided in schools can be highly convenient in terms of geographic location and child care. However, there was concern from some parents that their negative experiences of their own schooling may make some parents feel uncomfortable and reluctant to attend in such settings.

Probably the most heartfelt of the barriers to accessing parenting services and the one which seemed to be particularly relevant for parents of older children was the resistance they experienced from their child's school.

> I've been fighting since I moved. . . . three years ago. I've been saying to the doctors, to the school to the health visitor, 'My son's just beyond control', and they kept saying to me 'It's just normal childhood behaviour.' It's not normal childhood behaviour when your son has you pinned against a wall with a knife at your throat.
>
> Social work services – parent

From the point of view of parents there are no preferences over the level of skill or professional status of parenting staff, for example:

> I don't think it's so much the professionalism I think it's the fact that . . . the friendliness . . . they're like more . . . more on a level . . . they're down to earth with us all.
>
> Social work services – parent

However, there were strong views voiced by parents concerning the professional background. There were negative connotations concerning the role of social workers and preference for the job title of family support worker or family liaison officer etc,

> Social workers, I know what you're like, you panic and I think everybody's like that, but see because they now call it Integrated Children's Services it's. . . .
>
> Education services – parent

Professionals' views

One of the features emerging from all the interviews with practitioners was the wider range of activities that fall within what is loosely termed parenting. Much of this is child focused but it is clear that for most practitioners it does not stop there and includes a multitude of activities.

> I'm a home school partnership worker . . . my job is about promoting the interests of parents and children but it goes much further than that. Sometimes I am involved with home visiting and with supporting parents in meetings at school with staff. I am also involved in group work in handling children's behaviour, building self esteem in their child . . . The majority of my work is about

promoting the involvement of parents within schools about parenting aspects but also about supporting their development on an individual basis in relation to adult learning finding opportunities for them as well.

Education services – practitioner

Although practitioners were involved in delivering a wide range of different programmes and many were listed during the focus groups, it is clear that one of their key roles is tailoring programmes to meet the perceived needs of their parents. This may involve making a judgement about where to see the parent, and the focus of the messages conveyed. There was little sense of specific programmes being provided without being customized to meet the varied needs of the clients. There was a common sense of the need for person centred care.

> The thing is that you have to know your group first. There is no point if someone cannot read a programme that is very book orientated. We had a blind person in the group. So you can't very well sit them down and tell them to watch a video. So you have to be very adaptable and say well look we know where you are coming from, what your level is. . . . we get parents through the door, first get to know them and then hit them with what we want them to do . . . we're flexible and adaptable . . .
>
> *Education services – practitioner*
> We do a variety of programmes . . . We develop a lot of programmes for our parents because what we have learned over time is that there are a lot of programme that you have to develop for the parents before you can take them into the homes . . . we are working with a variety of parents and they are all at different levels. So one programme does not fit all and we took the view that quality was much better than quantity. We can't work for twelve weeks, put them out of the door and say that everything is okay because their situations are all different. That is where we do have that flexibility.
>
> *Education services – practitioner*

While there is a degree of inter-agency collaboration between staff in agencies, there are frustrations over roles and responsibilities in these working relationships.

> . . . we have a lot of training with head teachers and teachers in schools and we are trying to kind of work through some of these, they have got frustrations with the social work department, just as we have frustrations with them, they think that we never phone them back and things you know so it is kind of a two way thing but you know when you are actually doing direct work with a family it

becomes really, really difficult when you have got all these kind of barriers and really time consuming. . . .

Social work services – practitioner

One example of this is referrals to social work from education. Social work staff reported that education staff make referrals concerning children or families needing help with parenting but wish to keep this referral from the family in question. However, this makes it difficult for social workers to identify and engage with the families needing intervention. There were also delays in setting arrangements in place for families requiring specific assistance. Staff complained about longwinded formal administrative procedures.

There are issues surrounding approach to service delivery – providing a focused service to priority groups or a more universal service. In some areas, parenting classes are only set up in response to demand from parents for these groups.

> We don't run it routinely every six weeks or whatever, but we tend to wait until we get referrals in. People will tend to phone to myself and say, 'Have you got a group starting soon?' Then start to send out e-mails saying . . . Once we've got members. Even then the kind of difficulty is people swear blind to the health visitor, 'Oh I'll go, I'll go', and they don't turn up.
>
> *Health services – practitioner*

However, this means there is no continual support available to parents and there is a delay in support getting to parents who urgently require access to parenting groups.

There would appear to be some barriers to inter-agency working, for example, a practitioner in social work commented on how difficult it can be to communicate with key contacts in education concerning a child and their welfare.

> I would like to comment on that. As a social worker I try really hard to get good relationships with schools, I think it is really important but you very rarely get the opportunity to work with anyone in the school other than the head teacher, it can be very difficult to get any direct contact with the school teacher . . . and I have actually had to work really hard to get some of the head teachers to agree to me working with the class teacher. And very often when you meet the class teacher and you find out you know an enormous amount of information about the young person that you are working with and then if you get a good relationship with that teacher, you see vast improvements but it is very, very hard to be able to do that.
>
> *Social work services – practitioner*

Lack of time, especially in the context of staff shortage, was a recurring theme. Many practitioners are concerned about constraints on the time they have to devote to families. Many practitioners voiced concerns over the quality of relationships and establishing a rapport with families.

> . . . very little time for workers to actually be involved with families at any kind of therapeutic level.
> I would like more time really for me . . . To build relationships with children and parents, I think it is key to any care change . . .
> Social work services – practitioner

Second, staff complained about not having time for professional development.

> Yeah and we need time to reflect and look back and to read, we need to become more professional. We feel like we are not skilled in anything in particular because we are doing such a broad range of things . . .
> Social work services – practitioner

Many practitioners voiced concerns about inconsistencies in parenting services across agencies and across the region as a whole, particularly in terms of resources. Practitioners have also said that they would like more consistent interpretation of training needs related to parenting across agencies and regions.

> . . . they can access quite a lot of services and then they move to another area . . . here's lots of inconsistencies and I think there should be universal training throughout . . . so that a person can be offered the same service as if they lived in another area . . .
> Health services – practitioner

We asked both parents and practitioners about what they perceived to be gaps in the services. This proved to be a difficult question for parents except when they were able to express concerns about something they had not experienced or had not been aware of early in the journey through parenting services. Practitioners by contrast were much clearer on where they saw a need for gaps to be filled.

Staff felt that, due to restructuring, a lot of the vulnerable families would miss out on the regular contact that they once had with support staff.

> I think perhaps we're going to see a lot more problems . . . in coming years . . . before because of regular contact we were able to prevent . . .
> Health services – practitioner

Views shared by both parents and professionals

While all of the parents who attended the focus group made many positive comments about the support that they received, a common complaint was the delay in first accessing both information and the support itself. Many people reported that they did not know about the parenting support services that were available to them. Several people (both practitioners and parents) commented that information was not necessarily available in the right place and the right time.

> . . . and when I did ask they didn't know anything about it but gave me the number to phone up and find out about them, but it would have been helpful to have the information
> Health services – parent

However, it would appear that the delay only occurs in initially accessing information concerning parenting support. One parent commented that

> . . . I've done all manner of courses and once you're in the system you're fine . . .
> Education services – parent

Similarly, there are limitations concerning staff access to information. There appears to be tensions between sharing information about families and the confidentiality of this type of information. For example,

> It is not unusual to speak to a class teacher even for a child who is on the child protection register and the class teacher doesn't know what that child's care plan is . . . There is a lot of confusion around confidentiality . . .
> Social work services – practitioner

Finally, it is critical to consider the needs of the parents themselves. Any written information available is not accessible to parents with literacy problems and as indicated previously a number of those parents we interviewed indicated that they had only become aware of severe reading and writing problems as adults.

> . . . I've got a few girls who can't actually read, and for me that's a problem if you send them out letters or you're giving them information on weaning or any other subject . . .
> Health services – practitioner

Both parents and professionals expressed concern about uptake of resources. A variety of reasons for poor attendance

were given, for example, transport, lack of confidence etc, but from the perspective of the practitioners there is a real concern that parenting groups often do not include the ones that most need these services. This may, of course, be a result of the wrong information being available at the wrong time or the wrong support being in place, but there is central issue of concern about mapping practicalities and expectations to avoid wasting resources.

> We do put groups on but ... they're very poorly attended. We do have one to one sessions in managing children's behaviour training but I will see colleagues and they actually go out to the house for one to one sessions because its very hard to reach the (most) vulnerable. You're always getting people who have behaviour problems but they will come but the ones that will need it generally don't come and that's my main concern in terms of parenting.
>
> Health services – practitioner

Discussion

The purpose of this study was to use a mixed methods approach (literature review and focus groups) to inform a local policy regarding parenting interventions. The following discussion and recommendations are drawn from the integration of both sets of findings. They are based on an interpretation of the data and its potential for informing a way forward for parenting services.

From the literature review it is clear that there are a range of parenting programmes that can have short-term success with different groups of parents and families with differing levels of needs. These findings, together with those from the focus group, suggest that, to be successful, programmes must be sensitive to the needs of individual parents and families. For example, parents may experience literacy difficulties which can affect the way in which the programme is delivered. Therefore, staff must have appropriate skills to customize programmes accordingly, without reducing the desired impact of the programme.

Practitioners must be allocated time to receive training in the relevant parenting programmes and attain the necessary skills to modify programmes according to the needs of families while retaining the essence of the programme. Practitioners need time to be given the opportunity to familiarize themselves with the dynamics of the family context. Different families will need parenting intervention for different reasons; consequently, practitioners must be aware that some families may require different levels of mentoring in preparation for attendance at parenting

groups. Therefore, training should be family focused with an understanding of the ways that families develop. Training should also be ecological with an awareness of how to engage with the different levels of community, the way in which the families interact with their community, their neighbourhood and their wider environment.

The literature recommends that the most effective programmes are those that provide incentives. Evidence from the focus group suggests effective methods for engaging and retaining parents are those that provide incentives such as child care and transport. Practitioners need to be able to recognize the barriers that prevent individual families attending parenting classes and find ways to help families overcome these barriers and attend classes. Findings of the focus groups suggest that this can be achieved by allowing practitioners time to build up trusting relationships with parents in order to get to know their families and gain understanding of needs specific to individual families.

Our findings from each phase of the research suggest a tension between what parents expect from parenting support and the evidence of effective programmes in the literature. When delivering parenting support programmes there is a need to find a balance between 'clinical' intervention and the social context of families being targeted. From these integrated findings we have extracted a set of recommendations local policy.

Recommendations for policy

The findings of the focus group reveal two key implications for parenting policy. Parenting policy should consist of a more co-ordinated and person-centred approach across agencies. A more co-ordinated service can be provided if there is consistency in the sharing of information across agency staff and between parenting staff and parents. There should be clear structures set in place to allow open channels of communication and information sharing for both practitioners and parents. There needs to be clarity in the type of information that can be shared between practitioners in different agencies who work with the same families. Second, practitioners must be able to pass on important information to parents. This will ensure that parents are able to access information related to what sources of support are available to them.

Conclusion

There is good evidence that parenting interventions can work in a number of areas although whether they work as well when they are customized to meet the needs of individual parents is

less certain. Nevertheless, it is important to recognize that there is no 'silver bullet' – a single intervention which can be universally implemented and which will straighten out the children and families concerned. The literature review allows the reader to pick out salient interventions in a given area and the focus groups demonstrate the importance of context to the delivery of these interventions.

Key messages

- There is good evidence from the research literature to support the effectiveness of parenting programmes
- The effectiveness of programmes is dependent on the nature of the target groups and the population from which these groups are derived
- The strength of any programme reflected in the evidence base is to a degree dependent on the way the programme is implemented. It is likely that practitioners will need to customize programmes to meet the needs of their target group
- Community-based parenting programmes are more likely to be successfully embedded if parents are involved in their implementation
- Implementation of any parenting strategy needs to be able to demonstrate a common vision across agencies

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Acknowledgements

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