NIHR | Public Health Intervention Responsive Studies Teams

Nottinghamshire Healthy Families Programme Parent / Infant Relationship initiative (PIRi) Evaluability Assessment Report

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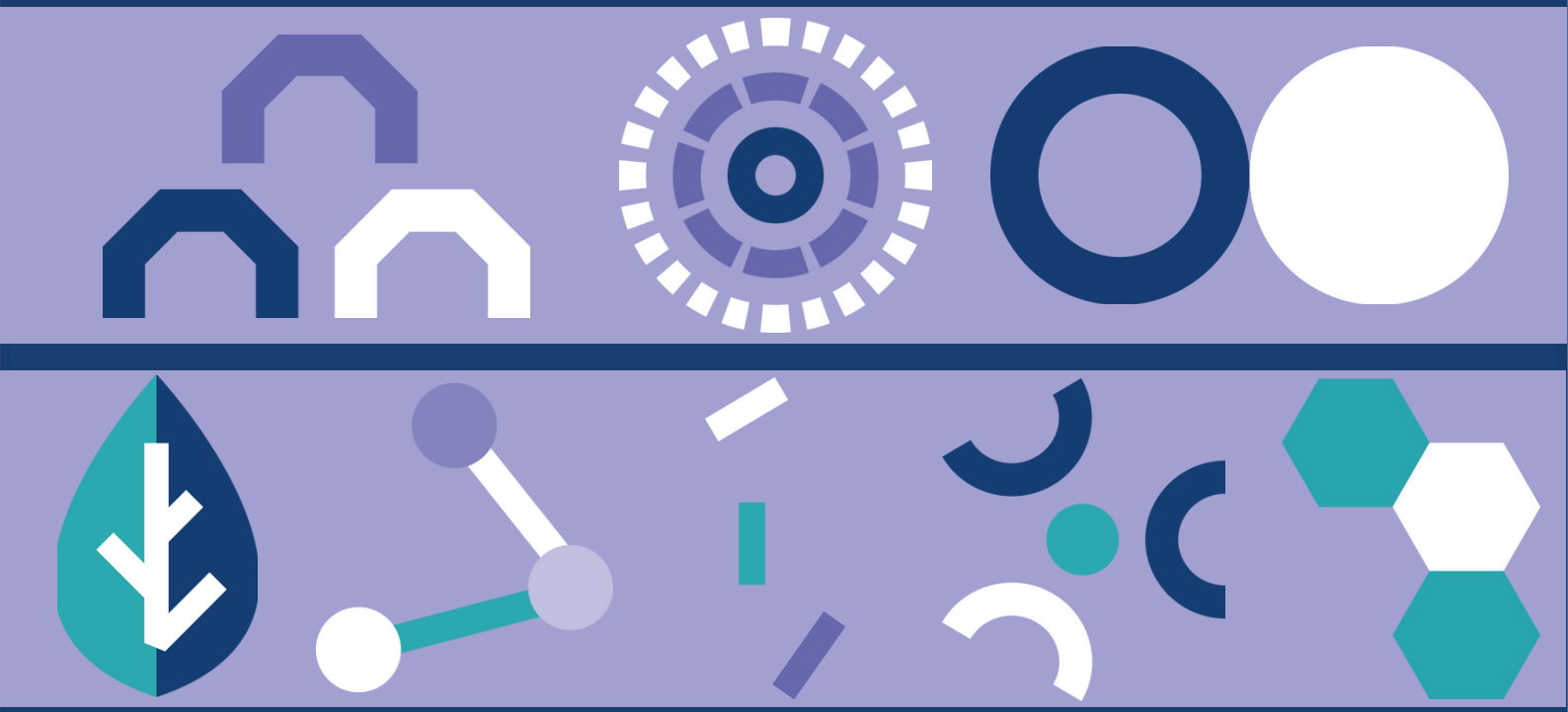

PHIRST Fusion

Summary

The aim of the Nottinghamshire Healthy Families Programme Parent/Infant relationship initiative (PIRi) is to support parents with identified need to strengthen their relationship with their baby. The initiative is usually delivered to parents with babies under 16 weeks old, but the PIRi teamwork with parents with babies up to 12 months old. The PIRi team approached PHIRST for evaluation support in mid-2022. An evaluability assessment (EA) was facilitated by PHIRST Fusion for PIRi from October-December 2022. A theory of change (ToC) was co-developed with PIRi stakeholders and a mixed method evaluation to to explore the feasibility, acceptability and effectiveness of the Nottinghamshire Healthy Families Programme Parent/Infant relationship initiative (PIRi). It will look at whether the PIRi is perceived as an acceptable and beneficial approach from the perspectives of service users and practitioners, and to what extent the PIRi support is effective for improving reported parent-infant relationship outcomes for service users. This report documents the EA process, presents the PIRi ToC and describes a list of evaluation design options and recommendations for the PIRi evaluation.

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1 Introduction

It is widely recognised that the first 1001 days of a child's life, from conception to two, are a critical period of development. Parents who are aware of, and able to respond to their baby's needs sensitively in an appropriate and timely way, support early development. In recent years there has been an increased understanding of the wider and long-term impacts of parenting support interventions aimed at improving the health and wellbeing of young children. Indeed, supporting family relationships has become increasingly prominent in national policy in recent years (Pote et al., 2019).

In the aftermath of COVID-19 policies and restrictions, and the adverse impact this had on child wellbeing and development, Nottinghamshire County Council identified an opportunity to increase capacity and expertise to support the parent-infant relationship, through the introduction of a bespoke parent/infant interaction team, housed within the existing integrated 0-19 Healthy Families Programme. The Healthy Families Programme is the delivery mechanism for the nationally mandated Healthy Child Programme which all local Authorities are responsible for commissioning.

The aim of the Nottinghamshire Healthy Families Programme Parent/Infant relationship initiative (PIRi) is to support parents with identified need to strengthen their relationship with their baby. The initiative is usually delivered to parents with babies under 16 weeks old, but the PIRi teamwork with parents with babies up to 12 months old. The PIRi involves the identification of families in need of support, following the completion of a Brazelton Newborn Behavioural Observation (N-BO) assessment, at either the mandatory new birth visit or 6-8 week development review, by health visitors. N-BO results and professional clinical judgement are used to make a referral to the parent infant relationship practitioners. Parents are invited to opt-in to the initiative. The initiative provides up to 6 support sessions over a range of areas around infant development, responsive parenting, parents' emotional health and wellbeing, parent-infant relationship, depending upon the specific needs of the family.

2 Scoping Review

Method

This is a brief rapid review and was not systemic or robust in its search strategy. Data was initially searched through search engines, google scholar and academic databases. There was a focus on identifying existing literature reviews to quickly gather an overview of the topic area. Initial search terms included: UK, parenting support and engagement interventions, parenting programs, prenatal development and skills training, and parent-child relationship.

We discovered a number of parenting support programmes delivered in the UK (see the Early Intervention Foundation guidebook (https://guidebook.eif.org.uk/) around evaluated programmes that are shown to improve outcomes for children across a range of areas, as well as several relevant reviews and reports which looked at parenting interventions and enhancing parental engagement in interventions. A list and overview of relevant reports are provided in Appendix 1, and a list of relevant

parenting programmes evaluated by the Early Intervention Foundation, taken from their full list of programmes, is provided in Appendix 2.

Findings Overview

Eleven relevant programmes were identified (Appendix 2). There were few studies and programmes which offered support on parent-infant relationships support for children from birth to 12 months. The programmes typically offered group or one-to-one support and focused on a range of issues from pre-birth to 18 years old, including improving interpersonal relationships, improving child behaviour, and improving parent's skills around communication, emotion regulation, problem-solving, relationship building and positive interactions. Most programmes were structured and time-limited, but many noted the focus, frequency and duration of support being determined by each family's needs. There appears to be a broad selection of areas of support offered and available in each programme (often including generic and unspecified support around family wellbeing), highlighting the importance of providing holistic support for the individual needs of each family.

Nine relevant reviews were identified (Appendix 1), including five looking at the effectiveness and scale of parenting interventions, three looking at experiences of engaging and participating in parenting programmes, and one looking at the economic evidence on parenting interventions. Below, we briefly summarise some of the key relevant findings around parenting support interventions, and the implementation and engagement with parenting support interventions.

Parenting support interventions

Parenting support interventions were broadly presented as short-term interventions which aim to develop and enhance parent's skills, parent-parent/child relationships, knowledge and understanding around parenting practices and to improve children's health and social outcomes (Barlow and Coren, 2018; Mytton et al., 2014).

The importance of parent-infant relationships

There are well-established bodies of work which show that the quality of parent-infant relationships are a crucial influence upon children's health outcomes, educational attainment, and life chances (Harold et al., 2016; Cramphorn, 2020; Bywater et al., 2022; NICE, 2012). Poor parent-infant relationships are associated with various negative short- and long-term health outcomes for children, including behavioural and mental health outcomes (Harold et al., 2016; Cramphorn, 2020; Doubell et al., 2017), and there is evidence that children can be adversely affected across all ages including infancy (Harold et al., 2016). Worryingly, families living in socioeconomic disadvantage are at a greater risk of experiencing relationship difficulties (Harold et al., 2016). Thus, the importance of early intervention, and support directed to those with greatest need, is clear.

Parenting support interventions: potential, engagement and barriers

There is an established international, and growing UK-specific evidence base that parenting support interventions help improve parenting practices and outcomes for children (Gonzalez et al., 2018; Barlow and Coren, 2018; Welsh Government, 2017; Kane et al., 2007; Mytton et al., 2014), and that parenting interventions show the potential of being good value for money (Sampaio et al., 2022; Barlow and Coren,

2018). Further, parenting support interventions have been noted as producing beneficial outcomes for families from disadvantaged neighbourhoods and minority ethnic backgrounds, and are acceptable if delivered sensitively (Welsh Government, 2017; Scott et al., 2006). However, it is evident that there are numerous barriers to engaging parents in parenting support, typically around the accessibility (locations of support, and time/costs to participate), and acceptability (perceived stigma, guilt or connotations of inadequate parenting around engagement with support services) of interventions (Pote et al., 2019; Cramphorn, 2020; Mytton et al., 2014; Doubell et al., 2017). Some groups are noted as harder to reach and engage (e.g., the most disadvantaged, minority ethnic groups), with an acknowledged gap between parents who are in need of support, and who actually access support (Gonzalez et al., 2018; Hackworth et al., 2018; Doubell et al., 2017). It is understood that more disadvantaged groups experience multiple and intersecting barriers to service engagement, and a silent challenge of intervention delivery is identifying, and ensuring the attendance and engagement of 'at-risk' families (Moran et al., 2004; Raouna et al., 2021). Recent work has advocated for services to strengthen recruitment strategies, but also strengthen retention barriers, as the most disadvantaged groups have been noted as having high drop-off rates after initial engagement (Pote et al., 2019).

Research gaps / Gaps in the evidence base

Despite growing evidence that overall parenting interventions can be effective, there is less information about what makes specific parenting interventions effective, meaningful/helpful to parents, and the features of support that contribute to acceptability and engagement (Kane et al., 2007; Mytton et al., 2014). There is a suggestion that the type of parenting support and intervention that meets parents' needs will vary (Welsh Government, 2017; Hackworth et al., 2018), and thus it may be important to work with families to develop and deliver a flexible approach which provides support and information to meet specific needs. Features of parenting interventions which have been noted to encourage engagement include the development of trusting relationships, accessible support (i.e., fits around people's lives), and the ability to learn new skills presented in a non-judgmental way (Mytton et al., 2014; Vseteckova et al., 2021). A report by Pote et al. (2019) looked at how best to engage vulnerable and disadvantaged parents in generic support interventions (see also Doubell et al., 2017), with key findings including:

- Developing and delivering support which meets the needs, concerns and lifestyles of the target audience.
- Having a multifaceted response to identify and address barriers to participant engagement.
- A focus on practitioner skills and capacity to build strong relationships which sustain engagement.
- Ensuring sensitivity to individual practical and socio-cultural needs when accessing support.

It has been noted as important to continue to explore the views of service users and service providers when looking at facilitators and barriers to engagement across different intervention contexts (Mytton et al., 2014; Doubell et al., 2017). This may enable a greater understanding of the specific features of an intervention which promotes its acceptability and fidelity.

Summary

- Parenting support interventions have growing evidence which suggests they can be effective, beneficial and cost-effective if delivered appropriately (including for families from disadvantaged and minority ethnic backgrounds).
- It appears that in terms of intervention delivery, both 'what' (the content of the intervention) and 'how' (the delivery of the intervention) are crucial.
- There are numerous facilitators and barriers around acceptability and accessibility which impact families engaging in parenting support. Overcoming recruitment and retention barriers is important, with accessible, individualised and sensitively delivered support appearing a salient facilitator of engagement, particularly for families experiencing the greatest barriers to engagement.
- Common features of the identified parenting programmes included flexibility around the frequency and duration of support, and delivery of specific packages and generic support, depending on each family's needs.
- Further research with service providers and service users is required to explore and better understand what works, for whom, how and in what circumstances. This will help understand specific intervention features that contribute to acceptability and engagement for families.
- Key questions include:
    - What aspects of current parenting interventions are valued most by service providers/service users, and why?
    - What factors make it easier to engage or maintain engagement with parenting interventions?

3 Evaluability Assessment process

We used evaluability assessment methods to develop the evaluation design (Craig & Campbell 2015). Evaluability assessment (EA) is a rapid, systematic, and collaborative way of deciding whether and how a programme or policy can be evaluated, and whether an evaluation would be worthwhile. We conducted two workshops with PIRi stakeholders to ascertain their understanding of how the PIRi was intended to work, types of outcomes, and how it may be evaluated.

We have used evaluability assessment (EA) methods to co-develop the evaluation design. EA is a rapid, systematic, and collaborative way of deciding whether and how a programme can be evaluated, and at what potential cost. An EA was facilitated by PHIRST Fusion from October 2022 to December 2022. We undertook three workshops with key stakeholders involved with the PIRi service and wider Healthy Families Programme to explore their understanding how the PIRi works, and to map out its process and theory of change (see appendix 1). Each workshop lasted 1.5-2 hours.

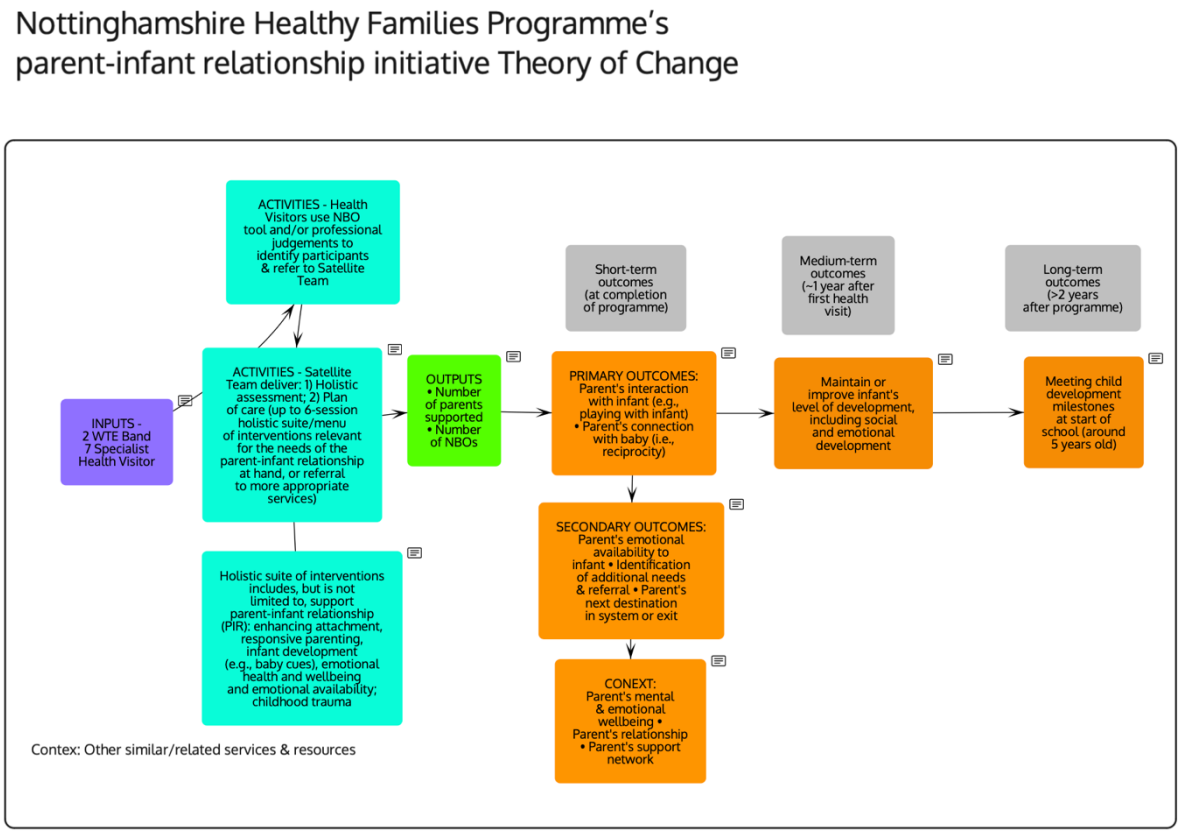
Table 1 Summary of workshop dates & agenda

Workshop	Date	Agenda
1	10th October 2022	The underpinning aims, assumptions and context of the PIRi (Theory of Change)
2	23rd November 2022	Stakeholder thoughts and perspectives around delivery outcomes (primary and secondary)
3	21st December 2022	Potential evaluation design options; What information is needed to inform future service development and commissioning

Theory of Change

The PIRi Theory of Change (ToC) was co-developed with workshops participants and signed off in workshop 2.

Figure 1 'Cosy Homes in Lancashire' (PIRi) Theory of Change



The EA sessions identified two key areas of interest:

- Qualitative exploration of key stakeholders' (staff and service users) perspectives of the PIRi programme, particularly around perspective of engagement and acceptability.
- Quantitative exploration of intervention routinely collected outcome data (pre- and post-intervention self-reported data on parent-infant relationships).

Thus, the focus of this project will be on evaluating the feasibility, acceptability and effectiveness of the Nottinghamshire Healthy Families Programme Parent/Infant relationship initiative. Using primary qualitative data, we have the ability to examine the perceived impacts of the PIRi from service users and staff, and ability to explore barriers and facilitators around service engagement. Using routinely collected service outcome data we can explore the effectiveness of the PIRi on recorded parent-infant relationships outcomes.

Based on the EA process, the evaluation will take a formative rather than summative approach, with two-way engagement between the evaluation and service teams. The findings of the research will help inform the future delivery and commissioning of the service. Further, Healthy Families Programme teams more generally will benefit from the translational knowledge produced.

4 Evaluation options

Design options overview

Table 2 below summarises the potential evaluation options for PIRI. This options table is the main outcome from the evaluability process following the three workshops involving PIRI programme stakeholders. Options are linked to the primary evaluation question.

Four options are presented in this chapter for starting with the cheapest and most basic, and building on additional evaluation activity:

- Option 0 involves no change or additional evaluation approach and relies on relevant and existing Monitoring & Evaluation (M&E).
- Option 1 involves a summative mixed-methods evaluation.
- Option 2 involves a formative mixed-methods evaluation.
- Option 3 involves a developmental evaluation.

The rest of this chapter describes each option in detail.

Table 2 Overview of Parent-infant relationship initiative (PIRI) evaluation options

Evaluation Questions	Evaluation Design	Elaboration & Data Collection Tools	Pros	Cons
What is the feasibility of PIRI? 1. What is the acceptability & appropriateness of PIRI to participants? 2. What is the acceptability & appropriateness of PIRI to service providers? 3. What is the impact of PIRI on short-term primary outcomes for participants? 4. What is the impact of PIRI on short-term secondary outcomes for participants? 5. What can be learnt at mid/quarterly point (formative design)?	**Option 0 (reference option)** Existing Monitoring & Evaluation (M&E)	• Existing PIRI data collection ('outcome sunshine')	• No additional cost or resources required	• Unable to provide more detailed data for programme learning & adaptation
	Option 1 Summative Process Evaluation	• Mixed method summative process evaluation of intervention & data collection system	• Can provide end of evaluation findings for programme learning & adaptation	• Unable to provide more timely data for programme learning & adaptation
	Option 2 Formative Process Evaluation (Mid or Quarterly)	• Mixed method formative process evaluation of intervention with a mid-point/quarterly check-in	• Can provide timely data for programme learning & adaptation	• Data for programme learning & adaptation limited to one/four time point(s)
	Option 3 Developmental Evaluation	• Mixed method developmental evaluation of intervention & with regular and multiple feedback mechanisms (eg focus group discussions/meetings) for programme learning	• Most responsive to change and can provide regular data for programme learning & adaptation	• Most resource-intensive

Option 0

This is the reference option where no additional evaluation is done. This relies on the existing PIRI data collection tools (eg, 'outcome sunshine'). No additional cost or resources are required but this will not be able to provide more detailed data for programme learning & adaptation

Option 1

Option 1 is a mixed methods approach. We will collect primary qualitative data from interviews with service staff delivering the PIRi and other key stakeholders (including service providers, managers, commissioners, Parent-Infant Relationship Practitioners, Health Visitors, associated health care service staff), and interviews with service users who have received the PIRi programme. These interviews will explore perspectives and experiences of the PIRI service. We will use routinely collected PIRi service data to undertake descriptive data analysis of service outputs and outcomes. Descriptive statistics will be produced to explore the extent involvement in the PIRi programme has had on reported parent-infant relationship outcomes for service users. The qualitative and quantitative data will be brought together to help draw out learning points. This is a summative evaluation which can provide end of evaluation findings but since it is summative, is unable to provide more timely feedback for programme learning and adaptation.

Option 2

Option 2 is Option 1 but with a mid-point review. Qualitative and quantitative data will be separately analysed throughout the data collection period, before being brought together at a mid-point review. This mid-point review will generate recommendations based on the emerging data. The interim findings will be presented to our project partners to help inform service design and future commissioning intentions. Data collection will continue following the mid-point review. This is a formative evaluation that can provide timely data for programme learning & adaptation although this will be limited to a single midway point.

Option 3

Option 3 extends Option 2 into a Developmental Evaluation with regular and multiple feedback mechanisms (eg focus group discussions/meetings) for programme learning. This is most responsive to change and can provide regular data for programme learning & adaptation. However, it is also the most resource-intensive. Instead of one time point, there will be a review at three time points. Findings at the three time points will be analysed and shared with selected stakeholders via action learning set (ALS) workshops. Using deliberative dialogue, including structured questioning and reflection, over a series of 3 in-person or online workshops, participants will explore the evaluation findings and agree recommendations for programmatic learning and intervention refinement.

5 Recommendation

PHIRST Fusion recommends Option 2, a formative mixed methods evaluation. We can collect primary qualitative data from interviews with service staff delivering the PIRi and other key stakeholders (including service providers, managers, commissioners, Parent-Infant Relationship Practitioners, Health Visitors, associated health care service staff), and interviews with service users who have received the PIRi programme. These interviews will explore perspectives and experiences of the PIRI service. Up to 5 service staff delivering the PIRi programme (e.g., Parent-Infant Relationship Practitioners, Health Visitors, associated health care service staff), and up to 5 professional stakeholders involved in the development and running of the PIRi programme (e.g., PIRi service managers and service commissioners, linked/partnering services), will be purposively recruited to participate in one-to-one interviews exploring their perspectives of the PIRi programme. Recruitment will be supported by our Nottinghamshire County Council project partners who will facilitate recruitment and dissemination of study information and information sheets to potential participants. We can also interview up to 15 service users who will be asked about their understanding of the programme, facilitators and barriers to engagement, and other experiences including what they most value about the programme.

In our recommended option, we can also use routinely collected PIRi service data to undertake descriptive data analysis of service outputs and outcomes. Descriptive statistics will be produced to explore the extent involvement in the PIRi programme has had on reported parent-infant relationship outcomes for service users. The qualitative and quantitative data will be brought together to help draw out learning points.

The qualitative and quantitative data will be separately analysed throughout the data collection period, before being brought together at a mid-point review. This mid-point review will generate recommendations based on the emerging data. The interim findings will be presented to our project partners to help inform service design and future commissioning intentions. Data collection will continue following the mid-point review.

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NIHR Disclaimer
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Appendix 1: List of key reports/reviews around UK parenting support interventions

	Reference	Key Findings
1	Harold, G., Acquah, D., Sellers, R., Chowdry, H. and Feinstein, L., 2016. What works to enhance inter-parental relationships and improve outcomes for children. Early Intervention Foundation Review of studies that have evaluated interventions designed to improve couple and interparental relationships.	This report provides an assessment of programmes that aim to enhance the interparental relationship and improve outcomes for children. - The quality of the interparental relationship, specifically how parents communicate and relate to each other, is increasingly recognised as a primary influence on effective parenting practices and children's long-term mental health and future life chances. - Parents/couples who engage in frequent, intense and poorly resolved interparental conflicts put children's mental health and long-term life chances at risk. - Children of all ages can be affected by destructive interparental conflict, with effects evidenced across infancy, childhood, adolescence and adulthood. - The context of the wider family environment is an important factor that can protect or exacerbate child outcomes in response to exposure to interparental conflict. In particular, levels of negativity and parenting practices can exacerbate or moderate the impact of inter-parental conflict on children. - Inter-parental conflict can adversely affect both the mother–child and father–child relationship, with evidence suggesting that the association between interparental conflict and negative parenting practices may be stronger for the father–child relationship compared to the mother–child relationship This indicates that the couple relationship is an important site for early intervention. It has implications for a wide range of policy areas from effective approaches to child mental health to managing child behaviours. In particular, it is important that policy-makers and commissioners consider interventions and support for both the couple and the parenting relationship (both the mother–child and the father–child relationship). Just targeting the parent–child relationship in the context of ongoing inter-parental conflict does not lead to sustained positive outcomes for children.

2	Pote I, Doubell L, Brims L, Larbie J, Stock L, Lewing B. 2019. Engaging disadvantaged and vulnerable parents: An evidence review. Early Intervention Foundation. Review of studies to understand what is known from the literature about encouraging disadvantaged and vulnerable parents to take up, fully participate in and complete parenting and parental conflict programmes and services.	- Engaging with parenting or parental conflict interventions can be daunting and there are several logistical and emotional barriers which parents face. These include awareness barriers such as a lack of knowledge on the availability of local support services or a lack of recognition of the need for support; accessibility barriers such as the time, cost and location of interventions; and acceptability barriers which include feelings of personal failure associated with seeking help. - Disadvantaged and vulnerable groups, such as low-income families, ethnic minorities, men, families with young or LGBTQ+ parents, and individuals with mental health problems, tend to be less likely to engage in interventions. Part of the reason why these groups can be 'harder to reach' is because they are often underrepresented in existing service provision - Strategies for recruiting parents - Multiple communication channels, well-integrated services and a personal offer targeted at disadvantaged and vulnerable groups are all seen as good methods for driving participant recruitment - Strategies for retaining parents - Even when parents have been recruited into interventions, many fail to complete the course, which reduces the likelihood of intervention effectiveness. Interventions are most likely to be successful when they address retention barriers, which includes being as accessible as possible to the target audience, adapting intervention content and delivery, developing a strong therapeutic alliance and removing the stigma that can be associated with seeking support.
3	Doubell L, Stock L, Acquah D, McBride EB. 2017. Inter-parental relationship support services available in the UK: Rapid review of evidence. London: Early Intervention	- From the studies identified in this review it can be concluded that, due to several common barriers, families in or at risk of poverty are less likely to access relationship support. - Historically, there has been a paucity of government funding for those working on relationship support for couples and families in the UK

	Foundation. The report identifies what work has already been done to map the nature and extent of relationship support provision in the UK for families in in poverty or on a low income based on a rapid review of the available literature.	- There is a substantive need to grow and invest in UK relationship support provision, embed a focus on parental relationships in local systems and services and trial evidence-based programmes from UK and international settings. - Health services and parenting programmes could help identify and engage families experiencing relationship difficulties early. - While existing interventions tend to target key transition points in the couple relationship, such as marriage, new parenthood, separation/divorce, there is also a need to target a wider range of transition points for families including children's transition to school, and when parents risk falling into poverty.
4	Sampaio F, Nystrand C, Feldman I et al. 2022. Evidence for investing in parenting interventions aiming to improve child health: a systematic review of economic evaluations, European Child & Adolescent Psychiatry, 10.1007/s00787-022-01969-w, A review of the economic evidence on parenting interventions aiming to improve child health.	- 44 studies of varying quality that met inclusion criteria; 22 targeting externalizing behaviors, five targeting internalizing problems, and five targeting other mental health problems including autism and alcohol abuse. The remaining studies targeted child abuse (n = 5), obesity (n = 3), and general health (n = 4). Studies varied considerably and many suffered from methodological limitations, such as limited costing perspectives, challenges with outcome measurement and short-time horizons. Parenting interventions showed good value for money in particular for preventing child externalizing and internalizing behaviors.
5	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.	- Twelve met the inclusion criteria for this review. - There was some impact that identified successful outcomes across a range of parenting interventions. - Four common themes were identified: developing relationships, the effectiveness of parenting interventions, societal impact on families and health and psychological concerns.

	10.1177/14680173211037237 Review of parenting interventions used by social workers to support vulnerable children (aged 0-11) in the United Kingdom.	The importance of effective relationships between parents and social workers was identified as key to effective parental interventions but there was limited evidence of improved outcomes for children despite this.
6	Barlow J, Coren E. 2018. The effectiveness of parenting programs: a review of Campbell reviews. Research on Social Work Practice. Jan;28(1):99-102. Review summerising findings systematic reviews of parenting programs	- Six reviews evaluated the effectiveness of a range of parenting programs in the primary and secondary prevention of behavioral problems (children aged 0–3 years), treatment of early onset conduct disorder (children aged 3–12 years), and improving outcomes for parents and children with attention-deficit hyperactivity disorder, outcomes for particular groups of parents and children (i.e., with intellectual disabilities and teenagers), and the psychosocial functioning of parents. - The findings show that parenting programs are effective in improving the emotional and behavioral adjustment of children in addition to enhancing the psychosocial well-being of parents. They also suggest that further research is needed to assess their effectiveness for specific subgroups of parents in addition to their long-term effectiveness.

7	Moran P, Ghate D, Van Der Merwe A, 2004 What works in parenting support?: A review of the international evidence. Policy Research Bureau. London: DfES.
	
	Review of the international evidence regarding the effectiveness of parenting support programmes
	.
		- Research indicates that there are many families in the community who could benefit from parenting support in one form or another, although attracting parents and engaging them with programmes remains a challenge
		
		- Key messages are presented around:
		  - conclusions for policy about ‘what works’ in practice
		  - what is still not known about ‘what works’ on the basis of current research
		  - messages for policy about the research base more generally
		  - messages for national policy from the evaluation literature

8	Kane, G.A., Wood, V.A. and Barlow, J., 2007. Parenting programmes: a systematic review and synthesis of qualitative research. Child: care, health and development, 33(6), pp.784-793. Meta-ethnography of parents' experience and perceptions of parenting programmes	- Four papers identified - Key factors that parents perceive to be of value in order for parenting programmes to support them to change their parenting practices were identified. - The acquisition of knowledge, skills and understanding, together with feelings of acceptance and support from other parents in the parenting group, enabled parents to regain control and feel more able to cope. This led to a reduction in feelings of guilt and social isolation, increased empathy with their children and confidence in dealing with their behaviour.
9	Mytton, J., Ingram, J., Manns, S. and Thomas, J., 2014. Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. Health Education & Behavior, 41(2), pp.127-137. Systematic review of qualitative studies where parents had been asked why they did or did not choose to commence, or complete programs, and compared these perceptions with those of researchers and those delivering programs.	- 26 studies included - Participants focused on the opportunity to learn new skills, working with trusted people, in a setting that was convenient in time and place. Researchers and deliverers focused on tailoring the program to individuals and on the training of staff. Participants and researchers/ deliverers therefore differ in their opinions of the most important features of programs that act as facilitators and barriers to engagement and retention. - Program developers need to seek the views of both participants and deliverers when evaluating programs.

Appendix 2: List of relevant evaluated UK parenting programmes included in the Early Intervention Foundation Guidebook

(https://guidebook.eif.org.uk/)

	Programme for parenting support	**Child age group (where stated)**	**Overview of programme support**
1	Level 4 Group/Standard Triple P - targeted-indicated intervention for parents with a child between 0 and 12 who have concerns about their child's behaviour	0-12 years	Parents attend 10 one-to-one weekly sessions with an individual therapist lasting approximately one hour. The sessions are provided by a practitioner trained and accredited in Triple P. Practitioners also receive ongoing supervision. Parents learn 17 different strategies for supporting their children's competencies and discouraging unwanted child behaviour through role play, homework exercises and discussions involving video-taped examples of effective parenting.
2	Family Foundations - is a group-based programme for couples expecting their first child, delivered any time during the mother's pregnancy.	0-1 years	Parents attend five weekly sessions where they learn strategies for enhancing their communication, conflict resolution and the sharing of childcare duties. Couples return for four more weekly sessions, two to six months after the baby is born, to learn strategies about how to communicate effectively as parents and support their child's development. Family Foundations seeks to improve children's outcomes by improving the quality of interparental relationships (IPR). The programme has an online adaptation e-Family Foundations (e-FF)
3	Enhanced Triple P (Level 5)		Triple P aims to: (1) increase parents' competence in managing common behaviour

	provides adjunctive interventions (alongside a Level 4 Triple P programme) to address family factors that may impact upon parenting		problems and developmental issues; (2) reduce parents' use of coercive and punitive methods of disciplining children; (3) improve parents' personal coping skills and reduce stress; (4) improve parents' communication about parenting issues and help parents support one another in their parenting role; and (5) develop parents' independent problem-solving skills.
4	Family Check-up (FCU) for Children - strengths-based, family-centred intervention that motivates parents to use parenting practices		The intervention has two phases. The first is a brief, three-session programme that involves three one-hour sessions: interview, assessment and feedback. The second phase is 'Everyday Parenting', a family-management training programme that builds parents' skills in positive behaviour support, healthy limit-setting and relationship-building. Phase two can range from three to 15 Everyday Parenting sessions.
5	Parents Plus Parenting when Separated - for children between the ages of 0 and 18 whose parents are going through/have gone through, a separation or divorce	0-18 years	It is a six-week course that highlights practical steps parents can take to help their children cope and thrive as well as coping successfully themselves. Topics of the sessions include: - Solving co-parenting problems in a positive way that focuses on the needs of children. - Coping with the emotional impact of separation and learning stress management techniques. - Helping their children to cope with the impact of the separation both emotionally and practically. - Enhancing communication with their children and with their children's other parent
6	Mellow Toddlers - group-based programme for mothers or fathers (separate groups for	1-3 years	Parents attend 14 weekly sessions (five hours' duration each), and are also visited in their homes before the programme to introduce parents to the programme and videotape their interaction with their child for use in future sessions.

	each) with identified parenting difficulties with a child aged 1-3		Each session involves a reflective group in the morning and a parenting workshop based on strengths-based video feedback in the afternoon. 'Have a go' activities are given at the end of sessions to encourage parents to apply what they have learned in the home.
7	Child-Parent Psychotherapy (CPP) - psychoanalytic intervention targeting mothers and preschool children (aged three to five) who may have experienced trauma or abuse or are otherwise at risk of an insecure attachment and/or other behavioural and emotional problems	3-5 years	Mothers and their child attend weekly sessions for a period of 12 months or longer. The sessions are delivered by practitioners with a Masters (or higher) qualification in psychology or social work. During each session, the practitioner uses empathic, non-didactic support to help the mother reflect on her childhood experiences and differentiate them from her current relationship with her child.
8	Circle of Security Parenting (COS-P) - parenting programme for caregivers of children between the ages of 4 months and 6 years. It is a targeted-selective programme delivered in a variety of settings (e.g. children's centres, CAMHS units, fostering and adoption units); aims to improve children's attachment	4 month - 6 years	The programme is delivered in a group setting where facilitators use videos for reflective discussions about caregivers' own attachment experience and their behaviour towards their child. In eight sessions, parents learn how they can respond sensitively to their child's distress.
9	Family Nurse Partnership (FNP) - home-visiting programme for	0-2 years	Mothers enrol in the programme early in their pregnancy and receive visits from a family nurse on a weekly basis before, and for the first six weeks after, the birth of their child.

	young mothers expecting their first child.		Visits then continue fortnightly until three months before the child's second birthday when visits become monthly in preparation for the programme ending. 64 visits in total are scheduled. During these visits, mothers learn about their young child's health and development, and receive support for their own well-being.
10	Parents as First Teachers (PAFT – also referred to as Parents as Teachers) - for parents with a child aged three or under, typically living in a disadvantaged community	0-3 years	The frequency and duration of PAFT visits is determined by each family's needs. During the visits, practitioners encourage parents to enhance their role as their child's first teacher. Practitioners partner with families to share age-appropriate child development and neuroscience information, helping parents to observe their child's developmental milestones. Practitioners also facilitate parent-child interaction through age-appropriate talk, play and reading activities. They help parents reflect on their parenting, and jointly develop strategies for addressing developmental and behavioural concerns. Family wellbeing is also addressed during the visits.
11	New Beginnings Programme for Divorced and Separating Families - It is a targeted programme for children between the ages of 3 and 18.	3-18 years	It is delivered in outpatient/health centre settings and aims to improve young people's internalising and externalising problems by teaching parents tools to increase positive family interactions, active listening skills, and effective discipline strategies to improve parent-child relationship quality. It also aims to teach anger management skills to reduce children's exposure to interparental conflict. Programme activities include group discussion, skills demonstration videos, role plays, review of use of skills, troubleshooting difficulties, and assignment of home practice. Through these activities parents learn how the skills are linked to children's adjustment outcomes and how to use them effectively.