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Parenting programmes for parents of children and young people with behavioural difficulties

Children and young people exhibiting behavioural difficulties present a major challenge not only to parents but also to education and health professionals and to society as a whole (Green, McGinnity, Meltzer, Ford, & Goodman, 2005). Programmes aimed at helping parents to work positively with their children to reduce or even prevent the development of behavioural difficulties have become increasingly popular, not only within the U.K. but many countries worldwide, particularly Europe, the U.S. and Australasia, where a substantial evidence base has been developed. In this paper I shall address some key issues regarding these parenting programmes, based particularly on a programme of research over 13 years in the Centre for Educational Development, Appraisal and Research (CEDAR) at the University of Warwick. This has comprised large scale studies across areas of England: the Parenting Early Intervention Pathfinder (2005-08: Lindsay, Davis, Strand, Band, Cullen, Cullen, et al., 2008); Parenting Early Intervention Programme (PEIP) (2008-11: Lindsay, Strand, Cullen, Cullen, Band, Davis, et al., 2011); and the CANparent trial (2012-14: Lindsay, Cullen, Cullen, Totsika, Bakopoulou, Goodlad, et al., 2014; Lindsay & Totsika, 2017) all funded by the Department for Education; and the continuation of the CANparent trial, funded by the Department of Health (2014-15: Lindsay, Cullen, Cullen, Totsika, Bakopoulou, Brind, et al., 2015). In addition, I shall report on studies that have built on this research to examine use with parents of children and young people with special educational needs (SEN: Totsika, Mandair, & Lindsay, 2017) and the sustained implementation of parenting programmes beyond formal trials and similar research initiatives (Gray, Totsika, & Lindsay, under review). Although this research programme has been undertaken in England, it complements research from other countries, including studies of major programmes used in many

countries. The relevance and implications are therefore relevant internationally, albeit with consideration of cultural factors

Are parenting programmes effective?

The criteria for judging a parenting programme's effectiveness depends on the variables that the programme is designed to change; its goals. In all cases the question is one of improvement associated with the parent having undertaken the programme. There are two main types: Proximal factors comprise parent variables as it is the parent who is the direct recipient of the programme, for example reducing parents' depression and stress, or inappropriate parenting style, e.g. over-reactivity or laxness; or increasing the parents' mental well-being or their sense of self-efficacy as a parent and satisfaction with being a parent. Distal factors refer to changes in the child's behaviour, typically a reduction in conduct problems and over-reactivity. In addition, improvement in the parent-child relationship may be addressed. Improvements may be measured between the start and end of the programme (pre- to post-course) to measure immediate effectiveness; long-term maintenance of effectiveness may be demonstrated by follow up about 6 or 12 months after the programme was delivered. Furthermore, qualitative studies investigate the reasons why programmes may be considered acceptable or effective. The various examples below address this range of improvement goals and use a range of these methods.

There are large numbers of parenting programmes which have been developed but have limited evidence for their effectiveness (Asmussen, Feinstein, Martin, & Chowdry, 2016), but a smaller number where there is a sound evidence base from research in a number of countries (Donnelly, 2012; Furlong, McGilloway, Bywater, Hutchings, Smith, & Nowack & Heinrichs, 2008; Prinz, Sanders, Shapiro, & Whitaker, D, 2009; 2016; United Nations Office on Drugs and Crime, 2010). The evidence is stronger for *targeted* rather than *universal* programmes. Targeted programmes are designed to be appropriate to children and young

people either with higher levels of behavioural difficulties than the general population or at risk of developing such problems, or for both groups. For example, the Parenting Early Intervention Pathfinder showed that all three programmes implemented: Incredible Years (Webster-Stratton, Reid, & Hammond, 2004), Triple P (Sanders, 1999) and Strengthening Families, Strengthening Communities (Steele, Marigna, Telo, & Johnston, 2000) were effective showing large effects on improvements in parental discipline styles, self-efficacy as a parent and satisfaction in being a parent, and also in parental mental health. In addition, parent reports of their children's behavioural problems indicated that these had reduced significantly after attending any of the three programmes (Lindsay, Strand, & Davis, 2011). As a result of this study in 18 English local authorities (LAs) the programme was rolled out across every English LA, and expanded to add a further five parenting programmes, with very similar, positive results for the four programmes on which we had sufficient data (Lindsay & Strand, 2013). In addition, we followed up parents a year later, finding significant improvements had remained compared with pre-programme scores on our measures.

The CANparent trial was a *universal* initiative, the intention being to offer parenting programmes to every parent of children 0-6 years in three areas of England. The approach here was to offer all parents the opportunity to attend parenting classes on the basis that bringing up children had to be learned by every new parent and, therefore, all could benefit from some support, although recognising that there were many other ways to support the development of parenting skills as well as parenting classes, including one's own parents, friends and relatives, books and the media. In this case, there was evidence of effectiveness across the 10 programmes as a whole on which we had data over the two years of the study. However, this was at a lower level than the targeted PEIP initiative and more varied: improvements in parents' sense of efficacy as a parent and their mental well-being, but no significant reduction in parental stress.

Are parenting programmes acceptable?

Although the use of parenting programmes has increased, indicating popularity, some are critical of the basis of their use. This critique of focus on parenting support argued that this approach represents the dominance of neo-liberal models of society and individuals, and that it has diverted policy from addressing fundamental inequalities in economic and social life: effectively locating responsibilities for social disadvantage on the individuals (Cullen, Cullen, & Lindsay, 2016). The thrust of this critique questioned the policy of support then developed by the New Labour government, which argued for a balance between personal responsibility and proportionate support for individuals and families (Gillies, 2010). This line of critique, however, raised questions of whether parenting programmes were, or indeed could be, positive, especially to disadvantaged parents, it might be argued, being shaped into a particular need of ‘good parenting’.

We investigated these ideas in both the PEIP study and also an earlier study of the introduction of Parent Support Advisors (PSAs), which could be similarly critiqued (Cullen, Cullen, & Lindsay, 2013). Our studies went beyond these critical analyses of possible negative concepts of parenting programmes. Through series of interviews with parents, including those who were initially not keen on attending parenting classes as well as others who had been positive beforehand. The results were that overwhelmingly the parents were positive or very positive about the PEIP programme they had attended (Lindsay, Strand, Cullen et al., 2011). We explored the issue more on the CANparent trial. Parenting programme providers were very aware of the potential for parents feeling stigmatised by attendance at parenting programmes but, as with the PEIP, this prior or initial parental concern was typically resolved by careful introduction of parents to the programme and benefits of the group settings of the different programmes (Lindsay, Cullen, Cullen, Totsika, Bakopoulou, Goodlad, et al., 2014). Furthermore, large scale surveys as part of our

evaluation of the CANparent trial indicated that parents within the community (not part of the trial) with no experience of parenting classes did not necessarily believe that attendance at such programmes was a sign of deficiencies as a parent and stigmatise, but rather a positive undertaking (Cullen, Cullen, & Lindsay, 2015; Lindsay et al., 2014)

Are positive results from parenting programmes maintained over time?

Two major concerns about any therapeutic intervention are whether the intervention is effective over the period of the intervention itself and to what extent are positive gains maintained in the medium and long term? In our PEIP evaluation we examined the question by following up parents who had been attending one of the programmes one year later. Our results indicated that the initial gains from pre-course to post-course (typically the last session of the programme) were maintained a year later among those for whom we had data at all three time points. Both parent's mental well-being and parenting style, (laxness and over-reactivity) improved pre- to post-course and reduced only a little at one year follow up, whereas child conduct problems and total difficulties measured on the Strengths and Difficulties Questionnaire (Goodman, 1997) also improved substantially but with very little if any diminution of this improvement after a year.

Are programmes as effective when implemented as part of community practice?

Parenting programmes may work well when implemented as part of trials or other externally organised funded research but is this maintained or replicated in day to day community practice? We distinguish between *efficacy* – how well the intervention works in a rigorously controlled trial – and *effectiveness* – are high levels of success replicated when the programme is defined as part of the day-to-day practice in the community? (see Lindsay & Strand, 2013). But we take this further. Effectiveness studies (like PEIP and CANparent) while not being as rigorously controlled, with high staff involvement (and therefore are typically relatively small) as efficacy trials, may have the benefits of size (PEIP had >6000

parents) but also typically have an albeit lower but still significant support and funding elements. What, then, happens if we go a step further and leave the intervention entirely to the community service(s).

We explored this issue of *sustained intervention* whereby we provided a service to several LAs involved in PEIP to analyse their data after the PEIP had ended. At this point they had decided to continue with their parenting programmes, using their own finance after the government PEIP funding had ended. We agreed only to provide the measures, collect the data, and analyse the results and provide yearly reports, which were used by the services to inform their respective authorities. We collected substantial data over five years which we analysed, finding that the results were similar to those found in the PEIP, i.e. effectiveness of programme delivery could be maintained when the LAs were working individually outside any research framework (Gray et al., under review).

Can parenting programmes work for parents of children and young people with different needs?

The parenting programmes under consideration in this paper were designed to address children's behaviour. Targeted programmes have focused on parents with such children who have or are more likely to have such difficulties from their children as they get older. In practice, socioeconomically disadvantaged parents are over-represented among this group. This was true also of PEIP and its earlier Pathfinder, although there were also substantial minorities of parents who were not so disadvantaged. Universal programmes, by contrast, are aimed to be appropriate to the whole population. In the CANparent trial we found this recruitment aim was met with a flat distribution of parents across our measure of socioeconomic disadvantage. However, the sample was skewed towards parents taking up the offer of free parenting classes who had high levels of parenting stress, which is reasonable.

We also examined our data to examine whether the PEIP had had similarly positive effects on parents and their child when the child had special educational needs. We found that there was no differential effectiveness: families of children with SEN experienced similar improvements to families where the child did not have SEN (Totsika et al., 2017). This was the case for child behaviour difficulties, parenting style and parental well-being. Furthermore, the size of the effects for these families was maintained to a similar level one year later.

Conclusions and implications

Over the past 20-30 years there has been a substantial growth in the development and use of programmes for parents of children and young people with behaviour difficulties. Some have accumulated substantial evidence, including Incredible Years which includes randomised controlled trials in the UK (e.g. Scott et al., 2010) and especially Triple P (Nowack & Heinrichs, 2008; Sanders, Kirby, Tellegen, & Day, 2014) which now has several hundreds of studies, including a recent, positive trial in Ireland (Doyle, Hegarty, & Owens, 2018).

I have used our own work to illustrate some key issues for the use of such programmes.

Together, the studies by CEDAR reviewed here comprise the largest and diverse data collection available in the UK, with research on a number of different issues, including effectiveness: does the programme work? How well? On what types of parenting behaviours, their mental well-being or sense of being a parent? Does the parents' learning lead to improvement in child behaviour? Is it acceptable to parents? Is it as effective when used in the community? And when outside any formal trial set up? Will the programme work (as well) for specific subgroups e.g. parents of children with SEN? These and other issues have been explored indirectly in the studies reported here.

It is important to recognise that parenting programmes are not *the* but *an* answer. For some families, individual intervention (child or family) is necessary; for others group work is

useful. Certainly, our studies have reported very positive findings from parents typically very high levels (>90%) being positive about their group experience.

Overall, the concerns expressed about the whole question of the state providing support through parenting programmes are largely countered by the evidence such as that I have presented here. The basic concern is reasonable but it is not an either /or situation – parenting programmes do not alleviate poverty, which requires its own policy implementation, but parenting programmes can help parents of all levels of society to improve their parenting skills, their sense of competence as a parent, their mental well-being, and the behaviour of their children.

There are also major financial factors, given the cost to the nations which can be reduced by effective parenting programmes (Bonin, Stevens, Beecham, Byford & Parsonage, 2011). The means to implement and financially support parenting programmes is a separate issue. The PEIP was supported by annual government grants to LAs; the CANparent trial used vouchers, free to parents, which were translated into money by the parenting programme providers when each parent completed (partially or wholly with different payments). Our research has questioned the quasi-market-approach by the government to fund the CANparent trial (Cullen, Cullen, & Lindsay, 2017); when vouchers were removed in the subsequent extension funded by the Department of Health there was a massive reduction in the number of providers willing to be engaged and also in the parents who were recruited (Lindsay, Cullen, Cullen, Totsika, Bakopoulou, Brind, et al., 2016). This compares with the larger number of parents when programmes were freely available.

There remains a high level of interest in parenting programmes. In the U.K. local authorities, the NHS and the Voluntary and Community Service sector all have parts to play; there are discussions by groups of such organisations across at least two regions of England to coordinate the delivery of parenting programmes, and large-scale interventions in Glasgow

and Ireland. It is essential to continue to develop the evidence base. The work of the Early Intervention Foundation is central here in assessing early intervention programmes (guidebook.eif.org.uk). The system of grading the research evidence of programmes presented to them is rigorous but also supportive of emerging and growing programmes – rather than a pass/fail system programmes may increase their level of evidential support as they gain more and more rigorous evidence (Asmussen et al., 2016). For example, we are working with one programme currently, Parent Gym, to produce higher levels of more rigorous evidence of the programme (Lindsay, Totsika, & Thomas, under review). Furthermore, although the focus has been on our research programme within England, parenting programmes are as appropriate in many countries – indeed many programmes have been developed in the U.S. (e.g. Incredible Years) and Australia (e.g. Triple P) and research literature is building in many countries. Of course, modifications to details of the programme and also their delivery may be needed related to language, culture, socio-political frameworks and finance, for example. Our experience is that well developed programmes are resilient to cultural differences. Delivery system, however, is a key factor, for example whether access is free to parents (e.g. funded by the state) or paid by parents themselves. The implication, therefore, is that parenting programmes have widespread international relevance, with research demonstrating their effectiveness across countries.

In summary, evidence-based parenting programmes are an important option in the range of resources that are needed to support parents in preventing or minimising child behavioural difficulties and, on the other hand, improving parental mental-health and sense of confidence as a parent. Parenting programmes are not a panacea, but they can be a very useful part of a system of resources for professionals working with parents.

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