

What can and cannot be achieved through parenting interventions

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VI JORNADAS DE PARENTALIDAD POSITIVA
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Aims

- Early Intervention Foundation
- Standards of evidence
- Our research
- Key principles of parenting interventions
- Attachment interventions
- Behavioural Interventions
- Cognitive & communication interventions
- Summary of what parenting interventions can and cannot achieve



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Who we are

Early intervention is about taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse. This involves:

- Helping every parent provide a supportive and enriching environment for their children
- Supporting every family to develop an intergenerational cycle of positive parenting, relationships and behaviour
- Identifying children and families that may be at risk of poor outcomes and providing them the support they need

Our ultimate aim is to improve the life chances of children and families and benefit society at large, in a way that is cost-effective



What do we do?

We target outcomes known to improve children's life chances and reduce government spend:

- Improving children's mental health
- Improving school achievement
- Reducing crime
- Reducing drug and alcohol misuse
- Reducing risky sexual behaviour
- Reducing obesity
- Reducing child maltreatment

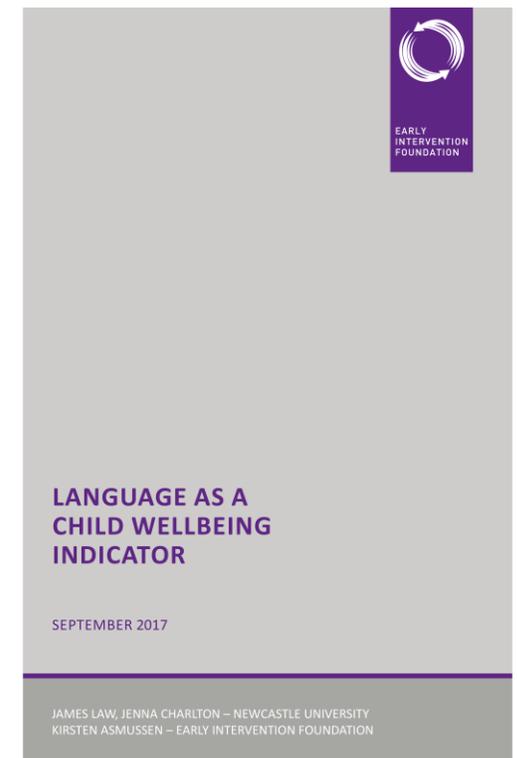
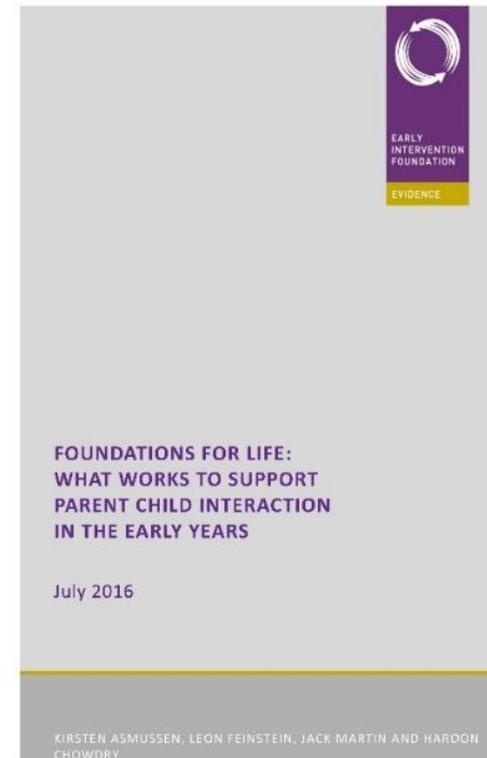


What do we do?

We disseminate information about effective early intervention to wide range of sectors involved in supporting children's development, including education, health, and criminal justice.

Effective early intervention can take the form of a parenting programme for a pregnant mother or a behaviour class for adolescents who are at risk of being involved in crime.

- Information is disseminated through reports which are published on our website
- Direct support for UK local authorities
- The EIF Guidebook



What do we do?

The EIF Guidebook provides information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people.

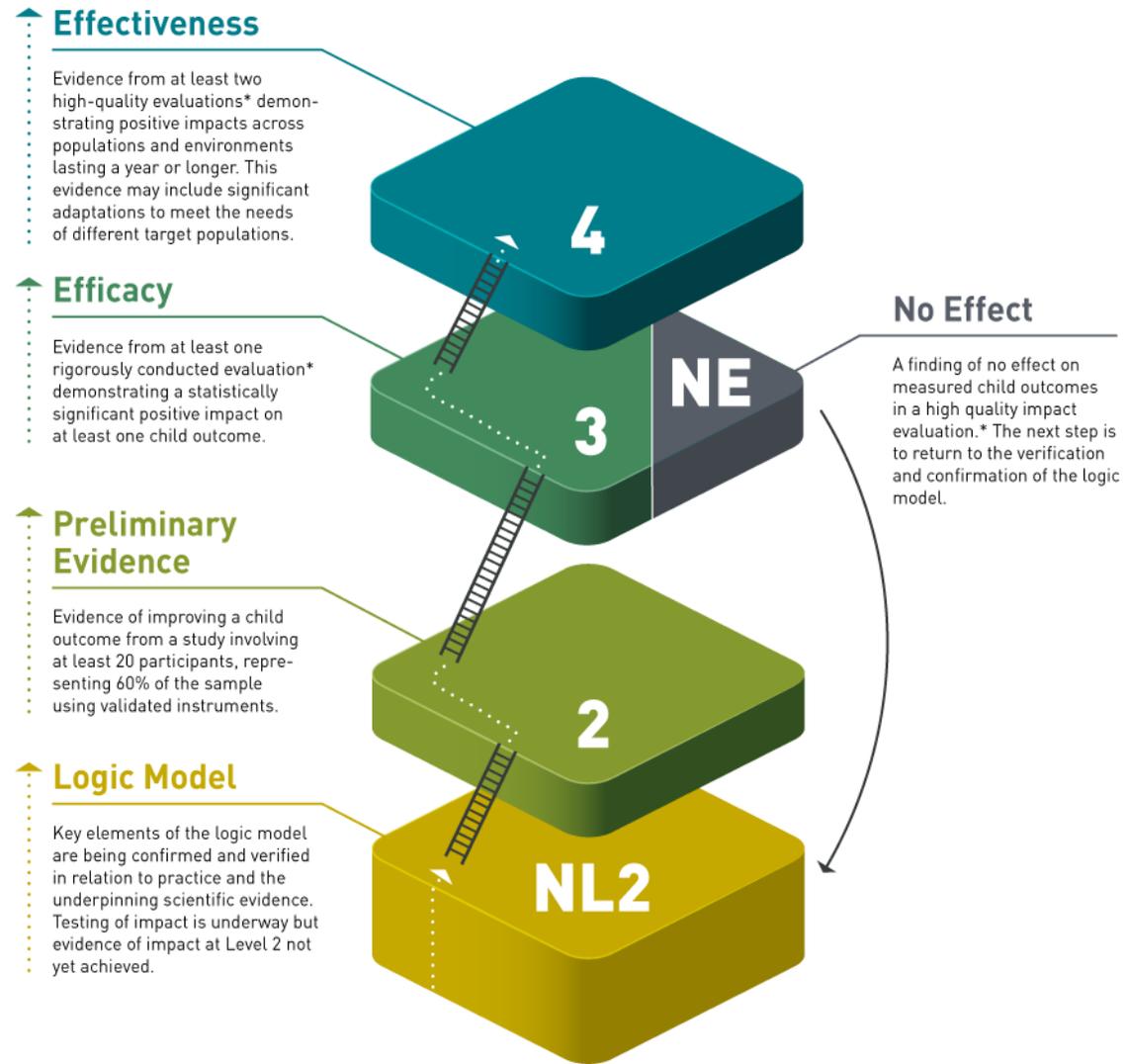
- EIF rates the strength of a programme's evaluation evidence against internationally accepted standards of evidence through a rigorous assessment process
- This information is summarised on the EIF Guidebook, which also provides information about programme's target population, it's primary and secondary outcomes, its delivery requirements and relative costs.

The screenshot displays the top navigation bar of the EIF Guidebook website, featuring the logo, social media icons, and links for 'Help', 'EIF evidence standards', and 'About the Guidebook'. Below the navigation bar, there are three introductory text blocks: one describing the Guidebook's purpose, one detailing the evidence assessment process, and one explaining the wealth of information provided. A search bar and a 'View all our programmes' button are also visible. The main content area is titled 'Filter programmes' and includes three columns of filter options: 'Evidence rating' (with buttons for 2, 3, 4, and 'No effect'), 'Child outcomes' (with checkboxes for various outcomes like mental health, maltreatment, school achievement, crime, substance abuse, risky sexual behaviour, and obesity), and 'Age groups' (with checkboxes for Antenatal, Perinatal, Infants, Toddlers, Preschool, Primary school, Preadolescents, and Adolescents). A 'Cost rating' section with buttons for 1, 2, 3, 4, and 5 is also present. At the bottom of the filter section, there are 'Clear selections' and 'Search' buttons.



The EIF Standards of Evidence

- We currently have 81 interventions on the Guidebook
- 58 are parenting interventions

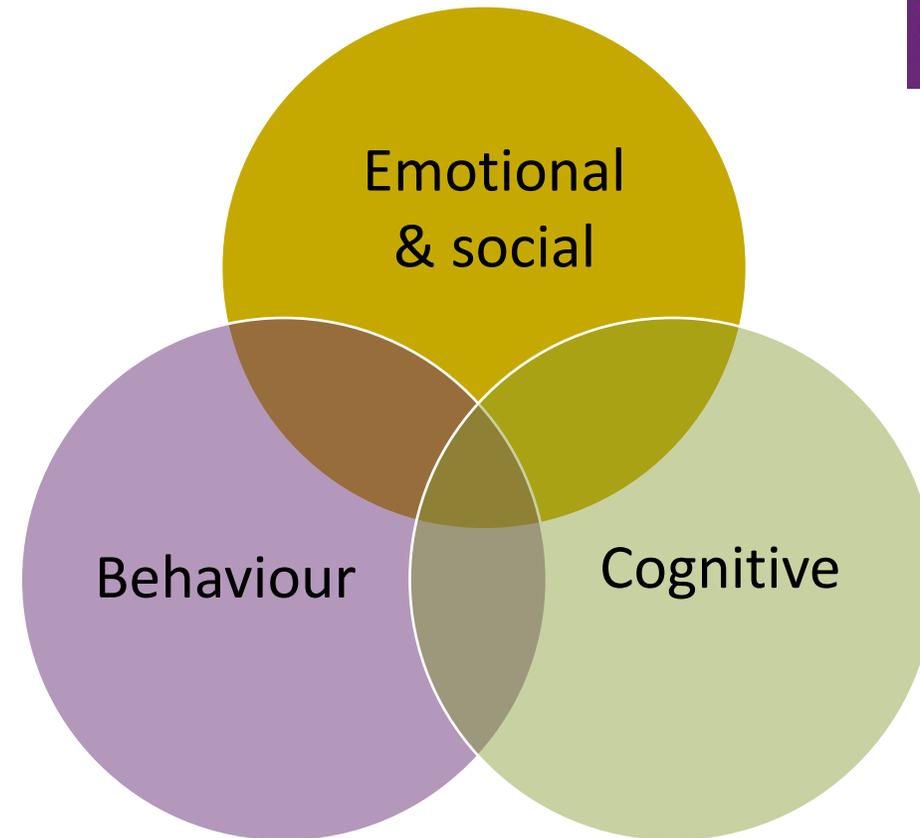


*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.

Why are parenting interventions needed?

Parents provide the context in which children develop

- Before children enter school, parents are 100% responsible for children's development
- Once children enter school, parents continue to be influential through reinforcing school learning and societal values



Who are parenting interventions for?

Parenting interventions are for children

Parenting interventions are a form of family support that aims to improve child outcomes through support for parents





What do parenting interventions do?

Parenting interventions can teach parents new parenting skills, give them information that may improve their knowledge or perceptions or increase their emotional capacity so they are better able to meet their child's needs



Where can parenting interventions be delivered?

Anywhere

- Traditionally, parenting interventions were delivered by psychologists in clinics to families on an individual basis
- Parenting interventions are now successfully delivered to parents in their homes or any community setting
- There are now many effective group based parenting interventions

Crucially, parents must have the opportunity to form a positive working relationship with the practitioner



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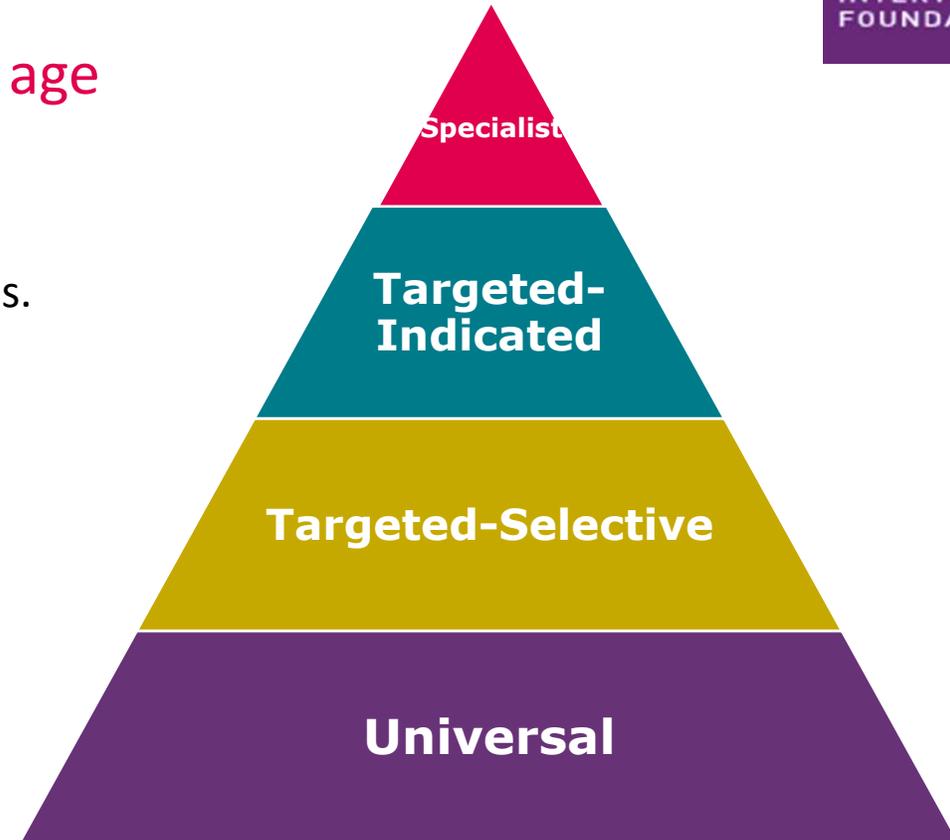
When are parenting interventions most effective?



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Parenting interventions can be effective at any age

- The content **must** be developmentally specific
- The content must be specific to each family's specific needs.



When are parenting interventions most effective?

Parenting interventions are most effective when they provide the right dose.

Dosage is frequently diluted when interventions are:

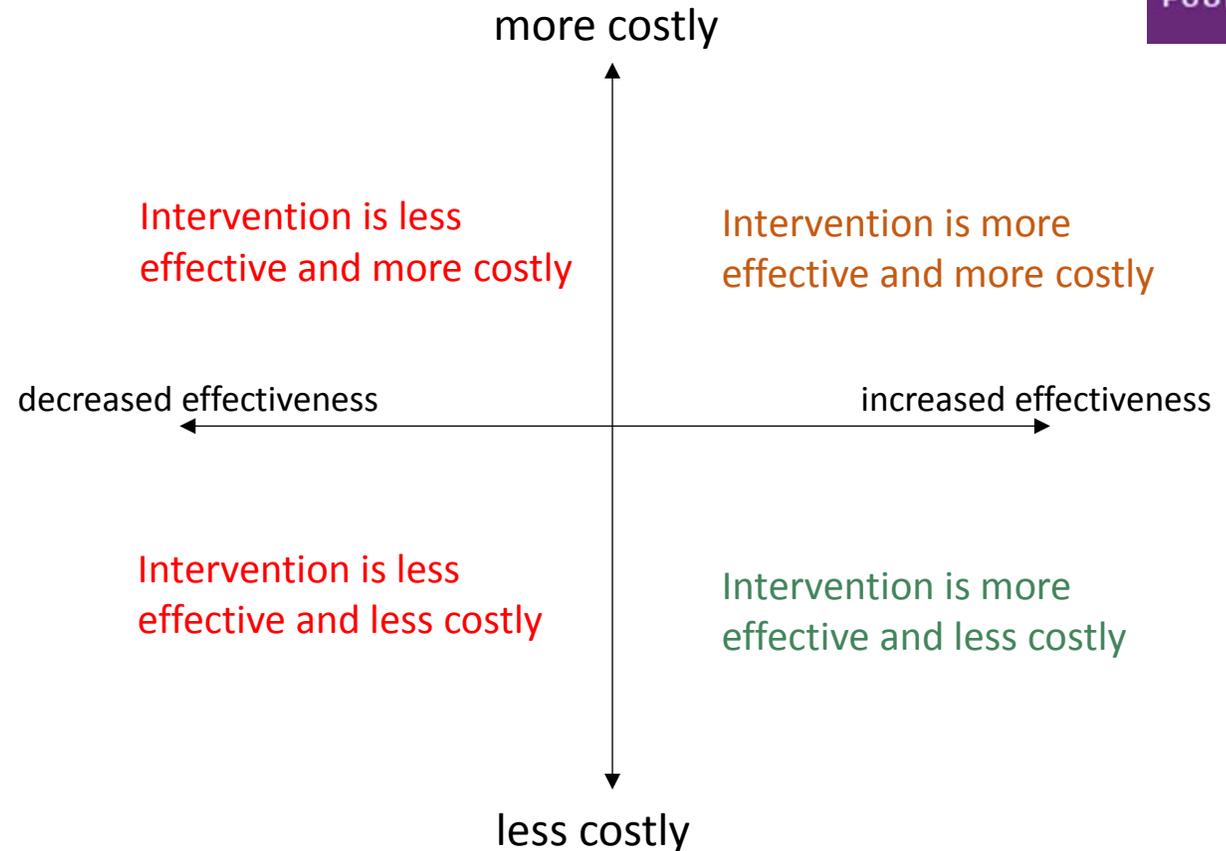
- Shortened
- Delivered by less qualified practitioners
- Offered to groups when individual support is required



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When are parenting interventions most effective?

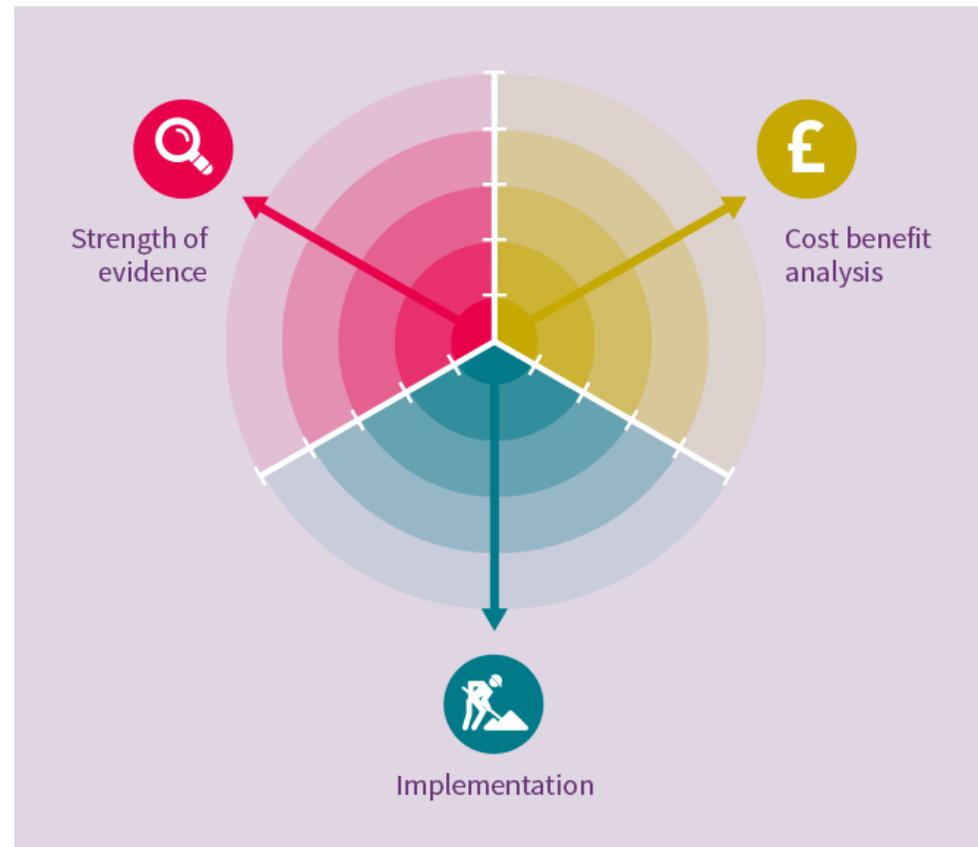
- Prevention is not always a replacement for treatment
- Relatively few universal interventions discussed today have evidence of working
- Multiple reasons for this
- Cheaper is not always better



How are parenting interventions best implemented?



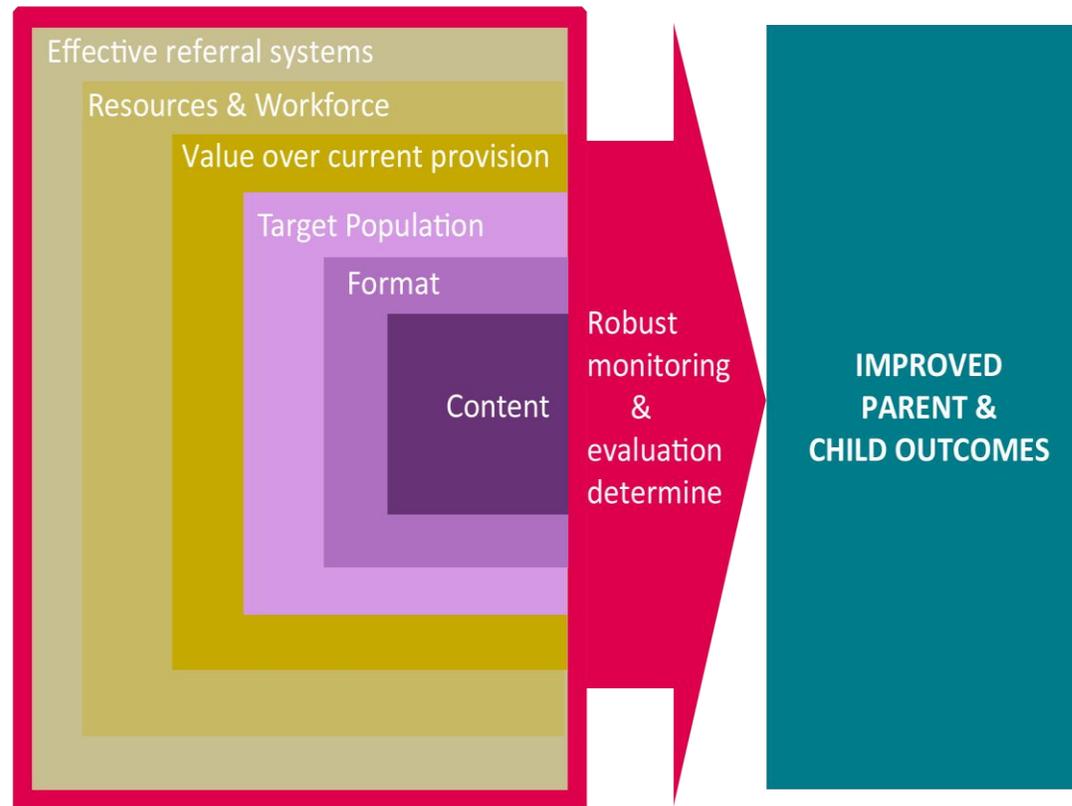
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How are parenting interventions best implemented?



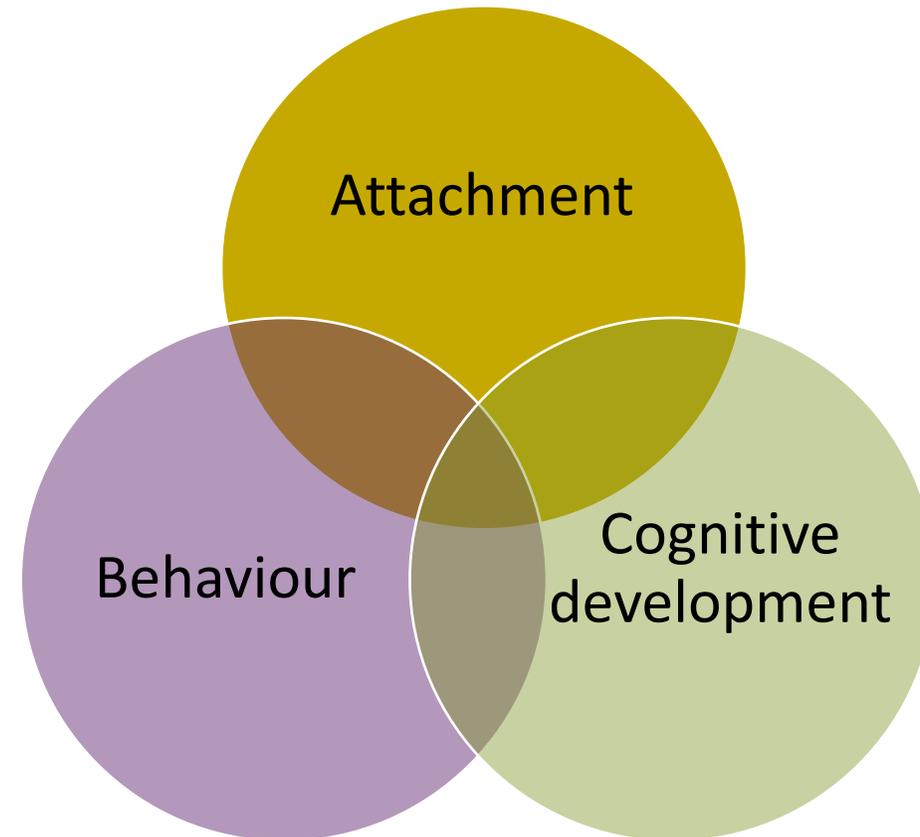
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Foundations for Life evidence review

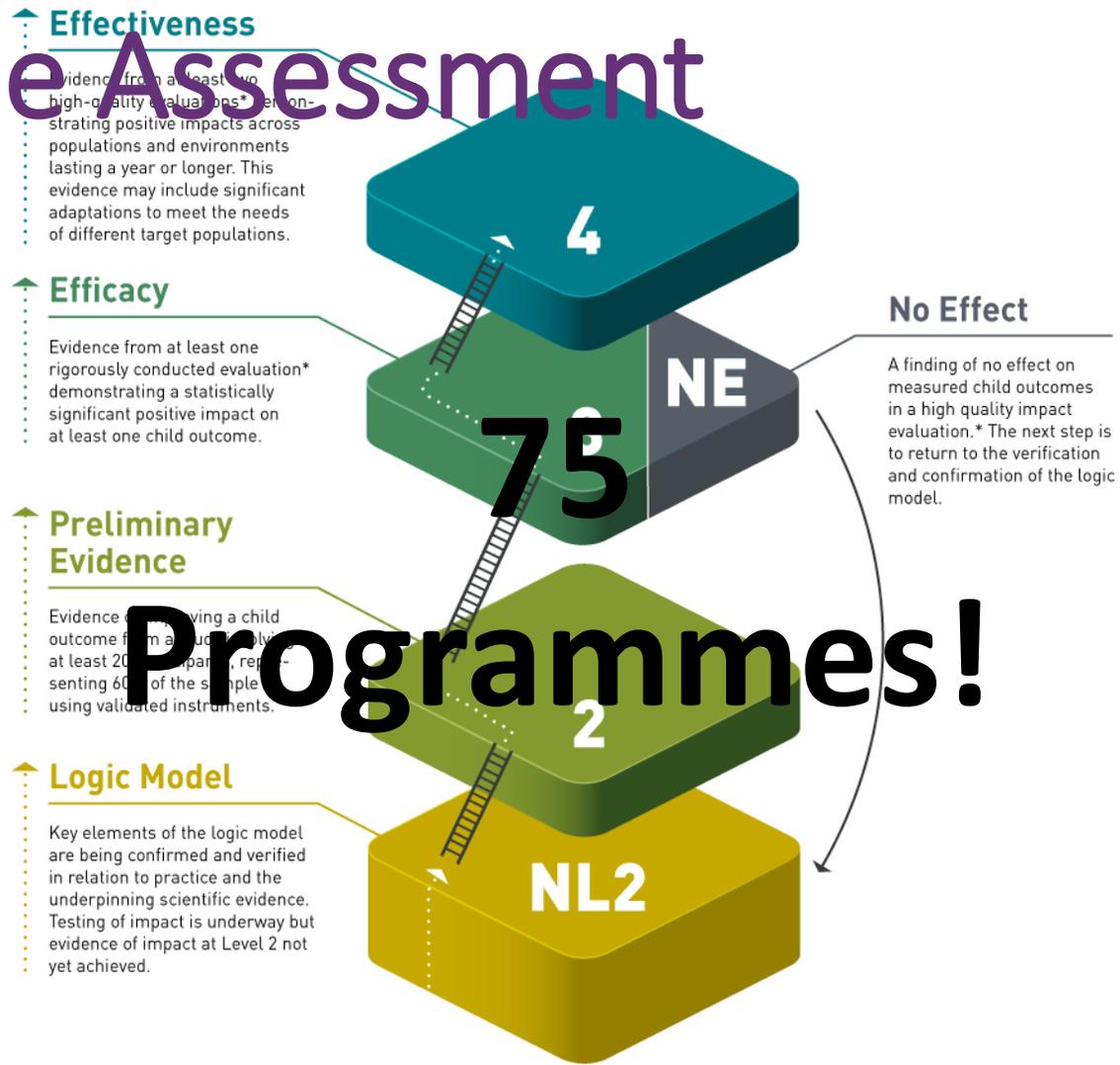
- Parents and carers provide the context for child development in three key domains
- Learning within these three domains takes place through interactions between parent or carer and child
- These dynamic interactions during the first five year have important impacts on children's future development



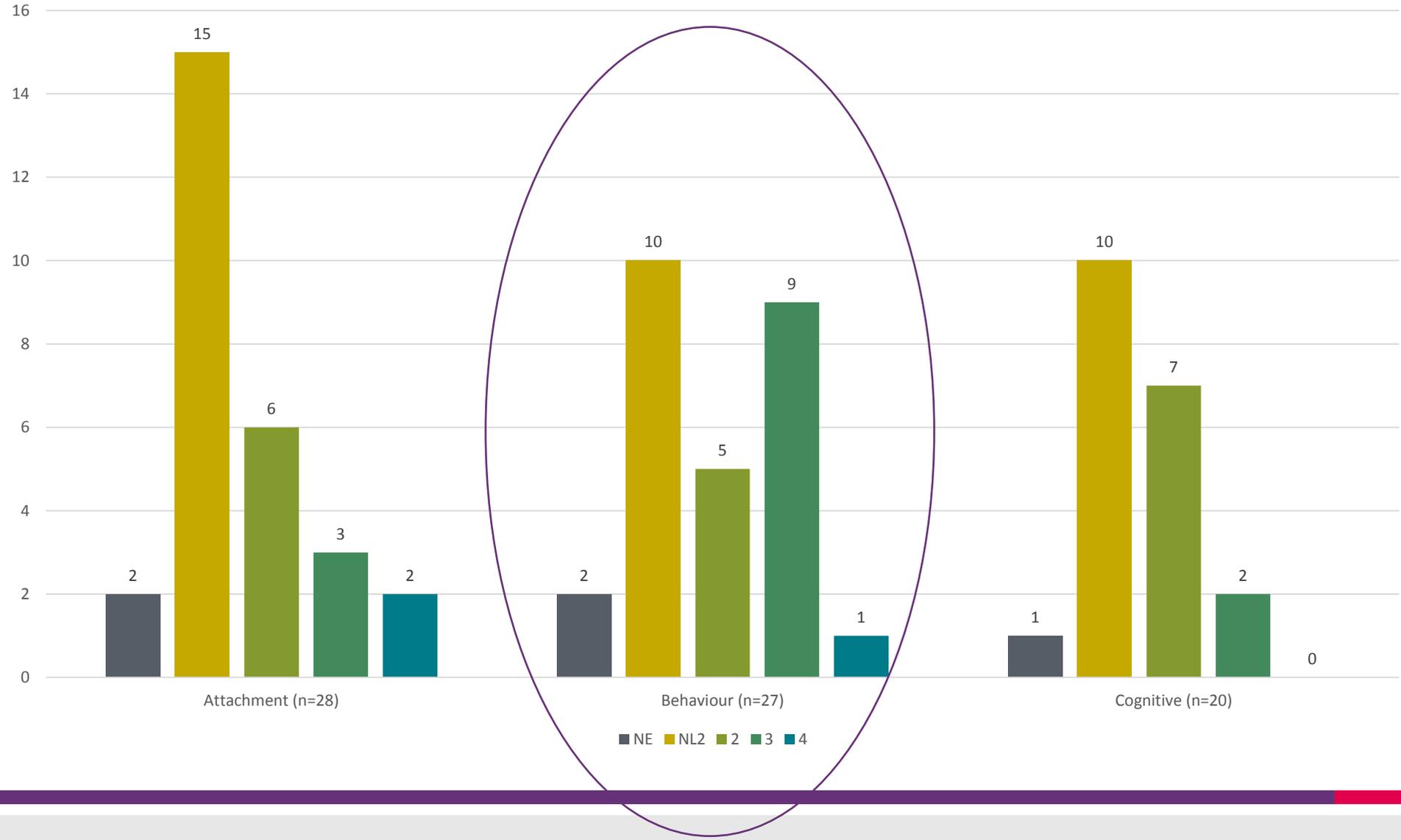


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Programme Assessment



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



Attachment Security

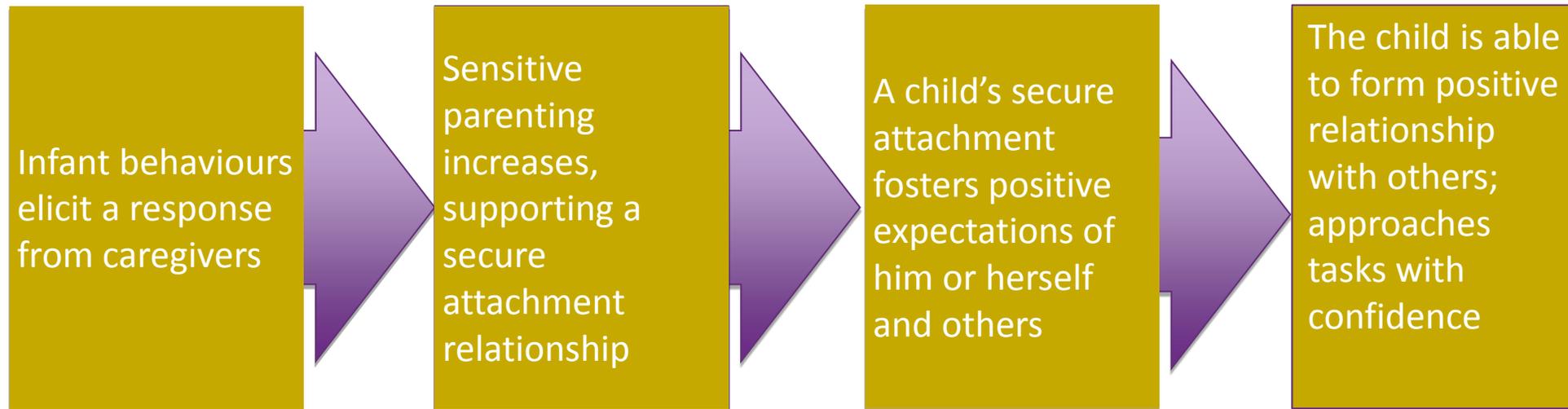


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Attachment Security



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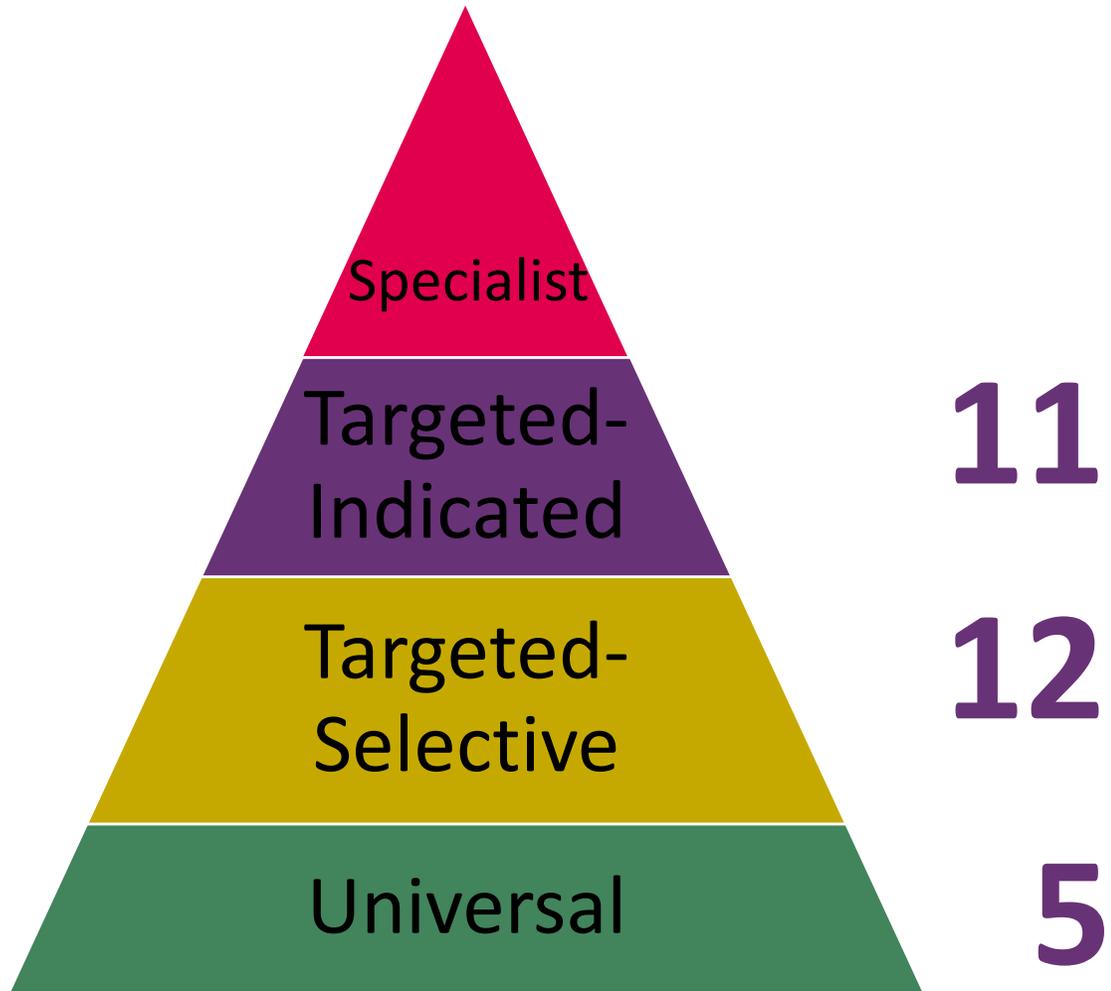
Attachment Security

- The primary aim of attachment programmes is to help parents understand their infants' cues and respond sensitively to them
- The majority of parents are able to do this without any additional support
- Parents are more likely to have difficulty when they struggle with mental health problems or ongoing stress
- Attachment programmes therefore target parents with these difficulties and provide them with strategies for understanding and responding sensitively to their child's needs.

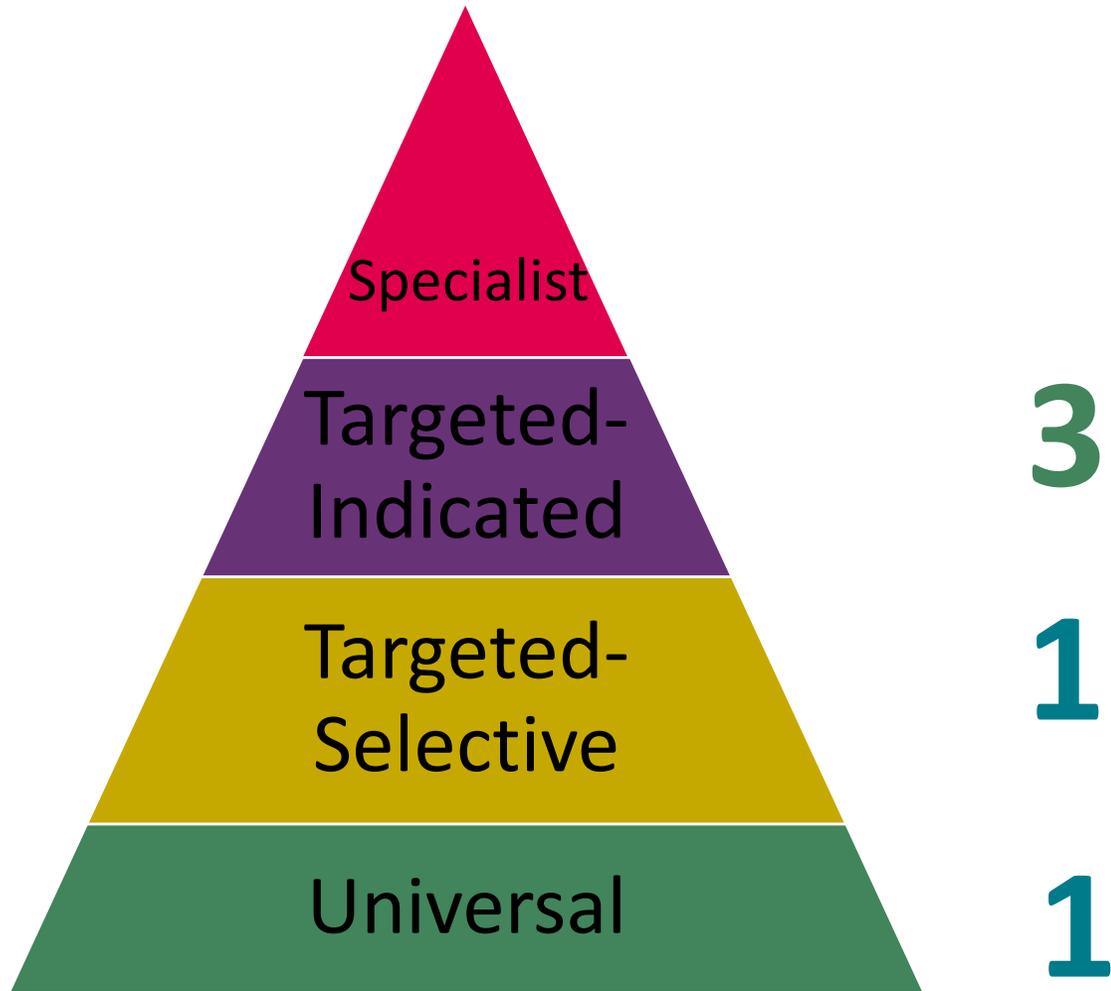


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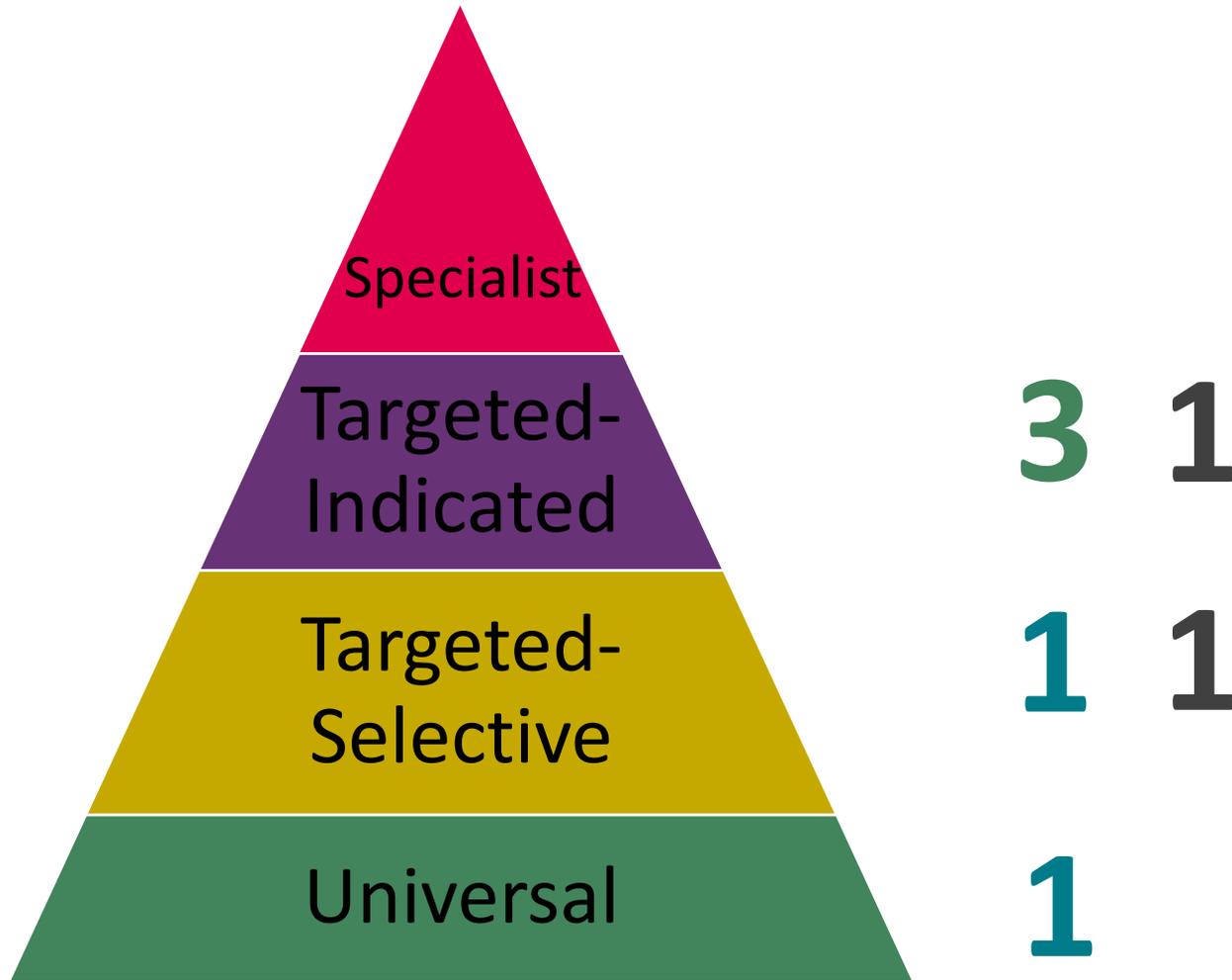
Attachment Security



Attachment Security



Attachment Security



Attachment Security



There is a high need for Targeted-Selective and Targeted-Indicated interventions that support infant and children's early attachment relationship starting during the perinatal period and infancy

5 interventions with good or established evidence were identified

- 3 Targeted-Indicated Child/parent psychotherapy
- 1 Targeted-Selective (Family Nurse Partnership)
- 1 Universal (Family Foundations)

Programmes with no effect suggest that programmes are likely to be more effective for highly vulnerable families if offered for a longer period of time to most vulnerable families

Effective programmes tend to be **high cost**, but can provide **high impact** – including increased attachment security, reduced risk of child maltreatment and improved parental mental health



Attachment Security

Universal Intervention: Family Foundations

<http://guidebook.eif.org.uk/programmes-library/family-foundations>

- Delivered to couples as part of their child birth classes in the last trimester and then additional sessions when the child is three months
- Requires a female and male practitioner. The lead practitioner must have a Master's qualification or higher in nursing or midwifery; the co-practitioner can have a lower qualification
- The programme is underpinned by 1 RCT with long-term evidence; 2nd RCT was just published
- Child outcomes include: Improved birth outcomes, Improved self-soothing (12 months); Reduced externalising behaviour (3 years); Increased pro-social behaviour (3 years); reduced anxiety and aggressive behaviour (7 years, teacher reported)
- Parent outcomes included: Increased sensitivity, less punitive behaviour, reduced domestic violence



Attachment Security

Targeted-Indicated intervention: Family Nurse Partnership

<http://guidebook.eif.org.uk/programmes-library/family-nurse-partnership-fnp>

- ‘Selects’ young mothers expecting their first child
- Mothers enrol in the programme during their pregnancy and receive visits from a Family Nurse on a weekly or fortnightly basis until their child’s second birthday
- During these visits, mothers learn about their young child’s health and development, practice methods for playing with their child and receive support for their own wellbeing
- 5 RCTs (including UK) suggest improvements in children’s early learning. Other benefits observed in other countries included reductions in child maltreatment, reduced domestic violence, increased maternal employment and reduced number of subsequent births.



Attachment Security

Targeted-Indicated intervention: Child First

<http://guidebook.eif.org.uk/search?search=Child+First>

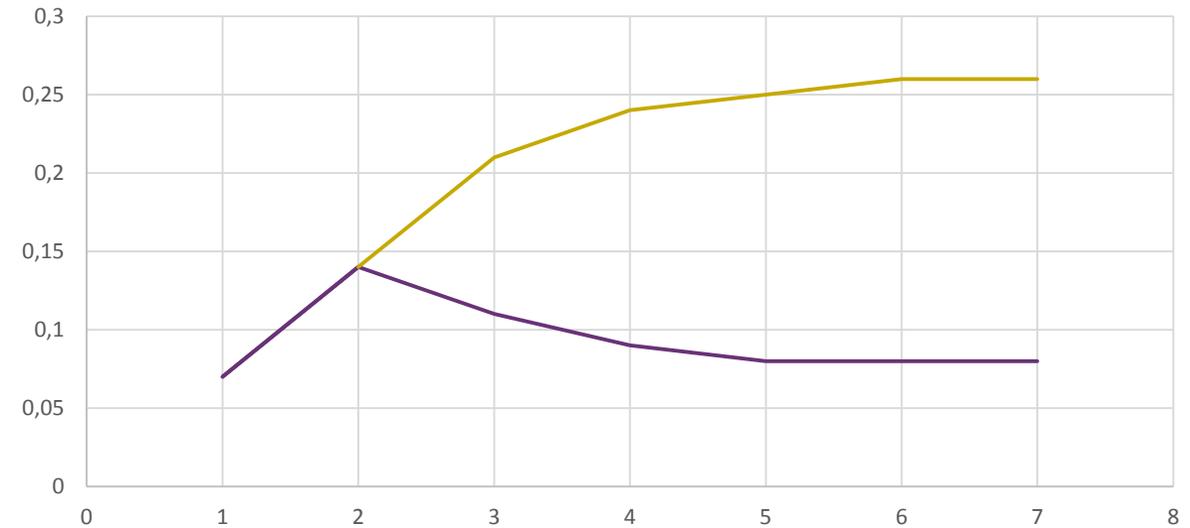
- A home visiting programme targeting low income families with a child between the ages of six and 36 months; practitioners visit families once a week for 60 to 90 minutes– for an average of 12 sessions lasting for a period of 22 weeks
- The practitioner engages the family through motivational interviewing techniques and offers parent-child interaction therapy
- The intervention is delivered by Master’s level psychologists or social workers and a case manager, with a Bachelor’s degree in a helping profession
- The intervention has evidence from one RCT with a three year follow-up
- Child outcomes include: reduced risk of child maltreatment; reduced language problems; reduced behavioural problems
- Parent outcomes: reduced psychological stress, although no differences in depression or anxiety

Behavioural self-regulation



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Noncompliant behaviour in the early years



Behavioural self-regulation



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Young children
behave in
aggressive and
non-compliant
ways

Parents
reinforce these
behaviours
through
coercive cycles

Parents learn
effective
strategies for
encouraging
compliant
behaviour

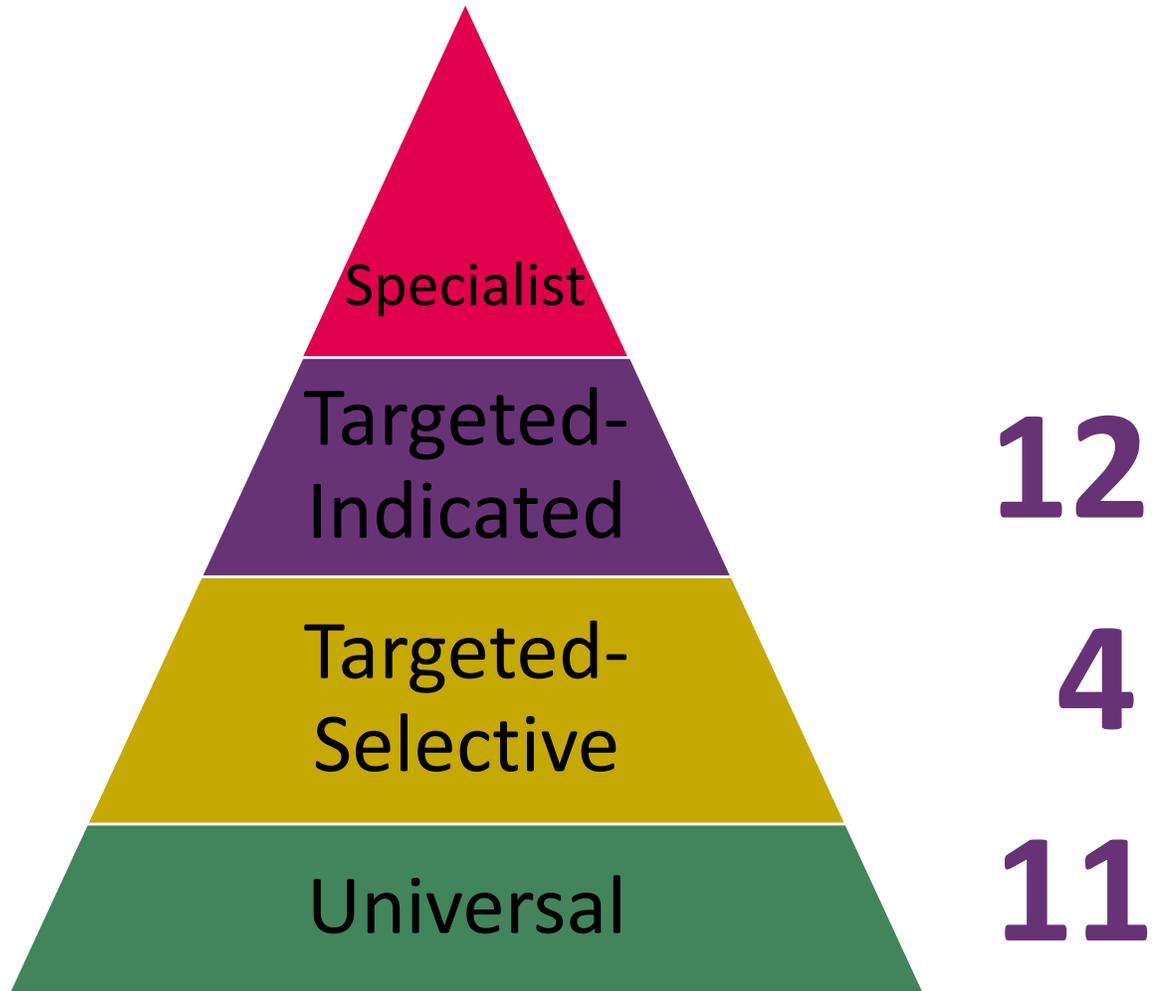
Children's
behaviour
improves,
children can be
regulate their
own behaviour

Behavioural self-regulation

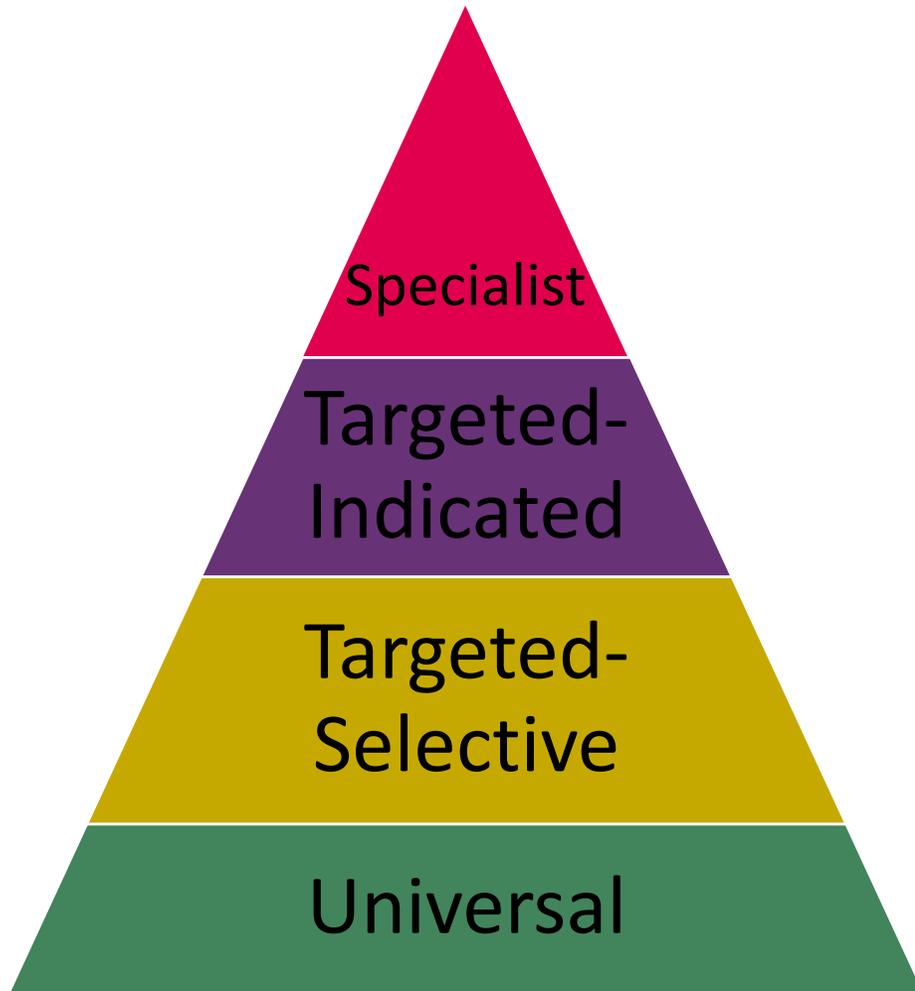


- The majority of parents will learn how to manage their child's non-compliant behaviour
- Some will struggle. Factors that increase the likelihood of non-compliant child behaviour include:
 - Child temperament
 - Language delays
 - Parental stress, mental health difficulties or other adversities
 - Coercive parenting behaviours
- Interventions that aim to improve children's behaviour therefore aim to teach parents effective strategies for replacing coercive parenting behaviours

Behavioural self-regulation



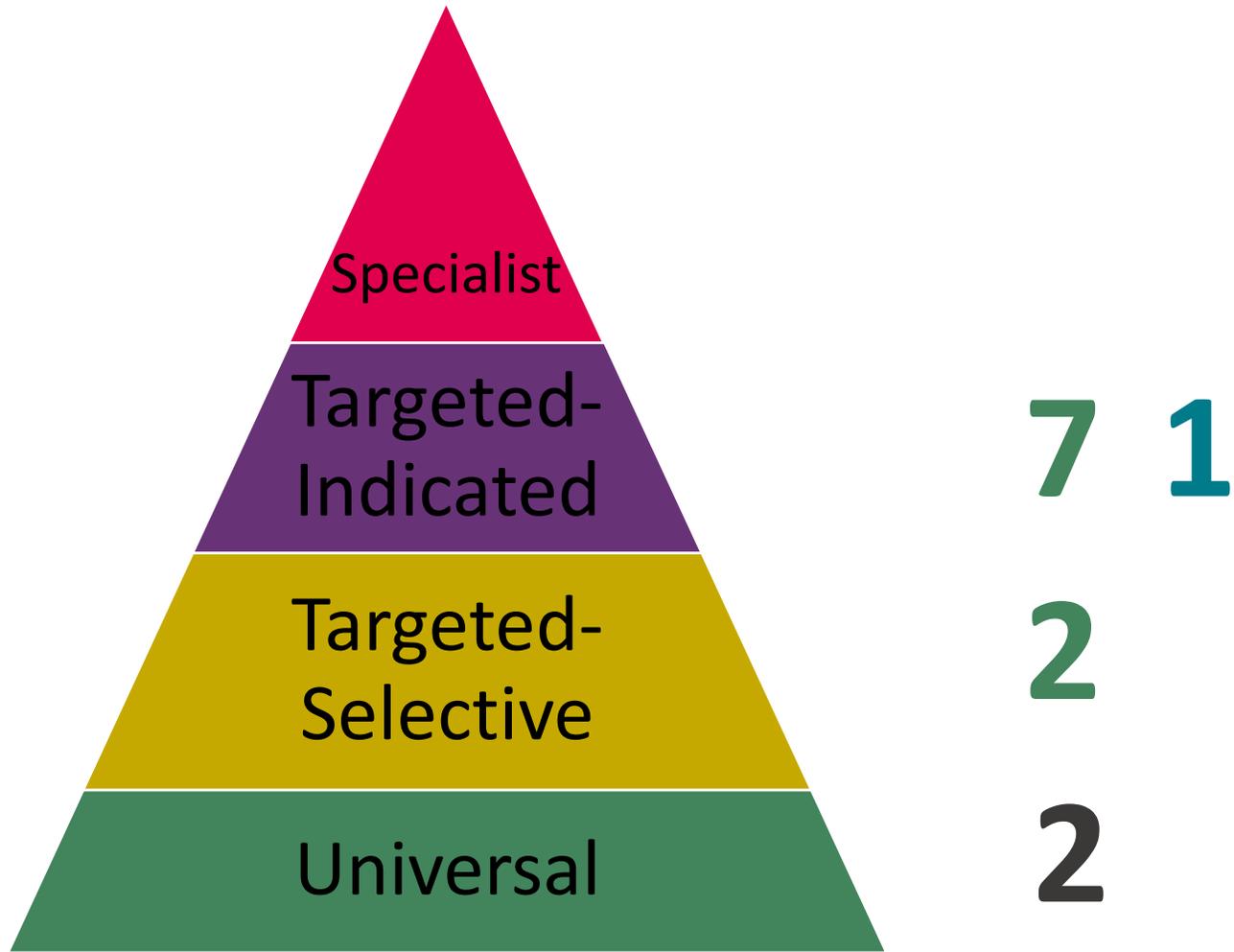
Behavioural self-regulation



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2

Behavioural self-regulation



Behavioural self-regulation

There is a high need for Targeted-Indicated interventions that help parents manage difficult child behaviour



10 interventions with good or established evidence were identified

- 8 were available at the Targeted-Indicated level. One of these programmes had good evidence of improving children's behaviour for ten years or longer
- None of these programmes targeted families at the universal level
 - 2 were available at the Targeted-Selective level
 - 2 Universal interventions had evidence of **no effect** on any measured EIF child outcome – both of these interventions were offered to families universally

Non-compliant behaviour problems may be difficult to prevent. This may be because not all children will remain non-compliant and parents likely need to practice effective strategies

Effective programmes tend to be **low to low-medium** cost. These programmes appear to have good short term impact, but longer term impact remains unknown.

Behavioural self-regulation

Targeted-Selective Intervention: Family Check-up (FCU)

<http://homvee.acf.hhs.gov/Implementation/3/Family-Check-Up-For-Children-Implementation/9>

FCU is made available in areas where a greater proportion of parents may be at risk at having child behavioural problems

FCU is delivered in two phases. The first is a brief, home-based three-session program that involves three 1-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.

As a health-promotion and prevention strategy, Phase 2 of the FCU can be limited to 1 to 3 Everyday Parenting sessions. As a treatment approach, Phase 2 can range from 3 to 15 *Everyday Parenting* sessions.

FCU has evidence from two RCTs observing immediate improvements in parents behaviours with have been linked to improved child behaviours at age 4 and 7.



Behavioural self-regulation

Targeted-Indicated Intervention: The Incredible Years

<http://guidebook.eif.org.uk/programmes-library/incredible-years-basic-preschool-programme>



IY's best evidence involves parents with a child between ages 3 -5 with a pre-identified behavioural difficulty

Can be delivered at the universal, targeted and specialist level

It is delivered to groups of parents through 22 consecutive weekly sessions

Is delivered by a lead facilitator and co-facilitator. Ideally, the lead facilitator should have a Master's level degree or higher in a helping profession (e.g. psychologist, teacher, social worker)

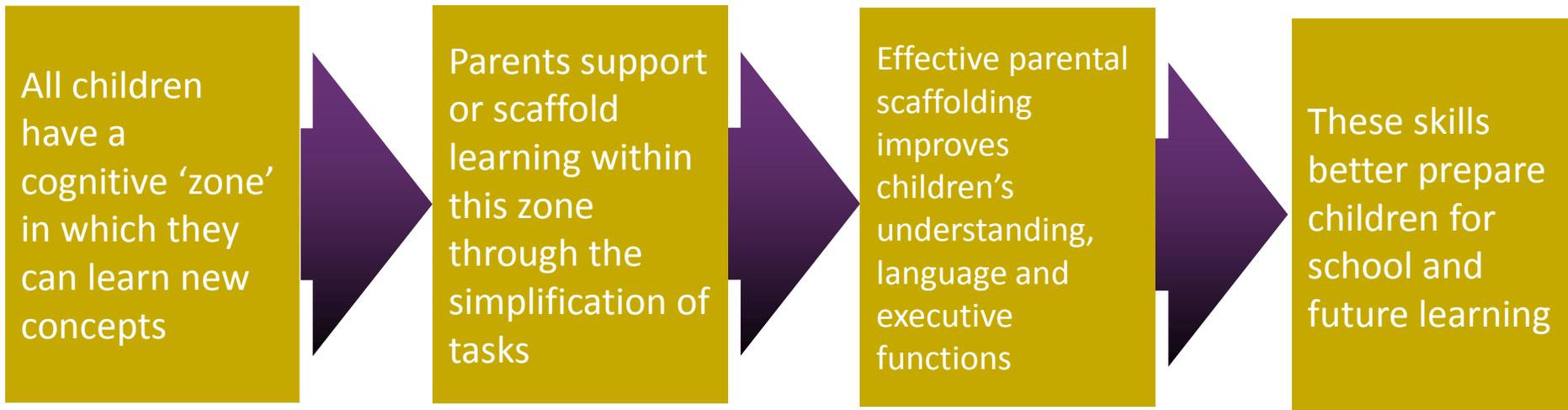
Parents learn strategies for understanding their child, communicating effectively with their child and appropriate levels of discipline

Incredible Years has evidence from multiple RCTs demonstrating long term improvements in child behaviours and conduct problems

Cognitive development



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Cognitive development

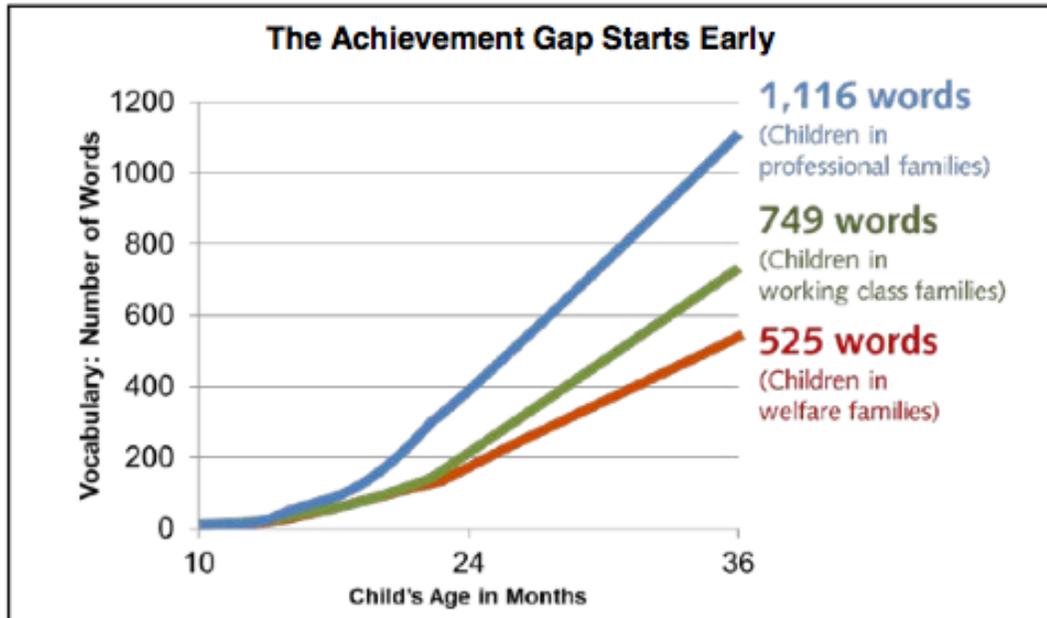


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Cognitive development



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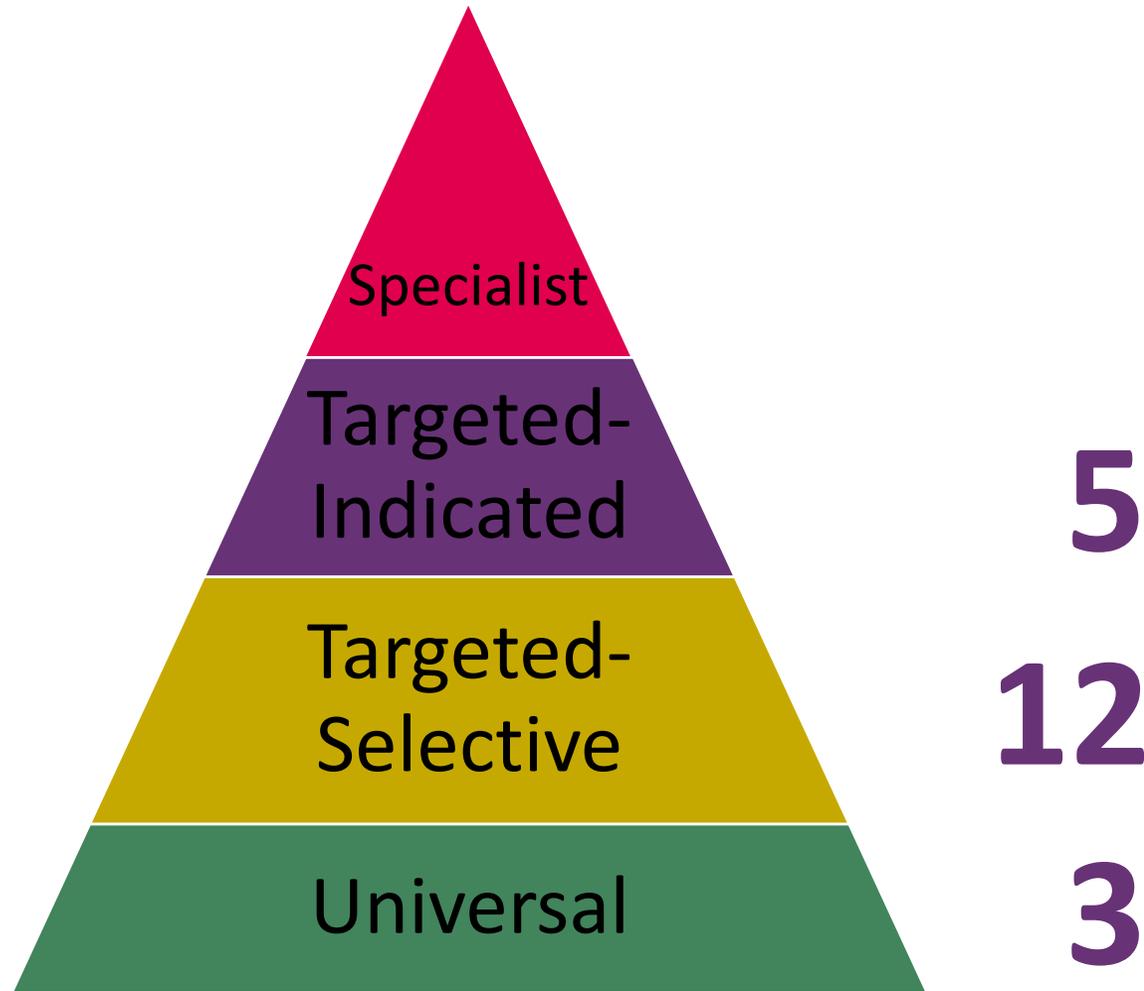


The majority of middle and upper middle-income families are able to provide their children with a suitably rich learning environment

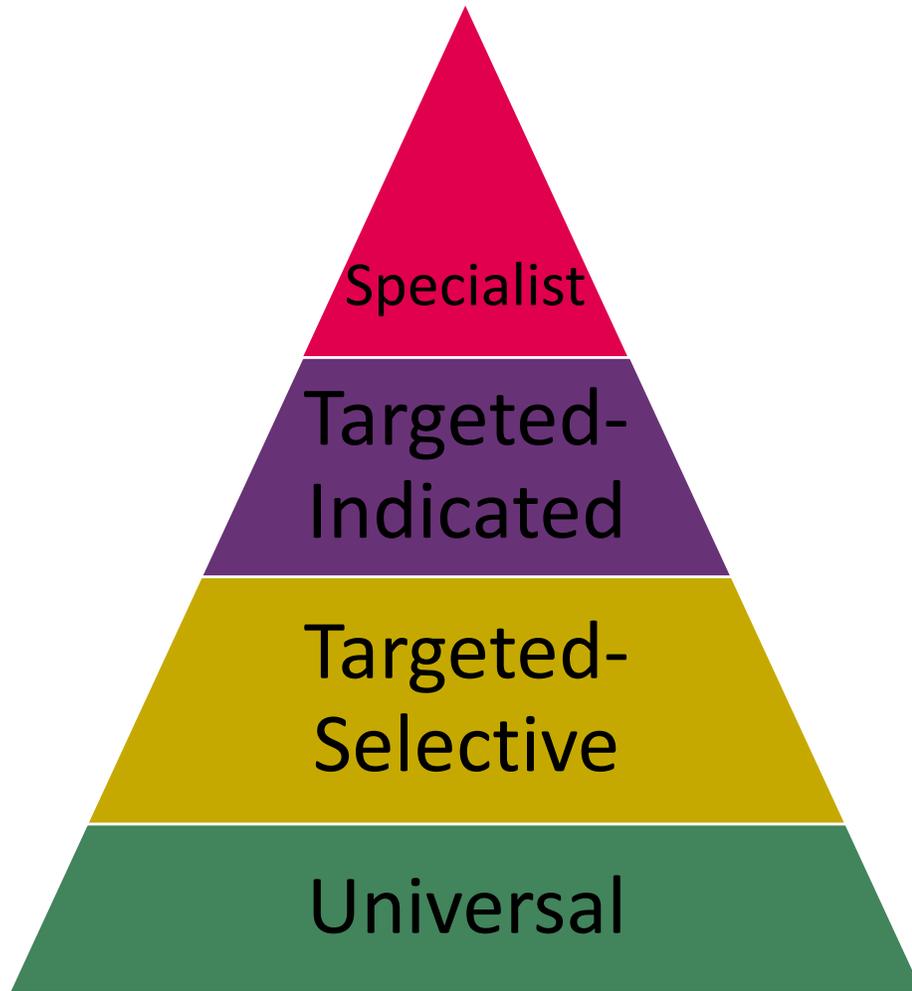
A strong and persistent gap exists between lower and middle-income families in children's early learning. These differences are apparent already at 18 months.

Language delays are also apparent in children in lower, middle and upper middle income families

Cognitive development

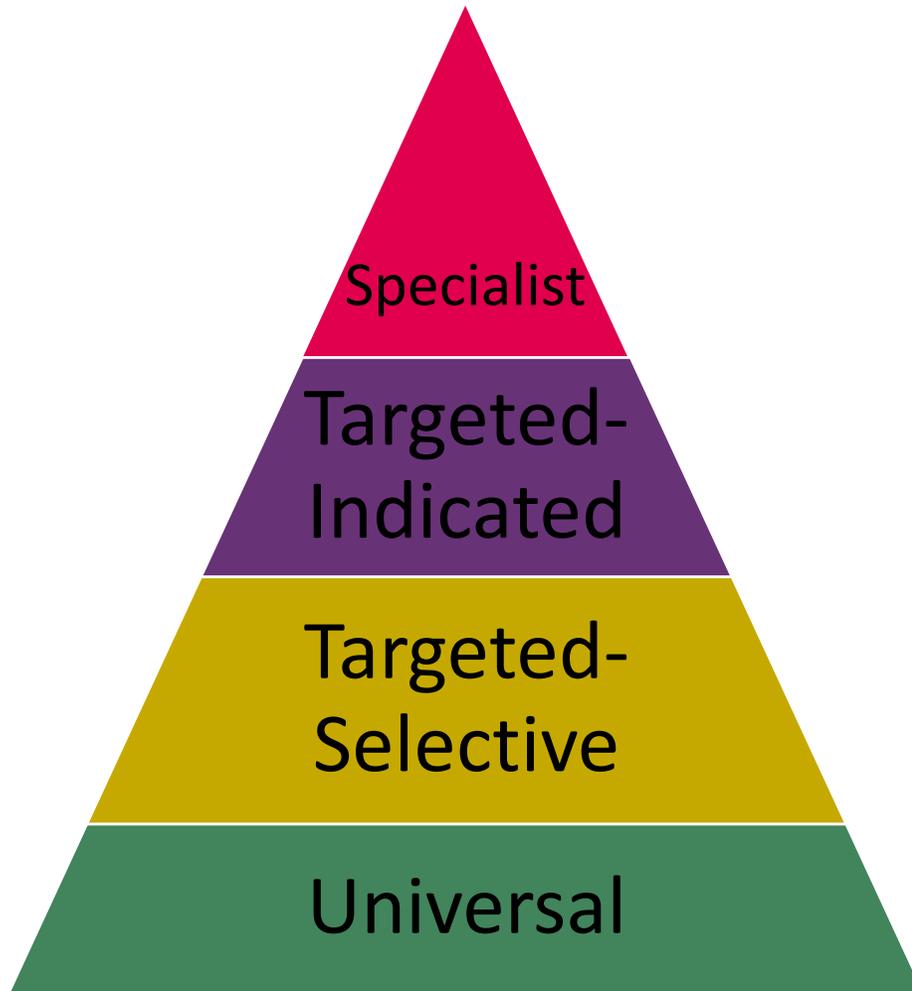


Cognitive development



2

Cognitive development



3 home visiting interventions also had evidence of improving early learning outcomes

Cognitive development



There is a high need for Targeted-Selective interventions to support the early learning of children living in disadvantaged communities.

There is a high need for Targeted-Indicated interventions for children who demonstrate early speech difficulties

2 interventions with good evidence were identified. Both were Targeted-Selective interventions for children living in disadvantaged communities.

Both also made use of home visiting lasting a year or longer. Three other home visiting interventions were also identified with good evidence of support children's early language.

Effective programmes tend to be **medium** to **high cost**. Evaluation evidence involving programmes developed in the United States also suggest they have the potential to provide high impacts in the short and long term.

Cognitive development



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Targeted-Selective: Let's Play in Tandem

School readiness programme for families with a three year old living in disadvantaged communities

The programme consists of weekly home visits, conducted by a trained and qualified teacher, lasting 90 to 120 minutes for a period of 12 months.

Parents are coached in strategies for supporting their child's knowledge of number, vocabulary and general knowledge

Let's Play in Tandem has evidence from one RCT suggesting improvements in children's school readiness skills, including improved listening and communication, writing capabilities, mathematics, prosocial behaviour and impulse control.

Cognitive development

Targeted-Selective: Parents as First Teachers

<http://guidebook.eif.org.uk/programmes-library/parents-as-first-teachers-born-to-learn-paft>

PAFT is delivered to parents in their home on a weekly, fortnightly, or monthly basis, depending on the family's level of need. The visits begin at the time of enrolment and then continue until the child's third birthday

It should be delivered by practitioners with a Bachelor's level qualification in health or teaching

Practitioners model teaching behaviours and then coach parents when they do them with their own child

PAFT has undergone several studies (including an RCT) with mixed findings

A recent study in Zurich demonstrated improvements in children's early language development, as well as improved child behaviour.



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Older children



Over two-thirds of the parenting interventions on the Guidebook best evidence involves families with a preschool child

17 interventions are specifically for families with older children

- 5 are for families with a school-age child
- 12 are for families with an adolescent

Examples of evidence-based school-aged programmes include Incredible Years and Triple-P. Both are most effective if offered at the Targeted-Indicated level.

Eight adolescent interventions that are considered evidence-based. The majority of these are most effective if offered at the Targeted-Indicated or specialist levels when there are substance misuse or behavioural problems

Older children

Universal: Strengthening Families 10 – 14

<http://guidebook.eif.org.uk/search?search=Strengthening+Families>

- Strengthening Families 10 – 14 is delivered to groups of parents with a child between the ages of 10 and 14 through seven weekly sessions lasting two hours each.
- During the programme, families learn how to communicate effectively as well as specific skills such as parental limit setting and child resistance to peer pressure.
- The programme is best delivered by three facilitators. The lead facilitator is expected to have a Bachelor's level qualification in a helping profession .
- Strengthening Families 10-14 has evidence from one rigorous study showing reductions in the risks associated with substance misuse and aggressive behaviour and improvements in school-achievement.



Older children

Targeted Indicated: Multi-Systemic Therapy

<http://guidebook.eif.org.uk/search?search=Strengthening+Families>



- Multi-systemic therapy is delivered to individual families with an adolescent child involved in the criminal justice system.
- MST therapists provide the young person and their parents with individual and family therapy over a four to six-month period with the aim of doing 'whatever it takes' to improve the family's functioning and the young person's behaviour.
- The programme is delivered by a Master's level therapist.
- MST has evidence of reducing recidivism and aggressive behaviour in the US and elsewhere, although recent findings are not consistent in all countries.

What can parenting interventions achieve?

Parenting interventions have their greatest impact when offered to families at the Targeted Level.

There is less evidence to suggest they prevent problems from happening in the first place, although we have two examples of when this is the case

- Family Foundations (during pregnancy)
- Strengthening Families 10 – 14 during adolescence

The fact that these interventions are timed during family transitions may be critical to their success



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There's no
magic bullet



What can parenting interventions achieve?



Parenting interventions may substantially improve child outcomes when offered at the Targeted Level. However, it is important that:

- They are well-matched to the child's age
- They are well-matched to the family's needs
- They provide the sufficient dose
- They are implemented to a high standard
- They provide sufficient value over current provision.

Key Messages

The evidence base is growing. Evidence-based interventions are being identified at a rapid pace. We also know more about what does not work. This increases our ability to make evidence-based interventions available to those who need them the most.

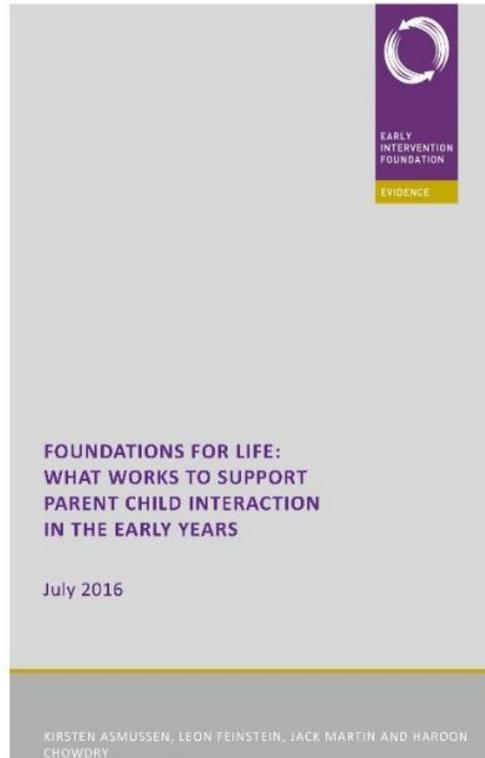
Prevention is not always a replacement for treatment. There is less evidence to support the use of preventive interventions for maternal mental health problems and child behaviour problems. However, there is good evidence to support the use a number of well-targeted treatments. Effective targeting is essential.

There are few quick fixes or magic bullets. Complex problems require intensive, complex interventions. Money spent on them is more likely to result in a return, however, in comparison to less costly interventions with limited evidence.

More Information



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EARLY INTERVENTION FOUNDATION GUIDEBOOK

Help | EF evidence standards | About the Guidebook

The EIF Guidebook provides information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people.

Through a rigorous assessment process, EIF has rated the strength of evidence for a programme's impact and its relative costs.

The Guidebook also provides a wealth of information about the specific outcomes a programme has been shown to improve, how the programme works, how it is delivered, and the conditions or resources that can make a programme more likely to be effective.

The Early Intervention Foundation is an independent charity that champions and supports the use of effective early intervention to improve the lives of children, young people and their families, reduce hardship and improve value for money in the long run. Visit our website for more information.

[EIF website](#)

Browse our entire programme catalogue [View all our programmes](#)

Search our programme catalogue by keyword or programme name [Search](#)

Filter programmes

Evidence rating: 2 3 4 No effect
Rating 2 includes 2+; 3 includes 2+; 4 includes 4+

Cost rating: 1 2 3 4 5

Provision: Show only programmes that have been implemented in the UK

Child outcomes:

- Supporting children's mental health and wellbeing
- Preventing child maltreatment
- Enhancing school achievement & employment
- Preventing crime, violence and antisocial behaviour
- Preventing substance abuse
- Preventing risky sexual behaviour & teen pregnancy
- Preventing obesity and promoting healthy physical development

Age groups:

- Antenatal
- Perinatal
- Infants
- Toddlers
- Preschool
- Primary school
- Preadolescents
- Adolescents

[Clear selections](#) [Search](#)

