

GROUP-BASED PARENTING PROGRAMMES CAN REDUCE BEHAVIOUR PROBLEMS OF CHILDREN AGED 3 – 12 YEARS

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Behaviour problems in young children can be associated with a range of problems later in life. Group-based parenting programmes can reduce behaviour problems amongst children and reduce the chances of later difficulties.

- **Most children experience behaviour problems as a normal part of their development and grow out of them.**
- **Behaviour problems persisting from early childhood have been associated with later difficulties including criminal behaviour, drug and alcohol misuse, mental health problems, relationship breakdowns and poor work histories.**
- **Parenting and family interaction have been reported to account for as much as 30-40% of the variation in anti-social behaviour in children.**
- **Group-based parenting programmes have been shown to reduce behaviour problems in children aged 3-12 years.**
- **Some parenting programmes have been found to work effectively in a routine NHS context, with standard referrals to child mental health services and regular clinic staff carrying out the interventions.**
- **The National Institute for Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) issued guidance in July 2006 recommending the implementation of group-based parenting programmes for children with conduct disorder. For families with particularly complex needs individual programmes are recommended.**

This Evidence Nugget was last updated in summer 2006. It was first published in 2003, following initial searches carried out in 2002. Updates in 2006 were based on new searches and NICE guidance published in July 2006. As new research becomes available, this version of the Evidence Nugget will become dated.

What are group-based parenting programmes?

Group-based parenting programmes aim to support, educate and train carers to fulfil their parenting role effectively. There is wide variation in the style, structure and content of parenting initiatives in the UK. Programmes range from those that aim to support parents in general to cope better with raising a child, to those that work with parents facing specific difficulties. Different types of parenting programmes are available from health, community education, probation and social services, and from voluntary and private sector organisations. They are delivered both by salaried staff and volunteers.¹⁻⁵

MAIN TYPES OF PARENTING PROGRAMMES

'Behavioural' approaches aim to teach parents how to change events leading up to the problem behaviour using social learning techniques such as positive reinforcement, negotiation and finding alternatives to punishment. During group sessions, parents see how these techniques are implemented and practice skills.^{1,6}

'Relationship' approaches aim to provide parents with new skills in listening and communicating with their children and teach an understanding of behaviour in the context of relationships.⁷ Relationship programmes include Adlerian programmes and parent-effectiveness training (PET).

Common features include helping parents to:

- Engage with their children in problem situations
- Help their children deal with their feelings
- Listen more effectively
- Use praise
- Negotiate with their children and find alternatives to punishment
- Encourage their children to be autonomous and take responsibility
- Reflect on their own experiences of being parented

What are behaviour problems?

Most children will exhibit difficult behaviour such as temper tantrums or aggressive outbursts from time to time. The term 'behaviour problems' generally refers to a range of behaviours, from those which can be considered part of the expected developmental process, through to those diagnosed as 'conduct disorders' that affect a minority of children, whose severe behaviour problems significantly interfere with their ability to learn and develop.^{6,8} In this nugget 'behaviour problems' refers to outwardly directed problems such as temper tantrums or aggression. We do not include here inwardly directed behaviour such as anxiety disorders and depression.

Children's behaviour results from individual, biological, genetic and environmental factors.⁹ A number of factors such as learning disability, low income environment, parental alcohol abuse, large family size, having a teenage mother, hostility in the parent-child relationship or parental divorce increase chances of a child developing behaviour problems. A Canadian study reported that 50% of children exposed to four or more of the risks above were found to have behaviour problems, compared to ten per cent of children exposed to none of the risks.¹⁰

Parenting and family interaction factors account for as much as 30-40% of the variation in child antisocial behaviour.^{1,7,11} Parenting practices found to have a negative impact on children's emotional and behavioural adjustment include harsh and inconsistent discipline, high levels of criticism, poor supervision, low involvement, and a lack of warmth in the parent-child relationship.^{1,12-15}

Conversely, children who have other warm relationships (e.g. with siblings, relations, teachers and peers) but live in stressful home environments, have been found to have comparable levels of problem behaviour to children living in low risk environments.⁹

Why are group-based parenting programmes important?

Parenting programmes can be effective in improving behaviour problems in young children. Particularly strong evidence is available that behavioural approaches can improve the behaviour of 3-10 year olds.⁷ There is evidence that group programmes are more cost-effective than those run on an individual basis.^{15,16}

Impact

Size of the problem

Behaviour problems are the most commonly reported reason for children's difficulties with social relationships and learning.¹⁷ The prevalence in pre-school children has been estimated at 10-15% but some argue that it could be higher.^{7,18} At the severe end of the spectrum, it is suggested that the prevalence of conduct disorders is 6% for boys and 3% for girls aged 5-10.¹⁹

Short and long term impacts of behaviour problems

Associations have been found between behaviour problems and negative outcomes that can cause distress to the child, family and community, and incur high levels of public expenditure. Interruptions may occur in the child's social development and in the education of the child and their classmates. Longer-term problems may include

criminal behaviour, drug and alcohol misuse, mental health difficulties, relationship breakdowns, and poor work histories. The likelihood of these outcomes is higher for people whose behaviour problems start in early childhood, than for those whose problems begin in adolescence.^{20,21} Forty per cent of 7 to 8 year olds with conduct disorder, for example, become young offenders while 90% of young offenders have a past history of conduct disorders.²²

The need for early intervention

If early interventions like parenting programmes have positive outcomes for children and parents, there are good reasons to think that benefits may accrue over the longer term. It becomes harder to intervene successfully with older children and adolescents because their behaviour can result in further problems, such as school failure or youth offending.²⁰

Who will benefit most from parenting programmes?

Children with behaviour problems are more likely to be living in lone parent families, with parents who have no educational qualifications, in families where neither parents are employed, in low-income households or in social sector housing.¹⁹

There is research evidence that group-based programmes can be effective in improving the behaviour of children from these higher-risk backgrounds. For example, single parents in receipt of benefits, mothers reporting depression, alcoholism or drug abuse, and parents with previous involvement with child protection services, have participated in programmes which have improved their children's behaviour.^{7,23,24} However, many of these parents are also more likely to drop out of programmes.

The average dropout rate for parenting programmes is relatively high at about 28%.²⁵ Dropout rates are higher amongst mothers reporting high levels of stress, and poorer families. Parents of children who have more severe conduct disorder symptoms and more delinquent behaviour, and parents from ethnic minorities are less likely to complete parenting programmes.^{26,27} Since many studies have been unclear about participants' backgrounds, more work is needed to identify which types of programmes are suited to which groups of parents, and what some of the levers and obstacles to take-up may be.⁷

Research evidence

Systematic Reviews:

A systematic review is a method of comprehensively identifying, critically appraising, summarising and attempting to reconcile the research evidence on a

specific question.^{28,29}

Meta-analysis:

A statistical technique that pools the results from several studies into one overall estimate of the effect of an intervention.

Randomised controlled trials (RCT):

An experiment in which individuals are randomly allocated to either receive or not receive an intervention (or to receive a different intervention). The two groups are then followed up to determine the effect of the intervention, by identifying differences between those who did and those who did not receive it. When a study is randomised, all children or parents included have an equal chance of being treated or not. This ensures that it is the treatment that informs the end result rather than the original condition of the children. A **control group** is the group of randomised children that does not get the treatment, or gets a different treatment. When the treatment period is over, researchers measure outcomes in both groups and check for differences.

A number of systematic reviews have been carried out looking at the effectiveness of parenting programmes.

The UK's National Institute for Health and Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE) reviewed the available evidence and have published guidance recommending the use of parenting programmes in the management of children with conduct disorders. Group-based parent training/education programmes are generally recommended with individual-based programmes only recommended where the needs of the family are too complicated to be addressed in group interventions, or where there are particular difficulties engaging with the parents. The guidance is aimed at children up to the age of 12.

The NICE and SCIE guidance is informed by a comprehensive review of the research evidence to date.³⁰ Sixteen reviews of parenting programmes were identified and assessed. Six of the reviews were rated as good quality and all these showed parent-training programmes to be effective in improving children's behaviour. In addition 42 randomised controlled trials which examined the effectiveness of parenting programmes for children with conduct disorder or oppositional defiant disorder were assessed separately. Most of the studies looked at children under the age of 12 and focused on group-based programmes, but self-administered programmes and individual programmes were also included.

Despite the poor quality of the many of the included trials, the authors concluded that there is consistent evidence supporting the short-term effectiveness (up to four

months) of parent training programmes in improving children's behaviour compared to controls not receiving the intervention (e.g. on a waiting list). No difference was found in the effects of programmes delivered to individuals or groups.

One of the reviews looked at the medium and long-term effectiveness of parenting training programmes and found evidence of long-term (between 1 and 10 years), positive effects on children's behaviour as well as improvements in parental well-being. However, these results were not compared with controls making it difficult to ascertain whether or not the effects were related to the intervention.

A more recent meta-analysis looked at the characteristics of participants in parenting programmes. Training was found to be least effective for economically disadvantaged families, and these families benefited significantly from parent training delivered individually compared to group-based training programmes.³³ Participants who do not complete training have been reported to be significantly younger, come from a lower socioeconomic group, have less social support, have higher levels of life stress, be significantly less educated, be depressed and have higher levels of parental dysfunction.³⁰

The extent of UK evidence

Parenting programmes have been established in the UK, but systematic reviews have been dominated by programmes in North America and Australia. Caution is needed when generalizing findings to the UK, especially since the majority of trials did not include families from a wide range of ethnic backgrounds. Experts giving evidence to the NICE Appraisal Committee reported evidence from clinical practice that the programmes are equally effective across a range of cultures and communities.

A multi-centre UK trial of a Webster-Stratton videotape parenting programme was completed in 2001. The aim of this was to evaluate its effectiveness in an NHS context, with standard referrals to child mental health services and regular clinic staff carrying out the interventions. The outcomes of the trial were measured 5-7 months after completion of the course and showed significant improvements in the children's behaviour. It worked well with disadvantaged families, cost no more than conventional treatments, and attendance levels were good.³

An approach to reaching families in a disadvantaged area was trialled by the Joseph Rowntree Foundation. They found a high proportion of parents from all ethnic backgrounds prepared to enrol in programmes, provided the intervention was attractive, well planned and well supported. The programme included a reading element, and classes took place at school in the morning after parents had dropped off their children. Improvements were found to be equal across all ethnic groups, despite considerable cultural differences in parenting practices. The authors

suggested that in order to achieve sufficient attendance some individual home visits might need to take place.³⁵

There is little evidence as yet regarding the effectiveness of compulsory training programmes, although parents on parenting orders have reported feeling that the compulsion was justified after attending a programme.³⁰

Example of a rigorously evaluated programme

Webster-Stratton Programmes

The 'Basic' programme assists parents to develop support networks and teaches parenting techniques using videotapes which portray a range of situations and ways of responding to them (e.g. non-violent discipline and child-directed play). A trial investigated which particular aspects of this programme brought about most improvements in children's behaviour comparing three different parenting groups. The first had group discussions, the second individually administered videotape modelling, and the third a combination of group discussions and individually administered videotape modelling. All led to reliable and sustained improvements in children's behaviour for up to one year for two-thirds of each sample. However, children whose parents had received both group discussions and videotape modelling showed the most stable improvements in behaviour three years after the intervention period.^{1-3,12}

The 'Advance' programme works on parental relationships.

The 'Partners' programme supports children's academic learning and develops parent-teacher relationships.

The most marked improvements in behaviour were achieved when the programmes were applied together, and the 'Partners' programme was required in order for improvements in child behaviour at home to be also found outside the home.^{4,12}

The evidence on different types of parenting programmes

Behavioural parent training programmes are the most commonly used types, and have also been reported to be the most effective, measured by parental report and independent observations of children's behaviour. PET programmes were found to be less effective than behavioural programmes. One review found Adlerian programmes to be effective while another found them to be ineffective.³⁰

The programme structure, processes and teaching techniques varied between the studies, and it is difficult to know whether different combinations would be more effective with different groups. A qualitative study suggests that parents may view

parenting programmes across three dimensions: how to deal with the child; how to be a better parent; and how to improve the parent-child relationship.³⁶ A combination programme, using both behaviour and relationship approaches may be best at meeting the needs of parents.³⁷

Example of a UK trial of Webster-Stratton videotape parenting programmes³

The intervention

The parents of 90 children met in small groups for 2 hours per week over 13-16 weeks. Each group consisted of parents of 6–8 children. A detailed training manual was used, and included topics such as play, praise, incentives, setting limits, discipline, and handling misbehaviour.

Video clips of parents with children were used with constant reference to the parent's own experiences and predicaments. Parents were helped to practice new approaches during sessions and at home, and were given written feedback after every session.

Difficulties were shown to be normal, and humour and fun encouraged. A crèche, good quality refreshments and transport were provided. Group leaders were supervised weekly to ensure treatment fidelity and to develop skills, using videotapes of the sessions to rehearse therapeutic approaches. The therapists held jobs across a range of disciplines in their local services and were trained over a 3-month period.

Cost

Approximately £600 per child

What are the policy and practice implications?

There has already been a rapid expansion in the number of group-based parenting programmes in the UK and there are currently a range of approaches delivered through a myriad of organisations across different sectors. Healthcare organisations in England will now be expected to conform with the NICE guidance within two years.

A framework for implementation of the guidance is available from the SCIE website at <http://www.scie.org.uk/publications/misc/parenttraining-implementation.pdf#search=%22NICE%20guidance%20parent-training%22>. This

includes a detailed timetable for baseline assessment, strategic planning, local delivery/business planning and performance, risk management and assessment.

The implementation advice is intended primarily for local planners and commissioners in primary care trusts, however the guidance itself is aimed at a wider audience spanning health and social care, education services, the youth justice system, the voluntary sector and other services.

The NICE guidelines state that programmes should be provided in a congenial setting, accessible by parents and with a crèche provided. Recommendations include that all programmes be based on social-learning theory, to include an adequate number of sessions (8-12), to include relationship enhancing techniques, and to allow parents to identify their particular parenting objectives.

The guidelines are available online at <http://www.nice.org.uk/page.aspx?o=TA102>

What are the resource implications?

There are important costs to children and families arising from behavioural problems, as well as social costs such as public spending on courts, youth justice, mental health, residential care and social services. A study following 142 ten-year old children into adulthood identified the long-term costs of conduct problems. Children were grouped in terms of 'no problem', 'conduct problems' and 'conduct disorder'. Data were gathered across six domains: special educational provision; foster and residential care; relationship breakdown; health and crime; and state benefits in adulthood. The mean costs by the age of 28 years were: £7,423 for children with no problems; £24,324 for those with conduct problems; and £70,019 for those with conduct disorders.³⁸

The systematic review commissioned on behalf of NICE and SCIE also assessed the cost effectiveness of parenting programmes in treating children with conduct disorder up to 18 years. Estimates of costs for group-based programmes ranged from £500 per family attending a clinic-based programme to £720 per family attending a community-based programme. These estimates are based on a 2-hour session each week for 10 weeks, in a group of 10 families. Estimates for individual programmes, based on a 2-hour session per week for 8 weeks, range from £2000 per family for a clinic-based programme to £3000 per family receiving an individual programme in the home.

Economic analyses suggest parent-training programmes for children with conduct disorders are cost saving and that the vast majority of the savings would accrue to the education and health services.³⁹ These estimates did not include the possible savings for the youth justice service or for adult healthcare.

It has been argued that targeting by geographical area is inefficient because those at risk do not live in small pockets of high deprivation. It has been recommended that children are assessed with a simple tool such as the Strengths and Difficulties Questionnaire and that only those in need are selected.³⁵

How will you audit a parenting programme?

Audit provides a method for systematically reflecting on and reviewing practice. It aims to establish how close practice is to the agreed level of best practice. This is achieved by setting standards and targets and comparing practice against these.

Consider whether parent training is the most appropriate response to the needs of children and families in your area. What issues do parents and children want help with?

Then consider whether the appropriate conditions are in place for your agency to implement parenting programmes. Are the necessary people and sufficient training resources and funds available?

Further down the line, the question is; is it happening? How many parents are attending the programme? Are parents in the target population accessing the scheme? Are you able to meet the demand for parenting programmes?⁴⁰

The auditing of parenting programmes should pay attention to the aspects of the programme that users do and don't like. Staff should be given appropriate training and support, and staff, children and parents asked for feedback about the pros and cons of particular aspects of the programme.

How will you evaluate a parenting programme?

Service **evaluation** may be defined as a set of procedures to judge a service's merit by providing a systematic assessment of its aims, objectives, activities, outcomes and costs. Audit may be one activity which takes place during a service evaluation, alongside other activities such as routine data gathering, incident reporting and interviews with staff and service users.

You will need to identify some of the baseline data for relevant outcomes (e.g. teacher complaints about behaviour, school attendance, satisfaction with the programme, and child outcomes such as child behaviour scores on the Strengths and Difficulties Questionnaire). If you want to establish whether the intervention has changed these you need to compare a group of families who have attended a parenting programme to another group which has not.

You may wish to focus your efforts on assessing the acceptability of the scheme. What do parents and families feel about attending? If people are not attending, is there anything you could do to facilitate participation? It is helpful for evaluation purposes to keep comprehensive records of the steps taken in establishing a programme, noting the practical problems and solutions that arise.

Further resources

Guidance on parenting programmes for conduct disorder from the UK National Institute for Health and Clinical Evidence and the Social Care Institute for Clinical Evidence is available online at <http://www.nice.org.uk/page.aspx?o=TA102>

The 'Incredible Years' is the website for Carolyn Webster-Stratton approaches <http://www.incredibleyears.com>

The National Family and Parenting Institute is a national charity funded by the government to provide a strong national focus on parenting and families in the 21st century: 430 Highgate Studios, 53- 79 Highgate Road, London NW5 1TH Telephone: 020 7424 3460 <http://www.nfpi.org>

National Newpin is a voluntary organisation that aims to support parents under stress: Sutherland House, 35 Sutherland Square, London SE17 3EE Telephone: 020 7358 5900 www.fwa.org.uk

The Parenting Support & Education Forum is a national umbrella organisation for people who work with parents. The forum is involved in developing national occupational standards for this sector: Unit 431 Highgate Studios, 53- 79 Highgate Road, London NW5 1TH Telephone: 0207 7284 8370 <http://www.parenting-forum.org.uk>

Parentline Plus offers support for parents through a free helpline and parenting issues on the website: Telephone: 020 7284 5500 <http://www.parentlineplus.org.uk>

The National Children's Bureau (NCB) has produced a useful publication by Celia Smith called 'Developing Parenting Programmes' and another by Roger Grimshaw and Christine McGuire called 'Evaluating Parenting Programmes. A study of stakeholders' views'. NCB is located at 8 Wakeley Street, London EC1V 7QE <http://www.ncb.org.uk> Telephone: 020 7843 6000

Search Strategy:

A search strategy documents how studies were found; which databases/libraries/other contacts used to find studies and when, what key words were used to locate them and what limitations were put on the search.

Date limits: Publication dates 1992-2006, supplemented (in 2003) with some further information from referees and others.

Study group age limits: 2002 searches looked for children aged 0-10 years. Updates in 2006 included evidence from NICE and SCIE which included programmes including under-18s.

Search terms: "parent training", "parenting programmes"

Databases searched: Cochrane Library, Medline, Google (resource information only)

Reviews found were hand searched for further references

Experts in the field were contacted to identify further resources

Reviews of evidence were prioritised. In the absence of sufficient evidence from reviews, data from individual studies was examined, prioritising those with experimental research design and UK examples.

For the 2006 updates substantial use was made of the NICE and SCIE guidance on parenting programmes for conduct disorder.

In addition experts in the field were contacted for guidance on other sources of information, and bibliographies of sources viewed were examined for additional references.

The conclusions made should be viewed in the light of this restricted search strategy.

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