

Parenting Programmes

Audit of delivery in Northern Ireland

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Section 1: Background

NCB NI works to inform and influence local policy, practice and service development from an evidence based perspective. To this end, NCB NI is a member of the Public Health Agency's (PHA) Child Development Project Board (CDPB). The PHA, under their key priority to give every child and young person the best start in life, has a focus on early intervention, and is seeking to develop an integrated pathway of evidence based intervention and support for those aged 0-18 in Northern Ireland.

At the June 2012 meeting of the CDPB Maurice Meehan (PHA) and Celine McStravick (NCB NI) were tasked with establishing a parenting work strand. This report details the outworking of the first element of the work-strand.

This report aims to summarise key parenting programmes currently available in Northern Ireland – give a brief description of what they are, the target audience, any known outcomes and any other relevant information.



Methodology

The findings in this report are based on information gathered through the following research activities:

1. Baseline questionnaire: this was distributed widely to Health & Social Care Trusts, Sure Start Projects, Department of Education, and voluntary and community organisations. Organisations were advised to cascade to any relevant colleagues.
2. Stakeholder meetings with Health and Social Care Board, Department of Health, Social Services and Public Safety (DHSSPS), and practitioners.
3. Meeting with Dr Kathy Higgins, Institute for Childcare Research, Queens University, Belfast.
4. Consultation with Atlantic Philanthropies funded projects.
5. Desk review of the international evidence base.
6. Interrogation of Family Support NI website <http://www.familysupportni.gov.uk>

This paper will outline the current policy context of parenting; the parenting programmes being delivered in Northern Ireland; international evidence base and policy and practice.

Local policy context

Parenting education and support is very much on the current policy agenda and is highlighted at policy level across a range of strategies in the UK and Northern Ireland.

Article 18 of the **UN Convention on the Rights of the Child (UNCRC)** recognises the importance of providing parents with the skills and assistance required to bring up their child:

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children

The policy lead for parenting in Northern Ireland is the DHSSPS. Their strategy document, **Families Matter (DHSSPS, 2009)**, acknowledges that all parents can benefit from opportunities to learn new skills and share knowledge and experiences, regardless of their circumstances, age of child or existing risks. For this reason, the strategy recommends that a wide range of professional and high quality programmes and support networks should be in place to provide for all level of need and to provide better outcomes for children and young people. Positive parenting is also promoted widely to ensure parents have the skills to deal with their child's behaviour in a positive way and to consider alternatives to physical punishment. The strategy also demonstrates a commitment to Sure Start programmes, acknowledging their vital role in strengthening families in the early stages. Although Sure Start funding is currently managed by the Department of Education, as is Extended Schools, interestingly Families Matter also highlights both these resources for the additional parental support that the various programmes they offer can provide. It should be noted that DHSSPS are in the process of updating this Families Matter strategy document.

The DHSSPS also highlight the importance of parenting support, in particular support for vulnerable new mothers and the engagement of fathers, in their Framework **'Healthy Child, Healthy Future' (DHSSPS, 2010)**. One of the key outcomes is 'Strong parent-child attachment and positive parenting, leading to better social and emotional wellbeing among children'. This is to be achieved through the delivery of evidence-based programmes (e.g. Incredible Years, Solihull, Mellow Parenting). Also the **Regional Hidden Harm Action Plan (DHSSPS, 2008)** considers the needs of children and young people living with parents with alcohol and drug abuse issues. The plan recommends the use of specific parenting programmes targeted to substance abusing parents (through, for example the Strengthening Families programme).

The Department of Education has recently released for consultation its revised draft Early Years strategy '**Learning to Learn: A Framework for Early Years Education and Learning**'. This Strategy highlights the importance of Sure Start Programmes in delivering parenting support at an early stage and works closely with DHSSPS to maintain and develop this provision. One of the key priorities in this draft strategy is a consideration of the role of parents and carers as vital, with the need to make parents and carers more aware of the importance of their role in the early education of their child.

The **Health and Social Care Board** supports the Children (Northern Ireland) Order (1995) focus on non-intervention and therefore the importance of maintaining children at home with their family wherever possible. Their commissioning plan for 2011-2012 again recognises the importance of Early Intervention for families and champions the development of Family Support Hubs alongside the roll out of a range of parenting programmes across the Trust areas. In addition, The Health and Social Care Board for Northern Ireland, has developed the Northern Ireland Family Support website (www.familysupportni.gov.uk) which gives details of a wide range of organisations that provide help and support to families. The website maps family support services at local and regional levels across Northern Ireland and provides full profile details including contact details, access and referral arrangements. Both the Hubs and Family Support website are highlighted as part of '**Transforming Your Care: Vision to Action**', (currently being consulted on by HSCB) which also stresses the importance of parenting support as part of a wider early intervention strategy.

Notably, in their **NI Children and Young People's Plan, the Children and Young People's Strategic Partnership (CYPSP)** (which is led by the Health and Social Care Board) also endorses Article 18 of the UNCRC in conjunction with their focus on Early Intervention. Indeed several of the Area Based Outcomes Groups have prioritised support for parenting skills in their proposed action plans. As part of the coordinated actions of their Early Intervention Sub-Group, the CYPSP will oversee the development of multi-agency Family Support Hubs to improve coordination of family support services and to ensure that all families have access to appropriate and timely services. The hubs will signpost referred families to local services appropriate to their need.

The **Public Health Agency**, under their key priority to give every child and young person the best start in life, continues to focus on early intervention and key parenting programmes through the work of the Child Development Project Board.

More widely, as part of the **NI Executive's** strategic plan to break the cycle of child poverty and underachievement, the **Child Poverty Strategy 'Improving Children's Life Chances' (2011)** endorses a whole-child approach and the importance of the family environment in improving outcomes for children and young people. The strategy pledges to 'ensure parents can access information and services...in their local areas to support them in carrying out their parental responsibilities'.

Parenting education and support is very much on the current policy agenda and is highlighted at policy level across a range of strategies in the UK and Northern Ireland.



Section 2: Key lessons from the review literature

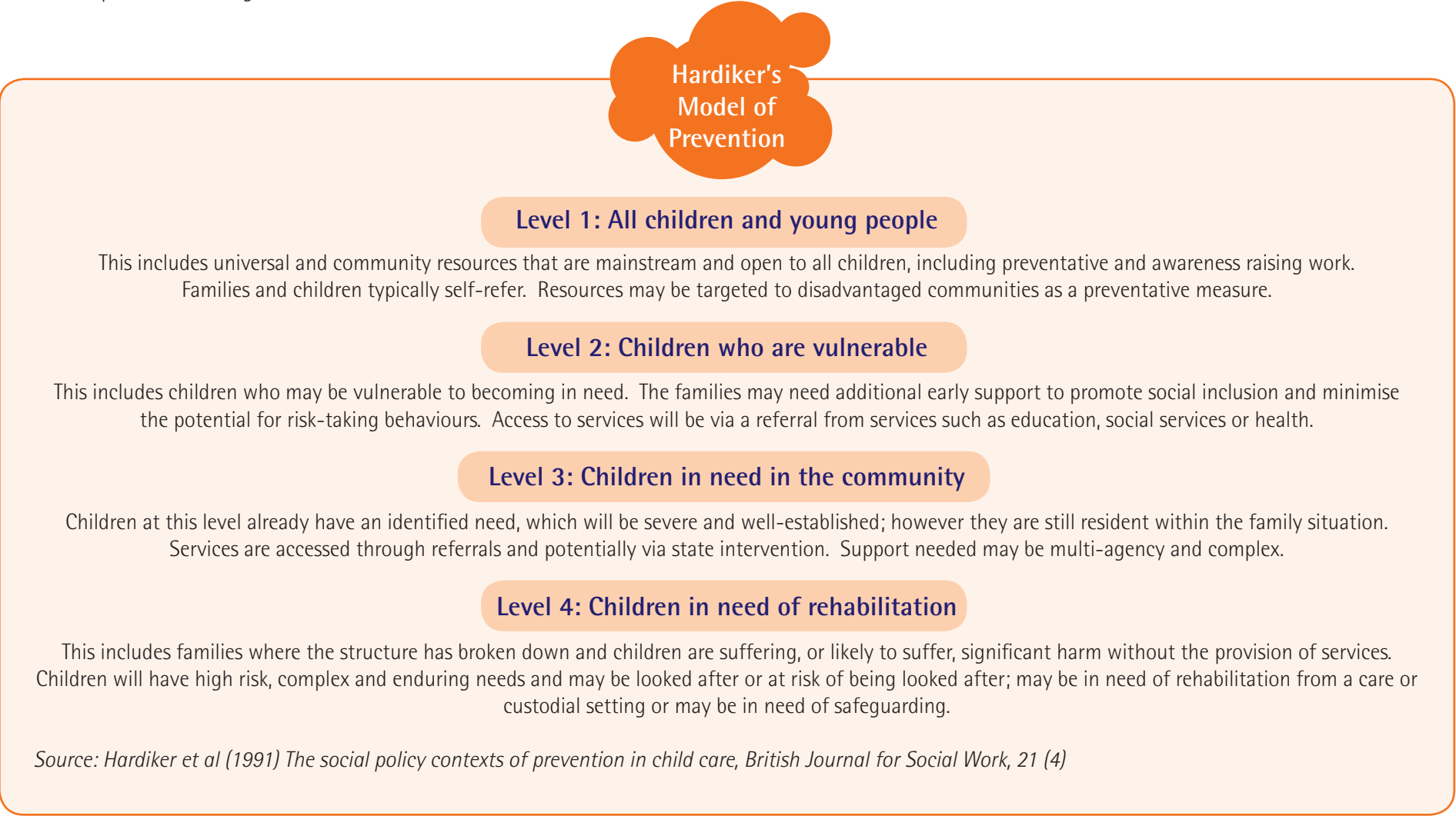
A wealth of research exists on the influence of parenting styles on children's behaviour and outcomes, both long and short term. While pregnancy and infancy are vital stages in the creation of secure attachments and in a child's emotional, physical and social development, evidence has shown that a parent's influence extends well beyond this. A supportive home environment and strong parenting skills have been shown to have positive outcomes for educational attainment, well-being and achievements.



Stemming from this body of theoretical evidence, and in line with the increased policy focus on parenting interventions, has come the development of numerous training programmes for parents to build skills and confidence in their role, and many of these are now available across Northern Ireland. The vast and varied range of programmes available can be confusing, particularly for a parent trying to access a service. Many programmes are evidence-based and have been rigorously tested; others less so. Some are targeted at families specifically at risk; others are universal. All claim to produce a range of positive outcomes for children, young people and their parents.

From a policy and commissioning perspective it is crucial that we can distinguish between what does and does not work, and ensure that all families have access to the best, most effective programmes that meet their needs.

Families will all experience differing levels of need at different stages of their lives. Need will depend on the particular issues facing that family, and can be classified using the Hardiker Model of prevention¹. Stages are summarised below.

The diagram is a large, light-orange rounded rectangle with an orange border. At the top center is an orange cloud-like shape containing the title 'Hardiker's Model of Prevention'. Below this, there are four horizontal orange bars, each containing a level number and title. Under each bar is a paragraph of text. The entire diagram is set against a white background.

Hardiker's Model of Prevention

Level 1: All children and young people

This includes universal and community resources that are mainstream and open to all children, including preventative and awareness raising work. Families and children typically self-refer. Resources may be targeted to disadvantaged communities as a preventative measure.

Level 2: Children who are vulnerable

This includes children who may be vulnerable to becoming in need. The families may need additional early support to promote social inclusion and minimise the potential for risk-taking behaviours. Access to services will be via a referral from services such as education, social services or health.

Level 3: Children in need in the community

Children at this level already have an identified need, which will be severe and well-established; however they are still resident within the family situation. Services are accessed through referrals and potentially via state intervention. Support needed may be multi-agency and complex.

Level 4: Children in need of rehabilitation

This includes families where the structure has broken down and children are suffering, or likely to suffer, significant harm without the provision of services. Children will have high risk, complex and enduring needs and may be looked after or at risk of being looked after; may be in need of rehabilitation from a care or custodial setting or may be in need of safeguarding.

Source: Hardiker et al (1991) The social policy contexts of prevention in child care, British Journal for Social Work, 21 (4)

¹ this model is used in the DHSSPS (2009) Family Matters Strategy



What works for parenting programmes?

Several comparative studies have been carried out on the evidence base for parenting programmes to determine what works for particular groups of families and children. In general, the following considerations have been shown to be true across a range of programmes and evaluations.

- All parents can at some stage benefit from parenting support programmes
- Early Intervention produces better and more long-lasting outcomes for children, however later intervention can still be useful, particularly when targeting a specific issue.
- For programmes to be successful they must have clearly stated aims and objectives with measurable outcomes.
- Programmes should have a core structure that can be followed closely and implemented with fidelity by trained staff
- Programmes should have a strong evidence base with a clear mechanism of change
- Universal programmes work best for families with no or low identified risk; targeted programmes work best for those families identified as being at higher risk.
- Parenting support programmes work best when they involve parallel sessions with parents, children and families

Potential Outcomes

Programme outcomes will differ depending on the type of programme and the target group. Individual programmes are listed in section 3 of this report alongside their particular outcomes. However a number of core outcome categories for parents and children can be identified across all programmes. According to Moran, Ghate & van der Merwe (2004) these can be summarised under the headings of child-focused, parent-focused and parent-child focused.

Outcome categories

Child-focused outcomes

- a) **Emotional and behavioural development** – including externalising disorders (e.g. conduct problems, antisocial behaviour, offending, attention deficit and hyperactivity disorder, oppositional disorders), internalising disorders (e.g. depression, anxiety) and sleep difficulties; primary prevention of substance misuse (alcohol, drugs, and smoking).
- b) **Educational development** – including school readiness, early literacy and numeracy skills (such as vocabulary use), and educational competence in school years (such as reading and numeracy).

Parent-focused outcomes

- a) **Skills (behavioural aspects of parenting)** – including supervision, monitoring, negotiation, boundary setting, communication.
- b) **Attitudes and feelings/coping/confidence (attitudes to parenting)** – including personal views about coping as a parent rather than observable skills; and parenting stress.
- c) **Knowledge/understanding of child development (cognitive aspects of parenting)** – including knowledge of factual aspects of child care
- d) **Emotional/mental health** – including prevention of depression, enhancing well-being and self-esteem, and reducing psychological distress.
- e) **Social networks** – parents' social isolation or connectedness; access to networks and services.

Parent-child focused outcomes

- a) **Parent-child relationships** – including qualities of relationships such as warmth, attachment; general parent-child interaction and communication; communication with non-target child or other family members; and primary prevention of child abuse and neglect.

Source: Moran, P., Ghate, D. & van der Merwe, A. (2004) *What works in parenting support? A Review of the International Evidence*. London: Department for Education and Skills.



Section 3: Delivery of parenting programmes in Northern Ireland

This section considers
which parenting
programmes are currently
being delivered in
Northern Ireland.





Methodology

Audit questionnaires were distributed widely to Health Trusts, Sure Starts, Department of Education, voluntary and community organisations with instructions to forward to any organisations currently delivering parenting programmes. 26 questionnaires were returned, and these were collated. Meetings have also been held with key stakeholders and practitioners from various programmes, for example a group of Strengthening Families practitioners and Incredible Years coordinators from SEELB. These meetings allowed stakeholders to discuss the wider issues surrounding delivery of parenting programmes in Northern Ireland and to contribute to recommendations for the way ahead.

Numerous lists have been compiled globally on effective evidence-based parenting programmes, ranked on such factors as evaluation quality, impact, replication or sustainability of effects. In compiling the list of parenting programmes below, several of these sources were referenced:

- Recommended programmes from 'Early Intervention: The Next Steps' (Graeme Allen, 2011) <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>
- Colorado Blueprints Model Programmes (<http://www.colorado.edu/cspv/blueprints/modelprograms.html>)
- United Nations Office on Drugs and Crime (ONODC) recommended evidence-based parenting programmes <http://www.unodc.org/>

Parenting support programmes
work best when they involve
**parallel sessions with parents,
children and families.**

Evidence based programmes currently being delivered in Northern Ireland

The following table highlights the programmes currently delivered in Northern Ireland, and the Trust areas they are delivered in (as identified by the survey responses and stakeholder interviews), alongside the evidence based and targeted outcomes, taken from the review literature.

| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|---------------------------------|--|---|--|-------------------------------------|
| Incredible Years | Developed by Dr Carolyn Webster-Stratton, Director of the Parenting Clinic at the University of Washington, in 1984. The programme aims to reduce behaviour problems and to promote problem solving skills, social competence and emotional regulation. Programmes are aimed at parents or teachers of children aged 0-12. The IY series is a set of eight developmentally based training programmes for parents (five programmes), teachers (one programme), and children (two programmes). | All the programmes have been well evaluated globally by independent researchers using RCT studies, and have been shown to be highly effective. In particular studies have shown the importance of delivering the programme to fidelity for effective outcomes. In the UK, studies have been completed by Kings College London, Bangor University, and Trinity College among others. The Incredible Years programme is one of Blueprint's model programmes. Level 1 Programme (Graham Allen report) | Outcomes include: <ul style="list-style-type: none"> • Reduction in anti-social behaviour and aggression • Increased praising behaviour and positive affirmation by parents and teachers • Positive change in emotional and behavioural difficulties • Increase in pro-social behaviours and problem solving • Improved social competence • Improved positive family communication • Improved parent interaction with teachers and classroom • Improved school readiness and engagement in school activities | All Trust areas |
| Family Nurse Partnership | Based on work by Professor David Olds at the University of Colorado, FNP is available to young, pregnant women expecting their first child. Mothers receive a visit from their family nurse on a weekly or fortnightly basis, until the child's 2nd birthday. The programme aims to provide support and instructive parenting skills to new parents. Advice and support is provided on a range of topics including: <ul style="list-style-type: none"> • Personal health • Environmental health • Life course development • Maternal role • Family & friends • Health and human services • Pregnancy advice | FNP is based on attachment theory, ecological theory and self-efficacy theory. RCTs have been conducted across USA with significant positive outcomes, and a large scale RCT is ongoing across the UK with results expected in 2013. FNP is one of Blueprints model programmes. Level 1 Programme (Graham Allen report) | Initial outcomes for the FNP based on UK evaluation includes: <ul style="list-style-type: none"> • Early signs that clients now have aspirations for the future and cope better with pregnancy, labour & parenthood • Reduction in smoking during pregnancy • Breast feeding initiation rate higher than national rate • Significant improvement in self-esteem linked to positive behaviour change in mothers • Improvement in regular use of birth control and subsequent spacing out of future pregnancies • Increase in return to education and employment for parents | Western Southern and Belfast |



Parenting Programmes

Audit of delivery in Northern Ireland



| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|----------------------------------|--|---|---|---|
| Functional Family Therapy | <p>This programme was designed by Dr James Alexander in Utah and is aimed at children aged 10-18 and their families where there are severe behaviour problems and chronic delinquency. The programme helps to increase supportive interaction within the family and reduce aggressive interaction, through 3 phases delivered across 3-4 months:</p> <ul style="list-style-type: none"> • Engagement and Motivation • Behaviour change • Generalisation <p>FFT is currently delivered in Northern Ireland by Action for Children in partnership with the Northern Health and Social Care Trust and funded by The Big Lottery Realising Ambitions.</p> | <p>FFT is evaluated internally after each programme delivery using a pre-and post therapy systematic online assessment. Externally, the programme has been evaluated widely across USA, with positive outcomes. An RCT is currently being conducted in England.</p> <p>Functional Family Therapy is one of the Blueprints model programme</p> <p>Level 1 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Reduction in criminal reoffending and frequency of offences • Reduction in substance abuse • Reduction in sibling court involvement • Improved family communications • Reduction in aggressive behaviour | Northern |
| Multisystemic Therapy | <p>MST was developed by Dr. Scott Henggeler and his work at the Family Services Research Centre, Medical University of South Carolina. Delivered by Extern, this is a goal-oriented, flexible treatment targeting young people at risk of offending, anti-social behaviour or entering long term care or custody. The programme aims to empower families to build a home environment that supports and sustains positive behaviour change.</p> | <p>MST has been widely tested internationally, with numerous RCT studies from independent sources finding it to be highly effective. More recently the first UK RCT of MST was completed by the Brandon Centre in London, with similar findings.</p> <p>MST is one of Blueprints model programmes.</p> <p>Level 1 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Improved family functioning • Reduced substance abuse • Reduced mental health problems for young people • Reduced care/custody placements • Reduced long-term re-arrest rates | Referrals taken across all Trust areas |

| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|---|---|--|---|-------------------------|
| Start Taking Alcohol Risks Seriously (STARS) | This school based programme was developed in the University of Florida at the Center for Drug Prevention Research, and aims to prevent alcohol use in adolescents (aged 11-14). Alongside schools sessions with nurses, parents receive postcards with key information, which they then discuss with their child. Sessions are targeted to the specific level of need for each child. | <p>The STARS for Families programme has been evaluated in USA using a series of RCT designs. To date no UK evaluations have been undertaken.</p> <p>Level 1 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Avoidance of or reduction in use of alcohol among participating young people | All trust areas |
| Triple P | Developed in Australia at the University of Queensland, and aimed at parents of children aged 2-12 with mild to serious concerns about the child's behaviour, this programme assumes that parenting practices may unintentionally reinforce children's behavioural and emotional problems. The programme aims to identify specific practices that might encourage negative behaviour, and replace them with strategies to promote good behaviours. There are 5 tiers of intervention for different age groups, and each tier has programmes of increasing strength depending on level of risk. Triple P is currently being delivered in Ireland by Longford Westmeath Parenting Partnership and in NI by NSPCC. | <p>Triple P is based on theories of child development as well as social learning theory. There is strong evidence to support the programme, both long and short term, with numerous RCTs and other studies showing positive outcomes for children.</p> <p>Level 3 Programme (Graham Allen report)</p> <p>Blueprints Promising Programme</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Decrease in child's disruptive behaviour • Increase in parental confidence • Decrease in dysfunctional parenting styles • Reduction in parent-child conflict • Decreased stress and anxiety in parents | Belfast |



Parenting Programmes

Audit of delivery in Northern Ireland



| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|---|--|--|--|--|
| Strengthening Families | <p>The Strengthening Families programme was developed in 1983 by Dr Karol Kumpher, Professor of Psychology at the University of Utah, and was originally designed to reduce risk factors for children in families with a history of parental drug and alcohol abuse. The core aim was to improve the family environment by helping parents to develop discipline techniques and to understand the importance of rewards and positive attitudes in their children. Since its initial conception, prevention and treatment versions have been developed to provide programmes for low- and high-risk families across different age groups.</p> <p>The programme uses separate structured sessions for parents & children to allow both to work on parenting and life skills, followed by a joint parent-child session where both have the opportunity to practice their new skills through experiential exercises.</p> | <p>The programme has been widely evaluated, both in the USA and globally as its implementation has spread. Results have been consistently positive across the evaluations, particularly when comparing the original Lutra programme with the revised Oxford Brookes (UK) model.</p> <p>Blueprints Promising Programme</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Delayed onset or long-term prevention of adolescent substance abuse • Lowered levels of aggression • Reduction in anti-social behaviours in young people • Increased resistance to peer pressure • Improved stress management skills in young people • Development of positive family relationship and parent/child communication skills • Increased parental confidence and skills • Increased ability of parents/caregivers to set appropriate limits and show affection and support to their children | <p>Belfast</p> <p>Northern</p> <p>South Eastern</p> <p>Western</p> |
| Families and Schools Together (FAST) Programme | <p>FAST was developed in USA by Dr Lyn McDonald and comprises a series of after-school programmes which encourage parent involvement with their child and their school. In the USA, there are FAST programmes for each age group, however in the UK the programme is aimed at primary school children (aged 3-9). The overall aim is to promote parental participation within schools and communities; to reduce family stress and social isolation; and to reduce risk factors in children. Save the Children currently deliver the FAST programme in the Belfast area.</p> | <p>There have been 4 RCTs conducted on the FAST programme in USA, with positive results. In the UK (2010), a mixed methods design was used to evaluate the FAST delivery in 15 areas across England, Wales, Scotland and Northern Ireland. Results were consistent with the wider studies.</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Improvement in family cohesion • Strengthened social networks • Improved coping with life stresses • Increased involvement of parents in child's education • Strengthened relationships between parents and teachers • Reduction in family conflict. | <p>Belfast</p> |

| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|--|---|--|---|--|
| Parents Plus – The Children's Programme | Developed in Dublin in 1998 by Dr John Sharry and Prof. Carol Fitzpatrick, the Parents Plus Children's Programme aims to help parents to develop positive communication skills with their children, illustrating ways to encourage good social skills and tackle behaviour problems. | The Parents Plus Programmes are evidence-based approaches and follow international best-practice guidelines as described by the National Institute for Clinical Excellence in the UK. Currently there are nine completed research studies on the Parents Plus Programmes including four RCTs . In addition, the Parents Plus Programmes have been independently evaluated by the National Parenting Academy in the UK and have been awarded top ratings. There is a current RCT ongoing in primary schools across Ireland with results due shortly. | Outcomes include: <ul style="list-style-type: none"> • Reduced behavioural problems • Reduced parental stress • Stronger and more satisfying relationships between parent and child • Increased positive behaviour • Increased self confidence and self esteem in children • Improved problem solving behaviour for parents and children | Western |
| Growing Child Programme Lifestart | <p>The Lifestart <i>Growing Child</i> parenting programme and Home-Visitation Service is an evidence-based and outcomes focused preventive social intervention based on strong empirical research on parenting and child development. It is aimed at improving outcomes for children by educating parents of children up to the age of 5 on how young children develop and learn and by assisting parents:-</p> <ol style="list-style-type: none"> 1. to provide appropriate care and nurture and 2. to establish and maintain good parental practices and a good home-learning environment <p>The Lifestart <i>Growing Child</i> programme is delivered through monthly visits by a trained family visitor who shares age appropriate, evidence-based information on child development with parents. The visitor works through practical activities with the parent and child in ways that enable the parent to apply and evaluate this knowledge in the context of their own situation and experiences.</p> | The Lifestart Programme was designed and is regularly reviewed by a panel of experts and it incorporates the latest knowledge, information and techniques relevant to the promotion of child development, health and well-being. The Lifestart programme and home-visitation service is currently the object of a six year random control trial (RCT) involving 424 families in both NI and the ROI. The study has just passed its midpoint and will be completed in December 2014. | <p>Outcomes for Parents:</p> <ul style="list-style-type: none"> • Increased knowledge of child development and greater parental efficacy • Better and more stable relationships with their children • Less stressed and better able to cope with parenting • The capacity to establish a home learning environment • More sensitivity and responsiveness to the child's varied needs • Increased awareness of the importance of parent/child social interaction and play <p>Outcomes for Children:</p> <ul style="list-style-type: none"> • Better child/parent attachment and bonding • Better development outcomes in terms of physical, emotional and mental health • Good cognitive and non-cognitive skills • Good speech, language and communication skills • Positive self-identity and self esteem • Resiliency, coping skills, capacity to self-regulate • School readiness | Belfast Western South Eastern |



Parenting Programmes

Audit of delivery in Northern Ireland



| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|--|---|--|---|-----------------------------------|
| Parenting UR Teen | <p>This 8 week programme was developed by Parenting NI and has the key purpose of improving the parent/adolescent relationship and is based on an authoritative parenting style.</p> <p>The programme covers a range of themes including boundaries, rules, conflict, problem solving and self esteem. Parenting UR Teen is a manualised structured programme designed for parents of teenagers.</p> | <p>This is a new programme developed by Parenting NI themselves. A RCT study has just been completed by ICCR at QUB, with data collected from 145 parents across 14 locations in NI. Positive results were found for teens, parents and overall family functioning.</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> Enhanced parental well-being Improved parent/teenager relationship with decreased levels of stress Increased perceived parental competence and reduced feelings of guilt Positive difference on some important aspects of teenagers social functioning, such as decreased moodiness | All trust areas |
| Ready to Learn (parent component) | <p>Ready to Learn was developed by Barnardo's NI following significant research on educational outcomes and indicators of well-being for children in relation to levels of disadvantage. This is an after-schools club for P1-P3 and focuses on literacy. While its key aim is not as a parenting programme, there is a parallel session completed with parents to help them to create a home environment that is conducive to learning and to become more involved in school life.</p> | <p>RCT evaluation is ongoing across 16 schools in Northern Ireland – programme is due to end in July 2013.</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> Improved literacy in children Increased parental involvement in school life | Belfast Northern |
| Mellow Parenting | <p>The Mellow Parenting programme was developed by a team of Psychologists and Social Workers in Scotland, and is an intensive parenting programme for parents of children under the age of 5. The programme uses video feedback and other techniques to teach parenting skills and promote positive relationships in vulnerable and hard to reach families with complex needs. The core programme has various adaptations including Mellow Bumps, Mellow Babies & Mellow Dads to target specific groups.</p> | <p>The Mellow Parenting programmes are based on theories of child development including social learning theory, attachment theory, behavioural theory and cognitive behavioural theory. The original programme was evaluated using a case-controlled cohort study, with positive outcomes. Mellow parenting has been shown to be particularly effective in engaging hard to reach families, with high levels of retention.</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> Improved parent-child interaction Increased positive parenting skills Accelerated improvement in maternal well-being for mothers experiencing post-natal depression (Mellow Babies) Improved child behaviour | Southern South Eastern |

| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|---|--|---|---|--|
| Solihull Approach Parenting Programme | Family relationship training for all parents of children aged 0-18 with low to moderate needs. The programme aims to help parents reflect on their child's behaviour and their relationship with their child using the processes of containment, reciprocity and behaviour management. | The Solihull Approach Parenting Group is based on theories of child development, psychoanalytic theory and behaviourism. An evaluation of the pilot study has been completed however the programme is not currently more widely evidenced. | Preliminary findings from the pilot study have shown: <ul style="list-style-type: none"> • Significant reductions in mothers levels of anxiety • Improvements in child's behaviour | Southern |
| Family Links Nurturing Programme | This universal 10-week programme was developed by a Child Psychologist researching highly dysfunctional and abusive family interactions in the Colorado area, and helps to build parent and child's relationships, confidence and skills through focus on 4 areas: self-awareness, appropriate expectations, empathy and positive discipline. Parents are helped to address their own emotional needs before focusing on positive parenting practices. | As a well established programme started in the USA, there have been numerous evaluations carried out on this programme. An evaluation has just been completed of the Nurture Programme in England with positive results for children, parents and families. | Outcomes include: <ul style="list-style-type: none"> • Improved child behaviour • Improved parent's mental well-being • Improved family relationships | Northern Western Southern |
| Peers Early Education Partnership (PEEP) | The PEEP programme was developed in an area of low socio-economic status in Oxford in 1995, and helps parents to make the most of every day opportunities such as reading, playing, singing or talking to help their infants become confident communicators and active learners. | The University of Oxford has completed 4 independent studies of the programme, alongside ongoing programme evaluation during delivery. | The PEEP programme has been shown to: <ul style="list-style-type: none"> • successfully reach isolated families and engage them in their children's learning • help parents become more aware of their children's development and how to foster it • help children develop good foundations for literacy and strong self-esteem • enable practitioners from a wide range of professions to develop new skills and fresh approaches to unlock parents' potential rather than focus on their problems | Western |



Parenting Programmes

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| Programme | Outline | Evidence base | Targeted Outcomes | Trust areas of delivery |
|--|--|---|--|-----------------------------------|
| Developing Everyone's Learning and Thinking Abilities Programme (Delta) | Developed by the Southern Education and Library Board, this programme is a multi-agency partnership initiative. The aim of the programme is to develop parenting skills, raise confidence and awareness among parents, to share knowledge and skills, and give parents support by means of individual and group exercises using research based information and advice. | As a locally developed programme, evaluations have been commissioned by the SELB from independent bodies. Evaluations have shown the programme to be successful in meeting its outcomes as well as in its collaboration with other parenting programmes. | Outcomes include: <ul style="list-style-type: none"> • Increased parental confidence • Increased parental knowledge of education issues • Increased involvement of parents in child's education • Improved communication skills for both parent and child • Improved children's interaction with other children | Southern Western |
| Home-Start | Developed by a voluntary worker in the Children's Department of the City of Leicester, Home-Start aims to increase confidence and independence in families through visits in their own home from volunteers with parenting experience themselves. Volunteers will offer advice, support and practical help to improve parents' skills and emotional health and well-being. | Home-Start programmes have been evaluated locally and nationally, reporting varying degrees of success. Programmes have been shown to produce a high level of parent satisfaction; however there is no clear evidence that the programme has made a difference in terms of outcomes for the families involved. There is concern that families most at risk may be less likely to agree to this type of support. | Outcomes include: <ul style="list-style-type: none"> • Increased parental confidence and knowledge • Improved parental well-being • Improved parent-child relationships | All Trust areas |
| New Parent Programme | Primarily for first time vulnerable mothers, this intensive home visiting programme aims to improve maternal & paternal health and well-being, improve parent-infant attachment and parental self efficiency. Visits start from 20 weeks into pregnancy. The programme emphasises links with other support programmes such as Sure Start and aims to act as a connection between this local support and the most vulnerable and hard to reach parents. | Impact data being collected by the Institute of Childcare Research at QUB (based on principles of Nurse Family Partnership – evidence based programme) Further research is being investigated. | Outcomes include: <ul style="list-style-type: none"> • Improved parent and infant mental health • Increased parental confidence & self-efficacy • Young people better prepared for parenting • Reduction in substance abuse during pregnancy • Increase in birth weights • More secure baby attachment • Increased breast feeding rates • Positive engagement with young fathers | South Eastern |

Evidence based parenting programmes not currently delivered in NI (but highlighted as effective programmes by various sources)

| Programme | Outline | Evidence base | Outcomes |
|--|---|--|---|
| Parent Child Home Programme | Developed in the USA in the early 1960's as a way to reduce the growing number of High School dropouts, this programme aims to strengthen parent and child bonding and to encourage a love of learning with a 'learning through play' approach. Targeted at families with children aged 0-4 and lasting for 2 years, the programme uses a home visitor to model verbal interaction for the parent and child. Books and toys are used to encourage play and learning. | <p>The Parent Child Home Programme has been widely studied over the last 45 years, across USA & Canada. Positive outcomes have been found for children, parents and families, and the programme has been effectively replicated across a diverse range of populations.</p> <p>The programme has more recently been introduced in Ireland and a 2 year baseline study is currently underway by Trinity College, Dublin.</p> <p>Level 1 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Increased positive interactions between parents and child • Increase in educational activities in the home environment • Improved long-term educational attainment • Reduction in the need for special education classes • Increase in receptive vocabulary |
| Parent Child Interaction Therapy | Parent Child Interaction Therapy was developed by Sheila Eyberg at the Oregon Health Sciences University in 1974. Using Child Directed Interaction (similar to play therapy) and Parent-Directed Interaction (similar to clinical behaviour therapy) this programme aims to improve the quality of parent child interaction and relationships. Parents are taught skills to establish a secure and nurturing relationship with their child, while at the same time increasing their child's pro-social behaviour and decreasing negative behaviour. | <p>Based on authoritative parenting, this programme was developed from attachment and social learning theories. PCIT is widely evidenced across USA, including RCT studies, with consistently positive results.</p> <p>Level 2 programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Reduction in abnormal behaviours • Increased pro-social verbalisation and reflective listening • Decrease in sarcasm and criticism of the child • Decrease in parental stress • Increase in parental self-control |
| Schools and Families Educating Children (SAFE Children) | This family focused programme aims to increase academic achievement and reduce risk of anti-social behaviour, aggression and future substance abuse. The programme has two components: family group sessions (20 x 2 hour sessions) dealing with parenting skills, family relationships, school and neighbourhood issues etc; and a reading tutoring programme for the child. | <p>Evaluated widely across USA including RCT design, with positive outcomes across reading ability, problem behaviours and parental involvement.</p> <p>Level 2 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Increased parenting skills • Reduced anti-social behaviour • Improved family relationships and parent-child communication skills • Decreased aggression and other behavioural problems • Improved reading ability • Increased parental involvement in their child's education |



Parenting Programmes

Audit of delivery in Northern Ireland



| Programme | Outline | Evidence base | Outcomes |
|-----------------------------|---|---|--|
| Guiding Good Choices | This programme was developed by Drs. Hawkins & Catalano at the University of Washington, alongside the Channing Bete Company. Guiding Good Choices is a drug use prevention programme that aims to provide parents with the knowledge and skills they need to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family and teach skills that allow children to resist drug use. | Tested widely across the USA including use of RCT design. Little evidence currently available of the programme's success in UK. Level 3 Programme (Graham Allen report) Blueprints Promising Programme | Outcomes include: <ul style="list-style-type: none"> • Reduced substance use two years after intervention completion, and longer term • Significantly lower rates of increase in initiation of drinking • Less drinking in the past month • Increased parent communication of substance abuse rules and consequences • Greater involvement in family activities and decisions and better ability to manage anger and conflict. |
| Parents as Teachers | The Parents as Teachers (PAT) program was developed in 1981 by the Missouri Department of Elementary and Secondary Education. It is an early childhood parent education program that aims to improve child development and school achievement through monthly home visits and group meetings. Parents receive coaching in areas such as parent-child interaction, developmental-centered parenting & family well-being. | 4 independent RCTs have been completed in USA (where the programme was developed), alongside several peer-reviewed published outcome studies. Level 3 Programme (Graham Allen report) | Outcomes include: <ul style="list-style-type: none"> • Increased parental knowledge (eg discipline styles, child development) • Increased parental involvement in child's education, including school contact • Parents more likely to read to their children and to have books in the house • Increased school readiness • Improved parent-child relationships • Increased resilience and decreased stress in parents |

| Programme | Outline | Evidence base | Outcomes |
|---------------------------------|---|---|---|
| Stop Now and Plan (SNAP) | <p>SNAP is a cognitive-behavioural strategy that helps children under the age of 12, and their parents, regulate angry feelings by getting them to stop, think, and plan positive alternatives before they act impulsively. The programme was developed by the Child Development Institute, Canada, and is aimed at children who have identified disruptive behavioural problems.</p> | <p>An RCT has been completed on the original programme by the Child Development Institute, Canada. Various independent evaluations (full and modified replications) have since been undertaken in Canada, United States, Europe and Australia to ascertain whether SNAP can be successfully replicated with similar outcomes. Studies include implementation, process, and outcome evaluation/ research activities. Some also include 3rd party external evaluations, random controls, and quasi-experimental designs.</p> <p>Level 3 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Improved social competency • Decrease in aggression, anti-social behaviours, anxiety & depression in children • Increased parental confidence in dealing with issues and reduction in stress • Improved parent-child interaction • Increased pro-social skills |
| First Step to Success | <p>Currently delivered in USA, First Step to Success was developed by Walker et al (1997) with funding from the US Office of Special Education Programmes. It consists of three interrelated components:</p> <ul style="list-style-type: none"> • a proactive, universal screening of all young children entering school to identify children at-risk, • a school intervention that teaches the child an adaptive, pro-social pattern of school behaviour; and • a home intervention component, HomeBase, that instructs parents in key skills for supporting and improving their child's school adjustment and performance. | <p>The programme has been evaluated using RCT and pre/post test design, in both the original setting and across various replication sites. The specific effects of the Home Base component have not as yet been tested separately from the school component.</p> <p>Level 3 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Building of links between home and school • Increased parental involvement in child's education • Improved parenting skills • Increased problem solving skills • Improved parent/child communication skills and relationship |



| Programme | Outline | Evidence base | Outcomes |
|------------------------|--|---|--|
| Positive Action | <p>Developed by Dr Carol Gerber Allred in USA, this programme aims to teach parents and children the benefits of taking positive actions in physical, intellectual, social and emotional issues, helping all to feel good about themselves and how they treat others.</p> <p>The programme can be delivered in schools, families or community wide. For the family programme, families take part in seven two-hour classes, then work through a 42 session kit at home, containing music, posters and a variety of other hands-on materials.</p> | <p>This programme takes a whole child approach and has been rigorously tested in USA using RCT designs. The school programme has been tested through an RCT study in the initial site in Hawaii (with long term follow up study) and in a more recent pilot programme in Chicago. The family programme has also been tested using an RCT design in Utah (2010). All evaluations confirmed positive outcomes for parents and child.</p> <p>Level 3 Programme (Graham Allen report)</p> | <p>Family programme outcomes include:</p> <ul style="list-style-type: none"> • Increased family cohesion and parent/child bonding • Increased parental involvement • Reduced conflict • Improved decision making for parents and children |
| Dare to be You | <p>Aimed at families with children aged 2-14, this programme was developed at Colorado State University. The programme has different models for each age group, however includes components on responsibility, personal efficacy, self-esteem, communication and social skills, problem solving and decision-making skills, and child development and home-management strategies. The programme also provides families with booster sessions and monthly family group meetings along with periodic community events for ongoing support.</p> | <p>The Dare to be You programme has been implemented widely across USA and evaluations have been conducted across many of these sites (including an RCT).</p> <p>Level 3 Programme (Graham Allen report)</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • improvement in the parents' sense of competence, satisfaction with, and positive attitude about, being a parent • Increased use of nurturing family management strategies • Decreases in the parents' use of harsh punishment • increases in the children's developmental levels compared with non-participant peers |

| Programme | Outline | Evidence base | Outcomes |
|---------------------------|---|---|---|
| Parenting Wisely | Developed at Ohio University and based on the Functional Family Therapy model, this programme is a self-administered, computerised parenting skills programme for those with children up to the age of 18 who are at risk of anti-social behaviour or substance abuse. The programme is completed over 2-3 hours and teaches parents constructive skills to deal with issues such as anti-social behaviour, substance abuse or school problems. | Studies have been completed across USA (including five RCT designs). Evaluations have been conducted in various settings and across diverse populations, with positive findings. Level 3 Programme (Graham Allen report) | Outcomes include: <ul style="list-style-type: none"> • Increased knowledge & use of good parenting skills • A decrease in child behaviour problems • Improved problem solving • Reduced spousal violence & violence toward their children • Reduction in maternal depression |
| Preparing for Life | Aimed at pre-natal parents and parents of children aged 0-5 and delivered in disadvantaged areas throughout North Dublin by Northside Partnership, this programme aims to improve school-readiness of young children by intervening early in pregnancy and working with families until the children start at school. Programme delivery uses a variety of methods such as home visits, group training of parents (based on Triple P), information services & public health workshops. | The Preparing for Life programme was based on a wide range of evidence on school readiness. Evaluation of the Pfl programme is ongoing by University College, Dublin, and results are not expected until 2014. Interim findings show positive effects in social support, home environment and safety and parenting skills. http://geary.ucd.ie/preparingforlife/?page_id=32 | Outcomes include: <ul style="list-style-type: none"> • Higher level of immunisation rates • Improved eating habits • Improved parent-child interactions • Safer home environment • More appropriate learning materials • Mothers less likely to be hospitalised after birth • Improved community social connections for mother |



| Programme | Outline | Evidence base | Outcomes |
|-----------------------------------|---|---|--|
| Ready Steady Grow | <p>This was developed and is delivered by Young Ballymun, Dublin. Aimed at infants and toddlers pre-birth to 3 (and their parents/carers), the Ready Steady Grow programme promotes supported and healthy pregnancy and the social and emotional development of infants, toddlers and their families. The programme has 3 strands:</p> <ol style="list-style-type: none"> 1. Antenatal Support 2. Parent-Child Psychological Support Programme 3. Infant Mental Health | <p>Initial evaluation of the programme is ongoing (by the Geary Institute) and results are expected in early 2013.</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Improved health and well-being during pregnancy and infancy • Improved child development outcomes • Strengthened parent-infant relationships. |
| Building Bridges programme | <p>This programme is targeted at families where parents have mental health difficulties. Delivered in the family home, the programme supports the parent or carer while also responding to the separate but related needs of the children. The service is flexible and on demand, and tailored to the needs of the individual family.</p> | <p>An independent evaluation of the programme delivery across London was carried out in 2011 by Family Action. The evaluation found the programme to be effective in preventing family breakdown and a child entering care, therefore reducing the need for major intervention.</p> | <p>Outcomes include:</p> <ul style="list-style-type: none"> • Improved parental confidence and state of mind • Improved parent-child relationships • Improvement in child's behaviour both at home and at school • Improved educational achievements |

Other parenting programmes currently delivered in NI

Alongside these evidence based programmes, many organisations are delivering supplementary parental support and guidance through a range of programmes and courses. Many of these focus specifically on parenting skills, while others offer more practical skills. A selection of these are highlighted below.

| Programme | Description |
|---|--|
| Cook it! | A community nutrition education programme supporting parents to develop knowledge and skills in healthy eating and cooking, and the safe handling of food. |
| Baby massage/ Baby yoga | Promotes skin to skin contact with mother and baby and therefore encourages attachment. |
| Parent Craft | Delivered across health trusts to expectant parents, this programme provides practical advice on preparing for the birth and looking after baby |
| Lads to Dads | A parenting scheme delivered to young first time fathers in Belfast, helping them through issues such as self-esteem, anger-management and sex-education and ultimately helping them to deal with the pressures of fatherhood. |
| Barnardo's Preparing for Release programme | This programme helps prisoners prepare for returning to family life after release. |
| Barnardo's Being a mum/dad programme | This programme helps parents who are in prison to develop sustained and positive relationships with their children and to better understand the issues that their child will be facing. |
| Health Promoting Homes programme | Includes the Cook it! programme, physical fitness coaching and a personal development, self esteem and assertiveness course. The programme is delivered in various sites across Northern Ireland and is free to parents of children under 4 years of age. |
| Hanen 'You make a difference' programme | This parent-toddler programme, developed in Canada, helps parents to foster and enrich their child's language and literacy development and social skills through the use of everyday routines and activities. |
| Talking About Tough Issues | This three session workshop aims to help families to find ways to avoid alcohol and drug issues as well as other risk taking behaviour in their children. The course helps parents to build the confidence to talk to their children openly around a range of challenging issues in order to positively influence their attitudes. |



| Programme | Description |
|--|---|
| Handling Children's Behaviour/ Handling Teenage Behaviour | These courses, developed by Future for Families, are delivered by Action for Children and enable parents/carers to take control of their children's behaviour and improve confidence & self-esteem. Programmes can be delivered individually or to groups. |
| Parental Separation Support Programmes | This programme offers advice, guidance and support for children and families who are experiencing a relationship break-up. |
| Parenting NI: Sink or Swim | This six- week programme deals sensitively with the issues faced by children when a parent becomes mentally unwell. It offers practical tips and factual information to meet the child's needs and reduce their anxiety when their parent is experiencing a mental illness. |
| Parenting NI: Parent's Anger Management Programme (PAMP) | This programme allows parents to explore their reaction to anger and how their anger impacts on the children and how to identify the triggers and find positive ways of managing their anger. |
| Parenting NI: Parenting Apart | Aimed at parents who have separated, are separating, divorced or thinking of divorce. The programme will provide practical advice and guidance on what children need to know, and what parents can do to meet their needs. |
| Parenting NI: Managing Children's Challenging Behaviour | This programme helps parents to understand why children can be disruptive and recognise the triggers to behaviour. The course gives practical tips on how to reinforce positive behaviour. |
| Parenting NI Helpline and advice service | This programme provides confidential support and guidance to all family members when needed. |
| PEAL (Parents Early Years and Learning) | PEAL trains practitioners in how to engage directly with parent's and children's learning. |



Section 4: Summary and recommendations

Each of the key evidence-based parenting programmes highlighted will be targeted at families with differing levels of need.

The following table demonstrates the target level of need for each programme, as per the Hardiker Model (described on page 7). It is important to note that many programmes span several levels in order to meet particular needs.





Parenting Programmes

Audit of delivery in Northern Ireland



Programmes currently delivered in NI

Programmes are not currently delivered in NI

| Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|--------|--------|--------|
| Families & Schools Together | | | |
| DELTA | | | |
| Parents Early Education Partnership | | | |
| Nurturing Programme | | | |
| Ready to Learn | | | |
| Ready Steady Grow | | | |
| Parents as Teachers | | | |
| Parent Child Home Programme | | | |
| Dare to Be You | | | |
| Positive Action | | | |
| Guiding Good Choices | | | |
| SAFE Children | | | |
| Preparing for Life | | | |
| Parents Plus – The Children's Programme | | | |
| Strengthening Families Programme | | | |
| Parenting UR Teen | | | |
| Growing Child Programme (Lifestart) | | | |
| New Parent Programme | | | |
| Parenting Wisely | | | |
| First Step to Success | | | |
| Stop Now and Plan | | | |
| Solihull Parent Programme | | | |
| Parent Child Interaction Therapy | | | |
| Start Taking Alcohol Risks Seriously (STARS) for families | | | |
| Homestart | | | |
| Mellow Parenting | | | |
| Building Bridges | | | |
| Functional Family Therapy | | | |
| Multisystemic Therapy | | | |
| Family Nurse Partnership | | | |
| Incredible Years | | | |
| Triple P | | | |

Conclusions and recommendations

This paper has outlined current provision of parenting programmes in NI. This scoping and review work has identified several key issues:

- 1. Lack of contemporary knowledge regarding parenting programmes in NI:** This review has started a process of gathering information but cannot claim to be exhaustive. It should be noted that some programmes are evidence-informed rather than evidence-based. Many programmes, while rigorously tested in other contexts, have not been tested in the NI context (which can have implications in relation to outcomes). Critically, the work commenced by this project must be continued with a central source of parenting information available for commissioners and practitioners.
- 2. Development of improved referral pathways:** There is no evidence of clear referral pathways for the parenting programmes and a disparity across NI regarding what programme is delivered where. Family Support Hubs are being developed in order to create the necessary structure to facilitate clear referral pathways based on varying needs. The Hubs are currently (Jan 2013) in the development phase. A clear framework is needed to ensure referral agents and families are aware of and have access to services according to need and equally across the region.
- 3. Comprehensive information service for parents:** The family support database gives an extensive list of providers in different areas, however is not designed to provide differentiated information on programmes. Parents need to be able to access up to date and comprehensive information on the programmes available to them.
- 4. Tiered support:** Families need different support at different times in their lives. It is critical that commissioners and policy makers understand the role of each intervention according to the Hardiker Model i.e. what is appropriate for each tier. Notably, the current parental support available in Northern Ireland is largely aimed at tier one and two, with less support available at tier three/four.
- 5. Standards and Implementation:** Some programmes in NI have weak accountability for poor standards, with practice falling below fidelity requirements and/or implementation that needs to be improved. A system of monitoring and evaluation is required to ensure that all programmes are delivered to fidelity for maximum outcomes.
- 6. Differentiated levels of development:** A number of evidence based and evidence informed parenting programmes are unevenly developed and delivered across NI. We need to develop a regional approach whereby all parents have equal access to services when required and to the same standard, regardless of location.
- 7. Agreed Outcome for Parenting for NI:** In Northern Ireland we need to agree an outcome that we are trying to achieve for parents, and programmes should then be commissioned to deliver that agreed outcome. For example: ***Parents will have strong positive relationships with their children.***
- 8. Understanding parents' needs:** Policy makers need to understand parents' requirements in supporting their children to reach their full potential. For some parents public information campaigns and websites may be enough, for others, more intensive support may be required. What is clear is the need to make the availability of programme support more transparent and accessible for parents so they are viewed as an early intervention rather than a last resort.



Section 5: References

5

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We need to develop a regional approach whereby all parents have equal access to services when required and to the same standard, **regardless of location.**



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