



# A Chance to Change

delivering effective parenting programmes  
to transform lives

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## Executive summary

This report sets out the findings of a project on the implementation of evidence-based parenting programmes for children with, or at risk of developing, serious behavioural problems. It is based on a review of published research, detailed studies in four areas in England and a national survey of parenting leads.

Evidence shows that parenting interventions can be very effective – but only if the programmes in question are tried and tested and not just well designed but also well implemented. It is crucial, for example, to ensure that programme take-up is high and drop-out is low among high-risk groups. We discuss in detail the key requirements of successful implementation and the main barriers that may get in the way.

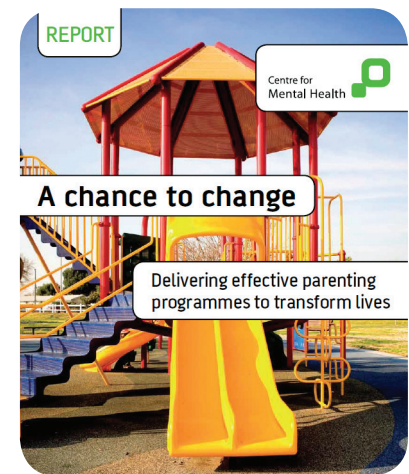
Building on the findings of this report, a follow-up project to be undertaken over the next year will seek to develop practical tools to support commissioners, managers and providers in strengthening the delivery of evidence-based programmes.

### Early behavioural problems and why they matter

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Mental health difficulties in childhood cast a long shadow and nowhere is this more apparent than in the case of early behavioural problems, particularly among the 5 per cent of children whose problems are sufficiently severe to merit a clinical diagnosis of conduct disorder.

These problems have a strong tendency to persist over time and are associated with a range of adverse



long-term outcomes, including not only continuing mental health difficulties in adult life but also poor educational and labour market performance, criminality and other forms of antisocial behaviour, high rates of teenage pregnancy and marital break down, and reduced life expectancy associated with risky behaviours such as drug and alcohol misuse.

The lifetime costs of severe behavioural problems are so high that even modest improvements in outcomes are likely to produce a high return on investment in early intervention.

A strong body of research demonstrates that a range of family-based programmes can generate such improvements. These include Family Nurse Partnerships, which support teenage mothers during the first two years of a child's life, and parenting programmes such as Triple P and Incredible Years, aimed at the families of children aged 3–11 who are showing early signs of behavioural problems. The availability of these programmes is increasing, but many are failing to deliver their full promise because of shortcomings in implementation.

### The scale of need and targeting

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Severe behavioural problems affect about 5 per cent of children under 11, with a further 15% suffering from less serious problems which nevertheless put them at increased risk of poor long-term outcomes. Children vulnerable to these problems may be identified on the basis of risk factors such as maternal mental illness or at the first signs of emerging behavioural difficulties.

There is substantial variation around the country in the availability of family-based early intervention programmes. Provision in some areas is insufficient to meet the needs even of the relatively small number of children with the most severe problems. Our studies show that methods of targeting vary from place to place, with some areas actively seeking out high-risk groups and others using lower-level eligibility criteria.

Imprecise targeting of family-based programmes has a number of disadvantages. For example, research shows that if parenting programmes are offered universally, only about two out of ten parents of children with severe behavioural problems get the help they need. On the other hand, recruitment rates increase when programmes are specifically targeted at those with the greatest difficulties. Programmes focused on children with the most severe problems produce the highest benefits for parents and children and have the highest returns.

## Identification and referral

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Most parents of children with behavioural problems seek help or advice, but few go on to access effective support. The services most commonly approached by parents are schools and GPs, but these services often have poor awareness of the significance of early behavioural problems and of where to access effective and responsive local support.

Initial discussions between services and parents about children's behavioural patterns provide critical opportunities to identify parents who may benefit from early intervention. Parents stressed the importance of referrers using carefully considered language during initial contacts; language should reinforce benefits and outcomes which are meaningful for them.

Some parents are more accepting of an offer of support than others. Those living the most challenging lives may require a greater intensity of initial support to maximise motivation to attend programmes.

There is wide variation in the speed and quality of referral pathways to parenting programmes. These pathways can be complex and unwieldy, particularly for referring agencies or for families unfamiliar with children's services. Single gateways have been successfully used in some localities.

There is currently little agreement on the most appropriate referral tools for parenting programmes.

Poor information about available services is a barrier to successful referral. Systematic networking and promotional work with potential referrers by parenting teams can support the referral process.

The range of potential referring agencies in routine contact with parents who may benefit from support is very wide and includes not just schools and GPs but also health visitors, early years workers, housing staff, those dealing with family violence, social workers and also workers in adult services such as mental health and criminal justice. All these referrers can help to increase the motivation of parents to engage with parenting programmes.

## Engagement

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Increasing the enrolment of parents in family-based programmes and reducing attrition or drop-out are key means of improving the overall effectiveness and cost-effectiveness of these interventions.

Barriers to engagement take many different forms. Some are of a very practical nature such as difficulties with child-minding or transport, and others are more intangible but nevertheless very important, such as lack of readiness to change among some parents.

Providers tackle these barriers by: ensuring programmes are easy to access, holding the sessions in convenient venues with crèche facilities; encouraging other agencies to promote the programmes; and meeting parents before the course, particularly as a means of developing the strong therapeutic alliance between workers and parents. Published research and our own findings highlight this as one of the key ingredients of successful engagement.

Providers also seek to maintain the engagement of parents by sustaining positive relationships throughout the course, by helping those who miss sessions to catch up and by offering additional support when it is needed.

Nurses working in Family Nurse Partnerships, which require sustained contact with teenage mothers over two years, place great emphasis on enrolment and retention. High levels of engagement are achieved through a combination of persistence, 'elastic tolerance' in the face of missed appointments, collaborative working with parents and development of a strong therapeutic alliance.

Because the effectiveness and cost-effectiveness of family-based programmes can be so severely compromised by low take-up and high drop-out, the funding of programmes should always allow for some expenditure on resources aimed at minimising the adverse impact of barriers to engagement.

## Practitioner skill

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A skilled workforce is essential for the achievement of good outcomes. Some studies have shown that practitioners with the lowest level of skills actually make outcomes worse. The effective provision of parenting courses relies not on 'reading from a book' but on delivering programmes as intended by the programme designers in a therapeutically confident and highly skilled manner.

The key skills identified for practitioners include: an engaging, empathetic and trustworthy approach; highly developed communication, collaborative, therapeutic and group facilitation skills; and the ability to work reflectively and responsively. Parents also value practitioners who are themselves parents and have faced challenges and life experiences similar to their own.

Local problems in the recruitment and management of parenting practitioners have recently included reductions in the funds available for training new staff and previously trained staff not being released or prepared to deliver programmes.

## Delivering the programme as intended

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Evidence-based programmes have core ingredients which, when replicated faithfully and delivered by skilled staff, maximise the likelihood of good outcomes. Conversely, when programmes are not delivered as intended, poor outcomes may result.

Effective programme-specific supervision and coaching play an important role in ensuring programme fidelity, building on training and supporting continuous learning, but their use in practice is variable. For example, models of supervision and coaching range from non-trained generic managers supervising programme delivery as part of their broader management responsibilities to highly trained programme-specific coaching offered in addition to workload supervision.

Other areas of variation include the calibre and intensity of quality assurance for programmes and differences in practitioner awareness and ownership of their individual performance in relation to fidelity benchmarks, with limited scope to monitor performance against national or local standards.

Some degree of adaptation of programme models is acceptable, as long as this does not interfere with the core ingredients associated with positive outcomes. We noted a range of adaptations being made to programmes, some of which appeared to amount to a drift from the core programme and others which had been carefully planned and negotiated with the programme developers. Programme changes made as a way of saving money are generally likely to be a false economy.

## The strategic infrastructure

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National policy is supportive of early intervention, but implementation at the local level has been adversely affected by budget cuts and over-reliance on short-term funding opportunities. Management of the external environment and the 'scrabble' for new pots of money dominates the time of many parenting leads.

Obtaining funds for early intervention is always likely to be a challenge, particularly when in competition with funds for statutory and acute children's services. The financial benefits of early intervention accrue over long periods of time and across a wide range of public services, including some, such as the criminal justice system, which have little strategic link with children's services and no obligation to re-distribute savings.

Evidence suggests that effective implementation is significantly helped by the presence of a high-level local champion who acts as advocate, coordinator and overarching programme supervisor.

Our work suggests a mixed picture of partnership working at the strategic level. Some areas are attempting to develop shared outcomes and associated arrangements for joint monitoring, but poor linkages between data systems and a lack of resources and technical know-how to track and analyse outcomes over time are sometimes major stumbling blocks. There is little evidence of parental involvement in the development of early intervention strategies and plans.

## Recommendations

1. National outcome and inspectorate frameworks should include targets relating to improved outcomes for children with behavioural problems and the quality of parenting programmes.
2. The Department for Education and the Department of Health should spearhead a national campaign to broaden public and professional awareness of childhood conduct problems.
3. Health and Wellbeing Boards should promote greater awareness of maternal mental health problems.
4. Health and Wellbeing Boards should promote the development of integrated pathways for children with severe behavioural problems.
5. Health and Wellbeing Boards should review local arrangements for partnership working.
6. Joint Strategic Needs Assessments should include estimates of the numbers of children with behavioural problems.
7. Health and Wellbeing Boards should ensure that parenting programmes are targeted at the families who need them most.
8. Commissioners of parenting programmes should always ensure that contracts with providers include an allowance for expenditure on measures designed to maximise take-up and minimise drop-out, especially among socially-excluded and high-risk groups.
9. Local children's services should improve staff recruitment and ongoing training.
10. Central guidance and tools should be prepared to support greater consistency across the country in programme-specific supervision, fidelity and outcome monitoring and other quality control systems for parenting programmes.
11. Local children's services should identify a high-level champion and 'orchestrator' for family-based programmes.
12. Local children's services should provide parents with simple and engaging ways of getting support.
13. Health and Wellbeing Boards, local commissioners and providers should ensure that parents have a greater role in the commissioning, planning and delivery of family-based programmes.
14. The Office for National Statistics should undertake a new national survey of childhood mental health.

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The full report is available for £10 for a paper copy or free to download from our website at [www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk).

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