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Supporting Parenting

EARLY CHILDHOOD IN FOCUS

Series edited by Martin Woodhead and John Oates

Early Childhood in Focus is a series of publications produced by the Child and Youth Studies Group at The Open University, United Kingdom, with the support of the Bernard van Leer Foundation.

The series provides accessible and clear reviews of the best and most recent available research, information and analysis on key policy issues, offering clear messages on core policy topics and questions, relevant to the Foundation's three themes of Strengthening the Care Environment, Successful Transitions, and Social Inclusion and Respect for Diversity.

Each publication is developed in consultation with world leaders in research, policy, advocacy and children's rights. Many of these experts have written summaries of key messages from their areas of work especially for the series, and the accuracy of the content has been assured by independent academic assessors, themselves experts in the field of early childhood.

The themes of the series have been chosen to reflect topics of research and knowledge development that address the most significant areas of children's rights, and where a deeper understanding of the issues involved is crucial to the success of policy development programmes and their implementation.

These publications are intended to be of value to advocates for the rights of children and families, to policy makers at all levels, and to anyone working to improve the living conditions, quality of experience and life chances of young children throughout the world.

SERIES EDITORS

Martin Woodhead
John Oates
Child and Youth Studies Group
The Open University
Milton Keynes, United Kingdom

SERIES ADVISERS

Robert Myers, independent consultant, Mexico
Maureen Samms-Vaughan, Executive Chair, Early Childhood Commission, Jamaica

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Diversity and Young Children: Developing positive identities
Effective Early Childhood Programmes

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Netherlands

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Supporting Parenting

Editor

John Oates



EARLY CHILDHOOD IN FOCUS 5

The United Nations Committee on the Rights of the Child General Comment No. 7, offering guidance to States parties on rights in early childhood under the United Nations *Convention on the Rights of the Child* (United Nations, 1989), includes a section on assistance to parents:

Early childhood is the period of most extensive (and intensive) parental responsibilities related to all aspects of children's well-being covered by the Convention: their survival, health, physical safety and emotional security, standards of living and care, opportunities for play and learning, and freedom of expression. Accordingly, realizing children's rights is in large measure dependent on the well-being and resources available to those with responsibility for their care. Recognizing these interdependencies is a sound starting point for planning assistance and services to parents, legal guardians and other caregivers. For example:

- (a) An integrated approach would include interventions that impact indirectly on parents' ability to promote the best interests of children (e.g. taxation and benefits, adequate housing, working hours) as well as those that have more immediate consequences (e.g. perinatal health services for mother and baby, parent education, home visitors);
- (b) Providing adequate assistance should take account of the new roles and skills required of parents, as well as the ways that demands and pressures shift during early childhood – for example, as children become more mobile, more verbally communicative, more socially competent, and as they begin to participate in programmes of care and education;
- (c) Assistance to parents will include provision of parenting education, parent counselling and other quality services for mothers, fathers, siblings, grandparents and others who from time to time may be responsible for promoting the child's best interests;
- (d) Assistance also includes offering support to parents and other family members in ways that encourage positive and sensitive relationships with young children and enhance understanding of children's rights and best interests.

(United Nations Committee on the Rights of the Child, 2005, Paragraph 20)

(See also *A Guide to General Comment 7: Implementing child rights in early childhood* (2006) by the United Nations Committee on the Rights of the Child, UNICEF and the Bernard van Leer Foundation.)

EDITOR

John Oates, Senior Lecturer in Developmental Psychology, Child and Youth Studies Group, The Open University, United Kingdom

CONTRIBUTORS

Jay Belsky, Director, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, United Kingdom

Janet Boddy, Senior Research Officer, Thomas Coram Research Unit, Institute of Education, University of London, United Kingdom

Tanya Byron, Consultant Clinical Psychologist and Chancellor, Edge Hill University, Ormskirk, United Kingdom

Sascha Kowalenko, Clinical Psychologist, Central Australian Aboriginal Congress, Alice Springs, Australia

Edward Melhuish, Professor of Human Development, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, United Kingdom

Heather Montgomery, Senior Lecturer, Child and Youth Studies Group, The Open University, United Kingdom

David Olds, Professor of Pediatrics, Psychiatry, Nursing and Preventive Medicine, Prevention Research Center for Family and Child Health, University of Colorado at Denver, United States of America

Matthew Sanders, Professor of Clinical Psychology, University of Queensland, Brisbane, Australia

Stephen Scott, Director of Research, National Academy for Parenting Practitioners, Kings College, University of London, United Kingdom

Marinus van IJzendoorn, Professor of Child and Family Studies, Leiden University, Netherlands

ACADEMIC ASSESSOR

Edward Melhuish, Professor of Human Development, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, United Kingdom

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Preface

Increasingly, policies are being put in place by governments to identify and provide services to parents who are seen as needing additional support in fulfilling their parenting roles.

Such policies can be justified on the basis of young children's rights as well as the accumulating evidence that many problems of development, behaviour and mental health in older children and adolescents can be tracked back to early childhood and specifically to parenting.

Programmes for earliest childhood often have a specific focus on helping parents to achieve secure attachments with their children, since the evidence is strong that attachment insecurity in early childhood is linked to poorer developmental outcomes and behaviour problems in later childhood and adolescence. Other programmes are designed to promote positive parenting and responsive support for children's learning. While some programmes employ particular methods to achieve specific goals, many others have broader aims, such as improving nutrition, health and education, recognising that parenting is dependent on its context, which may not always give adequate support.

Whether the programmes are effective and appropriate is a matter that needs to be taken seriously by policy makers and advocates for children's rights. There are also fundamental questions to be asked about whether the assumptions about 'good' parenting that underlie the various intervention models used around the world are sufficiently informed by the great variety of ways in which children are helped by their parents to live good lives. This publication examines the case for parenting interventions, addresses the diversity of supportive parenting internationally, and encourages policy makers, advocates and practitioners to critically evaluate policies that aim to affect the ways in which parents enact their parenting roles.

It is clear that decisions about which programme(s) to adopt or emulate for specific situations should recognize that a 'one size fits all' approach is not tenable. The evidence is that effective programmes are those which are tailored to local parenting challenges and priorities as well as to cultural and socioeconomic circumstances. The focus of this booklet is mainly on programmes originating in economically rich Western countries, which have been informed by research and fully evaluated. Caution is needed in assuming that these will be relevant globally.

This publication focuses specifically on programmes that are directed at enhancing parents' practices and skills. The range of different potential approaches is explored, through the use of contrasting examples, along with reasons why particular solutions might be chosen.

John Oates
Editor

I.

Parenting and children's well-being

Parenting is a crucial element in the well-being of children; 'good' parenting is parenting that confers on children the benefits of resilience, well-being, self-worth, social competence and citizenship values.

'Good' parenting can take many forms; it is adaptable to local conditions and is a core component of culture.

With adequate support from their prior experience and their living context, parents the world over can seek to assure their children's health, survival and full participation in cultural and economic activities.

The long-term benefits for society and individuals of well-designed programmes for parenting support far outweigh the cost of the initial investment.

Seeking and listening to children's voices, and taking account of their perspectives and views, are important components of programmes that aim to improve their lives.



Parenting goals

Ensuring survival and health, developing economic autonomy, and maximising cultural values are universal goals of parenting – but poverty limits them

Based on extensive cross-cultural studies, LeVine identified three universal goals of parenting:

- 1 The physical survival and health of the child, including (implicitly) the normal development of his [or her] reproductive capacity during puberty.
- 2 The development of the child's behavioral capacity for economic self-maintenance in maturity.
- 3 The development of the child's behavioral capacities for maximizing other cultural values – e.g. morality, prestige, wealth, religious piety, intellectual achievement, personal satisfaction, self-realization – as formulated and symbolically elaborated in culturally distinctive beliefs, norms, and ideologies.

(LeVine, 1977, p. 20)

LeVine went on to argue that there is a 'natural hierarchy' among these goals, so that the first goal is the most fundamental priority, because it is a prerequisite of the other two goals. In situations of extreme adversity or deprivation, where parents are not assured of the survival of their children, they may well postpone the other two goals until the first is secured. In more favourable circumstances, parents are more likely to devote time and energy to the second and third goals.

In societies where infant mortality is high and the early years of life are the most dangerous, such as in some parts of Africa, mothers have traditionally kept their children in very close contact with them, carrying them everywhere and breastfeeding them for up to 2 years. They feed them on demand but, according to LeVine, they generally do not treat them as emotionally responsive individuals whom they should make eye contact with or talk to, or whose behavioural development they should be concerned about (LeVine, 1977). It is not that they are uninterested in their long-term development, or have not made explicit plans for events later on in life, such as betrothal or initiation, but the meeting of more immediate needs consumes all available parental resources.

While these universal goals have enduring relevance, their expression is likely to be adapted to the circumstances of rapidly changing and modernising societies, which may create new challenges for parenting.

Heather Montgomery, Senior Lecturer, Child and Youth Studies Group, The Open University, UK

- *Three goals of parenting are evident universally: survival and health, economic self-maintenance and the achievement of cultural goals.*
- *Where the basic needs for physical survival of children are at risk, parents are not likely to pay much attention to other goals.*



Parenting capacities

Parenting that is warm and supportive facilitates the development of strong and secure relationships between parent and child and it can also act as a buffer, ameliorating associations between adverse influences such as family breakdown or financial stress and undesirable child outcomes. Conversely, parenting which is harsh and neglecting increases the risk of poor child outcomes. Previous research has shown that differences in parenting can account for between 20 and 50 per cent of the differences in some child outcomes (Elder *et al.*, 1984).

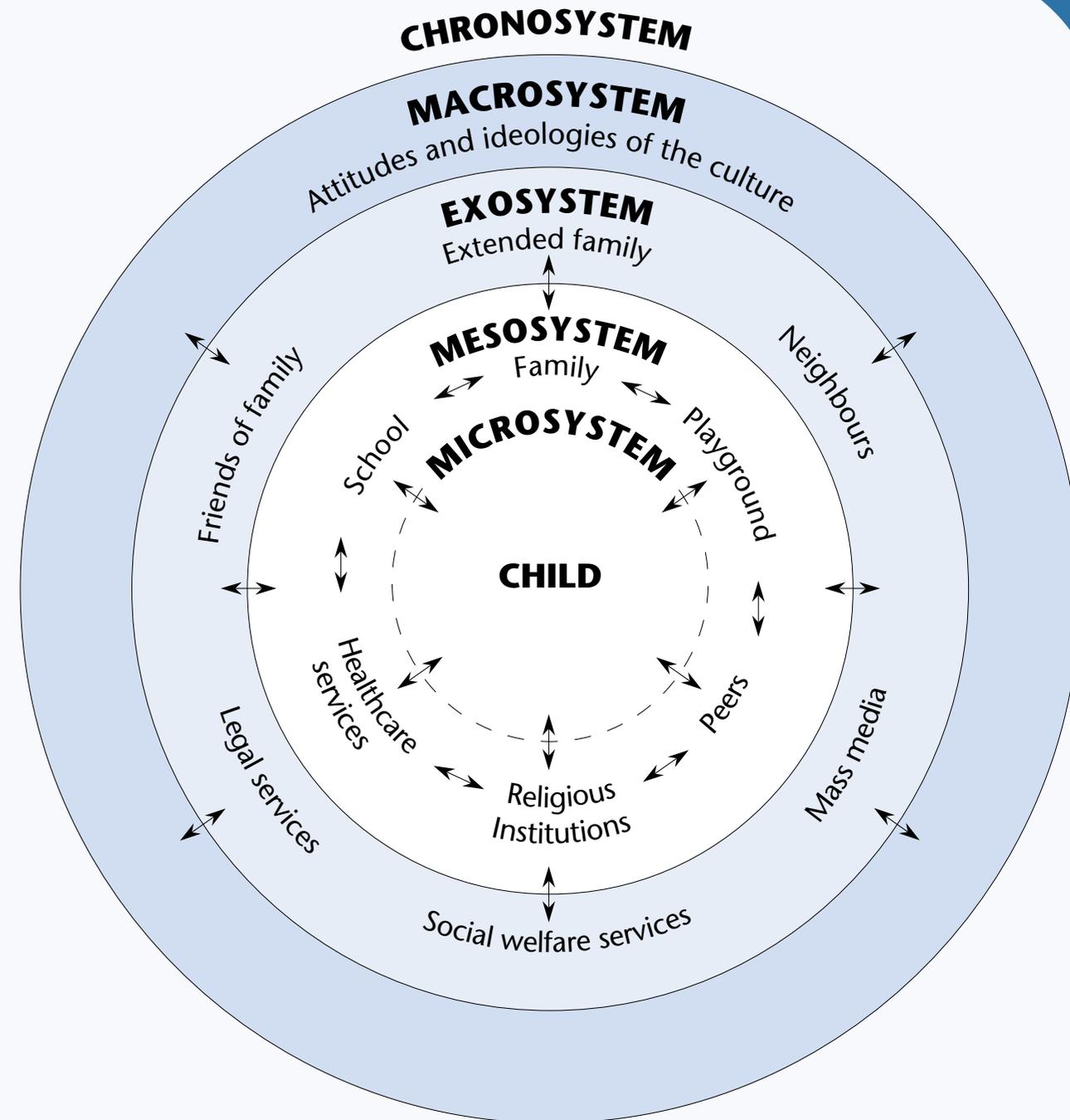
The ability to parent well is not necessarily intuitive – an individual’s parenting style is influenced by aspects of his or her own history together with characteristics of the child such as age or temperament (Bronfenbrenner, 1979; Bradley and Wildman, 2002). Parenting is also shaped by class, culture and neighbourhood or community (Bronfenbrenner, 1979; Holden and Miller, 1999) and the era into which the child is born (Hardyment, 1983, 1995; Utting and Pugh, 2004). These influences can be illustrated with the aid of Bronfenbrenner’s (1979) ecological model of human development. This systems-based model places parent-child relationships in the context of a microsystem consisting of the family (e.g. mother-child, father-child, mother-father relationships), the microsystem is placed within a mesosystem of connections between family and community and this, in turn, is placed within even larger abstract systems (macrosystems) including cultural values and customs (Bronfenbrenner, 1979). Each of these systems or contexts exerts its influence both within its own level and by interacting with other systems. This means that there are many factors which not only influence but can also be influenced by parenting and parent-child relationships.

(Waylen and Stewart-Brown, 2008, p. 4)

Bronfenbrenner’s ecological model (opposite) shows the ways that parent-child relationships are embedded in complex multi-layered systems (Bronfenbrenner, 1979).

- *The parenting that children experience has a substantial impact on their subsequent development.*
- *The influences on parenting are many and complex.*

The ability to parent is not always intuitive – parenting is influenced by the parents’ histories, the characteristics of the child and the systems surrounding the family



Parenting quality

The effects of parenting are mediated by cultural and genetic factors

The quality of parent–child relationships is significantly associated with:

- *Learning skills and educational achievement.* Children’s reading ability is associated with the reading environment around them and there is evidence that parental involvement with school is associated with achievement.
- *Social competence* Parental warmth, lack of conflict, and control and monitoring appear to play an important role in developing children’s social skills.
- *Children’s own views of themselves.* Including their sense of self-worth.
- *Aggressive ‘externalising’ behaviour and delinquency.* The more extreme the circumstances for parents, the worse the outcomes for children and likelihood of psychological disturbance.
- *Depression, anxiety and other ‘internalising’ problems.* Including complaints where physical symptoms are related to emotional stress and social withdrawal.
- *High-risk health behaviours.* Such as smoking, illicit drug use, alcohol use, sexually risky behaviour and, in some studies, obesity.

In addition:

- The quality of parent–child relationships appears to remain influential into adulthood for social and behavioural outcomes (although there have been relatively few long-term studies).
- Some dimensions of parent–child relationships appear important in children’s lives irrespective of age, notably whether they are warm and supportive or marked by conflict and hostility.
- Other dimensions are thought to alter in structure and function during children’s development. One of the most important may be monitoring and control.
- Some associations between the quality of family relationships and children’s well-being appear to differ across sub-populations and cultures – including those in relation to physical discipline.
- Genetic factors are an important influence on individual differences in parent–child relationships. The links between the quality of parent–child relationships and children’s psychological adjustment are mediated, in part, by genetic influences.

(edited from O’Connor and Scott, 2007, pp. 3–5)



- *High-quality parenting leads to positive emotional, cognitive, social and behavioural development.*
- *Low-quality parenting can increase the likelihood of later aggression, mental ill-health and feelings of low self-worth.*

Promoting resilience

Resilience is central to an individual's capacity to thrive, whatever the circumstances

The concept of resilience has an important part to play in the discourse of parenting support. Resilience is central to an individual's capacity to thrive, whatever the circumstances. Rutter defines resilience as involving several related elements, including:

- self-esteem
- self-confidence
- a belief in one's own self-efficacy
- ability to deal with change and adaptation
- repertoire of social problem-solving approaches.

(Rutter, 1987, p. 607, cited in Fundudis, 1997)

These add up to, in other words, the 'personal psychological resources' of the individual (Belsky, 1984, cited in Fundudis, 1997).

Studies of families in adverse circumstances show resilience to be linked to two key factors: the quality of the relationship between parents and children and supportive community networks. Thus resilience is not a fixed quality, dependent solely on the cards that have been dealt to one. 'Genetic advantages are useful but as social beings in the modern world our greatest advantage is to be able to know our own minds and those of others, and therefore to stand up for something or someone ...' (Kraemer, 1998). Resilience is fostered by parents and family, but also by school and community (Belsky and Isabella, 1988, cited in Svanberg, 1998).

An individual's resilience and outcomes later on are very strongly determined by early experiences with caregivers when patterns of attachment are laid down (Kraemer, 1997). These attachments create a mental map in the child of how they will be responded to and cared for when distressed, hungry, afraid and how their anger, joy, love and naughtiness will be received and dealt with. The mental map thus formed guides all future intimate relationships and recent research has demonstrated how these attachments are transmitted across generations (Steele, 1997).

(Einzig, 1999, p. 19)

- *A supportive social context and positive parent-child relationships both contribute to children developing capacities to overcome life challenges and adversity.*
- *Resilience is fostered where parent-child attachments are secure.*



Protecting children from risk

Three sets of risk factors have been found to be associated with parenting breakdown

A key concept that has dominated research into parenting and family support has been that of risk, and the 'at-risk' family, usually defined as a family in which parents are experiencing frank difficulties with child care, or where there is considered to be a strong likelihood of difficulties without intervention. 'Risk factors' are variables that research has shown to be associated with elevated levels of child maltreatment and which are assumed to act in an adverse way to undermine parenting skills or the ability to cope with the demands of child care. Today a relatively large body of research exists on the contexts for child maltreatment and the characteristics of 'at-risk' families, and much of the research endeavour has been directed at refining our understanding of the types of families who may be at risk for abuse, and hence at establishing models for both the prediction and prevention of child maltreatment.

[...]

Three sets of risk factors have typically been found to be associated with parenting breakdown. First, at the community or exo-system level, living in an impoverished environment characterised by high concentrations of poor families and high levels of social and environmental problems has frequently been cited as a risk factor (Garbarino and Kostelny, 1992; Coulton *et al.*, 1995). Second, at the family and household level, high levels of poverty and social and material disadvantage characterised by lone parenting, low income, unemployment, living in poor housing, high mobility and so forth have consistently emerged as key correlates of parenting problems (Gil, 1970; Pelton, 1981; Straus, Gelles and Steinmetz, 1980; Creighton, 1988). Third, at the level of individual characteristics of family members, a diminished capacity to cope with stress in the parenting task, coupled with a tendency to show extreme responses to stress, seem also to enhance the risk of developing parenting difficulties.

(Ghate and Hazel, 2002, pp. 14–15)

- *Several factors are associated with poor parenting and child maltreatment.*
- *Three important factors are: impoverished environments, poverty, and difficulties in coping with stress.*



Listening to children

The views of children are important and should be taken into account in parenting support programmes

Gaining children's perspectives greatly increases understanding of the parenting process. What young people 'think' is not necessarily what adults 'think they think'. Parents tend to underestimate their own influence compared with friends and peers; but children's accounts also suggest that parents often fail to understand what they are going through at times of serious emotional disturbance.

Children are frequently perceptive about the behaviours, attitudes and feelings of their parents and carers. [...]

Children tend not to have rigid ideas about parents or families, although they often perceive mothers and fathers as fulfilling rather different roles. [...]

Children value good relationships, love and support, and dislike conflict within the family. [...]

Young people whose parents' relationships break down want more information on what is happening, and greater consultation on issues like where they will live and what contact they will have with their non-resident parent. A lack of information adds to anxieties and can affect relationships with parents. [...]

Children tend to respect the authority of parent figures, and their 'right' to discipline and punish them – even if they also adopt strategies for negotiating decisions.

Children have views on most things and like to have a say in longer-term decisions as well as day-to-day matters. 'Being consulted' is generally more important to them than having things 'their own way' or taking the final decision.

(Madge and Willmott, 2007, pp. 10–12)

- *Listening to children's points of view is important.*
- *Children have a right to be consulted on decisions that affect them.*



POLICY QUESTIONS

- ◆ What are the local conditions that limit the capacity of parents to pay attention to survival and health, economic self-maintenance, and the achievement of cultural values?
- ◆ How are families' opportunities linked to resources of the community, region and state?
- ◆ By what means is the availability of parenting support services communicated to relevant agencies and potential beneficiaries?
- ◆ Are parenting programmes sensitive to the characteristics of different parenting styles and their effects on child development?
- ◆ What systems are in place to actively seek children's views and involvement in decisions and programmes that affect their lives?
- ◆ What steps are being taken to identify and overcome reluctance in parents to access and take up support services?
- ◆ What methods are used to identify families at risk for parenting difficulties?



II.

Programmes for parenting support



Many programmes have been developed to provide support for parents who are struggling to meet their families' needs; these programmes vary in their targets, their methods and their scope.

This section concentrates on programmes from the USA, Europe and Australasia that are most relevant to disadvantaged families in Western societies.

Some programmes are based on extensions of existing universal services, some on additional services, and some on targeted interventions. Some are long-term, starting before the birth of a child and extending through childhood, while others feature short-term, intensive inputs.

Some programmes are community-based and others are family- or parent-based.

'One size does not fit all' – it is crucial to establish a match between the nature of the programme and the nature of the problems it seeks to address.

USA: The Nurse–Family Partnership, a home visiting programme

The Nurse–Family Partnership programme focuses on improving prenatal health, care for the child and planning for the future

The Nurse–Family Partnership (NFP) is a programme developed in the USA, offering prenatal and infancy home visiting by nurses for socially disadvantaged mothers bearing first children. NFP nurses have three major goals: to improve the outcomes of pregnancy by helping women improve their prenatal health; to improve the child's health and development by helping parents provide more sensitive and competent care of the child; and to improve parental life-course by helping parents to plan future pregnancies, complete their education and find work. This programme has been tested in three scientifically controlled trials in the USA (Olds, 2002). Consistent programme effects were found in the following areas (Olds *et al.*, 2007):

- improved prenatal health
- fewer childhood injuries
- fewer subsequent pregnancies and longer inter-birth intervals
- increased maternal employment
- reduced use of welfare
- improved mental health for the children
- improved school readiness.

Moreover, mothers and children visited by nurses were found to have less involvement with the criminal justice system and in the first trial of the programme, where investigators were able to follow families the longest, children through age 15 were less likely to have been abused or neglected. The programme has been estimated to return \$17,000 on the investment for every family served in the NFP in the USA (Aos *et al.*, 2004).

The programme has been tested so far in the USA, and no assumptions are made about its possible benefits in societies that have different health and human service delivery systems and cultures. It is currently being adapted and tested in other societies (including England, Holland, Germany, Australia and Canada).

David Olds, Professor of Pediatrics, Psychiatry, Nursing and Preventive Medicine, Prevention Research Center for Family and Child Health, University of Colorado at Denver, USA

- *NFP involves specially trained nurses visiting and establishing good relations with families in need of support.*
- *Building relationships with families starts during the mother's pregnancy and continues after the birth.*
- *NFP has demonstrated positive benefits in a number of carefully conducted evaluations.*



New Zealand: *Āhuru Mōwai* – a programme for Māori parents

Āhuru Mōwai refers to nurturing environments and the programme stresses the Māori cultural values for child rearing

'*Āhuru Mōwai*' means 'safe haven' in the Māori language of New Zealand. It is the name given to a parenting programme set up by the NZ Ministry of Social Development in 1991 as part of the 'Parents as First Teachers' initiative (Hendricks and Balakrishnan, 2005).

It is aimed specifically at native New Zealanders and was developed with Māori parent educators, drawing on traditional Māori philosophy regarding child development and the aims of parenting. The name refers also to the nurturing environment of the womb and the programme stresses the Māori cultural values associated with child rearing:

<i>aroha</i>	unconditional love
<i>manaakitanga</i>	caring for others
<i>whanaungatanga</i>	kinship
<i>whakapapa</i>	ancestral heritage
<i>wairuatanga</i>	spirituality
<i>tuakana-teina</i>	reciprocal roles of teacher and learner
<i>te mana o te tamaiti</i>	fundamental rights to self-determination.

The programme is centred on the concept of parent educators, who come from a variety of disciplines and also include parents who themselves have been recipients of the programme services. The educators' training is based on Māori culture and covers five key areas: oral traditions; child development; parent support methods; the rights of children and rights to self-determination; and safety and health. The training is organised nationally and parent educators are required to hold a Diploma of Teaching in Early Childhood Education or equivalent.

The programme is delivered through personal home visits and group meetings, and linkages and referrals into local services. It starts before a child is born and continues until the child is 3 years old. It follows the principles of *Te Whaariki*, New Zealand's national early childhood curriculum, and aims to encourage parents to become the child's first, most important and nurturing teacher.

Āhuru Mōwai is delivered throughout New Zealand, in both urban and rural communities.

John Oates, Senior Lecturer in Developmental Psychology, Child and Youth Studies Group, The Open University, UK

- *Āhuru Mōwai* is based on Māori cultural values and traditions.
- Parent educators deliver the programme through personal contacts with families.
- Parent support is offered during pregnancy through to when the child is 3 years old.



Australia: Triple P

The Triple P Positive Parenting Program is a unique population-based, multilevel system of parenting and family support, developed in Australia (Sanders *et al.*, 2003). It aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It has five different levels of intervention that operate on a tiered continuum of increasing strength for parents of children from birth to age 16. To achieve a significant improvement in parenting competence, a population health perspective approach is used. Delivered by trained practitioners, Triple P aims to build a 'family-friendly' environment to support and empower parents. It targets social contexts that influence parents on a day-to-day basis including the mass media, primary health care services, childcare and school systems, work sites, religious organisations and the political system.

Triple P:

- has a strong evidence base: effective with and acceptable to a wide range of families, from diverse socioeconomic groups, family types, and ethnic and language groups
- has benefits for children and parents through reduced rates of child maltreatment; reduced conduct problems; improved relationships between parents and children; increased parental confidence and self-efficacy; lower depression, stress, anger and family conflict; improved parental capacity to function well at work; and increased parental resilience
- blends universal and targeted approaches so that more complex families can receive more intensive support
- applies the principle of the 'minimally sufficient' intervention, aiming to match the level of support to families' needs
- has multiple levels of intensity – all five levels of intervention use consistent principles of positive parenting
- uses flexible delivery: can be delivered in large and small groups, individually, over the telephone and as a self-help programme
- adopts a self-regulatory framework where parents set their own goals
- works in diverse cultures
- covers a wide age range, from infancy through to adolescence
- is very cost-effective
- has a standardised training and accreditation system for practitioners.

Matthew Sanders, Professor of Clinical Psychology, University of Queensland, Brisbane, Australia

Triple P aims to build a 'family-friendly' environment to support and empower parents



- *The Triple P programme extends over the whole span of childhood.*
- *'Positive parenting' is a key feature.*
- *Intensity of intervention is matched to the level of need.*

USA: The Incredible Years

The Incredible Years was developed to promote positive parenting and teaching that strengthen children's problem-solving abilities and social competence

Developed over 25 years by Prof. Carolyn Webster-Stratton and colleagues based in Seattle, *The Incredible Years* parenting programmes have been positively and rigorously evaluated in community settings in Wales and England as well as the United States. The programmes were developed to promote positive, research-proven parenting and teaching practices that strengthen children's problem-solving abilities and social competence and reduce aggression at home and in school.

[...]

The approach is based on 'videotape modelling' where parents discuss video clips that show parents using a range of strategies to deal with everyday situations with their child. The videotapes depict families from a diverse range of backgrounds. The BASIC programme emphasises parenting skills known to promote children's social competence and reduce behaviour problems, including effective, non-violent strategies for managing negative behaviour.

The main topics include:

- how to play with your child
- how to help your child to learn
- effective praise and encouragement
- how to motivate your child
- how to follow through with limits and rules
- handling misbehaviour (including the use of 'time out')
- problem solving.

[...]

Numerous evaluations on both sides of the Atlantic using randomised controlled trials have shown *The Incredible Years* to be effective as a treatment in clinical settings with parents of conduct-disordered children (Webster-Stratton, 1984; Scott *et al.*, 2001) and also when working preventively with parents of pre-school children from the wider community (Webster-Stratton, 1998; Gardner *et al.*, 2004; Scott *et al.*, 2006).

(Utting et al., 2007, pp. 32–4)

- *The Incredible Years programmes provide video-based models of parenting strategies.*
- *The focus is on promoting social skills and reducing negative behaviours.*
- *Evaluations have shown good results in both home-based and clinic-based work.*



Netherlands: Promoting positive parenting

Video feedback intervention to promote positive parenting (VIPP) has been developed at the University of Leiden in the Netherlands, for parents with children aged 9 months to 5 years (Juffer *et al.*, 2008). It is based on attachment theory, which stresses the crucial importance of parental sensitive responsiveness to their infants' emotional needs.

Parent and infant are videotaped during short (10–30-minute) daily episodes in their home (for example, playing together, bathing the infant, mealtime). In the period between the home visit and the first intervention session, the support worker reviews the videotape and prepares her comments on the child's behaviour and the parent's reactions. During the next visit the videotape is shown to the parent, and the support worker reviews it with him or her, repeating and discussing the selected fragments. Focusing on positive and successful interaction in the videotape (sometimes rather scarce), the aim of the intervention is to show the parent that he or she can act as a sensitive, competent parent, fulfilling the child's attachment and exploration needs. The goal is to empower the parent to be the expert on his or her own child.

VIPP consists of four themes that are elaborated successively during four home visits:

- 1 exploration and attachment: showing the difference between the child's contact-seeking behaviour and play, and explaining the differential responses needed from the parent
- 2 'speaking for the child': promoting the accurate perception of children's (subtle) signals by verbalising their facial expressions and non-verbal cues shown on the videotape
- 3 'sensitivity chain': explaining the relevance of prompt and adequate response to the baby's signals (the chain sequence is: child signal – parental response – reaction of the child)
- 4 sharing emotions: showing and encouraging parents' affective attunement to the positive and negative emotions of their child.

In addition, emphasis on sensitive discipline inspired by Patterson's coercion theory of parenting (1982) has proved to be effective as it decreases children's problem behaviours.

The VIPP approach to parent training is home-based, focused on interactive behaviours, and brief, consisting of only four to six protocol-based sessions, each lasting 2 hours. It has proved successful in a range of clinical and non-clinical groups and in various countries, and can easily be adapted to the requirements of specific socio-cultural settings: earlier is better, and less (but interaction focused) is more.

Marinus van IJzendoorn, Professor of Child and Family Studies, Leiden University, Netherlands

Video feedback intervention to promote positive parenting stresses the crucial importance of parental sensitive responsiveness to their infants' emotional needs



- *VIPP is a programme that involves parents reflecting on video recordings of their interactions with their children, with the help of a trained facilitator.*
- *The focus is on encouraging sensitive responsiveness to the child.*
- *The programme is short-term but clearly focused and has proven effectiveness.*

England: Sure Start

The Sure Start area-based strategy allows efficient service delivery to those living in deprived areas without stigmatising those receiving support

The Sure Start Local Programme (SSLP) initiative was launched in 1999, resulting in over 500 SSLPs by 2004, with further expansion thereafter to cover almost all deprived areas in England. Programmes were designed to provide:

- 1 outreach and home visiting
- 2 support for families and parents
- 3 support for good-quality play, learning and childcare experiences for children
- 4 primary and community health care, and advice about child health and development and family health
- 5 support for people with special needs, including help to access specialized services.

SSLPs could add extra services to suit local needs (such as debt counselling and advice about employment and benefits) and specific efforts were made to maximise accessibility for families.

SSLPs were established to serve all children under 4 years and their families in prescribed areas. This area-based strategy allowed the relatively efficient delivery of services to those living in deprived areas without stigmatising those receiving services: disadvantaged areas were targeted, but within the area the service was universal. Community control was to be exercised through a partnership of local stakeholders, bringing together everyone concerned with children in the local community, including health, social services, education, the private and voluntary sectors and parents.

Owing to the local autonomy central to community control of SSLPs, they did not have a prescribed 'protocol' of services to promote adherence to a prescribed model, even though they had a set of core services to deliver that were supposed to be 'evidence based'. Thus, each programme had freedom to improve and create services as they saw fit, with general goals and some specified targets (for example, to reduce incidence of low birthweight, to improve children's language development), but without specification of exactly how services were to be delivered. Such local freedom led to great diversity among programmes (Department for Children, Schools and Families, 2009).

Edward Melhuish, Professor of Human Development, and **Jay Belsky**, Director, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, UK

- *Sure Start programmes are designed for disadvantaged neighbourhoods.*
- *The nature of the programme is adapted to local needs and hence varies widely in its content.*
- *Because the programme is universal within the focus areas it reduces the risk of stigmatising individuals.*



Parenting support across five European countries

European countries vary in how services are developed and policy and service frameworks prioritise different approaches

A review commissioned by the English government's Department for Children, Schools and Families (Boddy *et al.*, 2009) examined parenting support programmes and services in five European countries (Denmark, France, Germany, Italy and the Netherlands).

Different approaches to parenting support were linked to different welfare frameworks, and different understandings of what 'good' parenting means and how the state could or should support it. Countries varied in the extent to which parenting programmes were used, and in the relative emphasis on intervention with the parent, as an individual, with the parent-child dyad, or with the family as a whole.

The nature of support was informed by the professional training of those delivering the services. In continental Europe, parenting support work was often carried out by workers with qualifications in social pedagogy. Evidence of less structured, more individualised approaches to intervention in countries such as France and Italy reinforced Moran and colleagues' observation (2004, p. 121) that 'one size does not fit all' in parenting support.

The research highlighted a continuum of accessibility between universal and targeted services:

- support embedded within universal services (as in Denmark), such that parenting support is activated as part of the universal service (for example, health or childcare), and often delivered by workers in the universal setting
- universally accessible support (France, Germany) – delivered through open-access services, whereby the service is open to all but requires the parent or family to access the service
- targeted support (all countries), whereby parents and families must be identified as meeting certain criteria in order to access the service.

Countries varied in the extent to which services had been developed at each level, and in the ways in which policy and service frameworks prioritised different approaches to support. However, most offered support at all levels of accessibility and services that were both targeted at families with identified needs and accessible to all.

Janet Boddy, Senior Research Officer, Thomas Coram Research Unit, Institute of Education, University of London, UK

- *Within five European countries, a study found wide variation in how parent support programmes are conceived and delivered.*
- *Some focused on the child, some on the parent and others on the parent-child relationship.*
- *Delivery modes included universal services, self-referral and targeted interventions.*



POLICY QUESTIONS



- ◆ Has the variety of cultural meanings of parenting and childhood been researched and used to inform policy?
- ◆ Is there adequate knowledge of the range and diversity of available parenting support programmes?
- ◆ Is the importance of matching and linking programmes to local needs and service frameworks appreciated and taken account of?
- ◆ Has the principle of cost-effectiveness been used to select the types of parenting support to implement?
- ◆ How is the level of support matched to the degree of need?
- ◆ Is good-quality training provided on an ongoing basis for practitioners?
- ◆ What mix of targeted and universal services is best for the local context?
- ◆ How is the risk of stigmatising programme participants avoided?
- ◆ What evidence base has been used to design intervention services?



III.

What works?



Before planning a policy to support parents, thought should be given to what will constitute success: what are the qualities of 'good' parenting that it intends to enhance?

Practitioners need to understand the psychological dimensions of working with parents.

Clear and measurable criteria, and adequate means to gather appropriate data, should be core components of parent support policies.

Evaluation findings should be used in a regular and timely way to improve the quality of provision.

Good-quality programmes are based on sound theoretical frameworks, scientifically rigorous evaluations and comprehensive support materials.

Adequate training and supervision of the practitioner workforce are essential to establish and maintain the quality of parenting programmes.

Making a difference

'We need to know what we mean by "parenting", what aspects of it we are trying to help with and whether doing so makes a difference'

In order to know how better to support parenting we need to know what works and how to deliver it. In order to do this we need to have some idea of what we mean by 'parenting', what aspects of it we are trying to help with and whether doing so makes a difference.

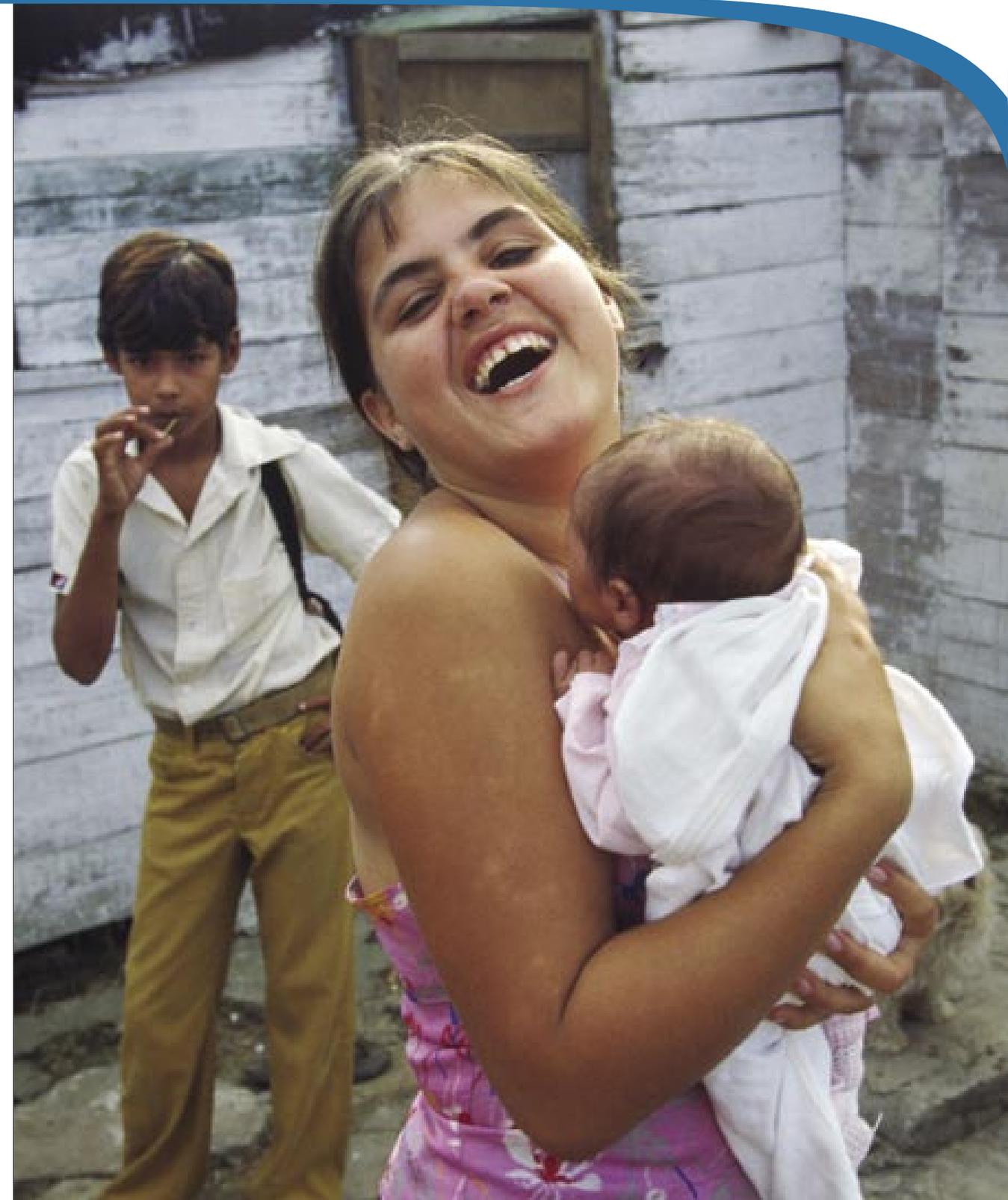
There are three ways to think about 'making a difference'. The first is that the support makes parenting more enjoyable and manageable, even if parents can look after their children perfectly well without it. Parenting with this kind of support will be good, but even without it will be 'good enough'.

The second meaning of 'making a difference' involves some assessment of the 'outputs' from parenting as reflected in children's development; for example, whether the children's education is going well or whether they are developing a positive sense of themselves and who they are, and other outputs of that kind. We might reasonably conclude that supporting parenting makes a difference if children progress more satisfactorily in these ways, even if we are not able to be specific about the ways in which the support changes parenting.

The third way of trying to 'make a difference' concerns making an impact on issues and problem parenting behaviour itself. These can range from problems associated with emotional and behavioural difficulties or delays in intellectual development, to more serious concerns about parenting that puts the children at risk of 'significant harm'. Of course, this does not always mean that the problems arise simply through the impact of parenting on the children's development. Parenting problems can arise because of the children's difficulties or there can be a downwardly spiralling interaction in which problems in one feed off problems in the other. Making a difference to parenting may need to be dealt with through working with the children's issues.

(Quinton, 2004, p. 25)

- *Providing support can make parenting a less stressful and more enjoyable role.*
- *Support programmes can reduce the risks of emotional and physical harm to children.*
- *Effective parenting support can improve children's well-being.*



Working with parents

Parents need to be given the tools to feel confident with their children

There is increased awareness of issues relating to 'parenting', given the plethora of 'parenting programmes' and advice available via traditional health and mental health professionals, and print, broadcast and online media. This has a positive side – empowering parents and families to better understand child development and to better manage emotional, psychological or behavioural difficulties. However, the downside of this 'culture of parenting' can be seen as an overload of information that can confuse and disempower parents, and lead to 'paranoid parenting' (Furedi, 2001) or 'zero risk' parenting (Gill, 2007) that reduces developmental opportunities. Also, this can unfortunately provide platforms for people who are not specifically trained in both child development and evidence-based child and family therapeutic approaches.

There are several evidence-based approaches to working with parents, where there are psychological issues involved, which show good outcomes. Cognitive Behavioural Therapy (CBT) – working with the relationship between thoughts, feelings and behaviour – shows good outcomes for children and families, particularly those with anxiety-based difficulties (Fonagy *et al.*, 2002). Parent skills training, which combines observation of the child and family by the therapist, therapeutic and educational clinic sessions and problem-solving and goal-setting work, provides well-evaluated support for families with children with behavioural problems (as discussed by Webster-Stratton and Spitzer (1996), for example). Family and systemic therapies that see the child's individual problems as a manifestation of more entrenched difficulties within the family system show good outcomes, for example for families where there is a child with an eating disorder (Fonagy *et al.*, 2002).

A well-trained practitioner should take a holistic approach to the treatment of parents, children and families. There is no single best approach, because working with families requires a broad perspective and a recognition of their specific needs. Fundamentally, parents need to be given the tools to feel confident with their children. These tools may be specific skills, they may be a developed insight into other emotional issues in the family that the child's behaviour is expressing, or they may involve bringing about changes in family functioning (Byron, 2007). Children thrive with love, respect, clear boundaries and strong self-esteem – any practitioner working with families needs to think holistically about the entire family and tailor evidence-based approaches to meet the needs appropriately.

Tanya Byron, Consultant Clinical Psychologist and Chancellor, Edge Hill University, UK

- *There is an increasing public awareness of the importance of parenting.*
- *It is important to avoid disempowering parents.*
- *Effective interventions use a holistic approach and increase parents' self-confidence in their role.*



Effective parenting support programmes will recognise and address the many reasons why parents may fail to take up services

Barriers to participation

There are continuing gaps in understanding what persuades parents to participate [in parenting programmes] and the available evidence is not extensive. But a number of useful messages can be identified.

- Common reasons for limited engagement by parents include:
 - a lack of knowledge of local services and how they could help
 - unsuitable or inconvenient locations
 - difficulties reaching services (including transport, time pressures and accessibility of venues)
 - costs (fees are a self-evident disincentive)
 - suspicion and stigma (including perceptions of the organisation providing the service and fear of being labelled a ‘bad parent’ – or even a ‘child abuser’)
 - fears over privacy and confidentiality (including concerns about sharing their problems with other parents in groups)
 - unco-ordinated services
 - the overall culture of some services (including a ‘risk averse’ focus on protocols, targets, financial constraints and fears of adverse media attention)
 - resistance to services arising from particular needs (such as mental illness, substance misuse or criminal records).
- Groups of parents that are less likely to access support services than others include:
 - fathers
 - disabled parents
 - parents of teenagers
 - ... minority ethnic families
 - asylum-seeking parents
 - homeless or peripatetic families
 - rural families.

(Katz et al., 2007, pp. 14–15)

- *There are many reasons why parents may fail to take up opportunities of supportive services.*
- *Improving information and access, and overcoming fears and stigma, may enhance uptake.*



Evaluating parenting support programmes

Programmes that have addressed principles of best practice are more likely to be found effective in improving parent and child outcomes

The quality of a parenting programme can be evaluated in terms of international standards for the delivery of services that focus specifically on parenting support and family-based interventions (for example: Carr, 2000; Chambless and Hollon, 1998; Moran *et al.*, 2004; National Institute for Health and Clinical Excellence (NICE), 2007). Drawing on such standards, four elements have been identified that can be used as a basis for defining high-quality programmes:

- 1 the specification of the target population and its match to the programme
- 2 the programme content, processes and materials
- 3 the training, supervision, support and implementation processes
- 4 the evaluations of the degree of effectiveness of the programme in achieving its targeted outcomes.

Taking these criteria as the gold standard to evaluate specific programmes, decision makers can determine the level of match.

While many programmes may not yet have been rigorously tested to the gold standard for element 4, it is reasonable to expect them to have addressed the fundamental principles of a good-quality programme as defined in these four elements. This can go a significant way towards ensuring, at a minimum, that a programme is not harmful to parents and/or their children. When they are systematically evaluated, programmes that have addressed these principles are more likely to be found effective in improving parent and child outcomes.

Sascha Kowalenko, Clinical Psychologist, Central Australian Aboriginal Congress, Alice Springs, Australia

Stephen Scott, Director of Research, National Academy for Parenting Practitioners, Kings College, University of London, UK

- *International standards can be used to evaluate parenting programmes.*
- *Systematic evaluation, using recognised criteria, can help to ensure the effectiveness of such programmes.*
- *The specification of a programme's target population, its content, training, support and monitoring are important focuses for evaluation.*



Evaluating Sure Start in England

While an initial evaluation of Sure Start Local Programmes showed mixed results, a second study found a wide range of positive outcomes

The National Evaluation of Sure Start (NESS) was commissioned to study Sure Start Local Programmes (SSLPs), addressing the nature of SSLP communities, programme implementation and impact on children, families and communities, as well as cost-effectiveness (Belsky *et al.*, 2007).

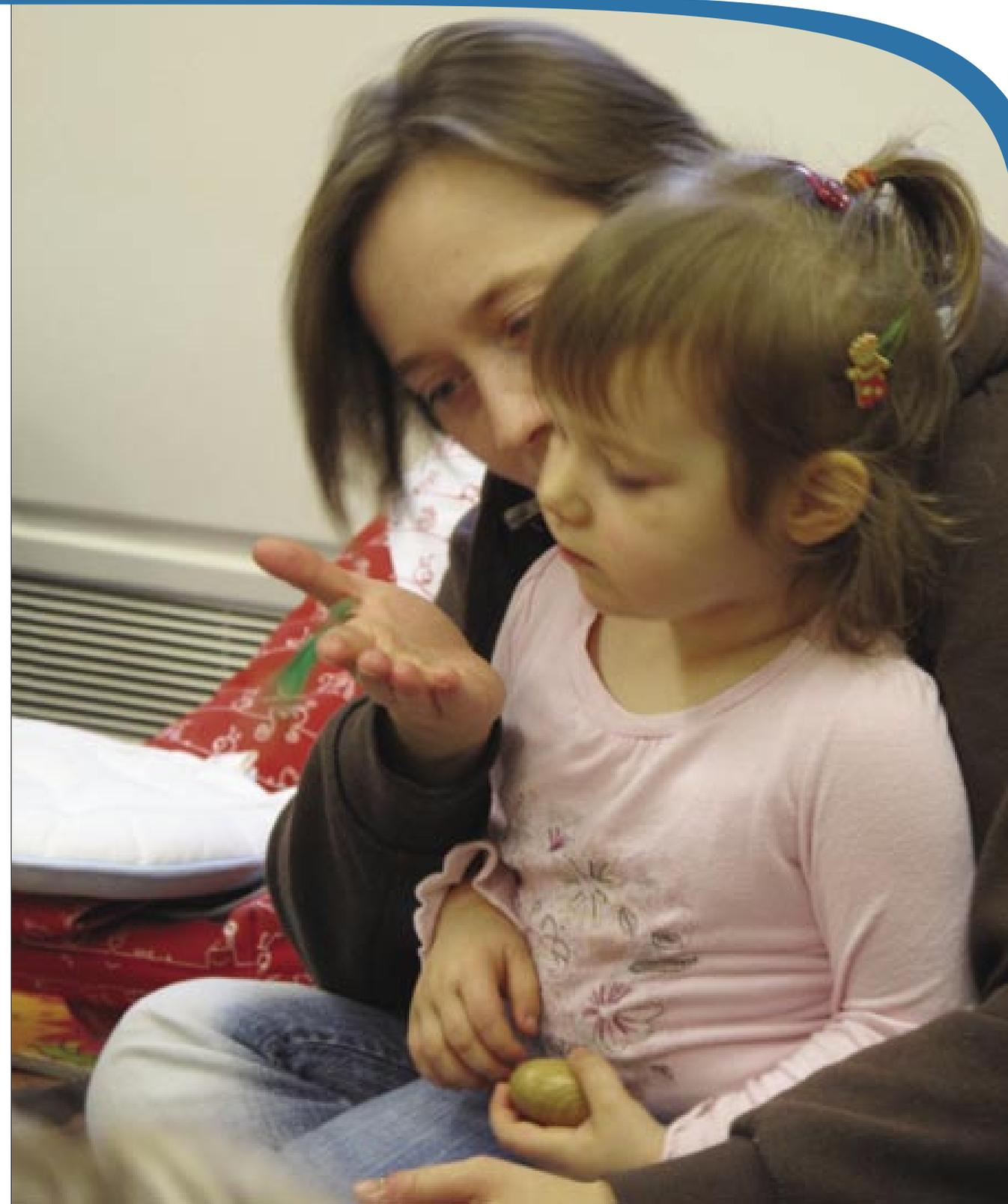
The first evaluation phase compared the functioning of thousands of children aged 9 months and 36 months, and their families, living in 150 SSLP areas with counterparts in 50 communities destined to receive Sure Start programmes in the near future. Results revealed both small positive and negative effects (Belsky *et al.*, 2006). Whereas the relatively less disadvantaged families benefited somewhat from the programme, adverse effects emerged for the most disadvantaged families. Specifically, non-teenage mothers in SSLP areas engaged in less negative parenting and their 3-year-old children exhibited fewer behaviour problems and greater social competence. But children in SSLP areas from workless households, from lone-parent families or born to teenage mothers scored lower than their comparison counterparts on verbal ability, with those of teenage mothers also showing more behaviour problems and less social competence. The negative findings may have been the result of SSLPs failing to reach those families most in need.

In a second evaluation phase, children seen at 9 months of age with their families in the first phase were studied again at age 3, and compared with counterparts in similarly disadvantaged areas not receiving SSLPs. Second-phase findings showed multiple benefits of SSLP exposure and virtually no adverse effects: relative to comparisons, parents in SSLP areas used more services, engaged in more supportive parenting, and had more socially competent children (Melhuish *et al.*, 2008a).

Increases in the amount of child/family exposure to SSLPs and improvements in the quality of SSLP services over time may explain why the first phase of impact evaluation revealed some adverse effects of the programme for the most disadvantaged children and families, and why the second phase of evaluation revealed beneficial effects for almost all children and families living in SSLP areas (Melhuish *et al.*, 2008b).

Edward Melhuish, Professor of Human Development, and **Jay Belsky**, Director, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, UK

- *Findings from an initial evaluation of Sure Start showed small positive and negative effects.*
- *Adverse effects were most apparent in the more disadvantaged families.*
- *The second evaluation showed many positive effects and no significant negative effects.*



POLICY QUESTIONS



- ◆ In what ways are family functioning, children's well-being and developmental outcomes monitored and assessed?
- ◆ What training do practitioners receive to help them deal with psychological issues in working with parents?
- ◆ Are there clear and consistent procedures for documenting and auditing the delivery of services?
- ◆ Against what criteria is the quality of parenting interventions evaluated?
- ◆ Is there sufficient breadth in the range of process and outcome measures being used?
- ◆ How adequate is the evaluation strategy methodology?
- ◆ Are well-validated measures being used in systematic ways to collect evaluation data?



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Photography

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p. 3 – Dhaka, Bangladesh. A father holds his child up at the gathering of Basanta Utsaví, the festival that celebrates the Bengali month of Falgoon. © Mustafiz Mamun/Majority World/Still Pictures

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founded by Dr Manomara, shelter for children with HIV/AIDS and orphans. © sinopictures/Maciej Dakowicz/Still Pictures

p. 34 – Lark Project, Plymouth, UK. Mother–baby play session. © John Oates

p. 37 – Near Havana, Cuba. Family life. Rural family with baby. © Mark Edwards/Still Pictures

p. 39 – Children's Centre, UK. Practitioner discussing behavioural issues. © John Oates

p. 41 – Milton Keynes, UK. Parenting session in a Sure Start centre. © John Oates

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p. 45 – Milton Keynes, UK. 'Chirpy Chatterers' parent–child drop-in. © John Oates

p. 47 – Open University, UK. Parent–professional discussion. © John Oates

Back cover – Germany. A young woman and a little boy holding hands while they watch the

sunset over the river Main in downtown Frankfurt. © Wolfram Steinberg/VISUM/Still Pictures

Supporting Parenting provides a succinct overview of the important programmes and evidence in this area. It is an excellent source for policy makers, practitioners and students.



Edward Melhuish, Professor of Human Development, Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London, UK

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