

**LEICESTER, LEICESTERSHIRE
& RUTLAND**

Research into Effective Parenting Programmes

VRN Briefing No.10

#PreventionThroughConnection

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Introduction

Introduction to Research

Effective interventions for parents of children aged 0-5 and expecting families have the potential to make a significant positive impact on children's development and long-term outcomes. Prevention and early intervention is understood by many working in the field as being both key in children's wellbeing and development as well as cost-effective in ensuring this.¹

Enabling a 'Best start in life' is one of the strategic priorities of the 2020-2025 Public Health England Strategy, which includes **working on improving the health of babies, children and their families to enable a happy healthy childhood and provide the foundations of good health into adult life and reduce health inequalities.**² Across the UK, there are hundreds of existing parenting interventions and programmes, both universal and targeted, provided by a variety of service providers and delivered for different levels of need. This variety impacts the consistency of provision across the UK, as well as the ability to establish an evidence base of what does and does not work.³

Across the LLR area, there is a wide range of available parenting programmes, with differences in approaches and available service provision. To further inform the Violence Reduction Network's Response Strategy and priorities of the LLR Early Intervention and Prevention Boards, Rocket Science was commissioned to conduct research into effective parenting programmes. Through a rapid evidence review, a review of local documentation and a series of interviews with local stakeholders, this report will address:

- which parenting programmes are proven to be effective in improving outcomes for children and families;
- what parenting programmes are delivered locally and to what extent are these interventions evidence informed;
- and how could the provision of parenting programmes across LLR be improved.

In the remainder of this report, we will outline the methodology, the rapid evidence review and local LLR context and interview findings, before discussing the research questions and providing conclusions and recommendations.

¹ Slead, M., Li, E., Vainieri, I. & Midgley, N. 2022. The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis. The Anna Freud Centre. Available from: [Link](#). Accessed 23 May 2023.

² Public Health England. 2019. PHE Strategy 2020-25. Available at: [Link](#). Accessed 31 March 2023.

³ National Children's Bureau. 2020. Nurturing healthy minds together: Exploring how services and parents can work in partnership to support the social and emotional development of under-fives. Available from: [Link](#). Accessed 25 May 2023.

Methodology

This research was designed as a short study to provide evidence for the above research questions. Research was conducted between March 2023 and May 2023, and has consisted of:

- A **rapid evidence review** of available academic and grey sources that outline effective parenting programme and the factors that contributed to this. Sources were collated through the IDOX Knowledge Exchange database, which contains more than 350,000 articles, reports and other documents including research, official publications from the Government, journals, academic and thinktank reports and online copies of books. This was complemented by web searches using Google and Google scholar.
- **Mapping of local services** using Google Maps and web searches to identify services that provide parenting programmes. Mapping also contributed to identifying stakeholders for interviews.
- **Interviews with stakeholders that provide, or are involved in, parenting programmes.** We spoke with nine organisations about the locally available parenting programmes and their perspectives on and experiences of evidence-based programmes. Stakeholder interviews included:
 - ADHD Solutions
 - Angels & Monsters
 - Centre for Fun and Families
 - The Early Help Leads for the City, County and Rutland Council
 - Violence Reduction Network
 - Home-Start South Leicestershire
 - Leicester Mammias
 - Jenkins Centre
 - The former manager of parenting programmes at Solihull Council.

The methodology of this research was developed to provide a research brief, and findings provided by this research are therefore meant to provide insights, rather than answers to the research questions. More extensive research would have likely included a larger range of stakeholders across the LLR area, including those working in Child Adolescent Mental Health Services (CAMHS), Health Visitors and Family Nurse Partnerships. This is a gap in the current research brief and provides scope for further research.

Rapid Evidence Review

Parenting programmes are widely implemented across the UK as a method of early intervention to address behavioural problems and meet emotional needs, with the aim of preventing more severe issues

and related public sector costs in the longer term.⁴ A myriad of parenting programmes are available for commissioning, both well-known and lesser-known, with wide and small evidence bases, and incorporating universal and targeted approaches. In this rapid evidence review, we will discuss the factors that underpin effective parenting programmes as part of a public health approach in the following areas:

- Social learning theory
- Centralising the parent and parent-infant relationships
- Early years interventions
- Providing the right intensity of support – ideally before escalation to specialist services
- Working with vulnerable parents
- Effective relationships between parents and stakeholders
- Skilled staff.

Before discussing these factors, this review will first provide a brief overview of some of the largest parenting programmes available,⁵ including their current evidence base.

Overview of evidence-based parenting programmes

What Works for Early Intervention & Children’s Social Care (WWEICSC) collates evidence on programmes and provides an overview of the evidence base and the costs of these. Their [guidebook](#) currently lists over 120 interventions, including their evidence rating and cost effectiveness rating, and if the evidence base includes UK-completed studies. Evidence ratings are on a scale of NE-4 with NE representing No Effect and 4 indicating evidence of long-term impact demonstrated through multiple evaluations. Cost ratings are 1-5 in which 1 represents low unit costs (less than £100 per person) to 5 indicating high unit costs (more than £2,000 per person). Further information on the guidebook and the rating systems used can be found [here](#).

In the following sections, we will discuss the specifics and evidence of Incredible Years, Triple P, the Solihull parenting programme, Theraplay, the Family Nurse Partnership and Reducing Parental Conflict, providing WWEICSC ratings where possible.

⁴ Stevens, M. 2012. The cost-effectiveness of UK parenting programmes for preventing children’s behaviour problems – a review of the evidence. *Child and Family Social Work* 19. 109-118.

⁵ Considering hundreds of interventions are available across the UK, this list is by no means exhaustive, but includes all programmes currently used in the LLR area.

Incredible years

Incredible Years programme	WWEICSC evidence rating	WWEICSC cost-effectiveness rating
Incredible Years Toddler	2+	2
Incredible Years Preschool	4+	2
Incredible Years School Age Basic	3+	2
Incredible Years Advance Parent Training Curriculum	2	2
Incredible Years Child Training (Dinosaur School)	3+	2

Table 1. Overview of the evidence base for the Incredible Years programme [source: WWEICSC guidebook]

Incredible Years is an evidence-based parenting programme in which parents learn to **break negative parent-child interaction cycles** through 12 to 14 weekly group sessions. Underpinned by social learning theory and attachment theory, the intervention is designed to teach parents techniques to break coercive cycles of parent-child interaction which reinforce negative and aggressive behaviours. The evaluations of the Incredible Years parenting programme have high strength evidence.⁶

Gardner's et al 2017 meta-analysis of Incredible Years Randomised Control Trials (RCTs), funded by the NHS, analysed fourteen randomised trials of the programme, including data from nearly 1800 families with children aged between two and ten. The meta-analysis aimed to understand which families experienced the greatest reductions in socioeconomic inequalities as a result of Incredible Years. The analysis found that the positive effects of the intervention were strongest with:

- Children who displayed more severe disruptive behaviour at the start of the intervention.
- Boys
- The most distressed families Children whose parents were dealing with more depression than average

Incredible Years was also found to lead to positive health benefits such as increased ability to manage ADHD symptoms, greater parental use of praise and reduced harsh and inconsistent discipline and was effective for younger and older children. However, Incredible Years did not improve parental depression, stress, self-efficacy or children's emotional problems.⁷

⁶ What Works for Children's Social Care. 2023. Incredible Years Parenting Programme. Available at: [Link](#). Accessed 31 March 2023.

⁷ Gardner, F., Leijten, P., Mann, J., Landau, S., Harris, V., Beecham, J., Bonin, E-M., Hutchings, J. and Scott, S. 2017. Could scale-up of parenting programmes improve child disruptive behaviour and reduce social inequalities? Using individual participant data meta-analysis to establish for whom programmes are effective and cost-effective. *Public Health Research* 5(10). DOI: 10.3310/phr05100

O'Neil et al's (2011)⁸ economic evaluation of Incredible Years further found it was highly probable that Incredible Years is cost-effective, with nearly a quarter of children in 110 families receiving the intervention moving below the threshold of concern. Incredible Years was also found to be more cost-effective for children with the highest risk of developing conduct disorder.⁹ A further modelling study by Bonin et al (2011)¹⁰ investigated the long-term societal and economic benefits of Incredible Years, and concluded that, through future reduced healthcare, education and policing costs, the parenting programme presented a total net savings of between 5.1 and 11.1 times the intervention cost.

Potential cost-effectiveness was also noted in the annual report of the Children and Parents Service (CAPS), a partnership in Manchester between CAMHS, Manchester City Council and Family Action delivers Incredible Years courses of children aged 0-4 years old. The 2015 annual report of the service noted significant reductions in both child behaviour problems and parental depression. The reduction in parental depression in particular also lead to a decreased number of parents that are NEET, which has a positive impact on employability and families' socioeconomic situations.¹¹

Lastly, Lindsay et al's (2011)¹² study of Incredible Years and Triple P noted significant improvements of positive parenting, parenting satisfaction, self-efficacy and parental mental wellbeing after completing Incredible Years when comparing pre- and post-data of 1121 participating parents in eighteen English Local Authorities.

⁸ O'Neill, D., McGilloway, S., Donnelly, M. *et al.* A cost-effectiveness analysis of the Incredible Years parenting programme in reducing childhood health inequalities. *Eur J Health Econ* **14**, 85–94 (2013). <https://doi.org/10.1007/s10198-011-0342-y>

⁹ Tudor Edwards, R., Jones, C., Berry, V., Charles, J., Linck P., Bywater, T. & Hutchings, J. 2016. Incredible Years parenting programme: cost-effectiveness and implementation. *Journal of Children's Services* **11**(1). 54-72.

¹⁰ Bonin, EM., Stevens, M., Beecham, J. *et al.* Costs and longer-term savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study. *BMC Public Health* **11**, 803 (2011). <https://doi.org/10.1186/1471-2458-11-803>

¹¹ Central Manchester University Hospitals. 2015. Children and Parents Service: CAPS Annual Report January 2015. Available at: [Link](#). Accessed 29 May 2023.

¹² Lindsay, G., Strand, S. & Davis, H. 2011. A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental-wellbeing and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: the parenting early intervention pathfinder (PEIP). *BMC Public Health* **11**. Article number 962.

Triple P Programme

Triple P programme ¹³	WWEICSC evidence rating	WWEISC cost-effectiveness rating
Level 3 Discussion Groups Triple P	3+	1
Level 4 Standard Triple P	3	2
Level 4 Group Triple P	3+	1
Level 4 Standard Teen Triple P	2	2
Level 4 Group Teen Triple P	3	1
Level 5 Enhanced Triple P	3	2
Level 5 Pathways Triple P	3	1
Standard Stepping Stones Triple P	3	2
Group Stepping Stones Triple P	3	1
Primary Care Stepping Stones Triple P	2	2
Triple P Online	3+	1
Group Lifestyle Triple P	2	1
Triple P Family Transitions	3	1
Fear-Less Triple P	3	2

Table 2. Overview of the evidence base for the Triple P Programme [source: WWEICSC guidebook]

Triple P is based on the idea that parents often unintentionally perpetuate unwanted child behaviour through ineffective parenting strategies. The programme supports parents with replacing these parenting strategies with effective methods for encouraging positive child behaviour. The programme therefore has a strong focus on improving parenting strategies as a method to improve child wellbeing.¹⁴

The Triple P programme encompasses five levels of intervention for parents from birth to age 16, ranging from light touch to intensive involvement, including special interventions for anxiety, lifestyle and more. These levels distinguish Triple P from other parenting programmes in its adoption of the ‘minimal sufficiency’ principle according to Sanders et al’s (2014). Minimal sufficiency refers here to achieving a meaningful clinical outcome in the most cost-effective and time-efficient manner.¹⁵ Interventions are selected and delivered based on cost and time efficiency:

- Level 1: online available resources to all
- Level 2: between 1-3 brief interventions in 1-1 or in group setting

¹³ Ratings are listed for available programmes – this does not include all Triple P programmes.

¹⁴ Early Intervention Foundation. 2017. Triple P Online. Available at: [Link](#). Accessed 31 March 2023.

¹⁵ Sanders, M.R, Kirby, J.N, Tellegen, C.L. & Day, J. J. 2014. The Triple-P Positive Parenting Program: A systematic review and meta-analysis of multi-level system of parenting support. *Clinical Psychological Review* 34. 337-357. DOI: <http://dx.doi.org/10.1016/j.cpr.2014.04.003>.

- Level 3: between 3-4 narrow-focused 1-1 interventions, or a series of 2-hour group discussion sessions
- Level 4: between 8-10 narrow-focused interventions in 1-1, group or self-directed setting
- Level 5: enhanced interventions using 1-1 or group sessions for additional problems.
- Online: parents are given access to a website which enables them to work through 8 modules sequentially, equal to the support provided in Level 4.
- Stepping Stones: these courses been developed for parents of children aged 0-12 with a developmental disability, and consists of 10 interventions 1-1 or in group setting.

The impact of Triple-P was found to be consistent across completed studies. The 97 trials were undertaken in 13 countries including a range of cultural and ethnic groups. Most studies were conducted in Australia (n = 58). Six studies were undertaken in the UK.¹⁶ WWEISC notes that, for most Triple P programmes, there is a good evidence base of short-term impact on child outcomes from at least one rigorous evaluation, but this does not include UK-specific evidence. Based on the current evidence, Triple P notes a low cost (1 out of 5) against a medium evidence rating (3 out of 5), with 1-1 interventions being more expensive than group work. In terms of differences in outcomes, the Level 4 Triple P (Teen) Group intervention shows a larger number of outcomes than Level 4 Triple P (Teen) Standard, and Triple P Stepping Stones Group shows higher reductions in preventing crime, violence and antisocial behaviour than Triple P Stepping Stones Standard. However, as the differences in outcomes are based on usually only one study per type of intervention, caution is advised in interpreting these results.

Sanders et al's (2014)¹⁵ systematic review of Triple P reviewed 101 evaluations, comprising over 16,000 families and spanning 33 years of research. The quantitative analysis of these studies found that:

- There is a robust evidence base for Triple P as an effective parenting programme, and its success as a blended system of parenting support utilising universal and targeted parenting interventions.
- All Triple P levels of intervention led to improved short-term and long-term child social, emotional and behavioural outcomes, parenting practices, parenting satisfaction and efficacy, parental adjustment and parental relationship.

Lastly, similar to Incredible Years, Lindsay et al's (2011) study of Incredible Years and Triple P noted significant improvements of positive parenting, parenting satisfaction, self-efficacy and parental mental wellbeing after completing Triple P when comparing pre- and post-data of 1121 participating parents in eighteen English Local Authorities.¹²

¹⁶ What Works for Children's Social Care. 2023. Triple-P Parenting Programme. Available at: [Link](#). Accessed 31 March 2023.

Solihull Approach

Programme	WWEISC evidence rating	WWEISC cost-effectiveness rating
The Solihull Approach (Understanding Your Child's Behaviour)	2	1

Table 3. Overview of the evidence base for the Solihull Approach [source: WWEICSC guidebook]

The Solihull Approach Parenting Group (also known as Understanding Your Child's Behaviour) is a universal parenting intervention for any parent with a child between the ages of 0 and 18. It was developed by Health Visitors and the NHS child psychology service in Solihull, England in the late 1990s, and integrates psychoanalytic theory with child development research and learning theory. The programme focuses on emphasising links between behaviour and emotions, aiming to enhance parental and child emotional regulation,¹⁷ building secure attachments and increase families' emotional health and wellbeing.¹⁸ Parents are visited in their home to identify personal goals, and subsequently attend 10 weekly two-hour sessions for groups of 12 parents and identify personal goals and the strategies that will help meet them, and reflect on their child's behaviour and their relationship with their child. According to WWEISC, Solihull emphasises "containment, reciprocity and behaviour management."¹⁹

The evidence base of Solihull is preliminary, meaning that no large-scale RCT has been conducted for rigorous measurement of effectivity. There is a plethora of qualitative studies available however that assess the impact of Solihull on parents, as well as studies using comparison groups to measure effectivity. Several qualitative and mixed-method studies report positive experiences and impacts from participating parents,²⁰ and the Solihull Approach has rounded up all completed research themselves, concluding the programme works.²¹ Douglas and Johnson (2019)¹⁷ studied the effects of Solihull on English and Welsh families using a RCT and noted improvements in child behaviour, parental anxiety and stress and parent-child relationships as result of participating in Solihull.

¹⁷ Douglas, H., & Johnson, R. 2019. A randomised controlled trial of the Solihull Approach ten-week group for parents: 'Understanding your child's behaviour'(UYCB). *Community Practitioner* 92(7). 45-47.

¹⁸ Solihull Approach Parenting. 2023. Available at: [Link](#). Accessed 13 June 2023.

¹⁹ Early Years Foundation. 2023. The Solihull Approach (Understanding Your Child's Behaviour). Available at: [Link](#). Accessed 3 April 2023.

²⁰ Vella, L. R., Butterworth, R. E., Johnson, R. & Urquhart Law, G. 2015. Parents' experiences of being in the Solihull Approach parenting group, 'Understanding Your Child's Behaviour': an interpretative phenomenological analysis. *Child Care Health Development* 41(6), pp. 882-894. DOI: 10.1111/cch.12284;

Johnson, R., & Wilson, H. 2012. Parents' evaluation of 'understanding your child's behaviour', a parenting group based on the Solihull Approach. *Community Practitioner* 85(5), pp. 29-33;

²¹ Solihull Approach Parenting. Solihull Approach: Research, Publications & Evaluations. Available at: [Link](#). Accessed 29 May 2023. While all studies listed in the Solihull Approach's overview are peer-reviewed, they are still being provided by Solihull themselves, who has a financial incentive in promoting the effectivity of Solihull – therefore caution is advised in relying on only these listed results.

Appleton et al's (2016)²² study further found that parents' understanding of the Solihull model grew over the ten sessions, suggesting that all sessions are needed to result in maximum successful outcomes. 93% of 105 participating parents rated their group as 'great' for helping them understand their child, with a further 47% of parents reporting a better relationship with their child, and 42% reporting an increase in confidence. Evans et al (2015)²³ also noted significant short-term benefits for parents in improved mental health and parental confidence, with nearly 70% of participating parents with clinically low levels of confidence having developed confidence within normal limits upon programme completion.

Theraplay

Theraplay is a relationship-focused parenting programme practised in over 35 countries, focusing on supporting a child's positive behavioural and emotional responses through the parent-child relationship. The programme helps children experience previously difficult interactions in new ways, overcoming fear and increasing trust with the parents.²⁴ Through the use of play and games, the programme aims to target internalising problems of both children and adults, building up internal self-confidence and self-esteem,²⁵ as well as secure attachment and supporting the development of children.²⁶

Evidence on Theraplay is currently limited, and the programme is not listed on WWEICSC. Money, Wilde and Dawson (2020)²⁵ conducted a systematic literature review of the effectiveness of Theraplay for children under twelve. Their review only found six eligible studies, most with poor quality methodologies, which did indicate emerging findings of the effectivity of Theraplay, particularly when used with internalising and externalising difficulties, dual diagnoses and developmental disabilities. However, the study also noted the lack of a robust evidence base for Theraplay.

Family Nurse Partnership

Programme	WWEISC evidence rating	WWEISC cost-effectiveness rating
Family Nurse Partnership	4+	5

Table 4. Overview of the evidence base for the Family Nurse Partnership [source: WWEICSC guidebook]

Originating from the United States as a home visitation parenting programme that promotes maternal and child health, the Family Nurse Partnership (FNP) was implemented in the early 2010s across England

²² Appleton, R., Hazel, D. & Pheeston, M. 2016. Taking part in 'Understanding Your Child's Behaviour' and positive changes for parents. *Community Practitioner* 89(2). 42, 44:48.

²³ Evans, S., Davies, S., Williams, M., & Hutchings, J. 2015. Short-term benefits from the Incredible Years Parents and Babies Programme in Powys. *Community Practitioner*. 44-48.

²⁴ The Theraplay Institute. 2023. What is Theraplay? Core Concepts. Available at: [Link](#). Accessed 3 April 2023.

²⁵ Money R., Wilde, S. & Dawson, D. 2020. The effectiveness of Theraplay for children under 12 – a systematic literature review. *Child and Adolescent Mental Health*.

²⁶ Wettig, H. H., Franke, U. & Fjordbak, B. S. 2008. Evaluating the effectiveness of Therapy in treating shy, socially withdrawn children. In *Contemporary play therapy: Theory, research and practice*. Schaefer, C. E. & Kaduson, H. Guilford Press, New York.

as a targeted, secondary prevention service, offered to all vulnerable first-time young mothers.²⁷ The programme has three goals:

1. To improve pregnancy health and behaviours
2. To improve child health and development by helping parents provide responsible and competent care
3. To improve self-sufficiency by helping parents plan for their own and their baby's future.²⁸

The FNP programme consist of a maximum of 64 home visits by specially trained nurses from pre-birth up until the child is two years old.²⁹

WWEICSC notes that FNP has evidence of long-term positive impacts on child outcomes through multiple rigorous evaluations, including enhanced cognitive skills, improved school achievement and improved child mental and physical health.³⁰ Impact on school readiness, achievement and educational attainment was noted for instance in Robling et al (2021)²⁹, who conducted a large RCT within 18 Local Authority and Health partnerships. Although no observable benefits for maltreatment or maternal outcomes were found.²⁹

Reducing Parental Conflict

Reducing Parental Conflict (RPC) is a national offer of parental relationship support originating from the Department of Work and Pensions (DWP), and includes face-to-face service provision, workforce training and tools to support practitioners when working with families. The programme was developed in recognition of the need to address parental conflict and the quality of interparental relationships to improve child outcomes, and that any parenting programme targeting the parent-child relationship would be ineffective if the parental conflicts persisted.³¹

As a recently developed programme that is dependent on local context and partnerships between stakeholders, the evidence base of RPC is emerging, rather than established. However, the programme builds on strong evidence that the quality of interparental relationships has a direct influence on effective parenting practices and child outcomes.³² The evaluation of the RPC pilot model, known as the Local Family Offer, which focused on workforce development and culture change, found that the programme

²⁷ Browne, K. & Jackson V. 2013. Community intervention to prevent maltreatment in England: evaluating the contribution of the family nurse partnership. *Journal of Public Health* 35(3), pp. 447-452.

²⁸ What Works for Early Intervention & Children's Social Care. 2023. Family Nurse Partnership. Available at: [Link](#). Accessed 29 May 2023.

²⁹ Robling, M. et al. 2021. The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB: 2 6 routine data-linkage follow-up to earlier RCT. *Public Health Research* 9(2). DOI: 10.3310/phr09020.

³⁰ WWEICSC. Family Nurse Partnership. 2023.

³¹ WWEICSC. 2023. Reducing Parental Conflict Hub. Available at: [Link](#). Accessed 30 May 2023.

³² Harold, G., Acquah, D., Chowdry, H. & Sellers, R. 2016. What works to enhance interparental relationships and improve outcomes for children? *Early Intervention Foundation*. Available at: [Link](#). Accessed 30 May 2023.

had been implemented successfully, and raised the profile on supporting relationships, including on the agendas of Local Authorities.³³

Factors that underpin effective parenting programmes

The above section has provided an overview of a few of the most well-known parenting programmes, including some of those currently available within the LLR area. These parenting programmes are complemented however by a range of other available programmes that look to improve child outcomes through parenting strategies. This section will dive further into the characteristics of these programmes, outlining further examples of what has been proven, before discussing the overall results.

Social learning theory as basis

Evidence-based parenting programmes positively affect a range of outcomes including parental skills, knowledge, confidence, wellbeing and mental health, attainment, competencies, physical health and prevention of child maltreatment and family violence.³⁴ Sanders et al (2014) found that the most empirically supported parenting programmes, including Incredible Years, Triple P, Parent-Child Interaction Therapy and Parent Management Training – Oregon Model, all shared **social learning theory as a common basis, referring to parents learning positive skills** and the positive effects this has on both parents and children.³⁵ Promoting positive parenting is considered key to child development in the Children’s Commissioner’s 2022 Independent Family Review. This review notes that among the most economically disadvantaged families, 58% of children that were exposed to high levels of positive parenting had good achievements in their first year of school. This stands in contrast to only 19% of children across all income groups that were exposed to low-quality parenting achieving similar results.³⁶ Parents learning positive skills therefore has the potential to greatly impact child educational outcomes.

The Being a Parent (BAP) Programme has a focus on improving positive parental communication skills through eight half-day sessions that are delivered peer-led and community-based in areas of greater social deprivation. Day et al (2022) analysed the impact of BAP as a group programme and found significant improvements in parenting, parenting goals and parental wellbeing, suggesting that a peer-led

³³ Arzili, F., Lager, K., Tetsill, H. & Berry, M. 2019. Summary: Evaluation of phase 1 of the Local Family Offer pilot. DWP. Available at: [Link](#). Accessed 30 May 2023.

³⁴ Doyle, F., Morawska, A., Higgins, D.J., Havighurst, S.S, Mazzuchelli, T.G., Toumbouru, J.W, Middeldorp, C.M., Chainey, C., Cobham, V.E., Harnett, P. & Sanders, M.R. 2022. Policies are Needed to Increase the Reach and Impact of Evidence-Based Parenting Supports: A Call for a Population-Based Approach to Supporting Parents, Children, and Families. *Child Psychiatry & Human Development*. DOI: <https://doi.org/10.1007/s10578-021-01309-0>

³⁵ Sanders, M.R, Kirby, J.N, Tellegen, C.L. & Day, J. J. 2014. The Triple-P Positive Parenting Program: A systematic review and meta-analysis of multi-level system of parenting support. *Clinical Psychological Review* 34. 337-357. DOI: <http://dx.doi.org/10.1016/j.cpr.2014.04.003>.

³⁶ Children’s Commissioner. 2022. A positive approach to parenting: Part 2 of the Independent Family Review. Available at: [Link](#). Accessed 29 May 2023.

community-based parenting programme such as BAP could potentially positively impact parental skills, particularly in areas of greater social deprivation.³⁷

Centralising the parent and parent-child relationships

The negative implications of poor parental mental health and wellbeing on children's development and parent-child relationships is well-evidenced, although more evidence is needed on how, and why.³⁸ A number of reviews and evaluations have provided evidence for the need to centralise the parent in challenging parent-child and/or parent-infant relationships.

A large systematic review of interventions available to children under five and their caregivers was conducted by Sled et al (2022)³⁹ on behalf of the Anna Freud National Centre for Children and Families. The report reviewed 77 studies across 22 different intervention programmes and found that the majority of interventions have an impact on a range of validated outcomes including parental reflective functioning, parental depression, infant socio-emotional and behaviour wellbeing, infant attachment, parent-infant interactions and parenting stress. **Psychoanalytic and psychodynamic interventions were significantly more effective in positive change within the range of interventions, including interventions that focus on attachment theory, mentalisation, improving parental behaviour and parent-infant relationships.** Notably, this shows a focus on the parent in parenting interventions, rather than the behaviour of the child.

Raouna et al (2021)⁴⁰ further argue that the majority of evidence-based programmes, including Incredible Years and Triple P, primarily target families with children over two years, and focus specifically on children's behaviour and parent-child interaction, **without focusing on parental mental health.** Mellow Babies specifically targets parents who experience psychosocial difficulties and have babies up to 18 months of age. The intervention consists of one full day a week for 14 weeks for parents, with accompanying childcare groups for their young children as well as support available for transport, lunch and other practical barriers. Their study concluded that completion of Mellow Babies led to improvements in anxiety and overall wellbeing, parenting confidence and perceived closeness of the parent-child relationship.

³⁷ Day, C., Harwood, J., Kendall, N. & Nicoll, J. 2022. Impact of a peer-led, community-based parenting programme delivered at a national scale: an uncontrolled cohort design with benchmarking. *BMC Public Health* 22. Article number 1377 (2022). DOI: <https://doi.org/10.1186/s12889-022-13691-y>

³⁸ Risi, A., Pickard, J. A., & Bird, A. L. 2021. The implications of parent mental health and wellbeing for parent-child attachment: A systematic review. *PLOS One* 16(12) DOI: <https://doi.org/10.1371/journal.pone.0260891>

³⁹ Sled, M., Li, E., Vainieri, I. & Midgley, N. 2022. The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis. The Anna Freud Centre. Available from: [Link](#). Accessed 23 May 2023.

⁴⁰ Raouna, A., Malcolm, R., Ibrahim, R. & MacBeth, A. 2021. Promoting sensitive parenting in 'at-risk' mothers and fathers: A UK outcome study of Mellow Babies, a group-based early intervention program for parents and their children. *PLOS One*, 3 February 2021. DOI: <https://doi.org/10.1371/journal.pone.0245226>

In the LLR area, the YP Project, delivered by the Jenkins Centre, supports young people aged 1-18 who display abusive behaviours towards their family, as well as family members experiencing this abuse. Between September 2020 and December 2022, the YP team has worked with 175 families directly, as well as providing domestic abuse training to professionals. A mixed-method external evaluation completed in January 2023 noted a **reduction in needs based on the Strengths and Difficulties Questionnaire (SDQ), a reduction in abusive behaviour as well as a reduced burden on other services.** The evaluation also noted that the YP project is a “unique service which fits well within the Violence Reduction Network (VRN).” As areas for development, the evaluation noted needed improvements in waiting lists, advertising, streamlined referral routes and monitoring of performance data. What makes the YP project effective is its focus on promoting and supporting healthy relationships, which play an important role in preventing violence and de-escalation. Furthermore, YP offers a safe space to young people and families, allowing for openness and honesty which makes the programme more effective. YP can also be made bespoke to the variety of circumstances, which also enables providing an effective, targeted programme that beneficiaries feel applies to them and supports them.⁴¹

Early years interventions

Evidence suggests that **early intervention in parent-infant relationships is preferable to lower the risk of detrimental outcomes,**⁴² as traumatic and adverse experiences during infancy may lead to disrupted brain development, resulting into life-long emotional difficulties and poor mental health.⁴³ The Parent Infant Foundation noted in their assessment of Welsh infant mental health support that “unresolved parent-infant relationship difficulties drive demand in late intervention services”, with early intervention services being an economic investment that leads to cost savings, as well as an investment in the wellbeing of families.⁴⁴

In terms of what is most effective in early intervention programmes, the 2016 Foundations for Life assessment of 75 early intervention programmes aimed at proving parent-child interactions to support improved child outcomes concluded that the overall UK evidence base needs development, but there are a range of promising interventions. Evidence was strongest for interventions that “**target based on early signals of risk, such as child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity.**” The evidence base was less developed for attachment and cognitive development programmes.⁴³

⁴¹ Tim Dalton. 2023. The YP Project Evaluation. January 2023.

⁴² National Children’s Bureau, 2020.

⁴³ Asmussen, K., Feinstein, L., Martin, J. & Chowdry, H. 2016. Foundations for Life: What works to support parent-child interaction in the early years? Early Intervention Foundation. Available at: [Link](#). Accessed 29 May 2023.

⁴⁴ Bateson, K., Sercombe, M. & Hamilton, W. 2021. Securing Healthy Lives: An extended summary of research about parent-infant relationship help and support across Cwm Taf Morgannwg. Parent-Infant Foundation. Available at: [Link](#). Accessed 29 May 2023.

There is a good evidence that **intensive or specialist early years interventions are effective in resolving parent-infant relationship issues**, with evidence that intensive interventions which last more than three months and include multiple family visits are most effective. The evidence base for universal interventions is weaker on the other hand,⁴⁵ and there is little evidence for light-touch interventions such as book gifting, brief support aimed at substance misuse and infant massage being effective for parents and infants.⁴³

Examples of successful early years interventions include interventions that start pre-birth, such as MumsAid and the Family Nurse Partnership. MumsAid provides perinatal mental health support to mothers from pregnancy up until a child's second birthday, offering accessible counselling, befriending and specialist support for teenage mothers. The 1-2-1 counselling service, complemented by advocacy, practical assistance, couples counselling and group therapy,⁴⁶ offered accessibly to mothers, has proven to be effective in reducing depression, improving confidence in parenting and enhancing relationship quality, with 85% of mothers who completed counselling moving below the threshold for depression.⁴⁷ Early intervention was also crucial to the success of the home-visiting, relationship-based programme delivered by the Family Nurse Partnership in England to vulnerably fathers. Providing skilled, therapeutic support to fathers ante- and postnatally "effectively tapped into the men's redefinition of themselves as caring fathers".⁴⁸

Providing the right intensity of support – ideally before escalation to specialist services

The economic benefits of early intervention through a systematic, integrated working approach were discussed in the National Foundation for Educational Research's cost effectiveness findings of early intervention in 2011. The report collated and analysed the evidence base for early, preventative support on the level before reaching specialist services, with potential identified savings of between £5,000 and £150,000 in 80 indicative case studies.⁴⁹ A continuum of early years support, from universal provisions to specialist services, is necessary to meet the needs of all families with young children, identifying issues as they arise and intervening in a timely way. This support must be sufficiently intensive when families are experiencing significant and ongoing challenges.⁵⁰

⁴⁵ National Children's Bureau, 2020.

⁴⁶ MumsAid. 2022. Impact Report: 2021/22. Available at: [Link](#). Accessed 13 June 2023.

⁴⁷ Donaghy, M. 2019. MumsAid: delivering services to support new mothers' mental health needs. *Perspectives in Public Health* 139(4). 175:176.

⁴⁸ Ferguson, H. and Gates, P. 2015. Early intervention and holistic, relationship-based practice with fathers: evidence from the work of the Family Nurse Partnership. *Child and Family Social Work* 20. 96:105.

⁴⁹ Easton, C., Gee, G., Durbin, B. & Teeman, D. 2011. Early intervention, using the CAF process, and its cost effectiveness: Findings from LARC3. National Foundation for Educational Research. Available at: [Link](#). Accessed 29 May 2023.

⁵⁰ Sled, M., Li, E., Vainieri, I. & Midgley, N. 2022. The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis. The Anna Freud Centre. Available from: [Link](#). Accessed 23 May 2023.

Doyle et al (2022) provided an evidence review for the effectiveness of parenting interventions across a range of outcomes, based on Australian evidence. They argued that to reach broad implementation of evidence-based parenting programmes across the population, a **blended model of relatable parenting support needs to be offered, which combines universal and more targeted approaches through a tiered support system**, ranging from light touch to more intensive. Furthermore, they also argued that there is no one size-fits-all, and the principles of minimal sufficiency and proportionate universalism needs to be utilised to maximise efficiency.⁵¹ One example of a service that works with a tiered support system is the Early Attachment Service (EAS) in NHS Tameside and NHS Glossop. EAS works with families from pregnancy up until the child is three years old, consisting of specialist clinical support, primary care support and Home-Start volunteers. Central to the EAS service is the parent infant mental health care pathway (see Figure 1), which starts with an early comprehensive assessment of parent mental health problems and infant attachment problems and is accessible to all (but most referrals come via Health Visiting, Midwifery and Children’s Social Care). Following this assessment, families are assigned to the green, amber or red pathway depending on the seriousness of the issues, with the green pathway including the Solihull approach. This initial assessment ensures that staff time is used most effectively.⁵²

⁵¹ Doyle, F., Morawska, A., Higgins, D.J., Havighurst, S.S, Mazzuchelli, T.G., Toumbouru, J.W, Middeldorp, C.M., Chainey, C., Cobham, V.E., Harnett, P. & Sanders, M.R. 2022. Policies are Needed to Increase the Reach and Impact of Evidence-Based Parenting Supports: A Call for a Population-Based Approach to Supporting Parents, Children, and Families. *Child Psychiatry & Human Development*. DOI: <https://doi.org/10.1007/s10578-021-01309-0>

⁵² Lee, P. & Mee, C. 2015. The Tameside and Glossop Early Attachment Service: Meeting the emotional needs of parents and their babies. *Community Practitioner* 88(8), 31-35. Available at: [Link](#). Accessed 31 May 2023.

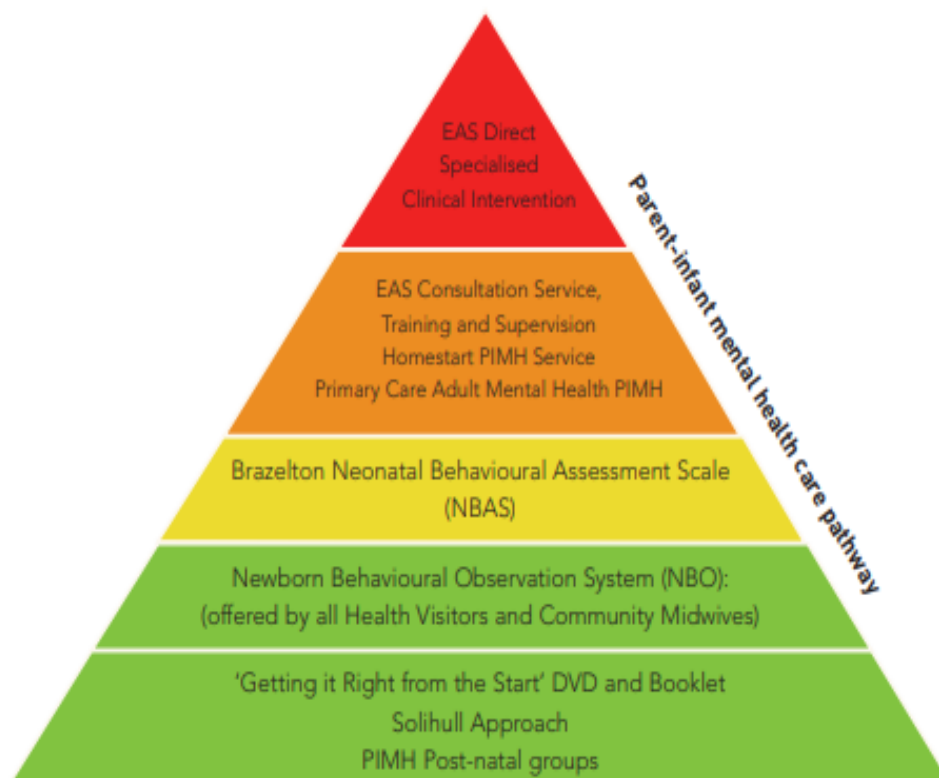


Figure 1. Parent – Infant mental health care pathway. [source: NHS Tameside and Glossop]

Another example of a service that provides a blend of universal, and opportunities with targeted support, are the Sure Start centres. Cattan et al (2021)⁵³ evaluated the short- and medium-term health impacts of offering families with children under five universal access to Sure Start centres providing all-round support including childcare, health services, parenting support and parental job assistance. Sure Start is a large area-based education initiative in the UK, launching in the late nineties and having evolved to a nation-wide network of 3600 Sure Start Children’s Centres. Research found significant long-term health benefits of Sure Start, particularly around reduced hospitalisations of children through preventative health support and education. Benefits were also particularly noted for disadvantaged neighbourhoods, with the potential to reduce health inequalities. Cattan at al also noted that an area-based, but universal access model such as the Sure Start centres can be a successful approach to early years interventions in deprived neighbourhoods.⁵⁴

Gray et al (2018) further state that, while there is an abundance of research into the effectiveness and efficacy of parenting programmes, there is little evidence available of how programme results are

⁵³ Cattan, S., Conti, G., Farquharson, C., Ginja, R. & Pecher, M. 2021. The health effects of universal early childhood interventions: evidence from Sure Start. Institute for Fiscal Studies. Available from: [Link](#). Accessed 23 May 2023.

⁵⁴ Cattan, S., Conti, G., Farquharson, C., Ginja, R. & Pecher, M. 2021. The health effects of universal early childhood interventions: evidence from Sure Start. Institute for Fiscal Studies. Available from: [Link](#). Accessed 23 May 2023.

maintained after parents have left the programme. Their comparative research of parents who received follow-up support versus parents who no longer received support indicate that gains made through evidence-based parenting programmes are effectively maintained when the support is part of regular provision, with longer-term gains in positive parenting. For this reason, and given the high costs of many parenting programmes, it was recommended that parenting support be integrated as part of a public health approach to addressing the needs of children with behavioural difficulties.⁵⁵

Working with vulnerable parents

According to the Social Care Institute for Excellence (2009)⁵⁶, practitioners should collaborate with parents and provide additional support to them to ensure successful completion. Parents should be at the heart of service design, delivery and evaluation, with parents having an equal voice to staff in identifying what works best and what they need. The 2020 National Children’s Bureau review outlined a number of conditions for effective parental engagement:

- Build on mutual trust
- Include opportunities for learning and development
- Asset-based – i.e. respecting the value of parents’ knowledge, skills and lived experiences
- Culturally responsive and respectful
- Collaborative
- Interactive.⁵⁷

Working with parents and especially vulnerable parents requires understanding and navigating the socioeconomic context of families that staff work with. In their systematic review of parenting interventions used by social workers to support vulnerable children, Vseteckova et al (2021)⁵⁸ identified four common themes in parenting interventions for families with adolescent children, including developing relationships, the impact of parenting programmes on behaviour, the impact of social factors on families and health and psychological concerns. Their review identified several studies that “identified complex social factors which contributed to the challenges parents experienced when providing effective parenting”, as well as frequent parental mental health issues. This likely affects parents’ ability to take part in parenting programmes, as well as their ability to absorb and implement the gained knowledge.

Looking at the barriers to accessing services, The Early Intervention Foundation conducted a rapid evidence review into engaging disadvantaged and vulnerable parents in April 2019. Their review found

⁵⁵ Gray, G.R., Totsikia, V. & Lindsay, G. 2018. Sustained Effectiveness of Evidence-Based Parenting Programs After the Research Trial Ends. *Front Psychology* 9, Article 2035. DOI: [10.3389/fpsyg.2018.02035](https://doi.org/10.3389/fpsyg.2018.02035)

⁵⁶ Social Care Institute for Excellence, 2009. Reaching Parents: implementing parenting programmes. Available from: [Link](#). Accessed 30 May 2023.

⁵⁷ National Children’s Bureau, 2020.

⁵⁸ Vseteckova, J., Boyle, S. & Higgins, M. 2021. A systematic review of parenting interventions used by social workers to support vulnerable children. *Journal of Social Work* 22(4). DOI: <https://doi.org/10.1177/14680173211037>

that the most common barriers to engagement include a lack of awareness of available services, accessibility barriers such as time, cost and location and acceptability barriers, including feelings of personal failure associated with seeking help. Best practice to engage disadvantaged and vulnerable parents includes:

- Matching interventions with individual needs, concerns and lifestyles
- Delivering interventions through a multifaceted response with addresses the main barriers encountered
- A focus on workforce skills and capacity to build strong relationships that are conducive to sustained engagement
- Having a functioning local early years intervention system
- Addressing the stigma associated with accessing relationship support.⁵⁹

A further Early Intervention Foundation report on the specific experiences of minority ethnic families in accessing and receiving family support noted **significant inequalities in outcomes for children of these families, and a limited understanding of reasons why**. Through extensive consultation with minority ethnic families, the research team concluded that experiences of discrimination and racism are common, as are barriers in seeking help and challenges in the relationship with practitioners.⁶⁰ Action for Children equally noted that, based on their survey results with parents across England, that Black, Asian and minority ethnic parents were more likely to have faced difficulty accessing services, with common barriers for accessing support including a lack of available services, followed by unclarity on how to access it and costs in participating.⁶¹

Doyle et al (2022)⁶² emphasised that it is important that **parenting programmes are destigmatised when offered in large scale, and not just simply offered to vulnerable and high-risk populations**. An example of a programme that struggled with low uptake, likely due to attached stigma, is Minding the Baby. The programme offered preventative home-visiting parenting support focused on promoting parental reflective functioning, combining elements of health visiting with mother-child psychotherapy. The programme commences in the third trimester and is aimed at first-time mothers between the ages of 14 and 25. A RCT of the study and subsequent quantitative analysis found no benefit of the intervention,

⁵⁹ Pote, I., Gilbert-Doubell, L., Brims, L., Larbie, J., Stock, L. & Lewing, B. 2019. Engaging disadvantaged and vulnerable parents: An evidence review. *Early Intervention Foundation*. Available at: [Link](#). Accessed 4 April 2023.

⁶⁰ Waddell, S., Sorgenfrei, M., Freeman, G., Gordon, M., Steele, M. & Wilson, H. 2022. Improving the way family support services work for minority ethnic families. *Early Years Foundation*. Available at: [Link](#). Accessed 23 May 2023.

⁶¹ Action for Children. 2022. Parenting services under pressure: Unequal access to early years support in England. Available at: [Link](#). Accessed 23 May 2023.

⁶² Doyle, F., Morawska, A., Higgins, D.J., Havighurst, S.S, Mazzuchelli, T.G., Toumbouru, J.W, Middeldorp, C.M., Chainey, C., Cobham, V.E., Harnett, P. & Sanders, M.R. 2022. Policies are Needed to Increase the Reach and Impact of Evidence-Based Parenting Supports: A Call for a Population-Based Approach to Supporting Parents, Children, and Families. *Child Psychiatry & Human Development*. DOI: <https://doi.org/10.1007/s10578-021-01309-0>

likely due to low sample sizes although it was reported the programme led to a reduction in child behavioural problems at age 2 and reduced maternal stress, no clear benefits were observed for maternal mental health, attachment or cognitive development. The programme struggled with a low level uptake and high rate of dropout, suggesting that the programme lacked embeddedness in the community which may be due to certain stigma attached to the NSPCC as a child protection organisation, who delivered the service.⁶³

Another programme that struggled with parents absorbing and implementing gained knowledge was the online course *Our Skills*. This course was aimed at parents/carers with current/previous social worker involvement to support them with home learning development, was initially developed as a face-to-face programme but had to be restructured to online during the COVID-19 pandemic. The evaluation of the programme noted that whilst interviewed parents/carers were positive about the programme and the support provided, only 50% of participating parents attended 50% or more of the ten online sessions, and uptake of the programme was very low. The evaluation noted this may have been due to programme recruitment strategies, but also highlighted that it remains unclear whether an online programme is feasible for this demographic.⁶⁴

Looking at the complex social factors of parents further requires a recognition of parents having grown up in complex households themselves. Experience of challenges such as poverty, unemployment, domestic violence and substance use, have both influenced the parents' current health and wellbeing as well as their ability to parent.⁶⁵ Berry et al's (2019)⁶⁶ review of the Family Vision programme further argued that evidence-based parenting programmes available in the UK **do not tend to focus on identifying or addressing abuse, and a focus on children's difficulties may also lead to failing to recognise the needs of parents.** The Family Vision programme was specifically established to support single mothers after domestic violence through life coaching. Self-reported data from mothers indicate improved mental wellbeing, empowerment and efficacy as a result.

Another example of a parenting programme that works with parents' complex social environment is the DAISY perinatal programme. This programme is offered to women who have had at least one child removed previously from their care through court proceedings. It consists of between two and four visits per week for eleven months from the second trimester onward. The programme is delivered by a team of

⁶³ Longhi, E., Murray, L., Wellsted, D., Hunter, R., MacKenzie, K., Taylor-Colls, S., Fonagy, P. & Fearon, P. 2019. *Minding the Baby Home-visiting programme for vulnerable young mothers: results of a randomised controlled trial in the UK. NSPCC in partnership with UCL.* December 2019. Available at: [Link](#). Accessed 4 April 2023.

⁶⁴ Lewis, J., Bryson, C., Ott, Eleanor, Purdon, S., Wils, E., Dean, R. & Hall, A. 2022. *Evaluation of Our Skills: Pilot Evaluation Report. What Works for Children's Social Care.* Available from: [Link](#). Accessed 23 May 2023.

⁶⁵ Vseteckova et al, 2021.

⁶⁶ Berry, V., Wilkinson, K., Farr, N. and Stimson, A. 2019. *Assessing the Feasibility of a Parent Life Coaching Intervention to Support Parents and Children Who Have Experienced Domestic Abuse and Violence. Journal of Family Violence* 34. 493-506. DOI: <https://doi.org/10.1007/s10896-019-00042-6>

five practitioners with a strong focus on developing the mothers' capacity for reflectiveness and mentalisation, putting special emphasis on the development of a therapeutic relationship between the client and the key worker. This relationship subsequently allows for more positive interaction and change throughout the women's and infants' lives through promoting stronger and healthier relationships.⁶⁷

Baby Steps is a further example of a parenting programme that recognises the challenges that migrant parents face in finding the right support. It is a relationship-based perinatal education programme developed by the NSPCC and parenting experts at Warwick University to support vulnerable families who are facing additional adversity. The programme consists of a home visit in the seventh month of pregnancy and 6 antenatal group sessions, followed by a post-natal home visit and three more group sessions. The programme is designed to sit alongside mainstream provision, with groups being co-delivered by health and family support practitioners, working together to engage traditionally 'hard to reach' parents and support them to manage the emotional and physical transition to parenthood. This includes parents who had recently arrived in the UK and were not familiar with the UK health service landscape, and parents whose first language was not English. A large-scale evaluation of the programme has shown a decrease in symptoms of anxiety and depression, improvement in parent-infant attachment, and the quality of their relationships with their babies. Baby Steps' success in delivering the programme also derived from tailoring the service to parents from minority ethnic groups, including providing an interpreter and engaging with immigration issues.⁶⁸

Effective relationships between parents and stakeholders

The Parent-Infant Foundation emphasised the importance of collaboration between stakeholders to ensure families receive support, especially when crossing service boundaries. The report states there should be "effective management of transitions between services with an emphasis on joint working across services so that families don't experience stop-start interventions."⁶⁹ This is further emphasised in the Public Health England framework of supporting teenage mothers and young fathers which highlights the role of strategic leadership and accountability as key. Support provided to young families needs to be early, sustained, multi-agency, coordinated by a lead professional and trusted by young parents.⁷⁰ Phase 1 of the Troubled Families Programme in Leicester City utilised a dedicated key worker to work closely with a family and understanding the interplay of issues, co-ordinating support across

⁶⁷ Jondec, A. & Barlow, J. 2022. An intensive perinatal mentalisation-based intervention for women at risk of child removal and the role of restorative relationships. *Child Abuse Review* 32(1), e2801. DOI: <https://doi.org/10.1002/car.2801>

⁶⁸ Helen Brookes and Denise Coster (2015), *Baby Steps: Perspectives of Parents from a Minority Ethnic Background*, NSPCC (accessed 25 February 2022) available from: [Baby Steps: perspectives of parents from a minority ethnic background](#).

⁶⁹ Bateson, K., Sercombe, M. & Hamilton, W. 2021. *Securing Healthy Lives: An extended summary of research about parent-infant relationship help and support across Cwm Taf Morgannwg*. Parent-Infant Foundation. Available at: [Link](#). Accessed 29 May 2023.

⁷⁰ Public Health England. 2019. *A framework for supporting teenage mothers and young fathers*. Available at: [Link](#). Accessed: 23 May 2023.

agencies as well as providing specialist and practical support. The programme has reportedly achieved a 100% success rate in outcome achievement with the families they worked with,⁷¹ with 26% of families achieving continuous employment and 88% of families achieving a reduction in offending behaviour.⁷²

There is further evidence that effective relationships between parents and a key practitioner leads to positive outcomes. In their systematic review of parenting interventions, Vseteckova et al (2021) found that the importance of relationships was generally seen as central to parental interventions, with **parents who developed positive relationships with professionals being more likely to achieve positive outcomes**. However, studies were less obvious on how, and to what extent, relationship building improves outcomes for children.

Examples of parenting programmes where relationships between parents and key practitioners are central to delivery are Thriving Babies: Confident Parents (TBCP) and the Family Wellbeing Service. TBCP is a multiagency partnership between Early Help, Social Care, Barnardo's and Home-Start in Manchester, providing perinatal support to babies and their families. The intervention was led by a key family practitioner, providing weekly or twice-weekly sessions typically pre-birth up until six months post-birth. The evaluation found consistently high-quality interventions led by key practitioners, and the programme had particularly positive impacts on parenting practices, parental attunement to infant needs, child/parent attachments and reduced parent risk factors. The support offered was timely, intensive and involved a large number of key practitioners, and involved therapeutic, educational and practical support.⁷³ The Family Wellbeing Service (Stepping Stones) in Glasgow provided holistic support to parents of children attending nurseries in disadvantaged neighbourhoods between 2016 and 2019, **focusing on building relationships between parents and nurseries staff as well as supporting parental skills through individual and group sessions**. The evaluation of the programme noted an increase of parenting skills and resilience and parental happiness, with a subsequent positive effect on parent-child attachment.⁷⁴

Skilled staff

Evidence indicates the importance of skilled staff, and having enough staff, to improve parent-child relationships,⁷⁵ but equally the challenges with recruiting and attaining skilled staff. Bonetti (2020)

⁷¹ Each family had to achieve the following three outcomes: 1) each child in the family has had fewer than three fixed exclusions and less than 15% of unauthorized absences in the last three school terms, 2) a 60% reduction in anti-social behaviour across the family in the last six months and 3) offending rate by all minors in the family reduced by at least 33% in the last six months, or at least one adult in the family has moved off out-of-work benefits into continuous employment in the last six months eligible for inclusion in the programme.

⁷² Leicester City Council. 2019. An evaluation of Leicester's Early Help Model (incorporating the Troubled Families Programme Evaluation Phase 2: 2015-2019).

⁷³ Turnpenny, A., Burch, K., Coombes, L. & Taylor, V. 2022. Thriving Babies: Confident Parents: Pilot Evaluation. What Works for Children's Social Care. Available

⁷⁴ Stepping Stones for Families & Glasgow Centre for Population Health. 2019. Stepping Stones for Families' Family Wellbeing Service: An evaluation 2016-2019. Available at: [Link](#). Accessed 4 April 2023.

⁷⁵ Axford, N., Lehtonen, M., Kaoukji, D., Torbin, K. & Berry V. 2012. Engaging parents in parenting programs: Lessons from research and practice. *Children and Youth Services Review* 34(10), pp. 2061-

highlighted, based on previous evidence, the recruitment and retention problems with early years workers due to low wages, lack of status, poor working conditions, low qualification levels, low opportunities for continuing professional development and a lack of a clear progression path.⁷⁶ The sector is further impacted by ageing and a high proportion of EU nationals working in childcare, both of which will be difficult to replace as older workers retire and EU workers are limited to come to the UK. In their quantitative analysis of national early years qualifications and children's outcomes, Bonetti and Blanden also noted that low qualifications and lack of available training opportunities within the workforce could affect the quality of childcare provision.⁷⁷

The World Health Organisation's 2013 report on evaluating outcomes of parenting programmes to prevent violence states that parenting programmes are "likely to be strengthened if they provide staff with sufficient training", covering **not just the content of the particular programme but also "the skills needed to involve parents actively in the process of change."** This needs to be complemented by ample supervision and provision of adequate support, which increases the chance of programmes leading to positive outcomes.⁷⁸

Examples of programmes where the skills of staff influenced positive outcomes are the Psychology Parenting Project (PoPP) and Tiny Tots College. Saunders et al (2020) examined the PoPP in Scotland, which consisted of a national roll out of evidence-based parenting interventions in Scotland, including Pre-School intervention Incredible Years and Level 4 Triple P. Evidence of decreased SDQ scores pre- and post-intervention suggested that both Incredible Years and Triple P could offer long-term savings when considering potential long-term costs associated with conduct disorders. Factors that contributed to the success of the programme include the robustness of the PoPP implementation scheme, supporting practitioners to provide interventions that were consistently delivered to a high standard, even in routine settings. All practitioners received the same level of training and benefitted from the same clinical and managerial support structures.⁷⁹

The Tiny Tots College supports care-experienced young parents up to the age of 25, including specific antenatal and post-birth programmes, providing support up until the child is two years old. The programme is centred around relationship-building with parents in a safe space with skilled staff, providing a peer support network and facilitating an integrated approach that focuses on improving

2071. DOI: <https://doi.org/10.1016/j.childyouth.2012.06.011> ; World Health Organisation. 2013. Preventing violence: Evaluating outcomes of parenting programmes. Available at: [Link](#). Accessed 30 May 2023.

⁷⁶ Bonetti, S. 2020. Early years workforce development in England: Key ingredients and missed opportunities. Nuffield Foundation. Available at: [Link](#). Accessed 23 May 2023.

⁷⁷ Bonetti, S. & Blanden, J. 2020. Early years workforce qualifications and children's outcomes: An analysis using administrative data. Nuffield Foundation. Available at: [Link](#). Accessed 23 May 2023.

⁷⁸ WHO, 2013.

⁷⁹ Saunders, R., Brack, M., Renz, B., Thomson, J. & Pilling, S. 2020. An Evaluation of Parent Training Interventions in Scotland: The Psychology of Parenting Project (PoPP). *Journal of Child and Family Studies* (2020):29, 3369-3380. DOI: <https://doi.org/10.1007/s10826-020-01817-y>

parental knowledge and confidence. Key outcomes included increased parental knowledge and confidence, enabled through a good relationship between staff and parents. The evaluation noted that staff were able to create a “warm, comfortable and non-judgemental environment”, which increased programme efficacy because parents felt more able to absorb the provided information.⁸⁰

Lastly, CAPS delivered 14 Family Partnership Model (FPM) courses to over 160 Family Recovery Service workers. FPM is an evidence based training to enable workers to become more effective ‘helpers’. On completion, 94% of workers reported increased skills and knowledge in helping parents to change their behaviour; and workers scored significant improvements in their knowledge, confidence and self-efficacy.⁸¹

Summary of the evidence review

As has been highlighted in this Chapter, there exists an overwhelming number of parental programmes, many with robust evidence bases of providing positive benefits to both children and parents, although the outcomes measured often vary. Many of those delivered within the LLR region (as identified in Chapter 2) are evidence-based interventions. It is notable that, potentially regardless of the programme, there are a number of factors which are indicative of the efficacy of the support. These are:

- Staff skill and training in the delivery of support in a way which maintains the integrity of the model in an empathic and non-judgemental way
- Parents receive support at the right level of intensity, ideally before issues escalate to statutory/specialist support
- A multi-agency approach in which a named key worker who is trusted by the parents coordinates support for the family across a range of agencies
- Programmes are delivered by organisations which understand the community and cultural contexts in which families live and which do not potentially stigmatise attendance through, for example, being delivered by organisations seen as providing enforcement or primarily safeguarding roles
- Programmes which are based upon social learning theory and which put the child-parent relationship centrally within the support offered
- Services and programmes which can offer a range of intensity of support and which can change to meet the changing needs of families over time
- Post-programme support is incorporated within regular and universal provision.

⁸⁰ Schoenwald, E., Ahmed, F., Clancy, C., Collyer, H., & Hennessey, A. 2021. Tiny Tots College Pilot Evaluation Report. What Works for Children’s Social Care. Available at: [Link](#). Accessed 23 May 2023.

⁸¹ Central Manchester University Hospitals, 2015.

Local context

Based in the East Midlands, Leicester, Leicestershire and Rutland (LLR) has a large and diverse population of over 1.1 million, with more than 80% of the City's residents being from minority ethnic groups, compared to 10% in Leicestershire and 3% in Rutland.⁸² Leicester and Leicestershire has also seen an overall population increase in the last decade higher than the English average, with rates across the region ranging from 11.8% in Leicester City to 14.3% in Market Harborough, compared to a 6.6% increase in England overall and 7.7% in the East Midlands. The region has experienced a particularly high increase in young people, with a rise of 19% in children aged five to nine and 27% in children aged ten to fourteen, compared to 11% and 13% respectively in England.⁸³ Rutland saw a population increase of 9.7%, but is still one of the least densely populated areas in the East Midlands. Population growth is also mostly occurring in age groups above 65 years old, with only an 8% increase in children aged five to nine and 6% in children aged ten to fourteen.⁸⁴ This context indicates a likely increase in demand for family services and parenting support in Leicester City and Leicester County, while Rutland's changing population indicates a similar or declining demand for family services. On a health level, the LLR Integrated Care System has to work with stark differences in affluence and poverty, with Leicester City being significantly more deprived than Leicestershire and Rutland.⁸⁵

In Leicester, all work aligns with the Leicester's Care, Health and Wellbeing Strategy 2022-2027 which outlines Leicester's aims to give every child the best start in life by focusing on the critical first 1001 days of life, making sure children are able to play and learn, mitigating against the impacts of poverty on children and young people and empowering health self-care in families with young children.⁸⁶ Parenting and family support are an important part of the Early Help Model, which has received Troubled Families (now Supporting Families) funding over the last decade. The Early Help and Prevention service model was set up in 2012 to oversee the delivery of the first phase of Troubled Families delivery in Leicester City. It consisted of twenty agencies⁸⁷ overseeing the programme, as well as the THINK Family team to help deliver the programme, including 18 full-time workers that would specifically work with families of older children. Following a second round of funding, the second phase of delivery tasked the Early Help Model (the follow up form THINK Family) to support a further 3940 families between 2015 and 2019. In

⁸² NHS LLR. 2022. A bright future for health, care and wellbeing in Leicester, Leicestershire and Rutland. Available at: [Link](#). Accessed 30 May 2023.

⁸³ Office for National Statistics. 2022. How the population changed in Leicester: Census 2021. Available at: [Link](#). Accessed 30 May 2023.

⁸⁴ Office for National Statistics. 2022. How the population changed in Rutland: Census 2021. Available at: [Link](#). Accessed 30 May 2023.

⁸⁵ NHS LLR, 2022.

⁸⁶ Leicester City Council. 2022. Leicester's Care, Health and Wellbeing Strategy 2022-2027. Available at: [Link](#). Accessed 31 March 2023.

⁸⁷ The Early Help Model evaluation does not mention which twenty agencies.

Leicester City, 36.6% of these families were lone parent families, 28% dealt with domestic violence and 57% needed help with parenting, housing, managing debt and finances and developing resilience.⁸⁸

The recently published Leicester City RPC needs assessment by the What Works for Early Intervention and Children's Social Care also outlined services and interventions available to families to support parental relationships as part of planning an ongoing focus on parental relationships within RPC. Commissioned by Leicester City Council, the needs assessment highlighted the need to prioritise activity that supports the integration of parental relationship support into all work with families.⁸⁹

In Leicestershire, parenting programmes are part of the Leicestershire Joint Health and Wellbeing Strategy 2022-2032⁹⁰, which was launched to improve the health and wellbeing of children and adults in LLR and reduce health inequalities. This strategy includes a focus on service provision that:

- Ensures the best start for life, with a focus on early identification, school readiness and the first 1001 critical days. The strategy outlines the commitment that Leicestershire County Council “will support parents and families to build on their understanding of children’s needs so that they are able to understand what good looks like and get their children off to a good start”, as well as supporting “improving maternal mental health and physical activity to allow parents and carers to be in the best position they can be to support their children.”
- Supports families to be self-sufficient and resilient, including ensuring vulnerable families receive personalised, integrated care and support.⁹¹

These priorities were reinforced in the Leicestershire Children and Families Partnership Plan 2021-2023, outlining priority actions in developing an integrated Early Years Pathway and a shared Early Help Partnership action plan.⁹² A best start in life and early prevention and intervention is a further focus of the LLR Violence Reduction Network (VRN) 2022 Response Strategy, which outlined six strategies for preventing violence involving young people, including “promoting family environments that support health development, including parenting programmes, family nurse partnerships and therapeutic approaches to trauma.”⁹³

⁸⁸ Leicester City Council. 2019. An evaluation of Leicester’s Early Help Model (incorporating the Troubled Families Programme Evaluation Phase 2: 2015-2019).

⁸⁹ Jones, E., Billson, A. & Robertson, Di. 2023. Leicester City: Using local evidence to drive integration and sustainability of the reducing parental conflict offer. *WWE/CSC*. 29 May. Available at: [Link](#). Accessed 29 May 2023.

⁹⁰ Leicestershire Joint Health and Wellbeing Strategy, 2022 – 2032. Available: [Link](#). Last accessed 30th May 2023.

⁹¹ Leicestershire Government. Leicestershire Joint Health and Wellbeing Strategy 2022-2032. Available at: [Link](#). Accessed 31 March 2023.

⁹² Leicestershire Children and Families Partnership. Leicestershire Children and Families Partnership Plan 2021-2023. Available at: [Link](#). Accessed 26 May 2023.

⁹³ LLR Violence Reduction Network. 2022. Response Strategy: Preventing Serious Violence Leicester, Leicestershire, and Rutland 2022-2023. Available at: [Link](#). Accessed 26 May 2023.

Lastly, Leicestershire County Council also has its own Early Childhood Strategy 2020-2023, which has as a key objective to outline how we intend to support and develop parents' and carers' skills, knowledge and understanding of their children's needs, including the benefits of early education.⁹⁴

In Rutland, the 2022-2027 Joint Health and Wellbeing Strategy: Place Based Plan outlined the goal of "safe, healthy and caring communities in which people start well and thrive together throughout their lives." The first priority of the strategy revolves around the best start of life, including ensuring that children and young people have the emotional and physical wellbeing to navigate and prosper in society. To achieve this, the strategy outlines the following actions:

- Prioritising the first 1001 critical days
- Supporting confident families and young people
- Ensuring that children and families have access to health services.

The strategy notes that this work will be delivered in conjunction with a renewed Children's and Young People's Strategy for Rutland.⁹⁵ This 2022-2025 Strategy has a strong focus on the emotional health and wellbeing of children in Rutland, including safeguarding and education. Parenting programmes are not mentioned specifically, but the strategy does note that Rutland will help the most vulnerable families to access support and guidance, and provide bespoke services to families, which could imply parenting support. It also recognises that parental conflict needs to be tackled to ensure that children are not at risk of harm, which likely refers to RPC.⁹⁶

Types of provided support

Parenting programme provision in the LLR consists of a range of interventions from statutory and third sector agencies. Our online mapping and stakeholder interviews resulted in identifying a range of currently available parenting programmes, with a focus on 1) universal support provided by the three councils within the Early Help model, 2) targeted/specialist support provided by the three councils as well as by third sector organisations and 3) low-threshold, community-focused support provided by third sector organisations.

Universal support is provided by the three councils, and includes:

- In **Leicester City Council**, all early intervention work, apart from targeted youth, is managed by Early Help in the twelve Children's Centres, as well as in the targeted family support work. The

⁹⁴ Leicester County Council. 2020. Early Childhood Strategy 2020-2023. Available at: [Link](#). Accessed 14 June 2023.

⁹⁵ Rutland County Council. 2022. Rutland Joint Health and Wellbeing Strategy: The Rutland Place Based Plan 2022-2027. Available at: [Link](#). Accessed 14 June 2023.

⁹⁶ Rutland County Council. 2022. Rutland Children and Young People's Strategy 2022-2025. Available at: [Link](#). Accessed 14 June 2023.

majority of parenting programmes are delivered by the Early Help team, with some programmes commissioned to partners to deliver.

- In **Leicestershire County Council**, all work with children, up until child protection work, is delivered by the Children Family Wellbeing Services. The services have a dual focus on youth and youth justice, as well as family wellbeing, with some overlap in delivery. The service has a mix of family workers and SEND family workers who do both casework and groupwork.
- **Rutland County Council** has a smaller amount of available funding, which is reflective of the lower number of referrals that they receive compared to Leicester City and Leicestershire County. Rutland Council operates parenting support via their family hub, including antenatal support and targeted support such as sleep support. The main parenting programmes are arranged with the Centre for Fun and Families, but the Council aims to move towards evidence-based programmes, particularly Triple P and Reducing Parental Conflict.

Further universal public health support for parents is provided by NHS services, including universal support for early years and teenage years, and Leicester Mammias provides universal breastfeeding classes/support in Leicester City. The Centre for Fun and Families offers universal, targeted and community-based low-threshold support.

Targeted support is provided by both public and third sector organisations, and includes:

- Specialist support programmes for **specific challenges that parents need support with**, such as support with learning disabilities (Triple P, Stepping Stones and SEND through the Councils), support with neurodiversity (ADHD Solutions), and support for teenage parents (Angels & Monsters)
- Specialist support with a focus on **preventing violence and conflict**, such as Reducing Parental Conflict (Councils and Centre for Fun and Families), support for families affected by parental imprisonment, and support with children that display abusive behaviours (the Jenkins Centre)
- **Targeted perinatal support** to support vulnerable mothers and their families from pre-birth up until a child's second birthday as part of the critical 1001 first days such as Leicester Mammias, Home-Start and the Councils.

Further targeted public health support is provided by NHS services, including Public Health Nursing CAMHS, perinatal mental health support and speech and language therapy.

Lastly, third sector organisations further provide a range of **community-based, low-threshold services**, including support aimed to **help parents feel less isolated**, providing them with opportunities to connect with other parents and feel supported, such as Centre for Fun and Families, Angels & Monsters, ADHD Solutions, Home-Start and Leicester Mammias. These organisations also support parents with **increasing parenting skills and their general skills**.

Overview of mapped services

The following section provides an overview of mapped services. Through this mapping, we conclude that:

- The majority of service providers operate from Leicester City, which is a logical and natural consequence of the majority of the LLR population being based here, as well as a consequence of the higher deprivation in the City. It does indicate however that **access to services is likely easier in the City, and more difficult in the County and Rutland**, noting differences in accessibility to service provision.
- The differences between the support offers of the Councils and third sector organisations further indicate that there is **no consistency in the support offered**, exacerbated with incoming and outgoing funding streams that lead to programmes frequently stopping and starting.
- **All organisations offering parenting support have a focus on providing evidence-based support**, whether through the provision of an evidence-based programme or through independent evaluations of locally developed programmes and employment of validated outcomes.

<p>Leicester City Council</p> <ul style="list-style-type: none"> • Within the Early Help Model, families are offered whole support, early years development, parent and community engagement and education welfare. In the twelve Children’s Centres across the city, parents are offered a variety of programmes and courses focused on parenting and child development as part of the 0-2 pathway. • City has a large focus on Triple P and PEEP Learning Together Programme currently, having invested a lot of money into training practitioners to provide this. Staff have recently been trained in Triple P Stepping Stones. • City previously also offered the Solihull parenting programme, but the focus on Triple P and the loss of Solihull-trained workers has made it more challenging currently to offer this consistently. • City Council also manages the SEND Local Offer, providing support to children and young people aged 0-25 who have a SEND. 	<p>Based in: Leicester City Covers: Leicester City Works with: all families</p>
<p>Leicestershire County Council</p> <ul style="list-style-type: none"> • Through Children and Family Wellbeing Centres and services Leicestershire County Council offers support to all families in the County within the focus of the first 1001 days and beyond. 	<p>Based in: County Covers: County Works with: all families</p>

<ul style="list-style-type: none"> • County offers Solihull parenting programme, a 0-2 pathway for vulnerable parents, Theraplay, Triple P and Reducing Parental Conflict. • County used to offer Solihull parenting programme as a standard offer up to age 19, but this now focuses on up until five years old as part of the 0-2 pathway, with Triple P predominantly for 5 years and older. • County also presides over the SEND Local Offer, providing support to children and young people aged 0-25 who have a SEND. 	
<p>Rutland County Council</p> <ul style="list-style-type: none"> • Rutland's offer is smaller than Leicestershire County and City offers, and is linked to Early Help, inclusion and SEND as part of the Council's Early Years Alliance. • The area has one Children Centre, the Rutland Family hub, in Oakham. • Main parenting programmes are with Centre for Fun and Families, but there is an increasing focus on Triple P (Stepping Stones and online) and Reducing Parental Conflict. 	<p>Based in: Rutland Covers: Rutland Works with: all families</p>
<p>Centre for Fun and Families</p> <ul style="list-style-type: none"> • The Centre for Fun and Families offers a wide range of local parenting programmes and support in the LLR, both consisting of short, universal interventions and targeted, intensive pathways, including specialised support for young parents, parents from BAME communities, parents with anxious children, parents with teenagers and Reducing Parental Conflict. • Services at the Centre for Fun and Families are local and user-led, but the organisation has validated outcome measures and works with independent evaluators to evaluate services. 	<p>Based in: Leicester City Covers: LLR, but majority of funding comes from City and therefore goes to City families Works with: all families</p>
<p>Leicester Mammias</p> <ul style="list-style-type: none"> • Leicester Mammias offers a universal breastfeeding course in Leicester City, which has expanded over the years to focus on the first 1001 days as a whole with specialisms in perinatal and infant mental health, healthy eating and child development. 	<p>Based in: Leicester City Covers: Leicester City Works with: all mothers, but has a historic focus on Muslim and South Asian mothers</p>

<ul style="list-style-type: none"> • Support consists of a range of accessible courses around support for mothers and their babies, along with more targeted support including a postnatal Solihull programme and a child development course. • Leicester Mammias is an evidence-based organisation and develops support and courses around best evidence-based practice. 	
<p>Angels & Monsters</p> <ul style="list-style-type: none"> • Angels & Monsters offers a range of free services for young parents aged 20 and under, including practical parenting – a six month parenting course focused on the practical and emotional side of parenting, accredited diplomas in employability skills and additional work as required on health and safety and mental health. • The charity is based in Leicester City but accepts parents from across the LLR area. • Services at Angels & Monsters are user-led, but evaluations note significant impact. 	<p>Based in: Leicester City Covers: LLR Works with: all parents aged 20 and under</p>
<p>Home-Start Horizons</p> <ul style="list-style-type: none"> • Home-Start Horizons offers universal and targeted support to parents and families through trained volunteers, supporting families who may be struggling to cope with a variety of challenges. 	<p>Based in: Leicester City and Rutland Covers: Leicester City and Rutland Works with: all families</p>
<p>Home-Start South Leicestershire</p> <ul style="list-style-type: none"> • Home-Start South Leicestershire provides a range of parenting support programmes based around the Solihull approach through trained volunteers. • Services adhere to national standards and measurement frameworks. 	<p>Based in: Market Harborough Covers: South Leicestershire Works with: all families</p>
<p>Home-Start North West Leicestershire</p> <ul style="list-style-type: none"> • Home-Start Horizons offers universal and targeted support to parents and families through trained volunteers, supporting families who may be struggling to cope with a variety of challenges. 	<p>Based in: Measham Covers: North West Leicestershire Works with: all families</p>

<p>ADHD Solutions</p> <ul style="list-style-type: none"> • ADHD Solutions delivers neuro-diverse parenting programmes to help parents with understanding ADHD and their relationship with their ADHD child, including Positive Parenting Solutions, a positive parenting skills programme. • While programmes have a focus on neurodiversity, all families are welcome • ADHD Solutions engage with national research and evaluations. 	<p>Based in: Leicester City Covers: LLR Works with: all families, but sees most referrals in families with neurodiverse child(ren)</p>
<p>Jenkins Centre</p> <ul style="list-style-type: none"> • The Jenkins Centre runs the YP project, which works with young people that display abusive behaviours towards their family, which includes a parenting programme based on the non-violence resistance approach. • Evidence base consists of externally commissioned evaluations. 	<p>Based in: Leicester City Covers: LLR, but 60% of referrals derive from County and 40% from City Works with: families with abusive children</p>
<p>Relate</p> <ul style="list-style-type: none"> • Relate offers courses to statutory and voluntary agencies, businesses and families, including courses on parenting children and teenagers, and support for parents. 	<p>Based in: Leicester City Covers: LLR Works with: professionals and individuals</p>
<p>NHS</p> <ul style="list-style-type: none"> • NHS provision for parents is listed on the Health for Under 5s and Health for Teens websites. This includes resources, information and courses for expecting parents, parents of babies, toddler, pre-school age and the teenage years, although the Health for Teens website focuses more on supporting young people, rather than their parents • More targeted support includes Public Health Nursing support, a Solihull Approach parenting course from a pregnancy to teenage years in a variety of stages funded by the LLR, and secure text messaging services, including the dedicated perinatal mental health text message service Mum’s Mind • All LLR Children and Families Wellbeing Centres (19 in total) are also listed on these websites, including contact details • While the early support covers the entire LLR, there’s more local support for (parents with) teenagers in Leicester City 	<p>Based in: Online/LLR-wide Covers: LLR Works with: all parents</p>

compared to Leicestershire and Rutland, which reflects the higher number of services available in Leicester City.	
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Further support is available for families via the Supporting Families programme, previously known as the Troubled Families programme. This programme does not provide specific parenting support, but rather supports entire families to reach positive family outcomes, providing targeted interventions for families with complex interconnected problems, including health problems, involvement in crime and antisocial behaviour and children in need of help and protection.⁹⁷

Services provided by public sector organisations such as Councils and the NHS tend to take place in Children’s Centres, Children and Family Wellbeing Centres or Family Hubs across LLR. There are nineteen hubs within LLR neighbourhoods and communities that provide services locally – twelve in Leicester City, six in Leicester County and one in Rutland (s. Figure 2).

⁹⁷ UK Government. 2023. Ten Years of Supporting Families: Annual report of the Supporting Families programme 2022-2023. Department for Levelling Up, Housing & Communities. Available at: [Link](#). Accessed 14 June 2023.

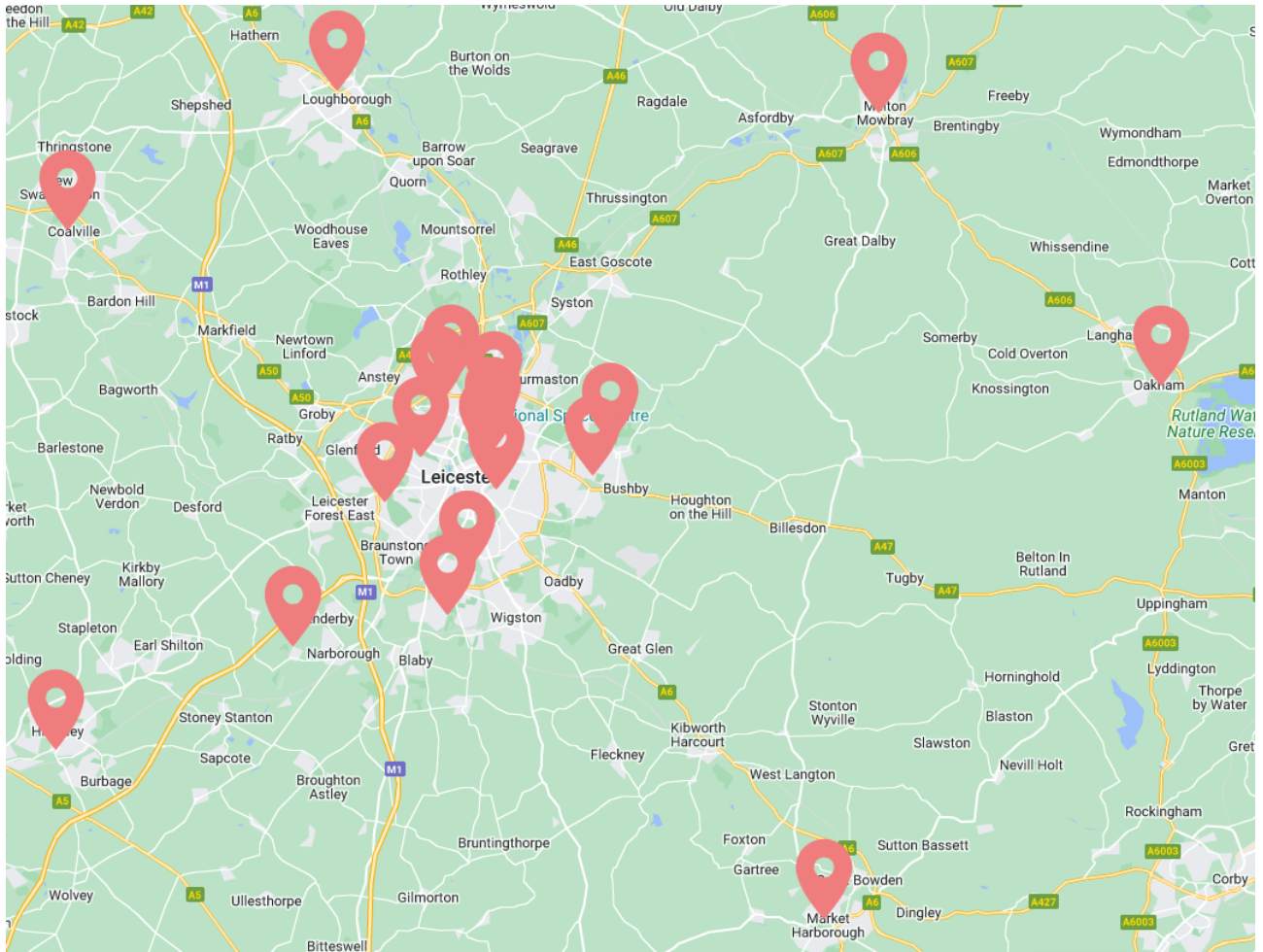


Figure 2. Location of all family centres in LLR [source: Health Under Five website]

Interview findings

Between April and May 2023, 12 semi-structured interviews were conducted with current or previous providers of parenting programmes within the LLR area. Interviews were focussed upon their experience of which programmes had been effective in the area, their views on evidence-based parenting programmes and how the LLR parenting programme provision could be improved.

Local providers' delivery of parenting programmes

Local providers have a range of parenting programmes and activities available, focusing on both universal, targeted and community-based, practical interventions. These programmes are based upon a **relational approach with parents**, with a focus on **needs-led support that is informed by lived experience**. Examples include:

- The Centre for Fun and Families operates from the understanding that parents are the experts, and that the organisation supports them to fill in any gaps in their skillsets to help parents succeed, leaning on **social learning theory and cognitive-behavioural therapy**. In this model, parents feel empowered, have the opportunity to influence the support offer and to be part of a community of parents.
- Home-Start South Leicestershire focuses its programmes around the **Solihull approach** and considers this approach the most effective way to support parents. Stakeholders discussed that the Solihull approach is non-judgmental, based on psychotherapy and is helping parents make sense of what is happening. The approach focuses on **relationships with families**, rather than providing behaviour strategies.
- Leicester Mamas has a similar relational approach with its beneficiaries that revolves around the first 1001 days, which they have coined the **Mamas pathway**. The pathway is open-ended, reaching from pregnancy up until when mothers decide they no longer need the support, and is the result of continuous co-production with mothers.
- With the YP Project, the Jenkins Centre focuses on rebuilding relationships between parents/carers and young people. It's based on the **non-violence resistance approach**, which includes self-care, de-escalation, reconciliation gestures and prioritisation of issues. This is different to a consequence-led approach, which the Jenkins Centre found to be ineffective for the demographic that they are working with.

Local programmes have a **strong focus on providing evidence-based support**, including validated outcome measures, measurement frameworks, linking in with evidence-based professionals and independent commissioning. They also have the **flexibility to offer needs-led, bespoke support, and adapt programmes as required**. The Centre for Fun and Families' evaluations and reviews for instance, which among other methods gather feedback from parents, allow them to create specific programmes to meet identified needs, such as parenting programmes for young BAME parents. Leicester Mamas has a large WhatsApp

group where mothers can ask each other questions. Monitoring of this group allows staff to identify what questions are being asked and how they can tailor their support to answer these questions.

Most local providers indicated that they mainly receive self-referrals through word of mouth, although more targeted programmes such as the Jenkins Centre, ADHD Solutions and certain programmes of Leicester Mammias also receive a large number of referrals from public services. What was considered effective by stakeholders to engage parents was **enabling easy sign-up processes**, as well as **checking in** with parents throughout the programme to ensure that parents feel supported.

Conversations with local providers highlighted the **benefits of having local parenting programmes** that are able to provide local support:

- Rather than being limited to a fixed number of sessions provided by one established programme, local community based providers can offer a **range of support to parents, focusing on improving parenting skills, but also parental mental health and particularly the practical skills of parenting**. Angels & Monsters, for example, offer a practical parenting course, consisting of six months of activities that promote good parenting at home, including cooking and caring, but also behaviour management, child development and parental confidence. This course is supplemented by increasing parental employability and offering further support in health and safety and mental health, which together **provides wrap-around support to parents**. Many providers discussed being able to provide practical support to parents, such as supporting them with travel costs and filling out benefits applications.
- A further benefit of local providers is their focus on **employing staff with lived experience and passion for supporting parents in their local community**. Providers discussed that, even if they are unable to support a parent due to funding limitations or specific issues they cannot support with, providers will still go above and beyond to help a parent anyway they can, including signposting to relevant other services. This speaks further to the added value of local providers – they are usually **well-connected to other services and know the service landscape**, being firmly established in the local area.
- In community-based, low-threshold organisations, parents are able to come back for more support, dipping in and out of support based on their needs. Local providers emphasised the importance of this as **parents face different issues across their parenting journey and have different levels of need**. Being able to come back for support also helps to build up a support network of and for parents, especially lone and/or isolated parents. Local providers emphasised that the door is always open, and that they will proactively reach out to parents to ensure they know that support is available to them, and that they are not forgotten. Furthermore, **group work in local communities** allows parents to socialise, and reduces feeling of isolation by building up friendships and relationships.

“We never close a case – they stay with us.”

“A lot of our projects are more than just booking a session, but also consists of a WhatsApp group [with other parents] and calls in between sessions with workers to make sure they’re okay to attend.”

All local providers noted **high impact of their parenting programmes**, evidenced through independently commissioned evaluations and robust monitoring of validated outcomes, and also through feedback of parents directly. While evidencing impact of parenting programmes is important for external funding and strategic decisions, local providers also noted that **evidencing impact is important in demonstrating to parents how much progress they have made**. Angels & Monsters for instance have individual learning plans for parents that look at their needs and their progress. 95% of parents that they work with have the accredited Employability Skills diploma when they exit Angels & Monsters, supporting them in their overall development. ADHD Solutions collects starting and end scores of parents participating in parenting programmes to demonstrate progress made.

What was further evident from the conversations with local providers is that **having and retaining skilled staff is vital to the success of parenting programmes**. A former member of Solihull Council involved in the management of the Council’s parenting programme provision emphasised the key position that staff hold in the success of parenting programmes. With any training programme, it comes down to professionals having the confidence to deliver it and be part of it that enables success. **Without the passion, enthusiasm, confidence and time to deliver a programme, impact will be negatively affected**. In the current service landscape, training facilitators are often overworked, lacking collegiate support and not given the right tools and skills to succeed, despite best intentions. Training facilitators are also at times expected to be experts in providing all kinds of training, including both 1-1 and group work, even though these require two very different skillsets according to providers.

The Early Help Leads of the three councils discussed the **challenges around recruitment and retainment, especially if an investment has been made into training staff in a large evidence-based programme**. While a programme such as the Solihull approach was generally inexpensive as training could be provided in-house, costs were considered high for programmes such as Triple P and Incredible Years, which required external training to obtain training licenses. If this investment has been made and staff subsequently leave because being an accredited trainer in a parenting programme opens up a range of employment opportunities for them, this has a significant impact on the parenting programmes that Councils are able to offer.

Third sector organisations such as Home-Start South Leicestershire, ADHD Solutions, Leicester Mamas and Angels & Monsters further spoke of the benefits of **staff having lived experience, and how this can lead to impactful programme outcomes**. Staff with lived experience understand what parents are going through, because they have been through these experiences themselves, which allows them to shape support offers to what parents really need. It also may contribute to staff being passionate and motivated about the programme they offer, which can have a positive effect on how the support is received and used by parents.

Role play was reportedly found to be particularly effective in Solihull Council to help parents, especially those with lower levels of education, to gain a deeper understanding of parenting issues. This however required specific training and support for staff to deliver this technique. **Intensively supporting training facilitators is also what makes parenting programmes more efficient, despite the resources that would go into upskilling, as the impact will likely increase.**

“The retention of good quality staff is a real issue.”

“Training facilitators need to have frequent supervision, frequent coaching and available support from social work to talk through vicarious harm.”

All local providers, both those working in public and third sector services, noted a **high demand for their services, and an expected upsurge in demand.** This impacts available capacity for parents with low to moderate need, as parents with higher levels of need will require more intensive support. Interviewees noted that resources tend to go to safeguarding and targeted, intensive support where there is a high need, but highlighted a **need for increased support from universal services that address low to moderate levels of need.** Home-Start South Leicestershire has seen a rise in demand for services, especially now that the threshold for statutory services support has risen. Whereas previously statutory service support would be available for parents sooner before issues escalated, Home-Start South Leicestershire now sees an increase in referrals with medium to high levels of need, which impacts the amount of support families need and therefore the number of families that can be supported.

Local providers have several ways to address waiting lists and increased demand. ADHD Solutions for instance has a triage system and point of view assessments to support parents as soon as possible, averaging a two-week referral time. To free up specialist staff capacity, ADHD Solutions has created a paid associate base of parents with lived experience to deliver their parenting programmes.

“We have to take difficult decisions on referrals sometimes. You either dilute yourself – see more people and provide them with less support – or you stick to your guns and you see less people but provide them with the same level of support. It is challenging.”

With regards to funding, local providers spoke of being able to deliver a lot with little due to building on existing referral networks and proven delivery plans but discussed concerns as well about not having sufficient financial reserves. There are a number of gaps that local providers see in their own provision, as well as the local parenting programme provision, but they are **not able to provide further support due to a lack of available funding.** The Centre for Fun and Families’ support offer for instance has fluctuated over the years depending on available funding. Some of the programmes that the organisation currently offers will be discontinued, others have funding secured for the next couple of years. For some programmes, this has an effect on the amount of support that can be offered. The Helping My Anxious Child programme is currently a one-off 1.5-hour online session, which is aimed to complement the charity’s other programmes, but cannot currently be extended into a larger programme due to a lack of funding.

Even though parents may not note any fluctuations in service offers, local providers spoke of the challenges of attaining consistent funding for programmes, and the strain this places on their capacity to manage their funding. Third sector organisations also discussed the differences in funding approaches across the three councils, including how communicative councils are and what they are able to fund and what not, which leads to inconsistent service offers across the LLR.

“We still got professionals asking if they can refer in [a programme that was discontinued due to discontinued Local Authority funding].”

Changes in funding also impacts the wider service landscape, and frequent fluctuations impact the effectiveness of referral routes. It takes a while for professionals in public health and the wider public sector to become aware of new initiatives, which causes wasted time if programmes are funded stop-start across the LLR. In line with the increase in need for intensive support, is also increasingly difficult to find funding for programmes that do not target high levels of need local providers note – it is harder to make the case for low-threshold, low-need support for parents over parents that require urgent care, even though the former will likely decrease the latter.

“A huge amount of resources goes into ‘putting people together’, but it should go to prevention to prevent it happening in the first place.”

Local providers’ views on evidence-based programmes

Councils indicate a move towards evidence-based programmes in their parenting programme offer, in line with the changing funding landscape that has an increased focus on evidence-based programmes. Councils want to offer a variety of evidence-based programmes as part of their core offer, including a mix of Triple P, Solihull, PEEP, RPC, SEND and Theraplay to meet different needs of parents and to enhance the overall strength of the offer through a trauma-informed approach, but are limited by staff skillsets and funding requirements. Councils are also feeling the effects of the COVID-19 pandemic in this regard, which brought significant challenges in staff capacity and the ability to deliver parenting programmes.

“Triple P and Solihull do very different things in my view – it’s a shame not to enhance one with another.”

Local third sector providers expressed several concerns about a move towards only delivering established evidence-based programmes:

- Evidence-based programmes tend to not allow any changes in programmes to meet parental needs, because if the programme changes, it would not be evidence-based anymore. Local providers would have to operate within the strict boundaries of proven interventions, frequently without opportunities to make changes to meet parental needs, which is not the way that local providers operate in the LLR.
- Local providers were particularly negative about the behaviour-focused approach of Triple P. According to a number of providers, Triple P focuses on becoming a better parent through

techniques, rather than focusing on creating better relationships between parents and their children. Triple P cannot help parents implement strategies at home, which can lead to further frustration if parents feel defeated that they are not able to implement the strategies. These behaviour technique-based programmes tend to provide messages that are inconsistent with the approach taken for instance by the Jenkins Centre and ADHD Solutions, who each work with demographics for which such approaches do not work. Such an approach would for instance be that when a child escalates, the parent takes something away, but this leads to further escalation for instance for children that display abusive behaviours.

“I don’t think it will work if parents believe they go on a parenting programme to become a better parent. If you walk away from [evidence-based] programmes and you can’t make those strategies work on your own, you feel rubbish and you’ll end up back in the system.”

- Stakeholders emphasised that it takes time to **build trust with parents** and allow parents to open up, and that it takes time to **build relationships with communities** to ensure efficient referral routes. The first is an important part of increasing parental mental health, confidence and resilience, which in turn has a positive effect on child development and parent-child relationships. Some evidence-based programmes allow this process, such as Solihull, but short programmes cannot achieve this according to local providers, because they do not take into account the chaotic lifestyles of some parents which limits the successful implementation of parenting skills. The practical support provided by local providers puts parents **in the right frame of mind to work on their parenting skills**. Regarding building relationships with communities, there is a concern that large **evidence-based programmes do not consider the time it takes for programmes to become embedded within communities**. Home-Start South Leicestershire for instance explained that they did not bid for a piece of post-natal illness support because the support was going to be time-limited to six weeks, which was contrary to their relational Solihull approach. The national organisation that received the contract had to eventually end early because they did not have the local connections to receive enough referrals into the programme, or the time to build trust with parents that face post-natal illness.
- Evidence-based programmes, especially online programmes, **require a lot of self-motivation from parents to complete modules and implement strategies**. Stakeholders noted their concern with guided self-help programmes such as Triple P, require a lot of tenacity to complete, which **affects the ability for them to sustainably change their behaviour**. The Centre for Fun and Families also emphasised that online programmes may be particularly difficult for families with digital poverty and/or low literacy. Behaviour change requires ample time, which short programme offers are not able to provide.

“The length [of parenting programmes] is so important if you’re looking for behaviour change. Incredible Years was six months – that was intensive and had fantastic outcomes. It has become shorter and shorter and I’m not sure how I feel about that.”

- Parents should have a choice in the support they receive, recognising the different types that are on offer which can meet different needs. Triple P deals with issues at hand, while Solihull is a preventative programme, but if parents from local area are always referred into one or the other, it doesn't take into account the complexity and need for personal choice.

“There’s great value in Solihull, Theraplay and Triple P as parenting support for parents without abusive children. But if they are experiencing abusive behaviours and they are being shoehorned in this approach, it will exacerbate the domestic abuse – especially if the parent comes from a domestic abuse background themselves.”

Gaps in service provision

When discussing the current service provision with providers, it is clear that the supply of programmes is currently not meeting demand, nor providing a consistent support offer across the LLR area.

A lack of long-term, consistent funding makes it difficult for local providers to plan, as does the lack of joined up commissioning across the LLR area. Local providers emphasised that the parenting programme support offer requires a coordinated response, to avoid for instance that a family living just outside Leicester City is not able to access support that the County Council does not provide, but the City Council does.

“There’s lot of different offers and offers differ across the three Local Authorities, so consistency can be very challenging.”

The conversations with local providers showed that there needs to be a significant investment in trainers and coordinators to ensure that the support offer is not dependent on the skillset of a handful of workers, but is part of a consistent, long-term offer. Alongside this, there is a need for providers to interact more and share knowledge, including knowledge about families where possible, and a need to quality assure service provision in a consistent manner.

Further to this, local providers discussed the following specific gaps or needs:

- Leicester Mamas and Home-Start South Leicestershire discussed that they see a huge gap for parents of moderate need as discussed in Section 4.1. While statutory services work with people in crisis, the early prevention part tends to get lost which is where community-based organisations are filling in the gaps.
- Angels & Monsters, working with young parents, commented on the gap in service provision for slightly older parents that are over twenty years old. While there is universal support available for parents, parents in their early twenties tend to miss out on the targeted support that is available for parents in their late teens.
- Local providers also discussed the increasing importance of the RPC agenda. The Centre for Fun and Families spoke of the difficulty of distinguishing the domestic abuse and RPC agenda, and

how to make RPC more accessible to parents. LLR VRN is also currently commissioning training for police to recognise the differences between parental conflict and domestic abuse and advocating for changes in police recording systems which currently have a knock-on effect on early help capacity.

Conclusions and recommendations

This brief research indicates that there is a diversity of parenting programme providers across the LLR area which are broadly well positioned to meet the needs of the communities in each of the local authority areas, although demand and the level of need are rising. The diversity of offer is identified within the evidence base as a significant contributory factor to the wider success of parenting support within an area. It is also recognised by stakeholders that these are likely to be substantially contributing to prevention of future need for both parents and children.

However this diversity is not necessarily available within each council and it is unclear how well each is able to meet the variety and levels of needs of parents. The diversity of offer also creates challenges for providers and potentially for families to navigate. Differences in the models delivered is likely to result in **differences in support and advice provided to families supported by more than one agency**. This is particularly likely to be the case for those living on the boundaries of council areas and who may be accessing community support from outside the area.

It would also appear that the adoption of programmes with a more robust evidence base, and higher unit costs are largely (though not exclusively) being delivered by the local authorities. This is likely due to the high costs and the highlighted difficulties in staff recruitment and retention within the area. However as the evidence review suggests, **there is no one intervention model or theory that is clearly more superior than others** across the hundreds of evidence-based programmes available, with perhaps the most significant feature of parenting interventions being the variety of interventions available.⁹⁸

Evidence does indicate that the success of parenting programmes depends on how programmes can be tailored to meet local needs.⁹⁹ This suggests moving away from focusing on identifying which parenting programme has the largest evidence base because they cannot be adapted due to licencing restrictions. Instead a needs led approach within each of the councils, ensured that any parenting programmes are able to meet these needs consistently and sustainably, should be prioritised. This includes community-based organisations, which are likely best placed to provide community and culturally competent support that could reduce stigma and increase access. A number of the stakeholders that we spoke to providing commissioned parenting programmes **identified the need for longer-term funding which recognises the length of time relationship building can take**, particularly with families with higher levels of needs, and which will **support longer-term staff retention within the voluntary and community sector**.

⁹⁸ Vseteckova et al, 2021; Law, J., Plunkett, C., Taylor, J. & Gunning, M. 2008. Developing policy in the provision of parenting programmes: integrating a review of reviews with the perspectives of both parents and professionals. *Child Care Health and Development* 35(3), pp. 302-312. DOI: 10.1111/j.1365-2214.2009.00939.x

⁹⁹ Law et al, 2008.

A number of stakeholders also identified gaps within the provision available. As with many, if not all, public services, it was felt that **demand outstrips current capacity**. Whilst there is not an easy solution to the levels of public spending available, there were also identified gaps in relation to those with medium level needs. Services which could provide earlier intervention to prevent the escalation of need were felt to be missing due to the focus upon crisis management. Similarly, gaps exist within the national programme offer in relation to parenting skills for those who themselves have had difficult childhoods and there are possibly opportunities for greater preventive work in this area, including a focus on RPC.

Despite the gaps and opportunities for development, the complexity and the diversity of the offer presents potential challenges, and **care must be taken to ensure there is not duplication of effort or resource within the system**. With this in mind we make the following recommendations:

- There are **clear opportunities to achieve some form of consistency of programmes offered across the LLR**. Given the varying commissioning across the three local authorities and the differences in population sizes and available resources this may be challenging. However, the **provision of stewardship** across the systems of the three councils would be beneficial, particularly for those who may be accessing multiple services. Ideally this might include ensuring that there is a variety of programmes available to everyone living in the LLR area, regardless of the council area they currently live in.
- It appears that the current offer across the LLR area is predominantly (though not exclusively) focussed upon early years and either the first two years or 1001 days of a child's life. There are **opportunities to improve provision for older children and particularly for those at risk of experiencing or perpetrating violence**. Whilst we are aware of support for parents of those involved in violence through VRN commissioned projects such as the Violence Intervention Project, the provision of structured and evidence-based programmes is likely to be beneficial for the VRN's objective of reducing serious violence.
- The Foundations for Life report¹⁰⁰ identified a need to **invest in innovation, testing and monitoring**, and the strength of the provider network in the LLR area suggests there are opportunities for this. There is evidence of this, for example the use of lived experience by ADHD solutions to reduce waiting times and offer a wider package of support. Further innovation in parenting programmes, particularly by community providers which follow the recognised elements of effective support identified in this report, and supported through long-term commissioning contracts which may, in time, **prove more cost-effective than local authority delivered programmes**. Strengthening the community sector provision is also likely to increase the accessibility of programmes and better meet the social context of families, particularly within minoritised communities.

¹⁰⁰ Asmussen et al, 2016

Lastly, we would encourage the VRN to continue conversations with local stakeholders to strengthen and synergise work done on collating evidence on parenting programmes and understanding local parenting provision, including work that is currently being undertaken by the East Midlands Reducing Parental Conflict Regional Working Group on RPC needs and interventions.¹⁰¹

¹⁰¹ Tulloch, R., & Robertson, D. 2023. East Midlands: Working as a region on reducing parental conflict. What Works for Early Intervention & Children's Social Care. Available at: [Link](#). Accessed 26 May 2023.