



EARLY  
INTERVENTION  
FOUNDATION

# COMMISSIONING PARENTING AND FAMILY SUPPORT FOR TROUBLED FAMILIES

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The aim of this report is to support policymakers, practitioners and commissioners to make informed choices. We have reviewed data from authoritative sources but this analysis must be seen as supplement to, rather than a substitute for, professional judgment. The What Works Network is not responsible for, and cannot guarantee the accuracy of, any analysis produced or cited herein.

# Contents

<b>Overview</b> .....	<b>5</b>
Structure of this report.....	5
Key points.....	6
<b>1. Parenting in adverse circumstances</b> .....	<b>7</b>
The determinants of parenting.....	7
Parenting and Troubled Families.....	9
Parenting support.....	10
<b>2. Effective commissioning</b> .....	<b>13</b>
Steps to effective commissioning .....	13
<b>3. Evidence-based interventions</b> .....	<b>21</b>
<b>4. Providing value for money</b> .....	<b>25</b>
Existing programme cost–benefit estimates .....	25
Case studies.....	27
<b>References</b> .....	<b>32</b>
<b>Appendix 1: The determinants of parenting</b> .....	<b>36</b>
<b>Appendix 2: Evidence and cost ratings</b> .....	<b>40</b>



# Overview

This guide offers advice on commissioning parenting support for families as part of the Troubled Families programme. It looks in some depth at 23 parenting interventions which have evidence of improving outcomes for children and families with characteristics similar to the families targeted by the programme. It also provides advice about implementing these programmes effectively.

There is a strong case for considering this evidence in making local decisions about what to deliver as part of the Troubled Families programme. The current financial context, means it is more important than ever that scarce resources are directed to interventions that are likely to deliver improvements. On balance, families and children who receive interventions shown through robust methods to improve outcomes, *are more likely to benefit and to a greater degree* than those who receive other services.

While evidence-based programmes can be expensive to deliver, if implemented and targeted effectively they are likely to perform better than other approaches. However, as EIF's recent report on the child protection system shows, evidence is not always applied to commissioning decisions.<sup>1</sup> Many interventions being delivered do not have evidence of impact, and interventions found to have good evidence are often not widely available in local systems.

## Structure of this report

This guide draws on existing Early Intervention Foundation evidence reviews to answer the following five questions about the selection and implementation of effective parenting interventions.

- 1. How do adverse circumstances impact family functioning and how might negative cycles be reversed?** Chapter one summarises how parenting processes are negatively affected by social disadvantage and the implications this has for Troubled Families parenting support.
- 2. What is evidence-based parenting support and how might it benefit the Troubled Families programme?** Chapter one also summarises the key principles shared by effective parenting interventions, including what they can achieve, their relative costs and the circumstances under which they work best.
- 3. What must commissioners consider when selecting and implementing evidence-based parenting interventions?** Chapter two summarises the factors that commissioners must consider to determine whether interventions will be effective in their local area. These factors include features of the intervention, as well as features of the broader local system.
- 4. How can evidence-based parenting interventions improve the circumstances of Troubled Families parents and children?** Chapter three summarises the key features of 23 interventions with evidence for improving the wellbeing of parents and children living in adverse circumstances. All these interventions have good evidence of improving child and parent outcomes in vulnerable populations.

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<sup>1</sup> Early Intervention Foundation (2017) *Improving the Effectiveness of the Child Protection System*.

5. **How might evidence-based parenting interventions reduce the cost of providing services to Troubled Families?** Chapter four provides information about the cost benefits of some of these programmes, and further details of where savings might be achieved is provided in a slide pack which accompanies this guide. The chapter includes three case examples illustrating how evidence-based interventions could replace or augment some Troubled Families activities.

## Key points

These key points are intended for quick reference, and draw on the material contained throughout the rest of this guide.

- Parents within the Troubled Families programme are frequently confronting multiple problems that are likely to affect their inter-parental relationship and their ability to parent effectively.
- Investment in evidence-based parenting support which addresses these problems is likely to support the outcomes aimed for by the Troubled Families programme.
- This document provides the details of 23 parenting interventions that have good evidence of improving child and parent outcomes in vulnerable populations similar to those in the Troubled Families programme.
- When implemented properly, these interventions also have the potential for providing value for money and some instances, reduce local authority costs.
- Evidence of what works is not the only factor that should be considered when selecting interventions. Commissioners must also determine the extent the intervention will provide added value over their current provision and consider the capacity of their local systems to deliver it.

# 1. Parenting in adverse circumstances

Being a parent is not easy under the best of circumstances. It is particularly challenging, however, when parents must also cope with serious and persistent issues such as joblessness, mental health problems and ongoing poverty. This chapter describes how these adverse circumstances negatively impact upon inter-parental relationships, parenting and children's development.

## KEY POINTS

- Factors which influence parents' ability to parent effectively can be grouped into factors relating to the parent, child and wider family context.
- Parent factors include parents' own experience of being parented, their physical and mental wellbeing, their age and their educational attainment.
- Child factors include the child's temperament, physical health and gender.
- Contextual factors include the quality of the inter-parental relationship, access to supportive social networks and ongoing financial security.
- Factors that negatively influence parenting behaviours rarely occur in isolation, especially in vulnerable populations.
- Interventions targeting vulnerable parents must address multiple complex factors in order to be effective.
- Parenting interventions which support the development of a positive and trusting relationship between the practitioner and the parent are more likely to provide the context in which these multiple factors can be addressed.

## The determinants of parenting

Parents' ability to appropriately nurture their child is influenced by a variety of factors. These include their own characteristics, the characteristics of their child and wider contextual sources of stress or support.<sup>2</sup> The association between these factors is illustrated in figure 1.1 below.

More detail about the determinants of parenting can be found in appendix 1.

## The importance of inter-parental relationships

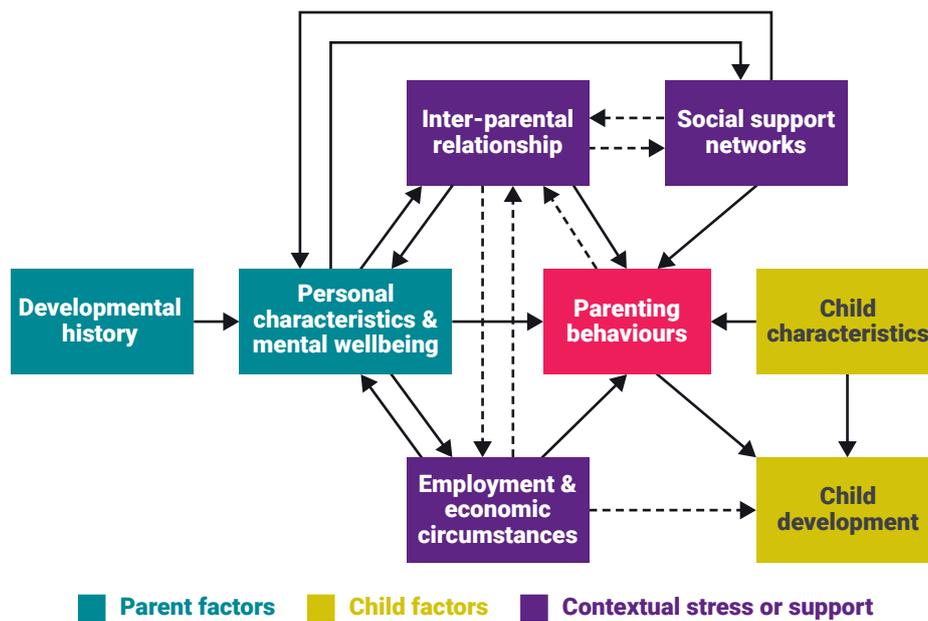
**The quality of the relationship between parents is increasingly recognised as a primary influence on parenting practices and children's long-term mental health and future life chances.** A positive inter-parental relationship substantially increases parents' sense of wellbeing and their capacity to understand and respond sensitively to their children's needs.<sup>3</sup> This is true whether parents are together or separated.

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<sup>2</sup> Belsky (1984); Bornstein (2016).

<sup>3</sup> Carlson et al (2011).

FIGURE 1.1: THE DETERMINANTS OF PARENTING – A PROCESS MODEL



**Note:** Solid lines indicate relationships identified in Belsky's original model and dotted lines suggest relationships identified in subsequent research. All relationships are correlational, but not necessarily causal.

Conversely, ongoing inter-parental conflict appears to directly interfere with children's ability to self-regulate and increases feelings of emotional insecurity.<sup>4</sup> The Early Intervention Foundation's (EIF) 2016 review of evidence on inter-parental relationships shows that frequent, intense, and poorly resolved inter-parental conflict interferes with mothers' ability to respond sensitively to their children's needs and fathers' willingness to interact with them at all.<sup>5</sup> It predicts a variety of negative outcomes for children, including an increased risk of antisocial behaviour, depression and anxiety, and substance misuse in adolescence and adulthood.<sup>6</sup>

Recent EIF work has shown that parents in or at risk of poverty face greater risks of relationship conflict.<sup>7</sup> Poverty or economic pressure impacts on parents' mental health, which can cause relationship problems and difficulties with parenting. These can include reductions in parental sensitivity and in the time parents spend interacting with their child, and coercive parenting behaviours. These ineffective parenting practices, in turn, predict behavioural, academic and physical problems throughout children's development.

This highlights the importance of supporting the relationship between parents as well as promoting positive parenting or co-parenting practices.<sup>8</sup> In families where there is unaddressed parental conflict, there is some evidence to suggest that

4 Cummings, Davies, and Simpson (1994); Davies et al (2002); Frosch, Mangelsdorf, and McHale (2000); Laurent, Kim, and Capaldi (2008).

5 Early Intervention Foundation (2016) *What works to enhance inter-parental relationships and improve outcomes for children?*

6 Belsky et al (1991); Volling, and Belsky (1991).

7 Early Intervention Foundation (2017) *Inter-parental conflict and outcomes for children in the context of poverty and disadvantage.*

8 Harold et al (2016).

parenting interventions may be less effective.<sup>9</sup> We therefore highlight interventions that also have evidence of supporting the couple relationship.

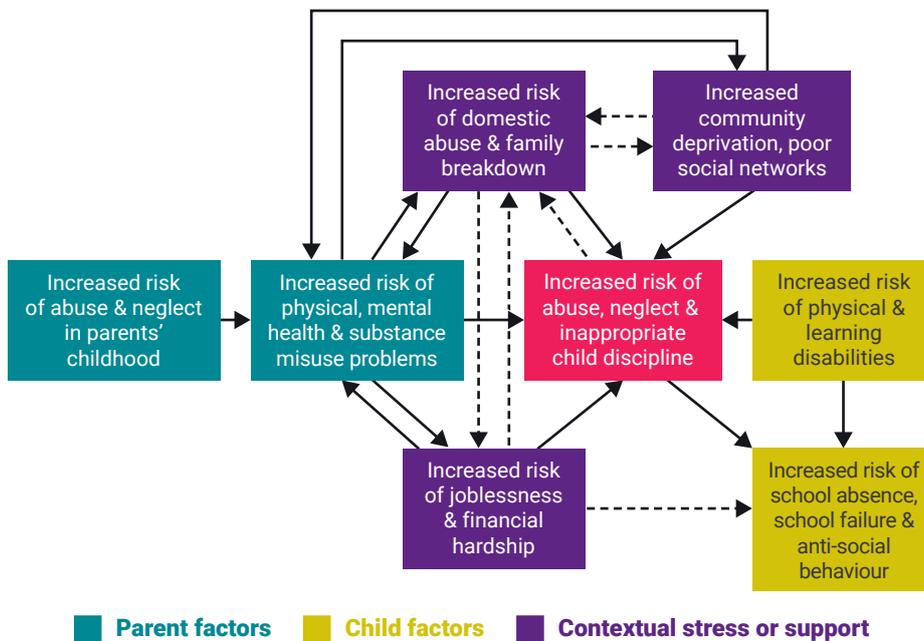
Many of these interventions are not intended for families where there is domestic violence; domestic violence perpetrators do not typically respond well to couple support. There is a high proportion of lone-parent families on the Troubled Families programme many of whom have experienced domestic violence. These families may require other kinds of interventions, such as those that support mothers to leave dysfunctional relationships. These types of interventions are outside the scope of this report.

## Parenting and Troubled Families

National statistics indicate the levels of adversity experienced by families targeted by the Troubled Families programme. Households are over three times more likely to have an adult with a criminal conviction; 2.5 times more likely to have a child persistently absent from school; almost five times more likely to be claiming out of work benefits; and five times more likely to have a parent with a mental health problem. In addition, over a quarter of children in Troubled Families are identified as being in need; this is over four times the national average. Moreover, 5% of children in Troubled Families are subject to a child protection plan; this is 10 times the national average.

These figures make clear that Troubled Families parents struggle with many of the adverse factors known to interfere with parenting processes identified above. Figure 1.2 provides a framework for considering how these factors can impact parenting behaviours and child outcomes, based on the determinants of parenting model set out in figure 1.1.

FIGURE 1.2: THE DETERMINANTS OF PARENTING IN TROUBLED FAMILIES



9 Harold et al (2016).

## Parenting support

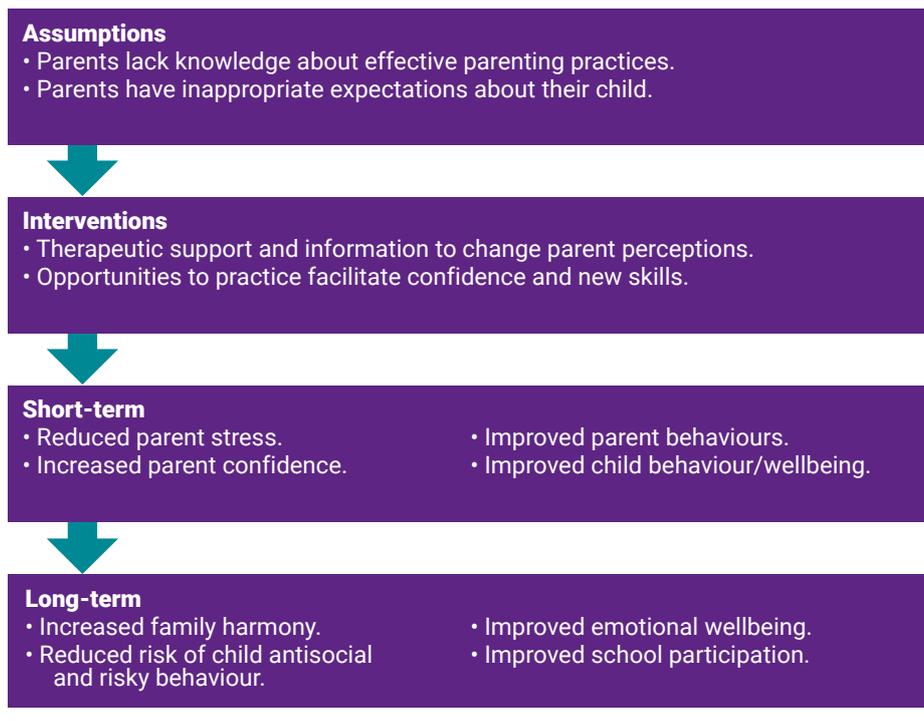
There are no simple solutions for meeting the needs of vulnerable parents such as those targeted by the Troubled Families programme and it is highly unlikely that any single intervention will be sufficient to meet the needs of these families. Vulnerable parents often require access to a range of interventions including intensive support able to address multiple issues existing at the level of the parent, child and wider family context. This section identifies the key features shared by parenting interventions with evidence of improving outcomes for children and parents in vulnerable populations.

### Parenting support defined

Over the past 30 years, several high-quality, evidence-based parenting interventions have been developed to address the needs of parents and children with characteristics similar to those served by the Trouble Families programme. The term ‘evidence-based’ refers to interventions where there is robust evaluation evidence linking the intervention’s contents to improved outcomes for parents and children. **When evidence-based parenting interventions are implemented at scale, significant population-wide benefits can be achieved.**

Parenting interventions are typically defined as advice and treatment offered to parents with the primary aim of supporting children’s social, emotional and intellectual wellbeing. The outcomes achieved for parents typically include measurable improvements in parenting behaviours, as well as reduced symptoms of stress and depression. Outcomes for children include improvements in children’s behaviour at home and at school and a reduced risk of mental health problems as children grow older. Some interventions also have good evidence of reducing the risk of child maltreatment. Figure 1.3 illustrates the process of change underpinning most evidence-based parenting interventions.

**FIGURE 1.3: ASSUMPTIONS, ACTIVITIES, SHORT- AND LONG-TERM GOALS OF PARENTING INTERVENTIONS**



Parenting interventions exist in a variety of forms, depending on the needs of the families they target. Less intensive interventions are readily available through websites, television programmes, parenting books, parenting networks and ‘light touch’ group-based parenting interventions; they often provide advice on how to manage daily hassles, including strategies for implementing family routines and incentivising good behaviour.

**There is little evidence to suggest that less-intensive forms of parenting advice are sufficient for vulnerable families struggling with complex problems.** While some parents may report a boost in confidence after receiving parenting advice, these less-intensive forms of support rarely result in any measurable benefits for children.<sup>10</sup>

There are multiple reasons for this poor outcome for children. Often, families struggling with complex issues do not fully understand the advice provided, or may not agree with it.<sup>11</sup> Also, the multiple adversities facing vulnerable parents negatively impact their parenting. Many of these issues must therefore also be addressed before interventions can be effective.<sup>12</sup> For example, substance misusing parents are rarely able to fully make use of parenting advice until their substance misuse problems have been resolved.<sup>13,14</sup>

The more-intensive parenting interventions address these issues through structured content over a longer period, which provides parents with more time to establish a trusting relationship with the practitioner. This relationship is defined as the ‘therapeutic alliance’, which refers to the commitment between the parent and practitioner to achieve the specific goals of the intervention.<sup>15</sup> This commitment is necessary for parents to accept advice and practise new skills. **A strong and positive therapeutic alliance is consistently associated with a greater likelihood of improved child outcomes.**<sup>16</sup>

A positive relationship or therapeutic alliance can develop within the context of group or individual parenting support. However, parents must perceive the advice/support offered by the intervention as relevant to their needs. Parents must also believe that the practitioner providing the advice is trustworthy and respectful of their concerns.<sup>17</sup> This process often takes time, especially when parents are struggling with multiple, complex issues.<sup>18</sup>

**Establishing a positive relationship with vulnerable parents can be difficult and often requires a high degree of practitioner skill.** This skill includes a good understanding of an intervention’s theoretical framework, its content and strategies for adapting it to the needs of individual parents. Practitioners must also be able to judge when parents are ready to learn new ideas and how best to teach them. It is not uncommon for parents to resist advice that is crucial for improving their children’s behaviour. When this occurs, practitioners often respond less positively to parents, putting the therapeutic alliance in jeopardy.

<sup>10</sup> Asmussen et al (2016).

<sup>11</sup> Bentovim (2006); Patterson, and Chamberlain (1994).

<sup>12</sup> Ward et al (2014).

<sup>13</sup> Ward, H., Brown, R., and Hyde-Dryden, G. (2014).

<sup>14</sup> Suchman, N. E., DeCoste, C., Leigh, D., and Borelli, J. (2010).

<sup>15</sup> Bordin (1994).

<sup>16</sup> Kazdin et al (2005); Kazdin et al (2006); Kazdin, and Whitley (2006).

<sup>17</sup> Davies, Day, and Bidmead (2002).

<sup>18</sup> Kazdin, and Whitley (2006).

Alternatively, practitioners may skip over crucial material that parents find objectionable, making the intervention less effective.<sup>19</sup>

High levels of parental stress can significantly interfere with parents' ability to form a positive relationship or therapeutic alliance with practitioners and learn new skills. Parenting interventions targeting vulnerable populations therefore require sufficient time to allow the relationship to build so that parents can develop the confidence to learn new skills and make use of specific feedback. Thus, it is essential that parenting practitioners are skilled in understanding when and how key content should be introduced. Box 1.1 provides a list of key elements that increase the quality of the parent–practitioner relationship.

#### BOX 1.1: ELEMENTS THAT INCREASE THE QUALITY OF THE PARENT–PRACTITIONER RELATIONSHIP

- Evidence-based content: The programme's content is underpinned by scientifically proven theories of child development and therapeutic practice.
- Clear eligibility criteria: Interventions must clearly state who they are and are not for in terms of children's age and family's level of needs. They must also have systems for assessing whether the intervention is meeting families' needs as they are being implemented.
- Opportunities for parents to develop a positive therapeutic alliance with the practitioner: Parents will only engage with programme content if it comes from someone they trust and respect. Developing a positive therapeutic alliance takes time and high levels of practitioner skill, especially when parents are under stress, or struggling with complex issues.
- Engaging programme activities and materials: Parents benefit from information presented in a variety of ways. Leaflets and verbal advice can provide a starting point, but are rarely sufficient for parents to master new skills. Methods that increase parental learning include one-to-one coaching, role play and homework.
- Sufficient dosage: Establishing a positive therapeutic alliance and mastering new skills takes time. The intervention must last long enough for true learning and changes to take place.
- Systems for assuring quality throughout the duration of the intervention: These systems include high-quality practitioner training, systems for maintaining programme fidelity, appropriate levels of practitioner supervision, and training manuals and materials that practitioners can use as references.

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19 Patterson, and Forgatch (1985).

## 2. Effective commissioning

Commissioning is the process by which a combination of different interventions that are matched to the needs of the local population is secured. Effective commissioning is about getting the outcomes from resources in the most efficient and sustainable way. Although commissioners do often purchase individual services or programmes, they are ultimately responsible for making sure that the whole system of support for families is coherent and effective.

This chapter considers the steps that commissioners should take to ensure that interventions are successfully implemented as part of the wider system, and result in improvements for families.

### KEY POINTS

- When selecting interventions, commissioners should balance considerations about the strength of impact evidence with other considerations of cost and fit with the local context.
- It is crucially important to understand the needs of local families in terms of their parenting capacity and wider problems affecting this.
- Outcomes are only likely to be achieved if interventions are carefully matched to family needs.

### Steps to effective commissioning

The commissioning process is described in different ways but commonly follows the 'Analyse, Plan, Do, Review' cycle.

Figure 2.1 below sets out a model commissioning cycle. Each of the four steps in the cycle is important in securing sustainable positive change for families.

#### Step 1: Analyse

##### *Understanding population need*

To commission parenting support effectively, it is essential that commissioners have a good understanding of the needs of local Troubled Families programme participants. This means knowing which families have needs in relation to parenting, how severe the problems are, and the nature of these needs. It will enable commissioners to define the specific issues they want parenting and family support programmes to address.

This can be accomplished by gathering a range of different types of information. Staff, service provider and service user perspectives, for example, all have a role to play in guiding good decision-making.

These views should then be compared to the local needs observed in analysis of population data, cross-referenced with Troubled Families. In relation to parenting capacity, commissioners may want to look at a range of sources of local data for example, child protection referrals, local data on perinatal depression, domestic abuse, child aggression or behavioural problems, educational attainment, developmental delay (including reading comprehension and general language use), and matching this to Troubled Families.

FIGURE 2.1: COMMISSIONING CYCLE



Once local population data has been collected, commissioners may want to compare these findings to national trends in relation to the Troubled Families programme and trends in relation to children's wellbeing. This will help them to identify local strengths and weaknesses and clarify a direction for change.

When doing this, it is important to recognise that families' needs will change as children mature. This means that no single intervention will meet the needs of all families or children of all ages. We therefore recommend considering the specific challenges, risks and needs in the target population at each stage of a child's development.

#### *Identifying your resources for change*

Once commissioners have identified the needs they wish to address, they need to review resources, including available and potential budgets over time, capital assets, and the workforce available to deliver current and future support to families. Commissioners need to assess the conditions in which new evidence-based programmes would be implemented. This means taking an audit of what currently is (and is not) working. This audit should include:

- a thorough understanding of what parenting and family support is currently being provided as part of the Troubled Families programme and more broadly; this is best accomplished by mapping existing spend and what is known about the evidence for existing services

- the quality of current referral and assessment processes
- the competencies and capacity of the workforce
- how much money is available and where it is available
- other factors that could impact an intervention's effectiveness, including changes in local demographics, geography, physical assets, cultural needs and political goals.

## Step 2: Plan

### *Determining a direction for change*

Parenting and family support interventions need to be planned, commissioned and delivered as part of a strategic, cross-partnership approach to addressing priority local needs. Setting the overall vision for how the council and its partners approach difficult decisions about priorities and spending is usually the task of elected members and senior leaders. This vision is often a driving influence behind what local authorities deliver and commission. Part of this strategic approach will involve developing and weighing up different options within the local context, priorities and resources available.

Commissioners need to ensure that there is a shared understanding among decision-makers, staff and managers of the need for change, the direction for change, and the requirements for change before committing to any specific intervention. They should set out the common processes required to make the system work, including how the needs of children and families will be identified and assessed, how they will be matched with appropriate support, how progress will be measured, and how involvement will conclude.

### *Identifying potential evidence-based programmes*

Understanding the needs of the target population and resources for change enables commissioners to identify potential interventions. Chapter three in this report makes suggestions for interventions that have good evidence of effectiveness.

The best parenting interventions are rooted in scientifically proven principles of children's development and family dynamics. These principles are incorporated into activities that aim to improve parenting behaviours in a way that will *measurably* improve child outcomes. Programme providers use trial and error, as well as robust evaluation processes, to test the appropriateness of a programme's content and to develop it further.

To be effective, the programme's content should be delivered to families in a format that is sufficient for producing the outcomes the intervention wishes to achieve. An intervention's format determines *how* parents will learn new information, but also determines *whether* parents will learn.

Format is central to the intervention's 'dosage' – that is, the intensity of the intervention (for example group vs individual), its frequency, duration and its activities for facilitating parental learning (such as homework, role play, video feedback, and so on). An intervention's dosage is determined by the needs of the intervention's main target population.

The format of an intervention is the responsibility of the programme provider and this is often established through detailed feasibility testing, monitoring and evaluation. Studies repeatedly observe that programme effectiveness is lost when adaptations are made to the programme's content and format. Examples of some of the more common types of adaptations known to reduce programme effectiveness include: removing content or changing its sequence; replacing one-to-one support with group advice; and failing to monitor family progress.

Commissioners should take information about a programme's format into account to consider whether this format can be maintained by the agencies and practitioners available to deliver it.

Making final decisions about specific interventions that could be delivered could be done by assessing potential interventions for their feasibility and acceptability within the local context of resources and priorities. Commissioners may wish to do this systematically by rating options against a few key questions such as:

- How well would this programme address the outcomes in the local strategy/plan?
- How viable is the programme financially within local resource constraints?
- How feasible is the programme to deliver within the local system? (For example, any substantial workforce weaknesses, geographical constraints.)
- How acceptable is this programme in the local context? (For example, political priorities, community priorities and expectations.)

Commissioners also need to be confident that any new evidence-based intervention is likely to provide measurable value over and above the current provision. This is particularly important for interventions developed in other countries. Many of the 'imported' interventions listed in this guide already show promise in the UK, and yet there are many reasons why their impact may not be as substantial as hoped, or their cost savings as high, including differences in population needs, healthcare provision and child welfare systems. These differences must be taken into account.

As with all interventions, there is no single parenting intervention that will work in all circumstances. Interventions will only help improve outcomes if they are carefully implemented and targeted specifically according to the needs of families, and the age of the child. Interventions shown to be effective for one type of family problem will not necessarily work if other issues are also present. It is therefore essential that commissioners are clear about whom interventions are intended for. This is often referred to as target population specificity.

All the programmes included in this guide have clear eligibility criteria and provide advice on how to assess family needs as part of the practitioner training. They also provide advice on how to assess whether families continue to benefit throughout the intervention's duration.

#### *Ensuring sufficient resource for effective implementation*

The provision of evidence-based interventions requires that sufficient financial, capital and workforce resources are available and sustained over time.

Commissioners should determine whether sufficient resources are available before deciding to invest in programmes. Information about the resources needed to deliver different interventions is provided in this guide and reflected in the cost score. More detailed information about interventions' delivery requirements is also provided in the EIF Guidebook<sup>20</sup> and alongside the Foundations for Life report.<sup>21</sup>

Consideration of the local workforce is a crucial part of this process. Effective intervention with vulnerable families relies on a suitably qualified workforce. A lack of suitably trained practitioners can be a barrier to delivering effective interventions. There is also some evidence that underskilled and undersupervised practitioners can make things worse for vulnerable families and even, in some cases, cause harm.

<sup>20</sup> <http://guidebook.eif.org.uk/>

<sup>21</sup> Asmussen et al (2016).

A study of practitioners delivering the Incredible Years programmes demonstrated positive, and often substantive improvements achieved by skilled practitioners, while unskilled workers<sup>22</sup> had the opposite effect, resulting in statistically significant negative outcomes.<sup>23</sup>

There are multiple reasons why suitably qualified practitioners are required to deliver evidence-based parenting support to vulnerable families. Establishing a positive relationship or therapeutic alliance with vulnerable parents can be difficult and frequently requires a high degree of practitioner skill. The intervention training practitioners receive can be relatively short and assume a basic knowledge of children's development, behavioural modification principles and strategies for gaining the trust and respect of vulnerable families. Furthermore, most programme models assume that practitioners will be able to grasp how to vary or modify their approach in response to the needs of individual families. This is very important in work with highly vulnerable families, where there is often great variation in specific needs.

Some practitioners may have received training in one or more of the parenting programmes listed in this guidance as part of previous government initiatives. In these cases, commissioners should determine whether these practitioners require further training or whether booster training should be made available.

### Step 3: Do

#### *Practical implementation*

Programmes need careful implementation to make sure that they integrate with wider local service arrangements. Implementation can require regular liaison with the programme developer who could be an academic in another country, or with a provider organisation who offer training and implementation advice. Some programmes will have clear instructions and guidance manuals, others will rely more on professional judgement. Every programme has different arrangements to support practical implementation, and this can sometimes be time consuming and expensive. Understanding the steps required to set up the programme at the beginning will help to judge which programme is the right fit for the local context, and create a realistic implementation plan.

#### *Implementation fidelity and quality assurance*

A programme's content and format is maintained through quality assurance systems that enforce intervention fidelity. Many of the better programmes (including all the programmes in this guide) specify what these systems should be. Examples of fidelity and quality assurance systems include fidelity checklists, practitioner certification, recommendations for practitioner supervision and systems for monitoring implementation progress. Box 2.1 provides a list of the quality assurance practices recommended by the interventions listed in this guide.

It is not uncommon for information about quality assurance and programme fidelity to be provided during the practitioner training. In some instances, quality assurance is also provided by a programme developer through ongoing consultation and licensing arrangements that strictly enforce key aspects of programme delivery.

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22 In this specific case, these were practitioners who had the requisite supervision, experience and training, and yet did not implement the programme well.

23 Scott, S., Carby, A., and Rendu, A. (2008).

The costs associated with fidelity and quality assurance systems are included in the EIF cost scale when they exist. Frequently, these systems significantly impact the 'price' of the programme, since the commissioner and host agency are essentially buying quality assurance from the provider. However, not all programmes include this. This means that the host agency must use its own resources to ensure fidelity and quality assurance.

#### BOX 2.1: QUALITY ASSURANCE SYSTEMS FOR MAINTAINING PROGRAMME FIDELITY

- **Practitioner selection:** Practitioners should not only be selected on the basis of qualifications, but also on experience and personal characteristics. Many of the more expensive interventions provide guidelines on how to do this.
- **A rigorous accreditation process:** Rigorous accreditation processes help ensure that interventions are delivered to a high standard. Examples of rigorous accreditation processes include the scoring of videotapes of practitioners delivering the intervention.
- **A clearly specified intervention model:** Practitioners will have an easier time delivering interventions to a high standard if the model is clearly defined and there are clear learning outcomes linked to specific activities.
- **High-quality pre-service training:** Practitioners are more likely to learn programme material if training is clear and there are hands-on opportunities to practise new skills.
- **Appropriate levels of supervision:** Appropriate levels of supervision are essential to ensure that interventions are delivered to a high standard and are meeting the needs of families. Interventions involving vulnerable families should include case work supervision and programme-specific supervision.
- **Organisational support:** Formal recognition at an organisational level also incentivises practitioners to deliver the intervention to a high standard. Examples of organisational support include appropriate budgetary allowances for staff supervision, manageable caseloads, easy access to the resources required to deliver the intervention and recognition that the intervention represents important work. Findings from the evaluation of the National Academy for Parenting Practitioners observed that practitioners were more likely to successfully implement parenting interventions if they had strong support from their manager and organisation.
- **Ongoing consultation:** Many interventions offer consultation support. Sometimes this is paid for as needed and in other instances it is included in the training costs of the programme. It is common for consultation support to be provided during the initial phases of programme set-up.
- **Licensing fees:** Some of the more expensive programmes require an annual licensing fee. This fee reflects the fact that the programme has met the provider's quality assurance requirements, meaning that it has undergone some form of inspection. It is not uncommon for providers to require agencies to collect and provide monitoring data as part of their licensing arrangements to ensure that key conditions are being met.

#### *Good referral and assessment processes*

Good referral and assessment systems are essential for ensuring that families are not referred on to a programme which is unsuitable for their needs. When implementing new interventions, multi-agency roles, responsibilities and referral systems should be established at the time the intervention is set up. Some

intervention providers offer consultation support for this as part of the licensing process. However, the quality of interagency relationships and referral systems is fundamentally determined by the quality of policies and practices of the wider local authority system.

Good assessment is the foundation of effective work with families because, although it does not guarantee successful outcomes for children, it greatly increases the likelihood of good appropriate support which meets family needs within a reasonable time frame. Effective assessment to obtain a detailed understanding of a family's needs is an important precursor to selecting the most appropriate intervention for a family and ensuring interventions reach the families who need them the most.

Assessing families with complex problems is not an easy task. Parents may not accept that there are problems, for instance; while difficulties such as addiction, domestic abuse, or mental health issues may be hidden because adults fear the removal of their children. Parents may well be overwhelmed with practical problems, which are not their 'fault' at all, but which put children at risk of neglect. Assessment therefore requires a combination of relationship skills – the capacity to work alongside parents – with the need for objectivity. This can be challenging for professionals who, in addition to training in assessment tools, require ongoing supervision and good management.

Valid and reliable assessment tools or frameworks can provide a valuable aid to structured professional decision-making. Selection of assessment tools that have been tested and use standardised measures is important, as is training on assessment for frontline professionals. This is an area of policy and practice which needs further development. EIF work investigating assessment tools used as part of the child protection system has found that there are only a limited number of standardised tools used routinely in a small number of local authorities in England, while many assessment tools require further validation before they can be reliably used.<sup>24</sup> It is also important to remember assessment tools can support but are not a substitute for professional observation and judgement.

#### Step 4: Review

##### *Programme monitoring and evaluation*

Intervention effectiveness can only be understood if a programme has been implemented properly and good systems are in place to collect data about impact. These systems include monitoring activities that assess child and parent outcomes on an ongoing basis, as well as more rigorous evaluation arrangements to determine the extent to which the intervention is adding value over other local provision.

It is beyond the scope of this guide to identify all the different ways parenting interventions can be evaluated. Some programme developers provide detailed advice on how their programme should be monitored and a few even require monitoring data as part of their licensing arrangements. However, good monitoring and evaluation systems are essential good practice for the delivery of any family service. This is also important to help develop the evidence for early intervention more generally. Troubled Families co-ordinators and commissioners are uniquely well placed to play a vital role in developing the evidence base on the effectiveness of early intervention in the UK.

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24 Barlow, and Schrader McMillan (2017).

### *System monitoring and evaluation*

System measurement is challenging, in part because the ways in which we commonly measure the effectiveness of social policy interventions do not easily transfer to complex and constantly changing systems.

However, change for families with complex needs is generally the result of a connected system of support, made up of good relationships, assessment processes, and different support interventions which are tailored to their needs. Individual programmes are likely to be only one part of the story of improvement for a family, and so any local arrangements for monitoring and evaluating individual programmes should be built into a wider framework for system monitoring and evaluation. This should be part of the planning decision for individual programmes, because it can be confusing and time consuming for both families and practitioners where the measurement tools for different interventions don't complement each other.

## 3. Evidence-based interventions

This chapter describes 23 parenting interventions which have been shown to improve child and parent outcomes in highly vulnerable families with characteristics similar to those in the Troubled Families programme.

### KEY POINTS

- We have identified 23 interventions with good evidence of improving parent and child outcomes in vulnerable populations.
- Parental outcomes achieved include improvements in parenting behaviours and reductions in mental health problems.
- Child outcomes achieved include improved behaviour at home and at school, reduced involvement in crime and antisocial behaviour, a reduced risk of mental health problems and a reduced risk of child maltreatment.
- These interventions range from interventions offered to groups of parents, to highly specialist more individual support lasting a year or longer.
- Some interventions could be delivered by trained and supervised Troubled Families workers, whereas others require delivery by a trained mental health professional.

**We have used the existing evidence held by EIF to identify 23 parenting interventions which have evidence of improving child and parent outcomes in vulnerable families.** Examples of parent outcomes achieved by these programmes include improvements in parenting behaviours, reductions in mental health problems (including depression) and improved couple satisfaction when the couple relationship is intact. Outcomes achieved for children include improved behaviour at home and at school, improved emotional wellbeing and a reduced risk of child maltreatment. More details about intervention outcomes, their relative costs and practitioner qualifications can be found in appendix 2.

All these interventions have evidence consistent with EIF's evidence standard level 3 or above (standards summarised in appendix 2) of improving child and parent outcomes, as described at the beginning of this guide.

- 11 underwent an EIF assessment as part of the *Foundations for Life* and *What Works to Enhance Inter-Parental Relationships* reviews.
- 12 were selected from the EIF Programmes Library based on evidence of improving child and parent outcomes in highly vulnerable populations. These programmes have been assessed as having good evidence of reducing the risks associated with child maltreatment and improving children's antisocial behaviour. However, this knowledge comes from ratings provided by other what works organisations. None of these programmes have yet been assessed against the EIF standards.

This list is by no means an exhaustive representation of all the evidence-based interventions that have been developed to address the needs of vulnerable populations. Because the EIF reviews were focused on early intervention, the list does not include interventions that were developed specifically to address domestic violence or parental drug and alcohol misuse. Answering the question of how best to support parenting and improve outcomes in families experiencing domestic violence or substance misuse on the Troubled Families programme is a

substantial question that requires further work. Domestic violence and substance misuse significantly reduce parents' capacity to participate in and benefit from structured interventions. NICE and other health organisations provide guidelines about how to treat families where domestic violence and substance misuse are severe and ongoing.

Nevertheless, some of these interventions do have evidence of improving child and parent outcomes in families with a history of substance misuse and family violence. Examples of these interventions and others that address the Troubled Families eligibility criteria are provided in table 3.1. There are additional programmes within the longer list detailed in appendix 2 for families with very young children that do not specifically address the Troubled Families eligibility criteria, but may reduce behavioural issues pertaining to school and truancy as children get older.

**TABLE 3.1: EVIDENCE-BASED PARENTING INTERVENTIONS BY TROUBLED FAMILIES CRITERIA**

<b>Parents involved in crime/antisocial behaviour</b>	No specific programmes identified
<b>Children involved in crime/antisocial behaviour</b>	<p><b>Functional Family Therapy:</b> Family therapy when a young person is involved with offending</p> <p><b>MST:</b> Family therapy when a young person is involved with offending</p> <p><b>MST-CAN:</b> Family therapy where there is a reported case of child abuse</p> <p><b>MST-PSB:</b> Family therapy for families with a young person who has committed a sexual offence</p> <p><b>TFCO-UK Adolescence:</b> A young person in care where there is a possibility of reunification with parents</p>
<b>Children who have not been attending school regularly</b>	<p><b>Helping the Non-compliant child:</b> Children with an identified behavioural problem</p> <p><b>Incredible-Years School Age Basic:</b> Children with an identified behavioural problem</p> <p><b>Triple P Standard:</b> Children with an identified behavioural problem</p> <p><b>Triple P Group:</b> Children with an identified behavioural problem</p>
<b>Children of all ages who are identified as in need or are subject to a Child Protection Plan</b>	<p>Programmes listed above</p> <p><b>Child First:</b> Parents experiencing multiple adversities living in disadvantaged communities</p> <p><b>Infant-Parent Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Toddler-Infant Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Child-Parent Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Triple P Pathways:</b> Children who have been physically abused</p> <p><b>TF-CBT:</b> Children who have been sexually abused</p> <p><b>TFCO-UK Adolescence:</b> A young person in care where there is a possibility of reunification with parents</p>
<b>Adults out of work or at risk of financial exclusion and young people at risk of worklessness</b>	No specific programmes identified

<b>Families affected by domestic violence and abuse</b>	<p><b>Child First:</b> Parents experiencing multiple adversities living in disadvantaged communities</p> <p><b>Infant-Parent Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Toddler-Infant Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Child-Parent Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p>
<p><b>Parents identified with mental health problem</b></p> <p><i>The programmes listed have evidence of being effective with families where maternal depression was identified as an issue. None of the interventions here have evidence of working with families where one or both parents have difficulties with drug or alcohol misuse.</i></p>	<p><b>Child First:</b> Parents experiencing multiple adversities living in disadvantaged communities</p> <p><b>Infant-Parent Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Toddler-Infant Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p> <p><b>Child-Parent Psychotherapy:</b> Mothers at risk of a mental health problem or child maltreatment</p>

Appendix 2 provides details of these programmes in terms of their eligibility criteria, children's age, their format (group or individual) their parent and child outcomes, their relative costs and recommended practitioner qualifications. Examples of specific programme models are provided in boxes 3.1 and 3.2.

The information provided in appendix 2 can be used as a starting point to inform local commissioning decisions, as well as an initial way to consider programmes relevant to types of family problems or needs. Each intervention also has its own programme-specific process to further determine eligibility at the time of intervention intake.

All the interventions listed in table 3.1 are intended to be offered at the targeted-indicated or specialist level (defined in appendix 2) by practitioners with experience within a helping profession. It is likely that many of the programmes targeting children's behaviour (such as Incredible Years or Triple P; see box 3.1 below) could be coordinated as part of the package of support offered to Troubled Families programme participants, and indeed are already being commissioned by many local authorities.

Specialist interventions must be delivered by suitably qualified and supervised family key workers. These programmes include Multi-Systemic Therapy (MST; see box 3.2 below) or Treatment Foster Care Oregon-UK (TFCO-UK) which provide more comprehensive – or 'wrap-around' – support for families where there are serious problems with a child's behaviour (such as criminal misconduct) or reported incidents of physical or emotional abuse. However, it is important that the family key workers who deliver these programmes are suitably qualified, trained and supervised within the recommendations of the MST or TFCO-UK models. Further information on how practitioners should be recruited, trained and supervised in relation to these programmes is provided by the TFCO-UK and MST national units.

### BOX 3.1: INCREDIBLE YEARS PRESCHOOL BASIC

The Incredible Years (IY) Preschool Basic Programme is for parents with concerns about the behaviour of a child between the ages of three and six. Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting positively with their child and discouraging unwanted behaviour. Two facilitators (QCF Level 5/6) lead parents in weekly two-hour group discussions of mediated video vignettes, problem-solving exercises and structured practice activities addressing parents' personal goals.

During the sessions, parents practise child-directed play skills that build positive relationships and attachment; strengthen more nurturing parenting using social, emotion and persistence coaching methods; encourage school readiness skills and problem-solving skills; establish predictable routines and rules; provide incentives for positive behaviour and reduce behaviour problems. Parental social support is strengthened by weekly facilitator calls, parent buddy calls and group process methods. IY Preschool Basic can be combined with Incredible Years Advanced for families with more complex issues, including problems pertaining to the couple relationship. Advanced is a 10 to 12-week add-on component that covers anger and depression management, building support networks, effective problem-solving for couples and with teachers and family meetings.

IY Preschool Basic has evidence from more than 14 control trials conducted in multiple countries, with three of its robust studies taking place in the UK. All these studies have observed consistent short-term improvements in children's behaviour at home and at school. One UK study has also observed improvements in adolescent children's behaviour 10 years after their parents participated in a Targeted-Indicated version of the programme when they were in preschool.

### BOX 3.2: MST-UK

MST-UK aims to improve the outcomes of young people (aged 10 to 17) involved in antisocial behaviour or at risk of going into care. Underpinned by the motto 'whatever it takes', MST therapists work with parents and children to address multiple problems existing at the level of the child, family, peer group, school and community. MST therapists accomplish this through an average of three hours of treatment per week to each family. This treatment includes separate sessions with the young person and parents, as well as a weekly family group session. MST therapists are also available to families 24 hours a day should a crisis arise. The average duration of treatment is between four and five months involving 60 hours or more of content. MST practitioners are required to have a minimum of a Master's qualification in a helping profession – most likely psychology or social work.

The original MST model was developed specifically to reduce youth offending. However, two further variations have been developed – MST-CAN, which aims to reduce child maltreatment and MST-PSB, which aims to reduce problematic sexual behaviour. Both of these versions also have evidence of improving child outcomes from at least one rigorously conducted trial.

MST-UK is a resource-intensive intervention to implement with a cost rating of 5. However, it has strong evidence of improving child outcomes that is consistent with an EIF level 4 rating. To date, this evidence includes over 20 trials conducted in multiple countries. Within the US, these studies consistently suggest significant reductions in reoffending and reoffending behaviour, and a recent UK study has shown similar results. Its evidence is not as strong, however, in Canada and Sweden, where high-quality social work services are already in place. MST is currently being implemented in a variety of local authorities across England with support from the MST national unit.

## 4. Providing value for money

Many of the interventions identified in this guide have the potential to provide value for money and in some cases, reduce local authority expenditure. Here we provide examples of how this might be achieved first through fiscal models involving a subset of programmes where cost information was available, and then through three case studies involving family examples from existing Troubled Families caseloads.

More advice and resources to make the business case for parenting support can be found in the Parenting and Family Support Evidence Pack.<sup>25</sup>

### KEY POINTS

- Troubled Families experience many problems and difficulties that undermine the quality of their lives and are costly to society.
- It is possible that these costs could be reduced if interventions with evidence of improving outcomes for parents and children were integrated into their current package of support.
- Information about the potential cost benefits is provided for a subset of programmes where the necessary cost information is available.
- Troubled Families currently receive high levels of support from a variety of services, co-ordinated through their key worker.
- It is possible that some of the support being delivered to families on the TFP could be reconfigured to include evidence-based parenting support at little or no additional cost.

### Existing programme cost–benefit estimates

All the programmes listed in this guide have evidence of improving child and parent outcomes linked to many of the outcomes aimed for by the Troubled Families programme. Some of these have evidence of reducing the need for specific services. MST and TFCO-UK, for example, have evidence of reducing the need for criminal justice and social care services. Other programmes have evidence of improving children's outcomes upstream of involvement with specific services. Incredible Years and Triple-P, for example, have evidence of improving behavioural outcomes in young children. This *could* reduce the need for police, mental health and social care services as children grow older, but studies of these programmes have not yet evidenced that directly.

It is possible that if these interventions are implemented to a high standard, then benefits to society and the state could be achieved. Table 4.1 lists a subset of the interventions where monetary cost–benefit estimates have been produced by other organisations. The table states the costs for each child/family, the estimated fiscal benefits and the estimated total benefits.

<sup>25</sup> Available at: <http://www.eif.org.uk/publication/commissioning-parenting-and-family-support-for-troubled-families/>

**TABLE 4.1: COMPARISON OF ESTIMATED COSTS AND BENEFITS FOR A RANGE OF PARENTING INTERVENTIONS**

Intervention name	Unit cost	Fiscal benefits	Total benefits
Triple P Group*	£1,168	£785	£1,067
Triple P Standard	£1,286	£838	£2,540
Helping the Noncompliant Child	£574	£478	£1,321
Incredible Years Preschool	£1,253	£1,101	£1,711
Incredible Years School Age	£1,253	£1,101	£1,711
TFCO-UK (Adolescents)	£8,092	£4,711	£21,328
Functional Family Therapy	£3,585	£7,167	£32,573
MST-UK	£10,069	£4,548	£20,583

Notes: All figures are per child/family. **Unit cost:** Average cost of programme provision. (The training and activities required to deliver a particular intervention, including training fees, training time for each practitioner, costs of programme material, programme delivery hours for each practitioner involved.) **Fiscal benefits:** Reduced spend on benefits or services, or increased tax revenue. These can be attributed to specific agencies. **Total benefits:** Fiscal benefits plus non-fiscal other benefits to individuals and wider society (for example benefits of better skills, less experience of crime).

\* Please note that the estimate of the unit cost of Triple P Group is based on an implementation of Triple P in Birmingham, in which there was very intensive training of practitioners but little uptake in practice, leading to a very high unit cost in that estimate. Cost estimates from the Washington State Institute of Public Policy in the US and Triple P's own work with five statutory and voluntary providers in the UK indicate costs in line with the EIF cost rating of 1 – a unit cost of between £0–100.

These estimated benefits are based on economic modelling done by other organisations, which estimate what the benefits could be over the long term (for example 20–30 years). These figures are rarely taken from specific evaluation studies; rather they are derived from potential long-term outcomes *predicted* by short-term impacts.

It should also be noted that these benefits are a 'best guess' given current evidence of existing programmes. This means that there will always be a margin of error. In this respect, they are useful for hypothetically estimating what could be achieved, but are never a guarantee of what could actually be achieved if the programmes were implemented in a given area.

Below are two hypothetical examples of how these cost–benefit calculations are achieved.

#### **Example 1: offering Incredible Years to 30 families**

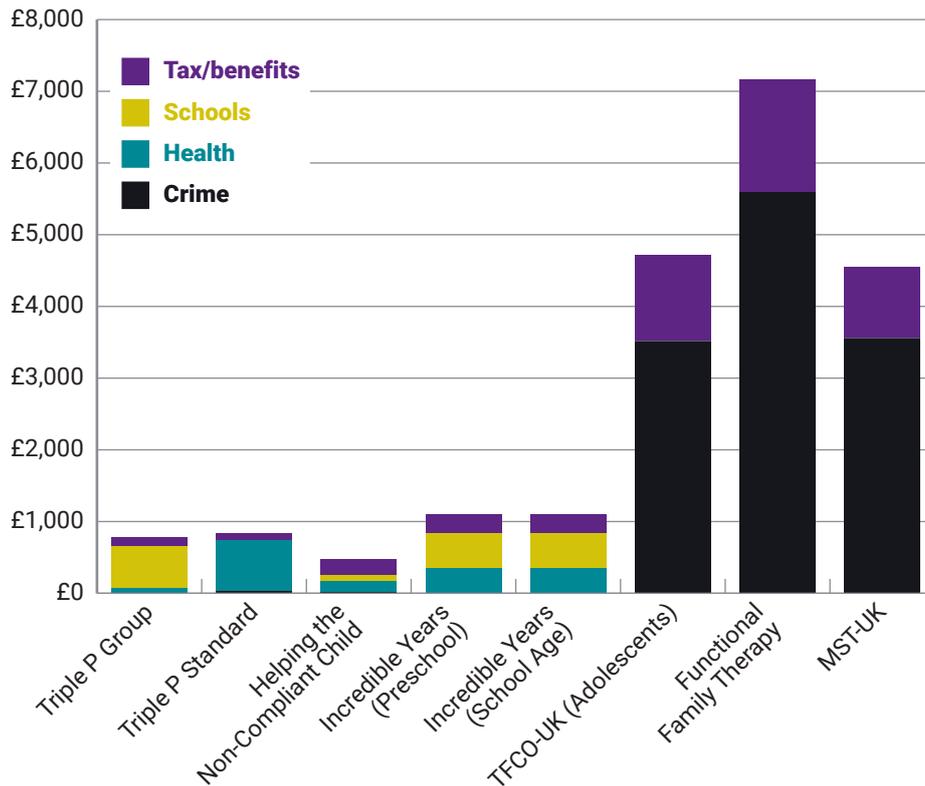
- Expected cost: 30 x £1,253 = £37,590
- Expected fiscal benefit: 30 x £1,101 = £33,030
- Expected total benefit: 30 x £1,711 = £51,330 (includes fiscal and non-fiscal benefits)

**Example 2: offering Functional Family Therapy to 50 high-need families**

- Expected cost: 50 x £3,585 = £179,250
- Expected fiscal benefit: 50 x £7,167 = £358,350
- Expected total benefit: 50 x £32,573 = £1,628,650

Fiscal benefits are rarely exclusive to one particular agency. More often, the fiscal benefits estimated above have tended to be savings for partner agencies (such as police, health and schools) or increased tax revenue (see figure 4.1).

**FIGURE 4.1: BREAKDOWN OF FISCAL BENEFITS BY AGENCY**



For intensive programmes that work with older children at risk, a key fiscal benefit is reduced crime (grey bars). Some parenting programmes may have benefits for schools (yellow bars) through estimated reductions in disruptive behaviour. Another source of fiscal benefit is higher expected taxes (purple bars) as a result of improved school attainment enabled by programme impacts on learning or behaviour. If this arises, it is a benefit for HMRC.

Examples of interventions that might be offered so that savings could be achieved are provided in the following case studies.

**Case studies**

These case studies are based on real-life examples of families being supported through the Troubled Families programme (the names have been changed). The real-life scenarios are used here to illustrate how this advice could be applied and how evidence-based parenting support could improve outcomes for families in similar circumstances, and provide value for money.

## Case study 1: The Morgans

### *Current provision*

The Morgan household is headed by Alicia, a single mother in her late 20s with three children aged 7, 6 and 5. She has recently split from her partner (the father of her two youngest children) because of longstanding issues involving domestic violence, including physical abuse. These episodes have left her traumatised and she has twice attempted suicide. She has also had difficulty keeping her mental health appointments, getting her children to school and managing their behaviour.

The Morgans are eligible for the Troubled Families programme (TFP) on account of the mother's unemployment, her children's school attendance, the mother's mental health issues and involvement from social care due to previous incidences of family violence.

Alicia's TFP key worker has referred her to Connexions to address her financial and housing concerns, and she is also attending classes to improve her literacy skills. The key worker also supports the family by arranging pleasurable family outings and providing advice on family routines and behaviour management tips. The mother attends counselling sessions and receives medication and support from local mental health services. The case notes additionally indicate that the mother is on the waiting list to attend the Family Links programme.

Since the Morgan's enrolment in the Troubled Families programme, the children's attendance at school has improved and Alicia says that she feels as though she is coping better. The arguments between her and her former partner have also lessened, but she is still experiencing high levels of depression and continues to have difficulty managing her children's behaviour.

### *How could evidence-based parenting support make a difference?*

Alicia's support could be substantially enhanced if Child Parent Psychotherapy (CPP – the Lieberman version) could be offered to her through her local mental health services to replace the counselling and mental healthcare she is currently receiving. CPP is individual therapy that specifically targets parents and children who have experienced domestic violence. In this instance, CPP is better suited for Alicia's and her children's needs than her current package of support, as it is developed specifically to address the needs of families who have experienced trauma and abuse and where mental health problems are an ongoing concern.

CPP is delivered to parents and their children during weekly sessions for a period of 12 months or longer. During the sessions, Alicia and her children would be coached through joint play sessions that would allow them to work through their symptoms of trauma and interact positively with each other. Alicia would also learn practical strategies for addressing child behavioural issues, as well as support and advice for resolving issues with her ex-partner and reducing the risk of family violence.

CPP has evidence of substantially reducing parental symptoms of trauma (including post-traumatic stress and depression), decreasing parental stress, improving parenting behaviours and increasing the quality of the couple relationship when it exists. CPP's evidence for children includes improving children's emotional wellbeing (including increasing their attachment security), reducing symptoms of trauma and improving their behaviour.

### *How could evidence-based parenting support provide value for money?*

CPP is often integrated into clinical psychologist standard training, or can be offered to psychologists as additional training. CPP is an expensive programme to implement, but may be no more expensive than the therapeutic support Alicia

is currently receiving from her local counselling and mental health services. The Family Links programme currently proposed is likely less expensive, but unlikely to be sufficiently intensive to address Alicia's mental health problems, nor can it address the trauma the family has experienced because of the domestic violence. In addition, a recent randomised controlled trial of Family Links observed no effect in improving either parent or child outcomes in less vulnerable populations.<sup>26</sup>

Thus, the expense of Child Parent Psychotherapy would be offset by providing it in place of the counselling support Alicia currently receives and the Family Links programme. While cost information for Child Parent Psychotherapy is currently not available, the intervention's evidence of improving the mental health outcomes of victims of domestic violence suggests that further savings could be achieved from reductions in parental mental health costs over time. Short-term improvements in child behaviour could also lead to a reduced risk in antisocial behaviour, school failure and mental health problems as children grow older.

## Case study 2: The Webbs

### *Current provision*

Emily Webb is a single mother in her early 30s with four children, with two separate biological fathers. She had her first child at age 19. The family is eligible for TFP because of Emily's joblessness and ongoing issues with the children's school attendance and antisocial behaviour. There have also been a number of issues of reported domestic violence and there have been several drug raids on the house.

Emily has two boys, aged 13 and 9 and two girls, aged 4 and nine months. The baby was born during the time Emily was enrolled in the programme in 2015. Child protection plans were put into place for the children in 2013 and were stepped down to children in need plans in 2014. There are nevertheless ongoing concerns about Emily's ability to care for her children and her ongoing substance misuse.

Emily's key worker provides support for helping her to get the children to school, as well as advice on how to implement family routines and managing negative child behaviour. The key worker also helps Emily attend job interviews and she has started to attend an English and Maths course. She hopes to be able to attend a hair and beauty college in the autumn.

### *How could evidence-based parenting support make a difference?*

Emily's substance misuse likely presents a serious barrier to her ability to implement the parenting strategies promoted by the key worker, as well as her ability to attend school and seek employment. From an evidence-based perspective it is imperative that her substance misuse issues are directly addressed in keeping with the NICE guidelines. These guidelines recommend the use of interventions that aim to increase mothers' motivation to stop misusing alcohol and other substances. If harmful levels of dependent drug or alcohol misuse continue to be suspected, the NICE guidelines recommend the use of therapeutic support such as cognitive behavioural therapy, combined with assisted alcohol withdrawal or other substance-specific methods of detoxification.

Once it is clear that Emily is no longer misusing substances, a variety of evidence-based parenting interventions could be offered to help her better manage her children's behaviour. Given the age range of her children, it is likely that the family would benefit from individualised support that could directly monitor her progress, such as Standard Triple P or Triple P Pathways.

<sup>26</sup> Simkiss et al (2013).

The chronic nature of Emily's substance misuse suggests that the support recommended in the NICE guidelines may not be sufficient for addressing Emily's issues in a way that will also support her children's needs. Thus, TFCO-UK offered alongside foster care for the children should be considered as an option. For a period of approximately a year, Emily would receive intensive parenting and therapeutic support with reunification with her children as a primary goal. Emily's children would also receive therapeutic support, as would their foster parents.

TFCO-UK has good evidence of reducing children's behaviour in crime and antisocial behaviour and improving their performance at school. It also has evidence of improving reunification rates once children have been placed in comparison to foster or residential care on its own.

#### *How could evidence-based parenting support provide value for money?*

TFCO-UK upfront costs are clearly higher than the package of support Emily is currently receiving. However, the risk of continued negative outcomes for Emily and her four children are quite high, so an intensive evidence-based programme may nevertheless provide significant value for money. Looking at the figures in table 4.1, spending approximately £8,000 per child to provide TFCO-UK would result in a 'best guess' return of over £21,000 (including fiscal and wider benefits). Evidence suggests that the majority of the fiscal benefit from this programme is associated with reduced involvement in crime.

### Case study 3: The Holmes

#### *Current provision*

Jack and Mary Holmes are the parents of five children between the ages of 2 and 11. Mary's eldest daughter sees her father every other weekend. Otherwise, Jack and Mary have full responsibility of the children. Jack is in full employment. TFP eligibility is based on Mary's lack of employment, issues pertaining to the children's school absence and ongoing health problems with two of the children.

After the initial TFP assessment, presenting issues involving ADHD and potential autism have been identified for two of the children and specific physical health needs have been identified for a third. There are no concerns about the remaining two children.

Much of the support provided by the key worker includes the coordination of services for the two special educational needs (SEN) children and the child with health concerns. Since enrolment in the Troubled Families programme, the children's attendance at school has increased and the family feels that the SEN children's support services are better coordinated.

#### *How could evidence-based parenting support make a difference?*

The Holmes' TFP support could be enhanced through access to an evidence-based parenting intervention that would help the parents better manage their children's symptoms of ADHD and autism. The New Forest Parenting Programme (NFPP) is an ideal programme for families with a child diagnosed with ADHD, as it provides one-to-one support to parents in the management of ADHD symptoms, as well as advice on improving children's performance at school. NFPP has evidence of improving children's behaviour and reducing symptoms of hyperactivity. Parent benefits include an increased sense of parenting efficacy and improving parenting practices.

*How could evidence-based parenting support provide value for money?*

NFPP is moderately expensive to deliver, requiring support from a highly trained and supervised NFPP practitioner with level 4/5 qualifications. It has an EIF cost rating of 'Medium'. Other interventions with similar evidence and cost for children diagnosed with ADHD include Helping the Noncompliant Child (also known as the Parent-Child Game) and programmes from the Incredible Years series. As per table 4.1, investing in Helping the Noncompliant Child would cost just under £600 per child, but would deliver a 'best guess' return of over £1,300 per child (including wider benefits). The Incredible Years programmes are estimated to cost just over £1,250 per child to deliver, but would deliver a 'best guess' return of over £1,700 per child (including wider benefits). For both programmes, training and implementation support are available to most local authorities through Improving Access to Psychological Therapies (IAPT).

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# Appendix 1: The determinants of parenting

## Parent factors

There are a range of biological and environmental factors that influence parents' ability to provide a nurturing environment for their child.

**Their own relationship with their parents:** For example, parents' own attachment history frequently predicts the quality of the attachment relationship they establish with their own children.<sup>27</sup>

**Their experience of being disciplined as a child:** Parents who experienced inappropriate forms of harsh punishment are more likely to accept and use harsh discipline with their own children<sup>28</sup> and this is particularly true for parents with a history of criminal or violent behaviour.<sup>29</sup>

**Their educational attainment:** Highly educated parents are more likely to provide an environment which supports their children's development by:

- investing in educational materials (e.g. books and toys)
- engaging their child in cognitively stimulating activities<sup>30</sup>
- exposing their children to larger vocabularies and scaffolding their speech by asking questions instead of giving directions.<sup>31</sup>

**Their wellbeing:** Poor physical and mental health often reduces parents' capacity to interpret and respond to their child's needs. Maternal depression is linked to emotional problems, behavioural difficulties and low school achievement in children,<sup>32</sup> while parental drug and alcohol misuse is associated with an increased risk of abuse and neglect, mental health problems and higher incidence of risky behaviours during adolescence and adulthood.<sup>33</sup>

**Their age:** Older parents are better able to provide age-appropriate emotional and cognitive stimulation,<sup>34</sup> while younger parents often lack the knowledge or patience to empathise with and respond sensitively to their children. This in turn predicts poor cognitive and language outcomes in toddlers, and increased behavioural difficulties when children are in school.<sup>35</sup>

## Child factors

The individual characteristics of the child, including temperament, gender and physical health also impact on parenting.<sup>36</sup> For example, abuse and neglect

<sup>27</sup> Main (1985).

<sup>28</sup> See for example Patterson et al (1992).

<sup>29</sup> See for example Tremblay et al (2004).

<sup>30</sup> Hoff, Laursen, and Tardif (2002); Duncan, and Brooks-Gunn (1997); Evans (2004).

<sup>31</sup> Hart, and Risley (2003).

<sup>32</sup> Murray, Halligan, and Cooper (2010).

<sup>33</sup> Cleaver et al (1999).

<sup>34</sup> Bornstein (2016).

<sup>35</sup> Brooks-Gunn, and Furstenberg (1986); Morinis, Carson, and Quigley (2013).

<sup>36</sup> Bornstein (2016).

occurs more frequently among physically disabled children and children with learning difficulties.<sup>37</sup> Studies also suggest that some parents have difficulty managing the behaviour of a child with a difficult temperament – difficulties with impulse control and the presence of ‘bold and fearless’ behaviours during toddlerhood for example.<sup>38</sup>

## Contextual sources of stress and support

### The inter-parental relationship

**The quality of the relationship between parents is increasingly recognised as a primary influence on parenting practices and children’s long-term mental health and future life chances.** This is true whether parents are together or separated. A positive inter-parental relationship substantially increases parents’ sense of wellbeing and their capacity to understand and respond sensitively to their children’s needs.<sup>39</sup>

A positive inter-parental relationship also makes it easier to agree on parenting issues, including family routines, discipline strategies and shared roles and responsibilities.<sup>40</sup> Greater agreement about these issues, in turn, reduces tensions between parents and increases children’s feelings of emotional security.<sup>41</sup>

Conversely, ongoing inter-parental conflict appears to directly interfere with children’s ability to self-regulate and increases feelings of emotional insecurity.<sup>42</sup> EIF’s 2016 review of evidence on inter-parental relationships shows that frequent, intense, and poorly resolved inter-parental conflict interferes with mothers’ ability to respond sensitively to their children’s needs and fathers’ willingness to interact with them at all.<sup>43</sup> It predicts a variety of negative outcomes for children, including an increased risk of antisocial behaviour, depression and anxiety, and substance misuse in adolescence and adulthood.<sup>44</sup>

This highlights the importance of supporting the relationship between parents as well as promoting positive parenting or co-parenting practices.<sup>45</sup>

Domestic abuse is an extreme form of inter-parental conflict and exposing children to this on an ongoing basis is a form of criminal emotional abuse.<sup>46</sup> **Inter-parental violence significantly reduces parents’ ability to engage positively with their children and increases the likelihood of violence between parents and children.**

Longitudinal studies consistently confirm that children who witness domestic violence are significantly more likely to misuse substances, smoke, overeat, engage in risky sexual behaviour, suffer from mental health problems and attempt suicide in adulthood.<sup>47</sup>

37 Taylor, Stalker, and Stewart (2016).

38 Barker et al (2011); Frick, and Morris (2004).

39 Carlson et al (2011).

40 Feinberg (2003).

41 Harold et al (2004).

42 Cummings, Davies, and Simpson (1994); Davies et al (2002); Frosch, Mangelsdorf, and McHale (2000); Laurent, Kim, and Capaldi (2008).

43 Harold et al (2016).

44 Belsky et al (1991); Volling, and Belsky (1991)

45 Harold et al (2016).

46 Edleson (1999); Kitzman et al (2003).

47 Felitti et al (1998); Edwards et al (2003).

## Parental separation and family breakdown

### **Family breakdown introduces particularly high levels of stress into the family.**

Along with an increase in parental conflict, children also frequently experience changes in their financial circumstances, their place of residence or a relocation to a new school or neighbourhood. These changes destabilise the parent–child relationship and interfere with both fathers and mothers’ ability to parent effectively.<sup>48</sup>

These findings do not, however, suggest that unhappy couples should stay together because, as noted above, children who remain in homes where there are high levels of ongoing parental conflict are susceptible to adverse outcomes.<sup>49</sup> Although children with separated parents are at greater risk for adverse outcomes than those living with both parents, the absolute difference between these groups is generally small.<sup>50</sup>

Family breakdown almost always disrupts parents’ ability to provide appropriate emotional and disciplinary support for their children.<sup>51</sup> However, **parents’ ability to adopt a cooperative approach to co-parenting after family breakdown protects children from adverse outcomes**, regardless of whether they are raised in separated, repartnered or lone-parent homes.<sup>52</sup>

## Social support networks

The nature and quality of the social support available to parents also affects parenting. A warm and supportive relationship with family and friends increases parents’ sense of wellbeing.<sup>53</sup> **Support networks can also increase parents’ access to appropriate child-rearing advice.**<sup>54</sup>

Parental isolation, on the other hand, is consistently associated with higher rates of child maltreatment.<sup>55</sup> This is not to say, however, that reducing social isolation and increasing parents’ social support networks will automatically reduce parenting stress.<sup>56</sup> Parents often experience social isolation for multiple reasons, including personal and psychological characteristics, which may additionally reduce their ability to respond appropriately to the needs of their child.<sup>57</sup>

## Joblessness and economic insecurity

**Poverty substantially reduces parents’ capacity to respond appropriately to their children**, which in turn reduces children’s emotional wellbeing and their ability to do well at school. Economic disadvantage also has a negative effect on child outcomes through external factors such as increased neighbourhood violence and decreased neighbourhood resources, including quality schools and community services.<sup>58</sup>

48 Collins, and Laursen (2004); Fauber et al (1990); Hetherington, and Stanley-Hagen (2002).

49 Booth, and Amato (2001); Cummings, and Davies (2002); Buchanan, Maccoby, and Dornbush (1991); Hetherington, and Stanley-Hagen (2002).

50 Amato, and Keith (1991); Capaldi, and Patterson (1991); Martinez, and Forgatch (2002).

51 Brody, Neubaum, and Forehand (1988).

52 Farrington (2004); Hetherington (1989); Hetherington, and Clingempeel (1992); Martinez, and Forgatch (2002); Steinberg (2001).

53 Bornstein (2016).

54 Bird et al (2002).

55 Tucker, and Rodriguez (2014)

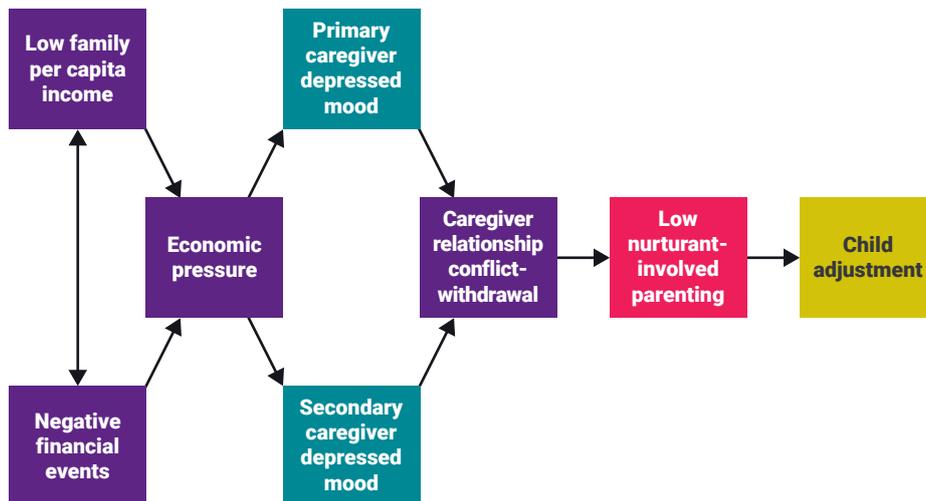
56 Belsky (1984).

57 See for example Rutter (1998).

58 See Yoshikawa, Aber, and Beardslee (2012) for a complete framework.

The impact of poverty on family functioning is best understood through the Family Stress Model (figure A1),<sup>59</sup> which illustrates how financial pressures decrease parents' wellbeing, reduce the quality of their interactions with each other, and affect their coordination around parenting issues. This in turn reduces parents' ability to respond to their children's needs (box A1). Over time, children are at increased risk of a variety of problems, including school failure, delinquency and mental health problems.<sup>60</sup>

FIGURE A1: FAMILY STRESS MODEL



#### BOX A1: EXAMPLES OF PARENTING BEHAVIOURS KNOWN TO CONTRIBUTE TO POOR CHILD OUTCOMES

- Failure to address children's physical needs (neglect)
- Failure to recognise or support children's emotional needs
- Inconsistent or unpredictable parenting behaviours
- Poor child supervision
- High levels of family violence and/or conflict
- Physical abuse
- Emotional abuse
- Sexual abuse
- Child exploitation
- Overly punitive and harsh discipline
- High levels of household 'chaos' characterised by the lack of family routines, serial parental romantic partners and frequently moving home
- Insufficient cognitive and language stimulation.

<sup>59</sup> Newland et al (2013); Simons et al (1993).

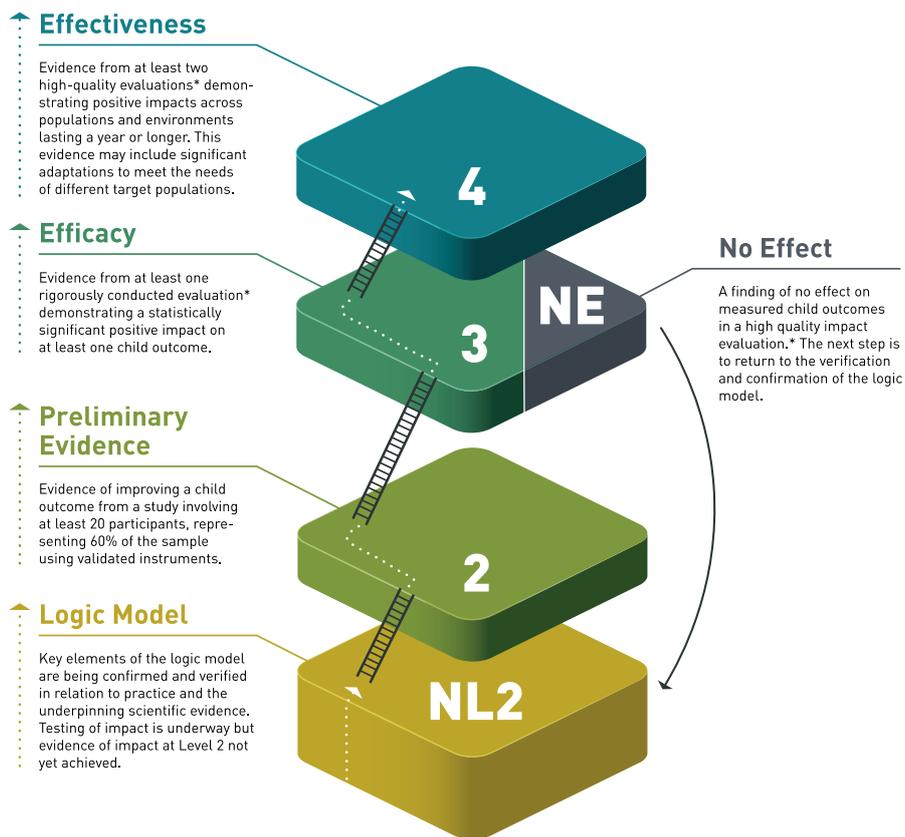
<sup>60</sup> Grych et al (2003); Harold et al (2004).

# Appendix 2: Evidence and cost ratings

## EIF evidence standards

The Early Intervention Foundation has developed a set of evidence standards for assessing programmes on the strength of their evaluation evidence (figure A2). Interventions assessed as having NL2 or level 2 evidence are typically at the preliminary stages of their development and have not yet completed a sufficiently robust evaluation to determine a causal relationship between their programme model and improved outcomes. Interventions with level 3 have accomplished this at least once. Interventions with level 4 evidence have demonstrated this at least twice and have achieved child benefits lasting a year or longer. **The interventions described in this document have all been assessed against these standards and have been judged to have level 3 evidence or higher.**

FIGURE A2: EIF EVIDENCE STANDARDS



\*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.

## EIF cost ratings

It is difficult to provide an exact estimate of what an intervention will cost in any given agency or location. Programme costs are driven by a variety of factors that go well beyond the initial practitioner training fees. Ongoing costs, for example, will reflect the costs of the practitioner time and supervision. These may depend on the qualifications of the workforce delivering the intervention and their respective pay scales, which are typically determined locally. Moreover, different localities may make different choices about how to implement the same programme (for example one-to-one vs group-based), or may face different transport and premises costs; these could create substantial local variation in actual costs even for the same programme.

Given these challenges, EIF has developed a process that provides a generic estimate of programme's costs, based solely on the resources that it is known to require. Specifically, EIF engages with programme developers to collect the information that the key inputs required to deliver a programme. When consistently applied, this process allows programmes to be compared and ranked in terms of their resource-intensiveness, using the ratings in table A1.

The key inputs required to deliver a programme include:

- training fees
- training time for each practitioner
- booster training (if applicable)
- programme materials (initial and ongoing)
- programme delivery hours for each practitioner involved
- qualification level of each practitioner involved
- internal and external supervision (if applicable)
- qualifications of internal and external supervisors (if applicable)
- licences
- typical size of intervention group.

**TABLE A1: PROGRAMME COSTS RATING**

Description of programme and its cost	Cost rating
This programme is <b>high cost</b> to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £2,000 or higher.	<b>5: High</b>
This programme is <b>medium/high cost</b> to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £1,000 to £2,000.	<b>4: Medium-High</b>
This programme is <b>medium cost</b> to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £500 to £999.	<b>3: Medium</b>
This programme is <b>medium/low cost</b> to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £100 to £499.	<b>2: Medium-Low</b>
This programme is <b>low cost</b> to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £100 or lower.	<b>1: Low</b>

## Levels of need

Family needs are frequently conceptualised in terms of a hierarchy which is associated with service provision across an entire population.

- **Universal:** Activities for all families that take place alongside or as part of other universal services, including health visiting, schools or children's centres.
- **Targeted selective:** Interventions that target or 'select' families with characteristics that *place them at greater risk of experiencing problems*. These characteristics include economic hardship, single parenthood, young parents and ethnic minorities.
- **Targeted indicated:** Interventions for a smaller percentage of the population of families with a child or parent *with a pre-identified issue or diagnosed problem* requiring more intensive support.
- **Specialist:** Refers to interventions developed for high-need families, where there is an ongoing problem (such as illness or special needs) or serious child protection concerns.

FIGURE A3: LEVELS OF NEED





