



The British
Psychological Society
Professional Practice Board

Technique Is Not Enough

A framework for ensuring that evidence-based parenting programmes are socially inclusive

Discussion paper – August 2012



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NB: *We recognise the potential for a conflict of interest in her authorship but our intention here is only to share good practice and not to compete.*

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Incorporated by Royal Charter Registered Charity No 229642

Contents

	<i>Page</i>
Acknowledgements	3
Foreword by Naomi Eisenstadt CB.....	5
1. Introduction	7
2. Vision and purpose	10
3. The socio-political context	16
4. Principle 1. Access: Recruitment and retention	27
5. Principle 2. Cultural sensitivity: Programme adaptation through co-production with parents.....	40
6. Principle 3. Building social capital: Social support for knowledge and skills transfer	49
7. Principle 4. Sustainability: Creating long-lasting ownership and commitment	56
8. A framework for ensuring that evidence-based parenting programmes are socially inclusive	66
9. Next steps.....	68
Appendix 1: The 2011 survey	69
Appendix 2: Metric for auditing socially inclusive practice	73
References	74

Acknowledgements

We are particularly grateful for the encouragement that the Social Inclusion Group of the Professional Practice Board received from Naomi Eisenstadt CB, whose connection with earlier work by the group gave rise to the energy behind the development of this project around early intervention.

The authors would like to thank Oxleas NHS Foundation Trust; Middlesex University; the Social Research Unit, Dartington; Save the Children UK; the Inclusion Institute and the British Association of Art Therapists who have helped support this project from the early days of 2009 and whose logos are kindly reproduced on the cover.

The authors would also like to thank everyone involved in developing the ideas behind this framework especially the speakers, workshop leaders, Society staff and conference participants who attended the Society 'Discovery Day' in February 2010, including Keith Venables from the BPS Division of Educational and Child Psychologists; David Barnes and Myrtle Kirton from the British Association of Social Work; Simone Spray and Gemma Bull from Save the Children UK; Prof Donald Forrester from the University of Bedfordshire; Liz Russell, Deputy Head Teacher, Broadgreen International School, Liverpool; Peter Gordon, who represented the National Primary Head Teachers Association; Elspeth Bromiley, Family Therapist and Clinical Psychologist from the Liverpool CAMHS Social Inclusion Unit; Jaqueline Walker, author and former youth care service user; Dr Jack Czauderna, General Practitioner; Richard Reiser from World of Inclusion; and in particular the young people, their parents and teachers from Liverpool's Broadgreen International School's FAST programme.

We also wish to thank the 11 Parenting and Family Skills Training programme developers and their associates who responded to our 2011 call for evidence from the UNODC (2010) list of evidence-based programmes, as follows (in alphabetical order); Carol Gerber Allred, Positive Action; Dr Leena K. Augimeri, Kathy Levene and Margaret Walsh, Stop Now and Plan (SNAP); Karl E. Bauman, Family Matters; Prof Sharon Dawe and Paul Harnett, Parents Under Pressure; Donna Falconer, Families and Schools Together (FAST); Dr Donald Gordon, Parenting Wisely; Prof Howard A. Liddle, Multidimensional Family Therapy (MFT); Jan Miller-Heyl, DARE to be You; Prof John Toumbourou, Resilient Families Australia; Dr Karen Turner, Positive Parenting Programme (Triple P) and Prof Carolyn Webster-Stratton and Prof Judy Hutchings, Incredible Years Inc (IY).

Other commentators on earlier drafts of this paper are also to be thanked for their particularly detailed contributions. These include Peter Bates from the National Development Team for Inclusion; Louise Morpeth, Co-director of the Social Research Unit, Dartington; Dr Margaret Weston, Clinical Psychologist and BPS member from New Zealand and Gemma Bull, UK Strategy Manager at Save the Children UK.

We also wish to acknowledge the very helpful and sometimes critical, but friendly comments we received from the many colleagues who responded to the extensive consultation exercise which the Society undertook before preparing this paper for final publication.

We also wish to thank Sarah Fitzroy, Research Psychologist from the University of Greenwich and Kathy Nairne, Consultant Clinical Psychologist from the South London and Maudsley NHS Foundation Trust for their editorial assistance.

Last but not least we offer a really big thank you to Nigel Atter, Society Policy Advisor, without whose optimism, commitment to the subject matter and cautious guidance, this project would never ever have seen the light of day.

Fabian Davis, Lynn McDonald & Nick Axford

August 2012

Foreword

I was delighted to be asked to write the foreword for this most interesting paper. Over the last ten or more years I have been caught in arguments between two camps: one camp claiming that providing anything other than parenting programmes evaluated using randomised control trial design and delivered with fidelity is a waste of public money and bound to fail. The other camp argues that unless programmes are co-designed with users themselves and are sensitive to local differences and capitalise on the judgement of those providing the programmes to adjust them according to local need and circumstances, they are bound to fail. This paper presents a coherent approach to bringing these two seemingly opposing positions together.

Services designed to change human behaviour are almost always faced with a clear dilemma. Those who need the service the most, are least likely to take advantage of it. Behaviour is notoriously difficult to shift, and changing behaviour through logical argument does not have a huge success rate, particularly among those who would probably benefit most from the change. Anti-smoking campaigns have been hugely successful, and in a relatively short time span changed the unhealthy behaviour of millions. Those who still smoke tend to be poorer and suffer other health risks related to poverty. They are, therefore, more at risk of the dangers associated with smoking, and less likely to give up.

This paper provides a framework to ensure that those who could most benefit from parenting programmes actually take advantage of them. Replication of programmes that have been proven to be effective using randomised control trial evaluation requires two key features: the programme needs to be delivered with fidelity, as closely as possible to the original design that was shown to work; secondly, the group to whom it is being delivered needs to be as similar as possible to the group for whom the original design worked. These two features present barriers to the effective scaling up of programmes. Firstly the staff who deliver programmes are often reluctant to adopt with exactness a programme designed elsewhere. There are often both rational and irrational reasons for resistance. Secondly, it is often difficult to find willing participants who closely resemble in social circumstances the trial groups. This suggests that programme *fidelity* may come at the risk of programme *acceptability* for both staff and participants.

The arguments in this paper attempt to redefine fidelity as adhering to certain principles that seem to be critical to effectiveness, rather than attempting duplication of the original model. More importantly, it analyses the barriers that prevent certain groups from participating in programmes and considers the reduction in these barriers as a critical component of successful implementation. The best programme in the world is of little value if no one who needs it participates. Poor programmes that are successful in attracting parents may at worst do harm, and at best waste precious resources.

This paper is particularly timely. Unsurprisingly, *poor parenting* has been cited as one of a number of factors that led to the widespread outbreak of anti-social behaviour in the summer of 2011. The debates about the causes and appropriate responses to the riots will run and run. The odd figure of 120,000 deeply troubled families has now grown to half a million with the report published in May 2012 by an independent panel set up by the Prime Minister to investigate the causes of the riots. Much of the report describes the

alienation and sense of isolation from the mainstream experienced by the rioters and their families; social exclusion by other names. The economic downturn and increasing unemployment, particularly among women, is likely to result in some families on the cusp who are just managing to get by, falling into difficulties. Cuts to public services are likely to result in the reduction of the kind of informal support offered by Children's Centres and other community-based facilities. The capacity of these services to respond to increasing demand will be stretched. All the more reason that the messages in this paper about how to provide evidence based programmes more effectively is time critical.

The arguments set forth in this paper suggest that programmes will only reach these troubled families if they speak to their needs and their concerns. What is needed is not *either/or*, but *both/and*. While it is critically important to use programmes that are known to be effective, it is also crucial that such programmes are nuanced to local community circumstances. I particularly welcome in the paper the attention to the practical barriers that many families face when asked to participate: transport, childcare, provision of food and refreshments. I have often suggested that uptake of such programmes would skyrocket if the weekly sessions were held in a venue with free laundry facilities. A deep understanding of the constraints and pressures on the lives of families is required for real engagement. Real engagement and understanding needs to be matched with challenging those behaviours and practices in families that are known to be harmful to child well-being. The attention to detail and co-production of the programmes described in this paper seem to accomplish both of these aims: understanding the context while pushing for change.

I have two concerns with the propositions in this paper. The first is the very high level of skill that is needed by providers of programmes to maintain programme integrity while moderating to local need. My experience is that moderating to local need can sometimes mean changing things to suit local staff and what kinds of activities they enjoy, rather than their abilities to really work with potential users to identify what they think would help them. My second concern, which is addressed, is the need to constantly monitor impact. Did we do the right thing but not quite well enough, or was the basic premise wrong? Ongoing monitoring of participation and then evaluating medium- to longer-term impact is always challenging and rarely properly funded. I am convinced that using some of the frameworks and techniques for engaging socially excluded groups described in this paper will work. Believing the argument is not enough, demonstrating the validity will be essential.

Naomi Eisenstadt CB

Senior Research Fellow at Oxford University, former Chief Advisor to the Secretary of State for Education on Children's Services and Director of the Social Exclusion Taskforce.

May 2012

1. Introduction

This paper is about evidence-based family skills training and parenting programmes that work. Psychologists have been responsible for their development and their rigorously evaluated outcomes. The beneficiaries are the children and parents of our society. These programmes are a vital resource for governments. They should be made available as widely as possible to all parents. We will mainly refer to them as parenting programmes from this point.

Psychologists have developed and conducted randomised controlled trials on a large number of parenting programmes from around the world. In 2010 the United Nations endorsed 23.

These UN-endorsed programmes have been shown to have positive outcomes for those families that participate in them. They have the potential to make a significant contribution to child well-being in the UK. They are known to be effective for those parents who take part, however, it is also acknowledged by such programmes that they can find it difficult to recruit and retain family participation from marginalised groups (see below); ironically it is these families that most need what they have to offer. To deal with this irony the UN recommends, among other things, that parenting programmes should be culturally adapted to the sites of their implementation but that they must retain those features of the programme's model that are known to be effective.

In addressing this issue we strongly recommend these proven approaches to researchers, programme developers, evaluators and commissioners of local services *and* suggest that they be implemented in ways that demonstrate that they have successfully addressed four additional socially inclusive priorities above and beyond those that contribute to their known technical effectiveness. Parenting programmes should:

1. Maximise the recruitment of low-income, black and minority ethnic families that are traditionally considered to be 'hard to reach' and reduce the drop-out rates of disadvantaged and socially excluded families.
2. Empower local voices by implementing new programmes in co-production with local programme service user parents so they become culturally congruent, and through working in partnerships with local professionals in health, education and social care.
3. Build social capital in local communities during the assessment process to determine which parenting programme will be used, by modelling mutually respectful relationships with parents and with health, mental health, education and social care professionals; and then support programme delivery structures that span home life, school and the wider community to both deliver information and build relationships within and across families.
4. Plan for sustainability from the outset by facilitating local ownership through actively developing local parents' and practitioners' capacity to learn about, plan, adapt, implement and evaluate their local parenting programme and maintain quality assurance structures whilst engaging effectively with local service systems to become services as usual.

A range of these programmes are recommended across the continuum of children's services. Some should be targeted and others should be universal. With low-income families, targeted parenting programmes report higher retention rates if they are offered following the provision of a universal approach in the context of a local stepped care system that begins with universal approaches and progresses to a targeted approach only when required. Universal programmes can assist in identifying parents for whom a targeted programme may later be relevant and helpful especially in low-income communities. They can also help build empowered parental social networks and increase parental trust in traditional services. As such they can create positive setting conditions for parents who may go on to use a targeted approach. Universal parenting programmes should therefore be available to users of all four tiers of the care pathway for Child and Adolescent Mental Health Services (CAMHS).

Evidence-based parenting programmes can further benefit communities by sharing effective social inclusion practices that they have developed, to reach out to, recruit and retain families who have too often been seen as hard to reach. These include low-income single parents, parents with a black or minority ethnic heritage and unemployed parents. Although these families have often been regarded as 'hard to reach' by professionals, it is more often the case that some services are in fact 'hard to access'.

During 2011 the Society conducted a survey of the developers of the 23 programmes endorsed by the UN in 2010 to find out and document their current and emerging strategies for addressing the challenge of engaging and retaining low-income, socially marginalised parents. Programme developers were asked to identify their successful strategies for increasing the involvement of socially excluded parents in their evidence-based programmes. Responses were received from 11 programmes.

In this report, we share many examples of these strategies and recommend them in the form of the four (Technique Is Not Enough) 'TINE principles'. We argue that a more widespread adoption of effective social inclusion strategies as exemplified by evidence-based parenting programme developers may expand such programme's long-term reach into communities, increasing their sustainability and therefore maximising their overall contribution to child well-being and quality of family life. We ask that commissioners of local services and health, social care and education professionals work together with parents to address the issues we raise here and to adopt our recommendations. The strategies we have collated into our framework fall within our aforementioned priorities for social inclusion and are based on the four TINE principles: respectfully engaging disadvantaged and excluded families; culturally adapting programmes for every new implementation site by developing co-production at the local level; building social capital and planning for sustainability from the outset. There are some studies available but now is the time to begin a concerted programme of empirical research to test these in practice.

This paper builds on the Society publication *Socially Inclusive Practice* (Hayward et al., 2008), the first in a series of papers on developing approaches that enhance the likelihood that people at risk of social exclusion can benefit fully from community/life involvement. As Rosie Winterton MP said when she launched the National Social Inclusion Programme for Mental Health in 2005, 'Social Inclusion is a moral imperative.' This now has a special resonance for families during economic downturns and reminds us that the social

inclusion of all groups of people is essential for a modern society to thrive. It's as well to start as you mean to go on and so we must take child mental health very seriously. Indeed, these matters are central to current policy as stated in the foreword to the current administration's recent policy statement, *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*:

'So this strategy takes a life course approach, recognising that the foundations for lifelong well-being are already being laid down before birth, and that there is much we can do to protect and promote well-being and resilience through our early years, into adulthood and then on into a healthy old age. Only a sustained approach across the life course will equip us to meet the social, economic and environmental challenges we face and deliver the short- and long-term benefits we need.'

(Department of Health, 2011, p4)

Those readers who are familiar with the workings of the Society, how this paper came about and the socio-political context of early intervention may wish to skip the next two chapters and go straight to Section 4 where the first of the four principles that make up the TINE framework for inclusive practice can be found.

2. Vision and purpose

2.1. The brief from the BPS – Working inclusively with stakeholders

This discussion paper is the work of the Children and Families work stream of the Society's Social Inclusion Group, a working party of the Professional Practice Board. The group was established in 2007 to work intentionally across the traditional care group-based professional Divisions of the Society to develop a lens with which to examine the psychological understanding of effective and socially inclusive practice. The Children and Families work stream has worked for three years on this project. It has taken this lens and examined state funded interventions for increasing child mental health. Its brief was to work collaboratively with children and families and interested professional groups using socially inclusive methods.

A number of meetings were held to review an initial Society draft scoping paper on child mental health and social exclusion. From this emerged a fact-finding conference and a survey of parenting programme developers asking about their socially inclusive practices. This paper was then prepared and commented on by various professional groups. The results will be presented at an international conference later in 2012 to be sponsored by the Society and its working partners where we will share the joint learning in this paper and gather further information from a range of programme developers who will also be actively participating. After this there will be a period of consolidation and review followed by a further call for examples of emerging inclusive practice, including some that have been empirically evaluated. We would hope to publish the results of this follow up in 2013. We also intend to submit a paper to a peer reviewed journal specifically on the four TINE principles behind the framework itself.

As the stages of this work progressed we became increasingly aware of the urgency given to our task by the on-going economic crisis and continuing, if not worsening, health disparities affecting child mental health. To approach this we formed a broad coalition of organisations based on our anticipation of the increases in child and family mental health problems likely to be encountered in the economic downturn; job loss, unemployment, debt and housing instability. We know that the effects of these social stresses on families can compromise parenting. These social ills are best addressed alongside the use of evidence-based parenting programmes. However, one is not a substitute for the other.

In taking a socially inclusive perspective on these issues it became evident that we needed to include contextual matters relevant to service users in all CAMHS tiers. We also wanted to ensure our guidance was based on real world experience. This paper has been written for parenting programme developers and implementing professionals and families involved in commissioning; and for psychologists to draw on when exercising their increasingly influential advisory roles in this field.

Evidence-based parenting programmes have been developed over many years in many locations. They have been thoroughly researched and are effective in reducing child distress and behavioural disturbance in both early-years programmes and primary and secondary schools. They are, however, less than optimally effective because of issues that go

beyond the remit of evidencing their technical effectiveness. Hence our title is ‘Technique is not enough’.

Over the last three years we have worked closely with service user/carer/parents to explore and refine a framework to contain the solutions to some of the engagement and retention issues that must be addressed by parenting programmes to effectively reach disadvantaged families. This paper is focused on the under-12’s engaged in family rather than classroom based programmes.

2.2. Our perspective and methodology

We began in 2009 by asking Lynn McDonald to draw up a scoping paper (not this document) on the challenges and issues facing socially inclusive practice in the child mental health field. The Social Inclusion Group considered this paper in conjunction with issues that emerged at a subsequent in-house workshop and the present interest in evidence-based parenting programmes emerged. Next we forged three strategic informal partnerships with national organisations known to be committed to the well-being of low-income socially marginalised children. These were the Society’s Division of Educational Psychologists, the British Association of Social Work (BASW) and Save the Children UK. We then approached interested professionals in other psychological disciplines, education, general practice and academia.

The ideas in this paper have their roots in an inclusive ‘discovery’ conference held in February 2010 where these informal partners were brought together to share their concerns and scope out a vision of how it might be possible to enable evidence-based parenting and family skills training programmes to become better at effectively engaging and supporting disadvantaged and marginalised families, i.e. those people most at risk in an economic downturn. The conference was held at the Society’s London office and brought together participants from a wide range of professional and lay stakeholder groups to share a range of academic and personal perspectives on enhancing child mental health. Participants included academics and practitioners from social work, psychology, art therapy, medicine, family therapy, teaching and service commissioning who worked together with family members, including parents, children and young people who had recently been involved in a parenting programme as participants, parent practitioners (graduates of parenting programmes who now implement programmes as experts by experience) and trainers. The day was designed to develop an insight into the issues that such a diverse group could jointly agree on. The experiences they shared and their reflections on them drew heavily on academic perspectives derived from social learning theory, the systemic approach, the social history of family medicine and community health work, the headteacher’s experience, changing practice in educational psychology, sociological analysis, the deeply personal impact that gender, race, class, faith and culture have on the identity of people who have been trans-located and the family rights movement. These perspectives and the voice with which they were presented were strongly informed by many of the speakers’ own lived experience. We hope that these perspectives and their voice have informed and helped mould the content and the writing of this paper. The scoping paper, conference programme, workshop write-ups and a video of the day can be found at www.bps.org.uk.

From this conference a commitment to develop the themes found there was immediately apparent and so we set about writing this paper in the same spirit to reflect both the content and the voice behind the issues. This is one reason why we have reported the examples gained from our survey of parenting programmes verbatim, thus retaining both their concepts and their voice. We believe this gives the totality of the accounts richness and we hope it also undercuts any concern that we might be promoting the effectiveness of any one programme over another. Our choice of examples (reviewed and summarised by the first author) was very inclusive and is not intended to imply any differential value judgements on our part nor is it necessarily representative of what might be available nor is it likely to be comprehensive. Our intent is simply to give a space to a reasonable level of theoretical sampling of the kinds of good work out there and for the ideas behind them to be shared openly across a diverse and creative field.

As part of a wider programme of activities on developing socially inclusive practice, the Society is taking a lead on these issues. It is seeking to work collaboratively with professional organisations committed to the inclusion of disadvantaged children and families and work co-productively with service user parents to set priorities for enhancing child well-being and mental health in the UK.

2.3. The value of socially inclusive practice for our intended audiences

In this paper we aim to support the widespread implementation of evidence-based parenting and family skills training programmes by highlighting how the fundamental psychological principles that underpin socially inclusive practice can be used to enhance the overall and cost-effectiveness of such programmes. Because of this our paper has two primary audiences. Our first main audience consists of professionals from health, education and social care involved in the commissioning and implementation of local services designed to enhance child well-being. It is hoped that they will fund and successfully run evidence-based parenting programmes that can be culturally adapted by taking a socially inclusive stance towards implementation. We urge such groups to seek guidance from their local educational, clinical, counselling, forensic, occupational and community psychologists.

Along with programme developers themselves, psychologists from all backgrounds are our second main audience. Not only are psychologists developing and refining model programmes they are also increasingly involved in local commissioning and implementation.

We hope this paper will provide these two sets of stakeholders with a rich source of ideas on how to make parenting programmes more socially inclusive as well as providing strong justification for giving this agenda the attention it deserves.

For commissioners and professionals implementing programmes this will mean putting in place mechanisms that can assess whether local potential programme candidates can demonstrate a track record of addressing high attrition rates for low-income socially marginalised parents, and to determine if they can describe strategies that integrates socially inclusive practice from the outset. This could form a useful element in a local strategy to Commission for Social Return on Investment (SRI) (Cabinet Office, 2009). This will also have implications for the new Commissioning Boards to be developed by General Practitioners as a result of the publication of the Health and Social Care Act (2012).

Bearing in mind that this work is in its infancy, this should be considered within a context where there is still much to do to fully demonstrate the effectiveness of adopting socially inclusive practice within the fundamental research on establishing the evidence base for programmes in this field. We will go into the dilemmas involved in adapting the models used by such programmes in the four sections of this paper on inclusive practice. However, given what we know already, we should say at this point that this research is likely to show that implementing parenting programmes using socially inclusive approaches will have no negative consequences on overall effectiveness as long as those who implement parenting programmes take care to preserve their core effective ingredients. Programme developers therefore need to be clear what these core elements are as they embark on supporting local adaptations to enable social inclusion. Further research on determining these is required but it is complicated work.

We will attempt to demonstrate that supporting local implementation teams in co-developing cultural adaptations with local parents also leads to greater local ownership and increased social capital. We believe that this is more likely where local programmes are implemented through co-producing teams that include both parents and local professionals in the fields of education, health and social care.

We understand concerns about the potential costs of making such adaptations. We give examples of where co-productive parent/practitioner partnerships have taken the time to evolve their own culturally adapted version of their chosen programme then substantial benefits follow. As well as increasing the likelihood of social inclusion, cultural adaptation also increases the lasting impact of participants' learning experiences. This is also increased by building social capital between parents. In turn, the likelihood of sustainability can also be greatly enhanced by socially inclusive processes when programmes become embedded in locally valued social structures that build social capital.

Programme developers and local implementers should report drop-out and retention rates for all families, especially the disadvantaged and socially excluded, as a quality measure. We predict the use of our recommended strategies could increase programmes' current estimated retention levels from as low as the 20 per cent found in traditional programmes up to the 80 per cent found in well evidenced socially inclusive programmes (McDonald & Sayger, 1998; McDonald et al., 2006; 2012; Kratochwill et al., 2004; 2009).

As well as being informed on crucial issues relating to the effective use of learning theory (Bandura, 1977) and social contact theory (Pettigrew, 1998), psychologists wishing to support socially inclusive practice in parenting programmes will also need to examine theories and research used in community and business psychology as well as from other disciplines such as sociology, anthropology, political science and social work. For example, a sociological perspective on family stress proposes that there are two major factors which protect families against the distress caused by severe economic disadvantage: social support and hope. In turn we know that parental behaviour mediates change in children's behaviour (Gardner et al., 2010). This theory has been used to develop ways of reducing the effect of these stressors on disadvantaged and low-income families when they engage in effective family skills training programmes (Hill, 1958; McCubbin et al., 1995; Boss, 2002). Research into adult education strategies for empowering adults (Freire, 1995) have engaged and demonstrated empowerment of socially excluded parents. Community

development strategies have been used to increase access to power and resources for adults living in disadvantaged communities (Alinsky, 1971, McDonald et al., 1997; Sandler, 2007). They have also been used effectively to increase the retention of marginalised families in parenting programmes. Building relationships over the course of a parenting programme that runs as multi-parent groups can enhance their impact through the development of local social capital (Coleman, 1994; Putnam, 1999; Halpern, 1998; 2009). Evidence-based parenting and family skills training programmes can take their place alongside other respected community well-being developments and model 'how to respectfully reach those who are hard to reach' for other local programmes by working inclusively.

2.4. Collaboration between commissioners, programme developers and psychologists

Without addressing the central concerns of this paper, government identified programmes that have been developed and rigorously tested using randomised controlled trials may not be sufficient in their native forms to counteract drop-out rates of 50 per cent or more when 'scaling up' for implementation in numerous local communities. The Society calls upon commissioners of services, programme developers and local psychologists to work in partnership to share their understanding of best practice and sustainable development and apply their knowledge of social psychological theories and research skills to ensure locally implemented parenting programmes engage with and retain socially excluded and marginalised families from disadvantaged communities and sustain these programmes over time.

The Society particularly urges member psychologists and other mental health professionals to work together to take the lead in addressing this important social issue.

2.5. Wider considerations and call to action

Our recommendations should of course be considered in the context of guidelines from the National Institute of Health and Clinical Excellence (NICE) on obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), depression, eating disorders, self-harm, substance misuse as well as the NICE Technology Appraisals on parenting training for conduct disorder and medication for attention deficit hyperactivity disorder (ADHD).

Other groups whom we seek to inform more broadly include government departments, political parties, social and economic researchers, the United Nations, CAMHS, educationalists, social care trainers, child protection professionals, children's and youth action groups, and parenting associations. We welcome further examples of socially inclusive practice and comments on our recommendations from all these groups. We hope to update this paper following further consultation and evidence gathering.

We hope that publishing this framework also encourages bodies such as the United Nations Office on Drugs and Crime (UNODC) to develop increased understanding of the socially inclusive implementation of parenting and family skills training programmes. We aim to stimulate long-term debate through publication of this paper and presentation of our findings and recommendations at conferences in the future. We are offering suggestions for the evolution of evidence-based model programmes in an important field

and can cite examples drawn from existing effective programmes to illustrate the development of socially inclusive practice. We also offer a simple metric (Appendix 2) to use within programme commissioning and evaluation processes.

With the publication and dissemination of this paper we ask that existing programmes whose examples we have used in this paper will continue to give us access to further examples as they are developed and researched so we may report on progress with this approach over time.

2.6. Structure of this paper

In the next section we present a broad overview of the socio-political context to these issues. The remaining sections cover access, recruitment and retention; cultural sensitivity and cultural adaptation through co-production; and the development of social capital and sustainability. We conclude with a summary of the four TINE principles that form our framework for socially inclusive practice in evidence-based parenting and family skills training programmes and recommend some next steps.

3. The socio-political context

3.1. Child well-being in the UK

UNICEF data indicates that UK child well-being is the lowest in the industrialised world (Bradshaw et al., 2007), with behaviour and mental health comparing unfavourably with levels 30 years ago (Collishaw et al., 2004; Maughan et al., 2008).

This situation is likely to worsen as the current economic crisis continues. As it does, financial distress will increasingly affect family functioning adversely. This situation is especially detrimental to socially excluded families. High stress levels and social isolation are known to lead to increased levels of child abuse and serious neglect (DePanfilis, 2006). In times of economic crisis, therefore, there is a heightened need for society to implement universal parenting programmes (Layard & Dunn, 2009).

Intervention is essential as these problems have serious immediate and long-term costs for families and society. Children with early-onset conduct disorders typically develop low self-esteem (Scott, 1998) and poor social competences (Webster-Stratton & Lindsay, 1999) which may result in difficulties in social interaction (Coie, 1990). In the long-term, they are at heightened risk of drug abuse and depression in their adolescence and adulthood (Kazdin, 1995; Loeber, 1991). Early-onset aggressive behaviour in boys is one of the best predictors of anti-social and criminal behaviour in adolescence and adulthood, including violent offending (Farrington, 2008; Broidy et al., 2003).

Significant costs to society are then accrued from children's subsequent utilisation of health, education, social, legal and prison services. The average cost per family of anti-social behaviour by young children in the UK is £15,382 per year (Knapp, 1997). This adds up to to £1m during a person's lifetime (Scott et al., 2001). Much of the cost is borne by public services; particularly in areas of high social exclusion (Van Der Linden et al., 2003) where families are more likely to rely on state-provided services (Scott et al., 2001).

Much is now known about how child well-being problems develop and how economic factors affect family and home life. The social ecology theory of child development (Bronfenbrenner, 1979) suggests that children's development is affected by multiple factors operating systemically at the individual, interpersonal and community levels. These include the genetic predisposition of the infant, the relationship between the child and its primary carer, the family's relationship with the school, the child's relationship with its community, the family's position in the local community and the status of the community in the larger social structure.

Using standardised checklists of child stressors it has been identified that 70 per cent are due to family problems (Linville et al., 2010). A classic study by Crnic and Greenberg (1990) showed that high levels of parental stress impact negatively on child well-being. Conflict in the parental relationship is highly correlated with child conduct disorder (Stormshak et al., 2011). Parental stress and social isolation increase domestic violence, child abuse and neglect. These factors negatively affect child mental health. Behavioural difficulties in children are affected by how parents interact with them and many children develop problem behaviours because their parents lack key parenting skills (Hutchings et al., 2004).

The losses that a recession can bring to family life can have a huge impact where families are living in pre-existing stressful circumstances. These include marginalisation, social isolation, poverty, being from a minority racial or religious background, not being a native local language speaker or having legal immigrant status. The way in which these losses are understood within families can also be an important factor in determining the degree of their impact because the interpretation of the causes of economic loss are mediated through individual's responses to their pre-existing social circumstances (Hill, 1958; Boss, 2002).

This is important because research also indicates that it is family functioning that mediates the impact of external stressors on children. Families serve as the primary protective factor for child functioning in adverse circumstances (Dunst et al., 1988). To protect children we must protect families. According to socio-ecological theory the same argument that applies to the mediation of child stress through their experience of their family life also applies to their experience of their school (Bronfenbrenner, 1979; Cicchetti & Lynch, 1993). Experience at school can also be mediated through family life. Depending on issues arising in the family, children can find school to be a negative or a positive experience; for example, some children become victims of bullying whereas others thrive in a competitive ethos.

Social learning theory tells us that under ordinary circumstances what adults learn in one setting can fail to transfer to other settings (Bandura, 1977). Therefore both home and school must be taken into consideration when offering universal support to parents. Hence, promoting a positive overlap between school and home settings can be a significant psychological factor mediating parenting programme success.

To measure the impact of these factors in such complex environments the assessment methods and interventions used in parenting programme research must be able to address the complexity of the systemic structures that families face in today's social world.

3.2. Evidence-based parenting and family skills training programmes

A broad understanding of how children's problems develop provides insights into both their prevention and how to manage later ameliorating interventions. Psychologists have developed parenting programmes which are rigorously scientifically tested. These are known as 'evidence-based programmes'. There is an emerging political consensus about the value of these programmes (Welshman, 2010).

Several evidence-based parenting programmes now appear in government and research databases. They do so because they have been assessed as meeting an agreed standard of evidence. Although the debate about the meaning of 'evidence' and the validity of 'hierarchies' of evidence shows no signs of abating (Sheldon & Macdonald, 2009; Gray et al., 2009) there is an emerging consensus in some circles that evidence-based programmes are those that have been shown to be effective when researched rigorously in high-quality randomised controlled trials (RCTs) and quasi-experimental studies (Flay et al., 2005; Elliott, 2010). The UNODC recommended list (2010), which is ranked on the number of RCTs in which a programme has been found to be effective, is shown in Box 1. This is by no means the only or best list of evidence-based programmes, and by using it in this paper we do not necessarily endorse it, but it has the advantage of being produced by the UN.

Box 1: UNODC compilation of evidence-based family skills training programmes

1. Triple P – Positive Parenting Programme
2. The Incredible Years (IY)
3. Strengthening Families Program
4. Parents as Teachers
5. Stop Now and Plan (SNAP)
6. Multisystemic Therapy (MST)
7. Parent-Child Interaction Therapy
8. First Step to Success
9. Guiding Good Choices
10. Parenting Wisely
11. Families and Schools Together (FAST)
12. Staying Connected with your Teen
13. Helping the Non-compliant Child
14. Positive Action
15. Family Matters
16. Strengthening Families Programme for Parents and Youth 10-14
17. Multidimensional Family Therapy
18. Nurse-Family Partnership
19. Families Facing the Future
20. Parents Under Pressure
21. AI's Pals: Kids Making Healthy Choices
22. Resilient Families
23. DARE to be You

Effective parenting programmes have also been identified by a number of UK organisations including the National Academy of Parenting Research (NAPR) using the above criteria. Between 2008 and 2010 the UK government funded local authorities to train over 4000 professionals in 10 of these approaches. There are NICE guidelines on child mental health and technology appraisals for children with conduct disorders (parent training), anxiety disorder (CBT), and eating disorders (focused family therapy). A government sponsored review of early intervention (Allen, 2011) applied standards of evidence to a series of programmes and identified those that met a specified level in terms of evaluation quality, impact, intervention specificity and readiness for implementation in service systems.

What we know about effective parenting programmes has been summarised by Hutchings et al. (2004):

- New parenting skills should be actively rehearsed during the programme and practiced at home.

- Video feedback, role play and rehearsal are important learning methods.
- Principles are better learned than prescribed techniques.
- Self-determined goal setting should be the norm.
- Strategies that encourage positive behaviour and reduce negative behaviour should be included.
- Partner support should be included.

3.3. The need-service gap

The engagement of socially excluded families in effective parenting programmes is particularly low, not least because very few of these families get to participate in evidence-based programmes. Put another way, there is a need-service gap: the recommended evidence-based parenting programmes are not reaching the 'hard to reach' (Flanagan & Hancock, 2010).

There are two main reasons why such programmes only reach a small proportion of families and even fewer who are socially excluded. One is that few local authorities or other agencies adopt them, and even if they do they are rarely if ever implemented at scale (Bumbarger & Perkins, 2008; Klett-Davies et al., 2008; Little, 2010).

The other reason (and the two may be related) is that services often struggle to recruit enough appropriate families and if they attend once, early drop-out rates tend to be very high (up to 90 per cent in some UK studies (Gross et al., 2001)). This same scenario applies to completion of the recommended programme. Retention rates are also low (Axford et al., 2011). The drop-out rate for single, low-income parents and parents from a black or minority ethnic background tends to be higher than the rates for other parents (Cunningham et al., 2000; Kurtz & Street, 2006). These rates are similar to those of out-patient child mental health clinics where drop-out rates vary from 40-60 per cent and where rates for socially marginalised families are even higher (Kazdin, 2001).

This need-service gap is particularly apparent in children's mental health services. The mental health of children in the UK is a growing problem for families, schools and social services, for communities and society as a whole and is becoming an increasing strain on pressured NHS resources. A nationally representative study of British school-aged children revealed that 10 per cent have a diagnosable mental health problem that causes them major distress and seriously interferes with their development, yet only 25 per cent of these children receive specialist care mental health services (Ford et al., 2007). CAMHS see approximately 300,000 children annually with treatment averaging four and a half months, the result being that specialist children's mental health services see only a third of the 10 per cent of children in need.

Failure to get parenting programmes to the children and families that need them most is a problem for two reasons. Firstly, if insufficient parents in need attend a recommended programme the overall social impact of the programme is diluted, either because some 'spaces' within the programme remain empty or because practitioners relax the eligibility criteria and allow parents and children with lesser needs to participate. Parenting programmes also have less impact where the need is relatively low. This situation is not

cost-effective and it has caused some stakeholders to question the desirability of implementing such programmes (e.g. Thoburn, 2010).

Analysis of work conducted in the Incredible Years programme in both the United States and Wales has shown this finding quite consistently. In several studies more disadvantaged participants achieved equally good, and in some cases better, outcomes than less disadvantaged families (Hutchings et al., 2004; 2007; in press). It is vital therefore that programmes reach the people who need them most. Patterson and Forgatch (1995) have demonstrated that the effects of disadvantaging circumstances are mediated through parents and that it is parental behaviour that directly impacts on children's behaviour. This is extremely important as most low-income families do a good job of rearing their children. More broadly speaking, this also means that there is scope for good parenting support to help families that struggle with parenting to become more effective in their relationship building despite the impact of some socio-economic circumstances.

The UN Convention on the Rights of the Child states that parties to the convention should ensure children develop healthily and that they are properly cared for and protected. As such, children living in poverty with stressed parents who lack parenting skills, have a right to be helped with their parenting. They are also entitled to assistance that will address the stresses brought about by the underlying socio-economic causes of their problems.

3.4. Making evidence-based parenting programmes more socially inclusive

These programmes must become more socially inclusive. By socially inclusive we mean that a programme is designed and implemented in such a way that it reaches – or is received by – as many of the children and families in its target population as possible. In this paper we suggest this can be achieved by:

- improving recruitment and retention;
- co-producing a programme so it is culturally sensitive;
- building social capital amongst service users, implementers and the wider community; and
- ensuring programmes are sustainable.

In order to achieve this we believe that commissioners and parenting practitioners need access to a broad understanding of the psychological, sociological and ecological stress factors underlying family distress and how these factors can be ameliorated through socially inclusive practice. In the context of parenting programmes effective social inclusion strategies are based on practices that empower parents to be partners with their local parenting practitioners and with parenting programme developers. Co-production is one such approach (Hunter & Richie, 2007).

Co-production of implementation between service user parents and health, education and social care professionals can dramatically increase the successful recruitment and retention of disadvantaged and socially excluded families. There is also a shift in power relations inherent in co-production that can be used to support programme participants' acknowledgement of the importance of the multiple cultural forms that parenting knowledge can take and which ones are most often best suited to support marginalised

parents. These different forms of knowledge and their related learning methods can also be integrated into the structures and processes adopted by effective parenting programmes.

Co-production is our recommended approach to addressing the cultural adaptation process stressed by the UNODC in publishing their list of recommended parenting programmes. We believe this can be achieved without reducing the impact of programmes' core effective ingredients. Indeed, we believe this process enhances the impact of universally valued parenting methods. We hope to demonstrate that using this approach to cultural adaptation also leads to parenting programmes becoming more securely embedded in their communities. This increases the likelihood that a viable context is created for developing and sustaining a social norm of positive parenting in the community over time. This in turn can contribute to increasing local social capital and programme sustainability.

Programme developers are also invited to take a broader psycho-socio-ecological perspective. Increased child well-being can be achieved by involving whole families, their schools and local communities in building relationships which help to manage stressors and enhance caring and meaningful interactions between children and their parents, siblings, peers, parents of other children, schools and communities (Bronfenbrenner, 1979). For example:

Stop Now and Plan (SNAP)

Replication training for local SNAP sites includes an opportunity to invite local parent/family representatives into that training (we have space for up to 35 participants in each local replication training) and there is time in the training agenda for discussion of cultural adaptation. Although some sites do not take advantage of this opportunity, many sites do and often, much of the adaptation of the curriculum can be discussed at that point. Site facilitators, community representatives and families can work with development staff to decide on the best adaptations for their site. This is not only a benefit to the programme directly in that it builds support for the programme and referral sources but the activities are designed to build relationships between participants, enhancing the community by that interaction. We have noted, although not officially documented, that the sites who do involve a larger component in the initial implementation training do have a greater percentage of sustainability than those who only have staff trained.

This is not a novel approach. It has emerged from long-standing and influential work on the inclusion of many marginalised and socially devalued groups. These groups have included people with learning disabilities or physical handicaps, older people and latterly people with mental illness. Professionals from these fields and others who have worked with disadvantaged and culturally diverse children will also be familiar with the approach. The values underlying the approach are based on accepting people as individuals and understanding that meaningful social contact can enhance relations between people from the dominant and marginalised social groups (Pettigrew, 1998). The universality of good parenting technique and universal human values related to social justice are entirely compatible, For example:

Positive Action

Positive Action was designed to be a programme that can be adapted and sustained quite easily due to the careful development of the materials which are complete and explicit about the concepts and values that enables them to be maintained, while at the same time allowing users to easily align the universal positive actions with the ideals of the local culture so that the cultural ideals can maintain the Positive Action expansion and enhancement of those concepts.

3.5. Recognising social inclusion as a factor in recommending evidence-based programmes

As we have noted above, the UNODC (2010) guide to parenting and family skills training programmes lists 23 effective evidence-based practices (see Box 1, page 18) from across the world (150 programmes were reviewed in total). Descriptions of the programmes themselves can be found on the UNODC's website on parenting programmes. As well as spelling out standards for such programmes, the programmes themselves are presented by the UNODC in rank order of their effectiveness. They achieved this by counting the number of published RCTs that demonstrated the effectiveness of each programme *per se* and in replication. These RCTs support the assertion that 'parenting and family skills training programmes can work'.

Notwithstanding the need to give primacy of consideration to a programme's evidence base, these programmes can only have a significant impact on population-level child well-being and child mental health if parents participate for the required 'dose'. Indeed, in its introduction the UNODC argues that the use of such programmes by governments makes economic and moral sense but such programmes must be culturally adapted to suit local norms. It contends this will enhance the engagement of families, and it must be achieved without changes to core programme components. This poses a considerable challenge which we hope can be addressed using the methods that we seek to describe here.

Evidently some programmes will be listed at a higher level than others in UN and other rank ordering exercises because of their number of claims to effectiveness. We wish to draw attention to the importance of taking other factors into account when considering how to achieve the most benefit for greatest number of people. At present, UNODC reviewers do not take account of drop-out rates for low-income, socially marginalised parents and we believe this skews the rating system. Social inclusion needs to be recognised as equally important to effectiveness and should therefore be included as a valid criterion for the recommendation of evidence-based programmes and be a part of the data set that contributes to the evidence base for programmes' outright effectiveness. Just as important as whether the programme works is whether it reaches those people for whom it may produce the most benefit. Technique is not enough.

It is vitally important that engaging and retaining disadvantaged parents in evidence-based parenting programmes becomes common practice and should be seen as part of a sea-change in the rich and varied practices and approaches to parenting that are expressed in any population. The adoption of socially inclusive practice by all such programmes would result in them reaching more disadvantaged, impoverished and socially excluded families; those people who are considered 'hard to reach' by traditional approaches. The responsibility for this does not lie with families themselves but with programme developers and researchers. There will no doubt be some debate about this.

We wish to build on the UNODC approach. In doing so we hope to take the debate a few steps further by adding insight into some of the psychological aspects of programme design and content required to make culturally adapted parenting programmes work for the many. We also wish to emphasise that cultural adaptations of the learning environment and the learning process are also required (Hudley & Taylor, 2006). Implementing effective programmes for the vast majority of families, rather than just for the few who usually stay long enough to obtain the potential benefits, is a multi-faceted process. It requires a programme context that carefully integrates a number of approaches.

While we fully acknowledge that the primary criterion for recommending and choosing a parenting programme should be that it works in terms of delivering improved outcomes for the children of parents who receive it, we also feel strongly that the current situation, in which programme developers are not required to list their drop-out rates with 'hard to reach' parents, should change immediately. Publishing drop-out rates should be a requirement and increasing participation levels should be an objective of effectiveness research and long-term programme development.

We would like to see the data collection of engagement and retention rates for parenting and family skills training programmes formally monitored, as well as drop-out rates for CAMHS and other related institutional structures offering services to socially excluded children and parents. This should become a routine requirement of all service delivery and research studies in this area.

3.6. Identifying criteria for evidence-based parenting programmes that include social inclusion

Some progress towards using social inclusion as a criterion in ranking systems has already been made. One early attempt at highlighting these issues can be found in the Parenting Programme Evaluation Tool (PPET) which is part of a Commissioning Toolkit originally developed by the National Academy of Parenting Practitioners (NAPP) which also lists current UK parenting programmes. This is now published by the Children's Workforce Development Council (www.cwdcouncil.org.uk/working-with-parents-and-families/commissioning-toolkit) and is based on international standards for best practice in the delivery of early intervention and prevention programmes. For our purposes their standards usefully summarise what we also see as some of the key elements of effective socially inclusive parenting programmes. Effectiveness is just one of four criteria.

- Programmes must clearly specify their target population and include explicit processes to ensure that appropriate families (as determined by their level of need or risk) can be recruited into and participate in the programme.
- The content (*what knowledge parents learn*) and processes (*how information is delivered to parents*) of the programme should be based on an explicit and sound theoretical framework.
- Programmes have carefully considered and detailed the training, supervision and implementation procedures that will allow the programme to be readily set up and implemented in new and independent settings.

- Programmes must have robust evidence from RCT and meta-studies that participation in the programme results in positive, substantial and long-lasting gains for parents (and/or their children).

More recently the standards developed by the Social Research Unit and a team of international experts and used to assess early intervention programmes by the Allen Review (2011) had four dimensions:

- Evaluation quality – whether the investigation of the efficacy and effectiveness of the programme is reliable.
- Programme impact – how much change in child outcomes can be attributed to the programme.
- Intervention specificity – whether the programme is focused, practical and logical.
- System readiness – whether the programme is accompanied by the necessary support and information to enable its implementation in service systems.

Within these four dimensions, several criteria relate specifically to social inclusion.

Under *evaluation quality* it is not considered enough to state that the programme was tested by an RCT. It must also be clear with whom the intervention was tested. This might highlight that the programme has only been tested with certain groups, and that caution is needed before translating it to other groups. Extra recognition is given to studies that look at whether the intervention works better for some groups of children or families than others. For example, we need to know whether boys do better than girls; are poor and less-educated and well-educated and better-off families affected equally by the programme and do families from some racial or ethnic groups benefit more than some others?

The Allen Review standards also require that there be no evidence of the intervention doing harm to young people or families. For example, if an intervention tends to increase the use of illicit substances by boys but not by girls, the programme might still make it onto the recommended list but should only be recommended for girls.

On *intervention specificity* programmes must be clear about which group(s) of children will benefit. This is where the programme developer would be required to describe the best impact of their programme based on their research to date with white, middle-class, married couples with young children compared to the results for rural poor people, recent immigrants and refugees; single parents; people from black and minority ethnic groups and multiply disadvantaged people. A practical application of this approach would be to produce a commissioning checklist that would compare each programme's performance against the characteristics of the local programme's likely participant population.

As for *system readiness*, it should be clear how to get the intervention to the right children, young people and families. In other words, it is not enough to expect that people will just turn up. There must be explicit processes for recruitment. The human resources needed to implement the intervention should also be stated, and this may highlight any particular attention needed, for example, to enable cultural matching or the use of community leaders as recruiters (e.g. Murry & Brody, 2007). Lastly, extra recognition is given to interventions that are currently being disseminated widely, or that have been tested in the real world. Many intervention programmes are tested initially in artificial conditions.

Commissioners and community leaders can have more confidence in interventions that have been tested with real staff in real settings including traditional service provision venues. Locally implemented programme completion and drop-out rates should also be monitored and compared with research study attrition rates. Programme specification would include questions about socially inclusive practices where parents are involved in planning, adaptation, recruitment, implementation and evaluation of the programme.

3.7. The need to identify socially inclusive practice conducted by existing parenting practitioners

It should now be clear that even with knowledge of the above one cannot simply conclude that programmes with good RCT results will, by implication, be socially inclusive.

We believe that the UNODC, policy makers and commissioners should adopt the criteria of the National Academy of Parenting Practitioners, the Allen Review and the practical approaches we are highlighting here as additional criteria when short listing evidence-based programmes. Once peer reviewed on the rigour of their RCT evidence and for their replicability, programmes could also be ranked on a number of additional factors including social inclusion. Very specific examples and how they can be applied to parenting programme participants from disadvantaged backgrounds are now becoming available. Because these approaches are in the main yet to be researched in RCTs they remain evidence-based practices in waiting and they are little disseminated. We hope to begin to address this problem in the following sections.

This limited amount of formally evaluated social inclusion practice within parenting programmes is an important theoretical concern for policy makers and researchers but it becomes a significant practical problem for commissioners responsible for selecting and purchasing the most appropriate evidence-based programme for their local community. In their assessment process what should commissioners be looking out for when the formal evidence for the value of a more socially inclusive approach may still be in development? What is required here is not only knowledge about existing evidence-based practice from RCTs but also its next best alternative, 'practice-based evidence' which in this case looks likely to be future evidence-based practice in the making.

3.8. Technique is not enough: our framework for socially inclusive practice

In the remaining sections of this paper we will illustrate practice-based evidence obtained from existing evidence-based parenting programmes. Their features can be looked out for when making choices about whether an evidence-based parenting programme is likely to be capable of being socially inclusive. We highlight practical examples from existing programme developers who are working hard to make their programmes socially inclusive. In some instances these have been subject to rigorous research, in others the research is on-going or still aspirational. We will cover the range of socially inclusive practice under the four principles that comprise our framework for ensuring parenting programmes are socially inclusive. In the final section of this paper we set out these principles which comprise; accessibility; cultural sensitivity; social capital and sustainability.

These principles are based on our analysis of the methods found in the practice examples we have received from a range of existing programmes and our own experience. In developing this framework we are grateful to those parenting and family skills training programmes that responded to the Society's survey of the UNODC list of 23 from which we had 11 responses. The questionnaire used to elicit examples can be found in Appendix 1.

4. Principle 1. Access: Recruitment and retention

Parenting programmes need to increase the initial participation, early, and overall retention rates of disadvantaged families. In this section we focus our inclusion lens on the high drop-out rates, and the causes of dropping out by disadvantaged families who try to participate in parenting programmes. We then highlight the kinds of strategies used by existing programmes that succeed in attracting and retaining very high levels of engagement with socially excluded parents which in turn contributes to better outcomes for the higher numbers of parents and children who then continue to participate.

4.1. Problems with recruitment and retention

Parenting programmes often struggle to recruit enough families. Sure Start children's centres and primary schools are trying to improve how they reach families in the greatest need, particularly fathers and people from some minority ethnic groups. Parenting programmes find it hard to retain families so drop-out rates are high. The majority of parents who attend these programmes drop out almost immediately or during the first few sessions. The result is that programmes often only reach a small proportion of the target group in the UK. This evidence comes from the limited implementation of parenting programmes in the UK. Although it is anecdotal, it is largely based on the observations of clinicians working in the field and of programme developers themselves.

Fortunately we now know a reasonable amount from research and practice about how to engage families and keep them engaged (e.g. Gross et al., 2001). This falls into two broad areas of concern. Our first concern are activities sometimes seen by some as separate to the programme, so-called 'external' factors such as advertising and promotion of the programme. However, it is these that get families' attention and interest in the first place and help them stay interested for the programme's duration. Our second concern is with 'internal' factors related both to the programme's learning methods and the content used, and which aid retention, such as their cultural relevance to the programme's target group. This section covers making programmes attractive in the first place and user-friendly throughout. It includes addressing the learning processes employed and adaptations to the content of the learning process to make it as culturally relevant as possible.

4.2. Initial recruitment and retention

A good illustration of the initial recruitment problem comes from an attempt to implement an evidence-based parenting programme with the parents of 3–4-years-olds with conduct problems in a UK city (Axford et al., 2011). This programme was to be implemented in six children's centres. Each centre needed to recruit 24 parents who met the target group criteria. The spring and summer terms were set aside for recruitment with the 12-week course scheduled to run in the autumn term.

There were 2,913 children aged 3-4 years old living in the catchment area. A city-wide survey showed that 15 per cent of children in this age group met the eligibility criteria for the programme. It was therefore necessary to find a third of these families. In the time allocated the children's centres identified just 85 families between them, 19 per cent of the

families who might benefit. This proportion varied widely between centres, from 6 per cent to 45 per cent. Further analysis showed that the targeting itself was also poor. Of the 299 families referred, only 85 (28 per cent) actually met the programme's criteria. This masked wide variation across centres, from between 17 per cent and 40 per cent. There is no reason to believe that recruitment to targeted parenting interventions is any better for any other programme or for any other local authority.

4.3. Insights from research and practice

An important element of an effective recruitment and retention process involves activities that are separate to the programme but get families interested in the first place and help keep them interested. A fairly wide literature exists on engaging service users in children's services, covering a range of different types of service. Much of it explores why families with complex and serious needs make less use of services than expected. The literature covers a range of different types of service and service populations including crucially those we are interested in here:

- Parenting programmes for families of children aged 0–18 (Spoth & Redmond, 1995; Spoth et al. 1996; Orrell-Valente et al., 1999; Spoth et al., 1999; Spoth et al., 2000; Gorman-Smith, 2002; Spoth & Redmond, 2002; Miller & Sambell, 2003; Rooke et al., 2004; Heindrichs et al., 2005; Haggerty et al., 2006; Matthey et al., 2006; White & Verduyn, 2006; Bell, 2007; Spoth et al., 2007; Sanders et al., 2009; Leung et al., 2009; Nix et al., 2009; Lau et al., 2010; Sterrett et al., 2010; Patel et al., 2011);

as well as:

- Ante- and post-natal home visiting (Daro et al., 2003; Barlow et al., 2005; Barnes et al., 2006; Gray, 2009);
- Sure Start and other family support services for a range of families (Gray, 2002; Garbers et al., 2006; Pearson & Thurston, 2006; Dyson et al., 2009);
- Parental engagement in schools (DeVance et al., 2009);
- Family therapy services for families with children aged 0-18 (Coulter, 2007; Taylor et al., 2008); and
- Adult mental health services (Davidson & Campbell, 2007).

There is a tendency in this literature to talk about 'hard-to-reach' families but often, as will be seen, the problem is more that services are 'hard to access'. Given acceptance of this distinction it may be that part of the solution here is to see these activities as intrinsic to programmes rather than as 'external factors'. We will come back to this point once we have reviewed the evidence and looked at examples.

Collectively the research highlights five key messages about why programmes often struggle to engage parents (elaborated more fully in Axford et al., 2011).

1. Because vulnerable families are often known to many different practitioners they may be reluctant to refer families to another service. Often the problem is that the only way to connect them with a new service is through extensive communication and collaboration.

2. Failure to invest time in engaging and recruiting families as well as ensuring practitioners have the high level of interpersonal skills required to relate well to vulnerable families means that an evidence-based parenting programme may struggle to get off the ground. The emphasis on multi-family group learning in parenting programmes may also be at odds with an individual or single family based ethos in an existing service.
3. Parents don't use services that aren't easy to use. Services need to fit in with the rhythms of modern life, for example by holding parenting sessions in the evening so that parents working during the day can attend. Some parents will require help in getting from A to B and most will expect help with childcare. Simple, practical things can make a big difference.
4. Doing new things requires an investment in significant effort, so no aspect of the programme should make doing it harder. Parents won't use a parenting programme if they cannot see the need or identify the likely benefit from their efforts, or if there are practical or other obstacles. These need to be addressed.
5. Services have traditionally found some parents easier to engage than others. Extra effort is usually warranted to make services accessible to parents and families who are poor, educationally disadvantaged and/or from black and minority ethnic backgrounds.

These messages have a good fit with the lessons emerging from our earlier illustration about implementing a targeted parenting programme in a UK city, where we saw that recruitment proved problematic such that it took 12 months longer than expected to recruit enough families. An investigation into why this happened involved interviews with service providers and a web-based survey of stakeholders including providers, parent participants and other agencies. The following problems were identified (elaborated in Axford et al., 2011).

1. Ownership of the recruitment process was at best contested and at worst unclear. Providers (schools in one case, children's centres in another) felt that they did not know who was referring whom, and in some cases did not appear to know that recruitment, including liaison with partner agencies, was their responsibility.
2. Publicity materials were considered to be unhelpful. They were criticised for their negative language, poor quality, unattractive images, and for providing limited information about the programme, crucially including the venue, time and incentives to attend.
3. Service providers felt they lacked sufficient capacity to deliver the programme and provide the necessary 'wraparound' care to enable and encourage parents' attendance (for example, making phone calls or home visits to parents to encourage them or to address their concerns, and providing transport, a crèche, refreshments and interpreting services).
4. Some providers had negative perceptions of the programme and were concerned that they targeted parents – therefore risking them being stigmatising – and that they adopted a 'one size fits all' approach, limiting their scope for professional discretion.

The overall result was poor provider buy-in, which undermined recruitment. For instance,

providers and partner agencies were slow to distribute promotional materials. They relied on open access screening events with little outreach to identify parents with particular difficulties. Target group families simply didn't hear about the programme. Then, once the programme started, levels of drop-out were high, particularly early on in the process, not least because no-one took responsibility for encouraging and enabling parents to attend.

4.4. Addressing these issues in practice

While it was not possible to address all of the problems identified in this illustration many solutions were put in place.

1. More time and energy were invested in briefing partner agencies to inform them of the programme. Then the referral process was strengthened. A recruitment pack was compiled and distributed and efforts were made to ensure local staff knew the screening criteria.
2. Additional support was provided to enhance the local providers' capacity to deliver the programme and 'wraparound care'. Extra money was paid to providers to cover refreshments, administration, crèche and interpreting services, and providers received more funding for demonstrating high recruitment and retention rates.
3. A concerted set of parent engagement activities was also put in place. Outreach events were held in residential areas and public spaces often frequented by families with young children, and a crib sheet was prepared to help people involved in this face-to-face work address parents' frequently mentioned concerns about the programme.
4. The accessibility of the programmes was enhanced and, crucially, these features were added to publicity materials. For example, the incentives of a free crèche and transport were made widely known.

From this brief overview of research and practice on parent recruitment and retention at least 12 key lessons emerge (Box 2).

Box 2: Lessons for parent recruitment and retention

1. Lots of children and families who need parenting programmes don't get them, and they won't unless the people responsible for commissioning and providing them act to make them more accessible.
2. If we don't engage parents in programmes, the programmes won't work.
3. Engage providers first if you want them to engage parents.
4. Have a clear recruitment process and train everyone involved including other local parents.
5. Invest in and incentivise recruitment and retention.
6. Get out there! Go to parents; don't expect them to come to you.
7. Build relationships: visit, call, then visit and call again.
8. Make parents want to attend programmes, and make it easy for them to do so.
9. Be creative! Try out innovative recruitment ideas and evaluate them against the outcome.
10. Recruit parents to come and try it once and see if they wish to return.
11. Recruitment is nothing without retention.
12. Aim high but remain realistic: life gets in the way of the best intentions.

These kinds of solutions should go some way to addressing the shift in responsibility for parents not accessing programmes lying with programmes not parents. Best practice in obtaining the highest engagement and retention rates with multi-problem families, should always be a priority. To achieve this it would seem that creating a local culture of positive expectation is very important. Next we describe some examples of programmes that have taken on board some of these messages and are trying to implement them.

4.5. Examples of efforts to boost recruitment

In our survey a wide range of approaches emerged some of which can evidence considerable success in this area. For example, in the United States, Families and Schools Together (FAST), a social work led evidence-based parenting programme, has achieved retention rates averaging 80 per cent for over 20 years in programmes serving diverse, different communities, all in extreme poverty, including native American people living on rural reservations and with inner city communities in New Orleans, Milwaukee and Philadelphia (McDonald & Frey, 1999; McDonald et al., 2012).

In 2006, the Harvard School of Education published a report (Casper & Lopez, 2006) on the lessons learned and best practices identified from studying and reviewing 13 evidence-based family programmes in the US. These are included in the current US Substance Abuse and Mental Health Service Administration (SAMHSA) recommended list (www.samhsa.gov). FAST was highlighted as ‘one programme with high rates of recruitment and retention’. The report mentioned both the ‘external factor’ strategies used (2006, p.10) to enhance initial recruitment and ‘internal factors’ where cultural sensitivity was designed to enhance retention. Here are FAST’s strategies and those of several other programmes:

FAST

- *Recruits families through face-to-face visits.*
- *Asks current and former programme participants to help with recruitment.*
- *Holds meetings for parents during non-traditional hours, including weekends and evenings.*
- *Visits parents in community locations.*
- *Provides transport, infant care, and meals at meetings.*

and

- *Implementation team leaders include individuals who are representative of the culture and background of the families served.*
- *Programme staff understand the beliefs, values and attitudes of the community.*
- *Helps staff to think about recruitment and retention as a routine and on-going process.*

Positive Action

In our voluntary family classes situations, such as with schools, Positive Action programmes initially attract parents who are already closely aligned with the school, but some of the activities that have been tried to bring in ‘hard to reach’ parents include telephone-trees where they are called on to participate, parents in the classrooms reach out to them, and culturally cohesive groups have found ways through social networks and peer influence to inform parents who might be more reluctant to come. We also have, where possible, provided transportation or some sort of meal/snack to attract them, but the best method we have found for bringing in parents of all kinds, and especially this kind, is just word of mouth of the effectiveness of the programme among parents.

Positive Parenting Programme (Triple P)

We have two current trials evaluating a cutting edge online version of Level 4 Standard Triple P to further enhance access to quality parenting support for families who could benefit from parenting programs but would traditionally not access them. Internet-based parenting support has the potential to overcome common barriers to programme participation such as logistical difficulties (e.g., transportation, work-schedule conflicts, availability and affordability of child care), insufficient motivation, mistrust in providers due to negative prior experiences, perceived ethnic and cultural barriers, and fear of negative social stigma, and limited availability of traditional face-to-face programs outside of major metropolitan areas. Such an online delivery modality has the capacity to bring evidence-based parenting practices to a broad range of parents by 1) overcoming barriers to attendance at parenting services, 2) de-stigmatising and normalising parenting assistance, and 3) harnessing the power of video-based modelling, interactivity and personalisation. Consumer surveys also indicate that providing parenting information on a website is consistent with consumer preferences.

Incredible Years

In our trial we recruited the Sure Start managers and service providers to a steering group that oversaw the trial and paid particular attention to the recruitment issues, engaging a research Health Visitor to work with local staff to train them in recruitment strategies that did not imply blame on the part of parents for their children's difficulties.

and

Our trial involves this programme being delivered to parents when their children enrol for nursery or school. This has two aims, to build a home-school links between parents and teachers and to encourage parents to promote their child's school readiness through social emotional coaching and encouraging an interest in books.

SNAP

SNAP in Canada is conducting an RCT at the present time (2011) to investigate early engagement and recruitment enhancement strategies in our gender specific programmes. The mandate of our SNAP Centre for Children Committing Offences (CCCO) at CDI is to work collaboratively with researchers, governments, policy makers, front-line clinicians, schools, child welfare and other professionals to promote research and inform social policy, offer training, and strategic knowledge dissemination. The focus of this is to ensure that communities have at their fingertips evidence-based programmes and approaches to prevent at-risk children (under the age of twelve) from experiencing a life of crime and incarceration.

SNAP research which is backed up by the CCCO indicates that those, at admission, are designated as 'high risk' and remain at a clinical level at the end of the initial core programme, move into a sub or non- clinical range if they participate in follow up services such as the LIT/peer mentor programme.

The majority of families referred to these programmes fit the profile of marginalised and disadvantaged families. Effective engagement and retention is an on-going objective of the programme.

Examples of SNAP engagement strategies and focus include:

- *building the therapeutic alliance*
- *outreach*
- *the provision of concrete support (e.g. public travel tickets, meals before early evening programs, school and housing advocacy),*
- *weekly check-in calls*
- *weekly feed-back reports from parents*
- *gender and diversity responsiveness*
- *concurrent structured group for siblings of the identified child so that parents can attend their weekly parent group*
- *Parent-Problem Solving group for parents who have completed the core group components (SNAP® ORP/GC Parent group) and wish to stay engaged for support and advocacy.*

FAST

We find that volunteers who are ethnically matched to potential programme participants are better than non-matched professionals at reaching excluded groups but some professionals resist this. Parent volunteers are involved in FAST recruitment which is conducted via the existing forums of the school. All communication with the children is through their parents. In recruiting the programme development team, community representatives and team members represent the diversity of the school's catchment population. This I feel is very empowering. For example, a school I have worked with had a worker at the local Hindu temple as a community partner. These initiatives are received very well by the parents. The temple also supplied funds for their graduation celebration. Creative approaches can be helpful in engaging parents, e.g. arts, music, sports, celebrations. One FAST trainer commented that "I feel it helped to break down barriers when families and teams are singing children's songs together and having fun."

4.6. Examples of efforts to boost retention

There are also empirical examples of how we might begin to tackle the on-going drop-out problem. In most cases long-term drop-out rates are also very high. Typically, only 20 per cent of initial family participants complete the full programme (Cunningham et al., 2000). To put this in context, child mental health out-patient clinics also have high drop-out rates – again 40-60 per cent of participants drop-out before completing psychological therapy (e.g. Wierzbicki & Pekarik, 1993). These numbers are even higher if the parent participant is on a low-income, is a single parent, comes from a black community or has a minority ethnic heritage (Kazdin, 2001).

How and whether services involve local people in the running of their programmes is critical to creating a culture of positive expectation. By thinking of socially inclusive practice as an integrating principle, inclusion can become a way of doing everything for and within a programme to enable this. Strategies adopted in this arena can be highly integrative of the many approaches we are proposing in this paper.

By identifying specific principles that relate to access and retention within these integrative strategies, as they are used in known-to-be-effective approaches, and by applying them universally, we believe parents' programme completion rates in all programmes could be considerably increased. The examples below address a variety of issues that build on early retention strategies to increase later completion rates as well. They are integrated within

multiple approaches that also include the learning methods used and the ways programme content is adapted to suit the mores of peoples from different cultures. We will look at these additional approaches more specifically in future chapters but here we concentrate on recruitment and retention.

SNAP

SNAP works in high immigrant neighbourhoods, and, often with very limited resources. It uses an outreach model to facilitate capacity development within agencies, staff groups and schools in these communities. We attempt also to match staff's ethnic backgrounds to clients where appropriate and available.

Overall, our mandate is to be client-responsive and to provide services that reflect how caregivers and service providers describe their needs. Of course, good services and alliances will facilitate a developing perspective of how needs are defined. For example, trauma counselling or special classroom placement may combine with SNAP services at an appropriate point (e.g. trauma disclosure, school threatened expulsion).

SNAP backs this up by including schools boards, policing service, fire service, child welfare, specialised community resources and children's mental health services. These organisations partnered together to provide and deliver the noted SNAP service in their community schools and children's mental health centre(s) to ensure a seamless delivery of service between schools and mental health services. This initiative also includes a SNAP Advisory Committee that comprised of all partners listed.

Incredible Years

In the IY programme there is a three-fold emphasis: i) content based on social learning theory that supports parents in identifying SLT principles rather than teaching techniques; ii) a collaborative process of delivery that helps parents to identify their own goals and work in partnership with group leaders; and iii) attention to access or what is needed to enable parents to participate, some of which is practical, transport, location, crèche but also involves attention to the recruitment process and relationship building with parents prior to the course. Another development is the training of staff to undertake home coaching visits as a strategy for delivering the programme on a one-to-one basis in the home. We have always done this in order to let the parents learn a little about the programme before attending it, however this is now more formalised. The IY programme (also) includes weekly phone calls to parents and making contact with parents that miss sessions and ideally, visiting them with the session content.

Another example using a variety of approaches to maximise on-going engagement comes from Dare To Be You, which is always available in the indigenous languages of the people it works with. The approach appears to embrace the integration of a wide range of strategies as follows:

DARE To Be You

All our implementations recruit so that potential participants can see how the programme meets their needs and they all work to reduce the perceived or real barriers to attendance. These common elements include family meals, high quality child educational programs for all of the children in a family, a non-judgemental attitude that is focused on recognising and building on strengths and a fun interactive curriculum that is less focused on didactic educational techniques than social interactions. Some sites provide transportation – nothing like someone showing up at your door to pick you up to get you there! Other sites have the programmes right where the clients would normally come to pick up their children or for other services – i.e. at the Head Start Center or in a community activity centre. We also recruit through multiple agencies that serve ‘high risk’ or underserved populations like WIC, mental health, social services, schools and day cares, indigent clinics, etc.

On-going engagement is also about making programmes attractive and user-friendly. In our view the way in which programmes package their core knowledge in their chosen learning processes is fundamental; get it wrong and parents simply will not come back. We are interested in the style of delivery with which a programme’s knowledge base is delivered and in the cultural content that is used. These are critical factors.

The degree to which any learning method is effective varies in part according to how the social experience of obtaining a programme’s knowledge is perceived and how culturally relevant it is felt to be by the participants. We believe that how the context for learning is presented within parenting programmes is vital to their acceptability to disadvantaged parents. In successful implementations this kind of adaptation is structural and almost self-determined by the participants.

We note once again the importance of integrating a variety of strategies into the programme experience. The ways in which this can be achieved can become part of the programme’s ethos as it is perceived by its participants:

Incredible Years

Another step in the training and support for the IY programmes has been the development of peer coaching, the training of certified leaders to coach and support less experienced leaders.

An example where cultural concerns and social forms are determined by the participants in ways that bind them together to complete the programme is:

FAST

FAST’s focus is on the social and emotional needs of parents and provides as part of the programme child-free parent time in a group setting. What has impressed me about this is the level of bonding and support this provides to the parents who then go on to have a parent support group in the school after the FAST group ends. Families grow in confidence about themselves and feel more comfortable about themselves in the group setting. FAST helps parents feel positive about their children and their parenting and themselves. Many times I have seen parents physically transformed on subsequent site visits. For example, I was working with a group of Somali women who had all lost their partners due to the civil war. At first they were very stressed and had issues in controlling their male children and they also wore very dark clothing and head coverings. Over three weeks they had been discussing the need to discipline their boy children (a task normally done by the males in their families) and the

need to learn English in their parents' group. They all looked much more relaxed and were all wearing beautifully coloured robes and head scarves and their children were all a lot calmer and their boys served them food during meal time.

A number of theories can help us unpack the reasons why this kind of experience is so important. Social learning theory (Bandura, 1977) is a long standing, well respected body of knowledge developed extensively over the last 40 years, predominantly in the United States. It has been applied mainly in education but more recently has made significant inroads into social work and clinical psychology both in adult and children's services in the UK. Many parenting programmes use methods derived from social learning theory to help shape positive parenting behaviours. The following examples give an indication of the themes involved:

SNAP

SNAP is a manualised cognitive behavioural gender sensitive model that targets 6-11s who are in the top 2 per cent of problem children in contact with the police. SNAP draws on a range of theoretical canons including social learning, cognitive behavioural, ecological, feminist, and attachment theories within a systems approach. It [impulse control and thinking before acting] works because the concept is easy to learn; skills are taught and practiced in a real and meaningful way, and children are enabled to generalise their learning to everyday life.

Triple P

A distinctive feature of Triple P is its deliberate emphasis on self-regulation, by promoting parents' self-management skills (goal setting, self-observation, self-evaluation), increasing self-efficacy (beliefs about capacity to execute the daily tasks of parenthood), personal agency (attributing change to one's own efforts) and self-sufficiency (becoming an independent problem solver).

However, how social learning theory is applied can vary widely. For example:

FAST

An example of how social learning theory is used well in FAST is that FAST does not 'teach' families parenting but consists of communication and bonding games, and exercises to encourage these skills within the family group itself. When attempting to increase parent child co-operation, parents are gently instructed and coached repeatedly to deliver embedded compliance requests to their focal child. The context is a positive one. Multiple families are present and are engaged in familiar social activities allowing the child and parent to practice the new behaviours (giving explicit directions, making positive requests, and rewarding obedient behaviours), over 300 times during the eight weekly multi-family group sessions.

The important contextual aspects here are that the learning practice is conducted as an integral part of an enjoyable socially inclusive and culturally valued set of programme activities conducted in front of peers rather than as potentially shaming discreet or contrived practices in front of less well known people or complete strangers. Gradually, using successive approximations to the desired behaviour the parents gain both competence and the confidence to make more and more behaviourally specific and therefore more effective requests of their child.

Other important social learning principles are also being applied here in that, as people, we tend to learn well by ‘modelling’ our attempts to acquire new behaviour on those of other effective learners with whom we consider ourselves similar enough to ‘identify’ with, and so come to believe that we too could succeed like them.

Along with effective learning methods, the content of the learning must also be culturally relevant in order to sustain parental interest. Cultural adaptation in this context refers to changing elements of programme content and delivery to ensure that they are relevant to different cultural groups. Some integrative examples follow:

Parenting Wisely

Parenting wisely is an online programme where we offer a choice of video modelling to our participants taken from three ethnic groups. The programme reports very low drop-out rates. Our programme also offers a choice of instructional scenarios based on different cultural forms.

Triple P

Triple P is also exploring video modelling, interactivity and personalisation with our online approach.

SNAP

SNAP’s commitment to the use of role-playing as an effective learning tool has been expanded to incorporate Aboriginal narratives and story-telling. Drumming and smudge ceremonies also have been incorporated on various sites. The urban Toronto Aboriginal agency added a ‘talking stick’, which is passed around in groups to participants who indicate they want to speak, which we think is clinically a good idea in general.

FAST

Because of the cultural representation which is at the heart of FAST every FAST implementation is different. For example, the FAST song has been translated into Somalian at one site, food is often very varied, games played during children’s time vary according to the parents’ cultural heritage. FAST activities have been translated into many languages.

Parents Under Pressure

Parents Under Pressure emphasises adaptations of its programme workbook on cultural grounds. Local implementations have created a programme hybrid with rural Aborigines that reflects the values and culture of this unique community.

DARE To Be You

DARE to be You has been translated into the indigenous languages of the parents we work with. Sites working with immigrant populations are careful to have staff fluent in that language and usually from that culture. Most of the programme activities allow for a healthy integration and valuing of the culture of origin and we provide development staff for the technical assistance of this type of cultural adaptation.

Incredible Years

In a group based programme it is important that learning methods encompass the needs of all participants. The IY programme has discussion, viewing video-vignettes to identify parenting principles, role-play and home activities.

Parenting programmes that work in multi-family groups like those above enable a range of families from various backgrounds and skill levels to be present and this gives rise to a good range of modelling opportunities. Once the basic prerequisites of effective peer modelling and culturally relevant learning forms are in place, we suggest that parenting programmes pay attention to the factors that make us feel ‘like’ other people, such as what culture we come from, our gender, age and social class. The cultural relativity or cultural representativeness of the participants from one or more communities or from different professional stakeholder groups and the degree of respect they are able to offer each other can also be used to ensure good on-going retention and family completion of programmes. The relationships between people from vastly differing socio-cultural backgrounds is of particular interest in FAST because it has been implemented in so many diverse settings

FAST

In another setting I saw a large multi-generational family where all the children had been diagnosed with various disorders relating to speech, concentration or other issues. There had been a history of very poor relationships with their children’s teachers and the professionals who were working with their children’s issues, all of whom got involved when the local FAST programme was introduced. At their FAST graduation ceremony they all spoke warmly about the improvement in their children’s behaviour and the way the other families and the implementation team made them feel welcome and respected.

We can take this a little further by adopting a social ecological perspective. This is like taking a social leaning theory approach to understanding the functioning of social groups and communities as opposed the more traditional use in understanding teacher-learner dyads. In some of the cross-sector managed parenting programmes (home, school and social services, for example) we see that repeated exposure to positive experiences between empowered service user parents and professionals are given a high priority because this is one of the programme’s values. We have noted that this helps reduce the potential in our society for negative, stereotypical thinking to emerge when groups of people from very different backgrounds are first brought together, for example teachers may assume poor parents do not care and poor parents may fear teachers will blame them for creating ‘difficult’ children. A social ecological approach teaches us that using the value of positive social contact across cultural divides is a powerful tool for enabling people to feel solidarity with each other’s universal human concerns over and above their social differences (e.g. Brondolo et al., 2009). For example:

Resilient Families Australia

By training a culturally appropriate facilitator the programme has been successfully adapted for refugee and indigenous populations.

SNAP

We attempt also to match staff’s ethnic backgrounds to clients where appropriate and available. This promotes trust and increases the likelihood of reciprocal relationships being established.

Parenting practitioners who themselves are drawn from across these divides are often able to produce the social conditions for such contact to be positive. This approach can also inform us about potential ways to reduce parent suspiciousness about authority relationships and therefore increase the engagement and commitment of parents to remain in programmes that are already otherwise demanding enough.

So far, we have identified some examples of the key underlying factors that contribute to high drop-out rates. We have also sought to identify lessons emerging from existing evidence-based programmes with a good track record for engaging and retaining socially excluded children and poor families with effective services.

Before we make the transition to the next section on the benefits of cultural adaptation through co-production we would like to include one further issue identified by learning theory. From whom we learn, who we believe and the situation in which we learn are all important factors in taking an ecological perspective on learning. A logical extrapolation of this thinking suggests we should strive to offer parenting programmes not only in offices and clinics but also in non-traditional settings, especially culturally valued mainstream, community-based settings, and in schools. This adds a further dimension to consider but it is also important because parents find these things make a big difference to them.

On the basis of the above we suspect there is now ample evidence to suggest that the ‘external factors’ mentioned at the beginning of this section in relation to recruitment and retention in parenting programmes should in fact be ‘internal’ to any thinking about making parenting programmes more inclusive.

5. Principle 2. Cultural sensitivity: Cultural adaptation through co-production with parents

5.1. The problem with replication

We will shortly illustrate how cultural adaptation, through the use of co-production, can greatly assist us in making good programmes great. Before doing so, however, it is worth us briefly discussing a significant issue in the research on developing evidence-based practice and in particular model programmes. Parenting programmes are based on a particular model and are often first developed in a research environment from which the model programme has to ‘graduate’ to testing in the field. This process is known as replication. Unfortunately, research tells us that most replications fail to produce results as good as in original implementations (Bachrach, 1987; Mihalic et al., 2002). This issue is known as the model programme generalisation problem or more colloquially as a ‘failure to replicate’. This is a significant problem for programme developers. It is partly why there are so few recommended parenting programmes because RCT results must first be replicated before being accepted. This is one reason why the UN recommends that core features or aspects of any parenting programme’s model that are known to be effective must not be sacrificed when scaling up from research to widespread implementation. The UN is referring to the main reason traditionally identified to account for replication failure; loss of model fidelity. We believe this problem can also be addressed by cultural adaptation and through co-production, as many researchers and programme developers now also see cultural incongruity as a reason for replication failure (Miller et al., 2008; Dumas et al., 2008).

Model programmes that are simply duplicated often fail and are not sustained. One may draw on a genetics analogy here. Replication involves combining DNA from two parents. In our analogy we can think of this as combining parental effectiveness DNA from the research-based parenting model with culturally meaningful real-life practice parent DNA from the replication site! Putting these two matters together explains why the UNODC recommends programme developers and implementers to work on two fronts to ensure the effective ingredients of programmes are retained and make sure they are delivered in culturally congruent ways. The first assumes the effective ingredients of model programmes are universal human truths about good parenting and the second is related to what happens to knowledge when it is presented to different cultures. We know that different people’s understanding of the same experience can be communicated in multiple forms yet still mean the same thing. Equally, similar forms of behaviour can mean vastly different things in different cultures, often to hilarious or even disastrous effect. This is dependent on culture. For example, some model programmes’ universal truths about parenting are embedded in programme practices that are only culturally encoded to match the local mores and colloquial meanings of their point of origin or research site and will therefore only be fully appreciated by others from the same socio-ecology. Hence the need for cultural sensitivity and the cultural adaptation (Kumpfer et al., 2002) of universal truths by adopting programme implementation values that match the values of the host community in which they are to be implemented (Bates & Davis,

2010). The issue here is whether or not model programmes address the very issues we are discussing. In some programmes issues of content, process and access are seen as crucial and have gradually become integral to their model as it has evolved. In others, as we have seen, cultural adaptation has also been incorporated through an iterative process of development.

We would add to this building in opportunities for local implementers to experience something akin to those features of model programmes that lead to them becoming effective in the first place and especially in their original development sites; experiences such as the joy of discovery, the power of ownership and pride in effectiveness. These contribute to commitment to long-term iterative development work and hence sustainability, something like bringing up a family but you can have many attempts. Model programmes inspire because they are the product of their maker's enthusiasms and passions *and* because of their effectiveness in their place of origin.

Getting a parenting programme to RCT readiness and replicated requires all this and more. To some extent, therefore, we believe these kinds of things also need to be experienced at the local level, albeit in a necessarily shortened form when scaling-up, in order to secure long-term commitment to on-going development and sustainability. Experience tells us that unless this takes place, local parenting programme implementations will either be less effective than in their original research settings or will wither on the vine. Taking the time to match a parenting programme that is known to be effective to each new site of implementation may well be the hallmark of socially inclusive practice in this context. Technique is not enough.

5.2. The need for fidelity with cultural adaptation

We will now draw on examples of recent work and try to understand the principles behind them using an ecological perspective. We will examine adaptations to parenting programmes from the standpoint of how model programmes can remain effective when implemented in new and varied surroundings. If a parenting programme works, then when it is implemented the learning methods used should work for all parents. For example:

Triple P

That is to say, the positive parenting principles introduced in Triple P are universal and the positive parenting strategies are widely acceptable internationally, in diverse cultures. It is intervention format, language, and exemplars that vary according to different cultural groups and social circumstances.

In the following example the universality of the principles underlying model programme effectiveness is combined with exactly the cultural adaptations we have mentioned above, in synergy, using a socially inclusive approach. The example suggests this is easier than it might at first appear:

Positive Action

Positive Action facilitators are trained by us and the classes are led by the facilitators who are from the local culture and have worked with us to adapt the classes to their culture. They have found that the universality of the Positive Action concepts are easily adapted to any culture's ideals because fundamentally all cultures' ideals are the same or very similar; the highest level of positive thinking behaviour and resulting positive feelings are similar but are related in stories, myths, and fables relevant to each culture. For example, in Hawaii, what is called Pono Choices is essentially the same as positive actions. The Native American, Hawaiian and African-American cultures all have circles which resemble Positive Action's Thoughts-Actions-Feelings Circle, and all use some kind of circle process for discussions, decision-making and sharing of leadership.

Despite the limited literature on the role of socially inclusive practice and its relevance to ameliorating model programmes' localism and limited generalisability, the examples presented in this paper come from programmes that have already been successfully replicated. A number of these programmes have themselves already begun to culturally adapt and now use the culturally valued mores specific to the new local host culture into which their parenting programme is to be embedded and many are carefully researching the impact of this. This is very different from common replication practice, which has generally duplicated models using the same cultural forms and learning practices as adopted by their developers in their original place of origin. This approach is now being challenged and new practices are emerging as model programmes themselves develop, adapt and evolve the own models (e.g. Hutchings, in press). This suggests that it can be the case that one programme's adaptation to come is already built in to other programmes, or in other words fidelity means different things to different programmes. For one programme a succinct definition of fidelity as it applies to retention may help move our argument forwards:

Incredible Years

At its simplest this [model fidelity] implies delivering the content but also means having lots of other systems in place to ensure that the highest challenged people will be retained. In the IY programme this includes weekly phone calls to parents, follow-up of parents who miss sessions, leaders' supervision and adherence to a common set of principles of engagement. The training and supervision provided focus primarily on the extent to which leaders work collaboratively with parents. The leader certification process ensures quality in terms of league skills of the leaders. In the North Wales Sure Start trial, 22 of the 23 group leaders achieved leader certification during the trial based on high levels of both content adherents and collaboration. We have a peer and self-monitoring checklist that leaders use to evaluate their own performance. It is also used to assess the quality of programme delivery for leader certification.

5.3. The concept of co-production

We now turn our inclusion lens in the direction of co-production between service user parents and parenting programme professionals. We suggest that when programme developers culturally adapt their programmes they do it in partnership with parents in order to develop the best 'fit' between programme model-defined parenting needs and parent-defined parent and child needs.

We have already seen that involving local parents can increase access, programme engagement and retention rates for disadvantaged families. Both socio-economic status matching and the ethnic match between parent practitioners, group leaders and parent participants are significant predictors of good engagement and high retention (Dumas et al., 2008). As a development of this, co-production (Hunter & Richie, 2007) can be invaluable. Co-production means that programme participant parents and, importantly, culturally representative local programme implementers work together to culturally adapt their local programme. However, creating co-production teams where health, education and social care professionals, work in partnership with local service user parents can be challenging (Fraenkel, 2006). Ideally this approach is done with the involvement of the programme developer or their local representative as it is crucial to protect the known to be effective elements of the inherent model of the parenting programme being adapted.

Where this approach has been adopted, culturally congruent co-production teams review the model programme and whilst retaining the effective core knowledge base, adapt the programme's social processes and content to fit local cultural mores. To be optimally effective it appears this should be addressed in all phases of programme development including practitioner training, programme implementation and evaluation. Such highly culturally congruent joint implementation teams can mature to become peer led as they develop increasing peer involvement. At the same time this approach can contribute to decreased drop-out rates for low-income and socially marginalised parents. This is because parent implementer peers who adopt valued roles within the programme can enhance the learning of parent participants because they act as culturally congruent role models for parent participants' to identify with when exploring new parenting behaviour. On the whole though people know who they identify with and will tell you if asked. This also allows for the occasional circumstance where a cultural group seeks not to use models from their own background.

A shared governance approach like this in a local parenting programme also enables a shift in power away from the traditional 'expert provider' and 'passive service beneficiary' roles present in many service delivery systems. It also provides an opportunity to challenge some of our ideas about received wisdom, about whose kind of knowledge is important to whom and how to share knowledge effectively.

5.4. Examples and benefits of co-production

When working in diverse cultural and economic settings this approach generates many potentially beneficial opportunities. For example, in a traditional classroom situation, we can run the risk of adopting stereotypical thinking at times of uncertainty such as the beginning of a parenting programme, and this may give rise to latent disrespectful

attitudes. Such attitudes can surface in this way especially between groups from different cultural backgrounds where there is also an inherent power imbalance between participating groups. Parenting programme developers could therefore include team building exercises during the programme training phase. These could be designed so the development process itself models professionals shifting power towards service user parent trainers (parents who have previously completed a programme and then train as programme facilitators). Experience tells us that this can also increase professionals' respect for the importance of the multiple and often lay kinds of knowledge that are helpful in successfully engaging with so called 'hard to reach' parents. The importance of this insight is obvious. For example:

Triple P

Triple P has begun to explore engagement and acceptability for culturally and linguistically diverse (CALD) families. Evidence suggests professional gatekeepers are less readily engaged than parents themselves if they have the chance to access Triple P interventions (e.g. while some practitioners have reservations about the appropriateness of the positive parenting strategies for their specific CALD client groups, the parents themselves rate the strategies as highly relevant and acceptable).

However, including local parents from socially marginalised backgrounds at the table with middle-class, university graduate professionals may seem like a risky proposition for a programme developer. This could lead to core effective components of the programme being challenged, which we know should be avoided. We recommend that programme developers identify what the effective core components of their particular programme are in advance of implementation so they can be clear that these cannot be changed. It is our experience that co-production teams respect the distinction between aspects of the programme that can be changed and those that cannot where the programme developer shares the research that identified their programme's core components in the first place, thereby explaining why certain features are non-negotiable. We also strongly recommend actively identifying aspects of the programme that can be adapted. This might involve being flexible about learning methods and content, programme location and times and with whom and by whom the programme is facilitated. These options can then be offered up for discussion and subsequent cultural adaptation by the co-production team. This can be an empowering process in itself as it provides the opportunity for real ownership and control to reside at the local level. Empowerment and ownership contribute to building a positive context for later sustainability as we will see later. For example:

SNAP

SNAP uses a variety of methods. Research ethics approval committees involve clients, and other collaborators where indicated. Board members include parents who have accessed our services in the past. People can participate as parent/peer mentors – parents, who have already completed the core SNAP groups (e.g. SNAP Girls Club) are asked to co-facilitate the subsequent SNAP group sessions with the SNAP Leader – the mentor is typically involved in pre/debriefs following groups. Recommendations for enhancements and changes emerge during our regular on-site consultations with the aboriginal community leaders, programme staff and feedback from parents.

This way of working can also enhance the likelihood of successful parent trainer engagement in the programme. As the programme development process continues, co-production serves to enhance endurance in the relationships between professionals, parent trainers and programme participants. Such culturally congruent modelling and identification can exert a powerful influence on learning.

We have already seen how drop-out rates can vary by modifying the social context in which positive parenting is being taught. Modifying the social forms of learning adopted by programmes is also powerful. Didactic Powerpoint presentations and lectures with hand-outs and handbooks for parents are common strategies used by parenting programmes. However, to parents in some cultures this can seem disrespectful as they may feel they are being taught like children and not want to come back. For parents who are less well educated, illiterate, or where English is their second language, perhaps other learning strategies should be implemented. Earlier we saw how video clips, using scenarios from varied cultural contexts, are being used to facilitate culturally congruent modelling opportunities. Role-play and other experiential learning increase accessibility for low-income, socially marginalised parents. In some programmes both didactic lectures and role-plays are used. In programmes where whole families participate together, experiential learning strategies are used to support low-income parents, who are often not literate themselves or for whom English is their second language, so they are not additionally disadvantaged or made to feel disempowered in front of their often more literate, English as a first language, children. For example:

Incredible Years

Within the IY programme there is no literacy requirement during the sessions, which are discussion and role-play based. The buzzes (talking in pairs), brainstorm and discussions ensure that parents think about the reasons why they should do things, for example, playing with their children. Parents then identify principles, by looking at the video vignettes, things that they think might be helpful for children in different situations, and these ideas are practised in the group. The collaborative process is the key to the high rates of engagement and retention within the IY programme. Hand-outs, handbooks and other resources are offered to parents to support their learning, should that be their wish, but also that these can be provided in different ways, pictorially or through a CD recording of the IY book and so on.

Programmes with the lowest drop-out rates for low-income parents only use experiential learning (McDonald et al., 2012). Programmes that are co-produced by culturally representative parents can more readily road test their decisions about which role models to adopt and what scenarios to enact with them, than programmes that are not co-produced.

In practice the cultural adaptations described here are far less complex than the underlying theory and are often surprisingly quickly understood by lay people as being recognisable parts of their own cultural mores and to be a good fit with their own life experience and intuitive theories. Good theory is easily recognised as common truth!

We should not underestimate the universality of social learning approaches. To illustrate this further, social learning theory has been applied to an adjacent field, peer-to-peer working in adult mental health services. Whilst such approaches have rarely been

developed purely from a theory-driven standpoint, peer-to-peer service delivery in adult mental health services has been shown to be effective in a different way to traditionally delivered professionally staffed services. Interestingly, the differences that have been found are not about effectiveness *per se*. Peer-to-peer delivery does not increase treatment effectiveness but it does increase engagement and retention rates and there are indications that the user experience is greatly enhanced (Repper & Carter, 2012). Again, we see that technique is not enough. The simple rule here is that we tend to identify with people like ourselves and often feel more comfortable with them in difficult circumstances. Social solidarity can follow because of the sense of mutual understanding and trust that often develops in such circumstances. For example:

FAST

I have observed many examples of professionals working with parents to co-produce FAST as the [implementation] team has to include at least one parent partner per group of families. I have also worked on FAST with teams where the school caretaker, dinner ladies and support staff worked in partnership with teachers and social workers. As a social worker and a tutor of social work I felt it was very positive for students to observe the hurly burly of normal family life in the group sessions and the parents interacting with their children.

Non-traditional workers and volunteers may also be useful in working alongside professionals who conduct outreach and promote initial engagement strategies. Rather than relying only on middle-income professionals, parent volunteers who are culturally matched to potential programme participants may be helpful in increasing initial awareness and programme take-up. Where such approaches adopt co-production they may reduce ongoing drop-out rates because participant providers are also likely to be carriers of the necessary 'rules' to understanding the local social ecology. Local people are more likely than professionals to know and be sensitive to the current, family stressors in their locality because they share the same experience as people from that community and who may go on to participate in the local parenting programme. They can also help make universal programme knowledge relevant to real circumstances. This kind of interpersonal sensitivity can increase retention rates and enhance the wider community's understanding of the relevance and effectiveness of the programme for socially marginalised populations. For example:

Resilient Families Australia

The Resilient Families project has worked with government and Catholic secondary schools in Australia to enhance healthy adolescent development by encouraging parent involvement in efforts to increase parent education opportunities. A quasi-experimental study of an early version (Programme for Parents) suggested the programme reduced adolescent reports of family conflict, antisocial behaviour and substance misuse (Toumbourou & Gregg, 2002). A randomised trial of an extended programme found improvements in adolescent reports of school attendance and school rewards (Shortt et al., 2007).

Programmes where socially excluded parents work alongside professionals in the planning, training and co-production of parenting training have formally demonstrated higher outreach and engagement success with excluded families and higher retention rates for

socially excluded families within their programmes, whilst also showing statistically significant increases in child mental health (Caspe & Lopez, 2006). For example:

FAST

Team members who have worked on a certified site and completed the two-day training, six sessions of the FAST group and attended the phase 3 of FAST which evaluates the programme are eligible to train as local trainers. Teams at a certified site who retain 50 per cent of their team and replace their initial parent training partners with parents who have graduated from FAST can continue to run FAST in their school. This process is already occurring in the UK and there are a number of sites which have continued to provide FAST. There are now areas with local trainers who have now been certified by FAST. Local authorities have trained and supported their staff to become FAST trainers. FASTworks (the on-going follow-up parent to parent supports in the programme) also contributes to sustainability by providing committed parents to participate on new implementation teams as parent partners, some of whom have been offered training and support to become FAST trainers previously.

Incredible Years

There is an ethnic mix in the video material and parents are encouraged to identify key principles. The IY approach involves a collaborative process in which nobody is viewed as the expert. The group leader is the expert in helping parents to work out for themselves what their goals are and the sorts of things they might be able to do to achieve these goals. This probably accounts for the significant number of times that we have seen people going on to further education, adult literacy, employment, to become a school governor and other similar examples of action taken as a result of the empowerment achieved by the programme.

For the same reasons we might also consider involving parent service users as partners in the process of identifying and promoting wider child mental health services so that they may come to be perceived as more respectful and empowering of low-income parents from marginalised groups.

5.5. Other potential benefits of and limits to co-production

There is also a very limited take up by fathers in parenting programmes. Similar approaches to those mentioned above and below but targeted at involving fathers in parenting programmes would also be very helpful here.

With these factors in mind, co-produced parenting programmes that work with groups of whole families may also have advantages over working solely with individuals or with just one parent and one child. Such milieu-based family group work might also serve to reduce the effects of structural and often unhelpful institutional power disparities which if addressed successfully are also empowering and likely to lead to greater chances of sustainability in the eyes of parent practitioners.

There are also limitations to co-production and the ‘bottom-line responsibility’ for the final form of any programme should be clearly worked out between developers and local implementation teams.

However, despite this we should not fail to underestimate the power of these issues. In the worst case scenario a group of 8–10 low-income parents, for example, who feel disempowered, may sit together while middle-income professionals from clearly different

cultural heritages lecture at them. The result can be an amplification of power disparities, which inadvertently can induce shame amongst participating parents. Shame is a deeply inhibiting emotion and a strong internal component of the social stigmatisation process (Thornicroft, 2006). In such a situation the overt structural power discrepancies can be mitigated if the professionals adopt a 'one down' position by offering to support parents in having a voice or to lead with their children. On the other hand, power differentials can also be exaggerated where professionals lecture to programme participants in front of their children, as though only their way is the right way. Embarrassment all round can be the result. In co-produced programmes these issues are all but removed because of their co-produced nature and the social structure that emerges from it. Similar issues might emerge where race, class or gender might also be the issue rather than income levels. Enabling more fathers to attend programmes should be of the highest priority, including recognition that there may be a case for gender differentiated approaches in parenting support. Indeed, few RCTs report the gender make-up of their sample of parents but they should.

The degree to which cultural sensitivity is of crucial importance is contentious. Some programmes will argue it is less critical than some other factors such as access to universal parenting skills but our reading of the research suggests these programmes have cultural sensitivity built in because of earlier refinement and adaptation. We find this to be true where there is use of social learning theory and so this is not surprising. The race, ethnic and socio-economic status match of group leaders also appear to be correlated with drop-out rates for low-income, marginalised, black and ethnic minority parents (Day et al., 2012).

How to increase the likelihood of these kinds of approaches developing in any locality is now looked at in a section on the importance of parenting programmes actively investing in developing local social capital.

6. Principle 3. Building social capital: Social support for knowledge and skills transfer

6.1. The problem of social isolation

In this section our social inclusion lens is focussed on the extent to which evidence-based parenting programmes should contribute to building social capital for the parents and local communities in which they operate and wish to continue to operate over the long-term.

The main predictors of harsh or lax parenting, including child abuse and neglect, besides poverty, are high stress and social isolation. Data from current research on the prevention of child maltreatment recommends building up the protective factors that reduce the risk of child maltreatment. Building safe, stable, nurturing relationships between parent and child is the goal for protecting children at-risk of ‘bad’ parenting (US Centers for Disease Control, 2011). The UN advocates that children’s rights should include not being harmed by physical violence and emotional or physical abuse as well as neglect. Poverty is a significant predictor of poor parenting. Research on referrals to child protection services show that there is a clear income related distinction; families earning £10,000 a year or less are 44 times more likely to be harsh and lax in their parenting than families earning £20,000 and above (Hooper, 2007).

Poverty in this context is not only economic but can be usefully understood as also including parents’ lack of knowledge about parenting and the lack of social support for parents generally in the whole enterprise. In a classic study by psychologist Robert Wahler in 1980, an RCT was conducted where parents were referred from a child protection list to parenting training by child welfare agencies. The parents participated, under a court order, in behaviour modification-based parenting classes. Their parenting knowledge increased starkly after the weekly classes. Parenting classes were shown to be more effective than services as usual. However, at six months follow-up more than half the parents were no longer using the parenting skills they had just acquired. Researchers looked at what factors might have influenced parenting behaviour since the classes. Wahler developed the concept of the ‘insular’ mother to explain the discrepancy between parents’ increased post-class parenting abilities and their loss at follow-up. The insular mother was characterised as without friends and no positive family support for her parenting. Six months after the classes and without a positive social support network, the parenting of the insular mothers no longer appeared to be informed by the training they had undertaken in the parenting classes and they had resorted to their previous practices. This classic study appears to have influenced only a very few evidence-based parenting programmes. The rise in understanding about social capital can be used to understand the means by which this finding can be effectively addressed.

6.2. The importance of social capital

Since the 1990s, economists, sociologists and political scientists have increasingly studied the impact of belonging to a social network, having friends to turn to when stressed and

having reciprocal relationships to exchange informal services, knowledge, skills, information and emotional support. The concepts of trust, bonded groups and bridging groups, and group norms are central to this research (Putnam, 1999). Social capital is built up over time in dyadic and small group networks where there is mutuality and reciprocity of relationships. It exists outside of professional practice and people who are paid to provide support to individual service users, but is crucial as it constitutes the availability and access to the local knowledge and skills fabric in any community and hence determines many aspects of the health and well-being of ordinary members of local communities when faced with a need to know or do something that is required to sustain a valued lifestyle.

Studies have investigated the nature of the social capital held within informal networks of friends, extended families, social clubs and religious congregations and to see if it is decreasing (McPherson et al., 2006; Putnam, 1999). Researchers have studied the impact of different levels of social capital in local neighbourhoods, states and countries. Studies have consistently shown high levels of social capital to be positively correlated with the kinds of social outcomes of greatest interest to policy makers. For example, people who are active members of communities with high social capital, live on average three to five years longer than people who are members of social networks with low social capital. Studies of communities with high social capital report lower crime and illicit drug use. They also make fewer child protection referrals, engage in less domestic violence, and have lower school drop-out rates, teenage pregnancy and unemployment (Putnam, 1999; Crosby & Holtgrave, 2005).

Because of these findings it makes sense for evidence-based parenting programmes to develop in-built strategies that enhance social capital in their host communities. Over time the resulting increase in social capital should include support for sustaining the impact of their parenting training and increase the general well-being of parents and children in their host community.

In this context, increasing social capital means building trusting, reciprocal and supportive relationships between families and across families in the life domains of home, school and community. These often relatively invisible relationships enhance community resilience (Halpern, 2009) and can contribute to developing local norms for positive parenting, thereby also enhancing programme sustainability.

6.3. Building social capital through parenting and family skills training programmes

There are three contextual issues to be addressed here. There is growing evidence of increased social isolation within some communities. Some recent studies have shown that as many as 23 per cent of adults report having no-one they trust to whom they can go to about troubles or unmet needs (e.g. McPherson et al., 2006). There is a growing social and economic need to build trust, to engage whole families (by taking an intergenerational perspective) and to help families work effectively for their own ends and their communities because this leads to greater resilience and less over-reliance on traditional services. There is theory and evidence about what works and we need to learn from this to engage communities effectively.

We believe that parenting programmes should be encouraged to develop and share their best practice in building social capital whilst they develop their programmes in local communities. We also believe that research databases and government recommended lists should include the development of social capital in their ranking systems for recommending parenting programmes. Building social capital is exemplified in the following examples:

FAST

In FAST programmes we pay particular attention to bringing parent dyads together for 15 minutes during each parenting group so that two parents can discuss with one another what they have learned. This provides the opportunity for friendships to develop which may be sustained over time. FAST also brings together groups of between 3–8 parents and supports them to find their own topics of relevance for discussion rather than being tied to lectures or using solely cognitive learning methods. Building relationships in this way takes time. Without an externally imposed agenda however the groups find the time for sharing each week. FAST programmes practically demonstrate that all voices are equally knowledgeable, including those of parents and professionals and this is how it can be demonstrated that we respect different kinds of knowledge. This is done by promoting the values of social justice within our parenting programmes. We also promote the redistribution of access to economic and service based resources and shift power from the programme developers and trainers in the service to be in the service of empowering the people of the local community involved. This can lead to local communities taking genuine ownership of the programme and its values within the wider community.

SNAP

In our training, consultation and dissemination work with rural Canadian aboriginal communities we are collaboratively developing culturally relevant adaptations to the core, research-based foundation of the SNAP model. Recommendations for enhancements and changes emerge during our regular on-site consultations with the community leaders and programme staff. For example, our commitment to use of role-playing as an effective learning tool has been expanded to incorporate aboriginal narratives and story-telling. Drumming and smudge ceremonies also have been incorporated on various sites. The urban Toronto aboriginal agency added a ‘talking stick’, which is passed around in groups to participants who indicate they want to speak, which is clinically a good idea in general. In addition we work in high immigrant neighbourhoods, and, often with very limited resources, use an outreach model to facilitate capacity development within agencies, staff groups and schools in these communities. We attempt also to match ethnic backgrounds where appropriate and available.

Incredible Years

This includes training parents in accurate observation skills, encouraging parents to identify and use key social learning principles, having an emphasis on rehearsal of new parenting behaviours within group sessions and strong encouragement to try out the ideas at home. This is reinforced by between-session phone calls. In addition the programme encourages parents to buddy with one another and to phone or text each other between sessions to share successes and talk about the things that they are doing with their children. This has the effect of strengthening relationships between parents and can frequently create a supportive social network that continues after the programme has been completed. We know of friendships that have been maintained for almost 10 years since we

first started delivering the programme. Moreover sometimes these friendships are between people that would not normally mix on a social basis. A very disadvantaged and depressed mother of three very challenging children made friends with a university graduate who also had a CAMHS referred child but was relatively advantaged. One of the results of this friendship was that the disadvantaged mother then signed up for continuing education.

It may well be that maternal isolation and depression do not have to be addressed separately and that the kind of supportive social networking that can be developed in and around a socially inclusive parenting programme can have a powerful effect both on learning retention and longer term maternal mood. There is some empirical data to suggest that this is the case and that the same factors are involved as those associated with reaching more disadvantaged families (Hutchings et al., under revision).

We also urge programme developers to tap into the power of respecting local voices in terms of diversity of race, ethnicity, gender, religion, sexual orientation, age, culture, education and income levels. This account of cultural adaptation demonstrates increasing social capital as follows:

Triple P

One example of significant community consultation is the development of an adaption of Group Triple P for Australian indigenous families. Programme developers involved a local steering committee of indigenous professionals from diverse sectors including health, mental health, education and welfare, to review programme content, language and examples. This was followed by the development of a state-wide reference group with included tribal elders, professionals and parents. Finally, a national forum was later conducted to bring together professionals using Triple P in indigenous communities for a round table discussion on aids and barriers to programme implementation. This feedback has been incorporated into programme resources, professional training, and post-training support. These efforts at ensuring cultural sensitivity have been well-received by first nations people in Australia, Canada, New Zealand and the United States.

Co-producing appropriate cultural adaptations to parenting programmes involves negotiation about which parts of the programme can and cannot be changed. The process of adaptation is an ideal opportunity to model the skill of flexibility to local parents and professionals. Developing flexibility through negotiation allows participants to become empowered and may sow seeds for embedding enhanced parenting knowledge and family skills within communities as social capital. For example:

Triple P

Level 1 Universal Triple P aims to use health promotion and social marketing strategies to deter the onset of child behaviour problems by: promoting the use of positive parenting practices and decreasing dysfunctional parenting in the community; increasing parents' receptivity towards participating in a parenting programme; increasing favourable community attitudes towards parenting programmes and parenting in general; de-stigmatising and normalising the process of seeking help for children with behaviour problems; increasing the visibility and reach of the programme; and countering alarmist, sensational or parent-blaming messages in the media. A selection of resources and examples are available, including television public service

announcements, radio spots, newspaper columns and community newsletter tips on common parenting issues and topics of general interest to parents. Brochures, posters and flyers are also available for trained Triple P practitioners.

FAST

One site I worked with had members of the fire service there to build links as they had an issue with quite young children involved in arson. Because of the cultural representation which is at the heart of FAST every FAST is different. The FAST song has been translated into Somalian at one site, food is often very varied and the games played during children's time vary. FAST activities have been translated into many languages. The monthly FASTworks segment of FAST where parents self-manage their own parents group fosters all kinds of positive relationships in the school and the wider community. At one site I was involved with the parents group organised their children to do a sponsored bag packing at the local supermarket to pay for a day trip in the summer. The activity was positive on many levels. People saw the school uniform and connected it with positive activity, the parents and children felt empowered that they could come together and achieve a positive result.

Resilient Families Australia

Our programme encourages parents to develop a 'sense of community' and attempts to increase opportunities for parents to interact within the school. The programme assumes that not all parents will wish to directly participate and hence information exchange within informal social networks is encouraged. The programme intentionally links schools and parenting programmes to enhance the school environment generally.

Programmes can also show evidence of attending to the related issues of community resilience and the sustainability of local sources of parenting expertise and community empowerment:

Programmes should therefore keep records of participating families' social contexts and of differential drop-out rates across social and cultural groups. For example:

FAST

FAST also uses multiple strategies requiring co-production between staff and local low-income parents in the planning, training, recruitment, adaptation, implementation and evaluation of local programmes in order to maximise the engagement and retention of low-income and socially marginalised parents in attending their eight weekly, evening sessions of multi-family groups. Explicit sharing of power with parents by professionals and the recognition that there are many types of knowledge is a core value of FAST. A FAST programme development office monitors 40 per cent of the programme's content and structure as core components not subject to change, and encourages local teams to adapt the remaining 60 per cent of the multi-family group processes. This ensures that the adaptations are on a deep level and unique to each new site. The goal is to empower the co-production implementation team to make their FAST programme an ideal cultural fit with their local circumstances.

FAST is consistently successful at engaging and retaining families. In the UK, for example, the first 20 schools implementing the FAST programme have recorded average drop-out rates of only 14 per cent and this was in a programme population where 70 per cent of families of four people were living on annual incomes of less than £10,000.

Strengthening Families Program

When the Strengthening Families Program adapted its curriculum for Hispanic Americans, African Americans, Asian Americans, Pacific Islanders and American Indians these cultural adaptations increased recruitment and retention by an average of 40 per cent across multiple sites.

6.4. The benefits of increasing social capital

Social problems decrease in a country with growing social capital (Halpern, 2009). Social capital is naturally occurring, but communities can also adopt conscious strategies to increase the social capital in their locality. For example, the sociologist James Coleman in his book *Foundations of Social Theory* (1994) defines one type of social capital as ‘intergenerational closure’. In this theory, dyadic relationships exist between parent and child and, as peer to peer networks form around the child dyadic relationships grow between the young people. To achieve intergenerational closure there is a need to build trusting relationships between the parents of the children’s friendship network so that parent-to-parent friendships are also created. Coleman (1994) has identified that if each parent at a school knows on average 4–5 other parents of children known to their child then that school will have high social capital. These kinds of relationships could be achieved relatively easily by parenting programmes, which meet regularly, by developers making only small changes to their interventions, to build social capital in local communities. These research findings can be integrated into any parenting programme which is conducted in a real partnership with schools. For example:

FAST

Current results from a large five-year US National Institute of Child Health and Human Development funded randomised controlled trial with 52 schools suggest that FAST can be used to systematically build social capital (Gamoran et al., 2012). Further analyses are examining whether this impacts on child well-being outcomes. Previous randomised controlled trials which focused on individual children and low-income socially marginalized families have also shown positive outcomes due to FAST participation (Kratochwill et al., 2004; 2009; McDonald et al., 2006).

Recent research has shown that the causal link between building social capital and improvements in child well-being is mediated through the parent-child bond (e.g. McKelvey et al., 2002). By supporting the parent and reducing their stresses and social isolation, whilst also intervening to enhance their ability to tune in and be responsive to their child, the parent-child bond can be strengthened. In other words, the social capital of the parent can increase the social capital of the child. Enhancing the parent’s ability to focus on the child’s needs in nurturing ways is likely to enhance the child’s capacity to engage with other children. For example:

FAST

Having people from the community as volunteers in FAST helps build relationships. Another site I worked on had issues between Somali and Kurdish Muslims. Initially, the families were very divided and refused to eat one another's food, but again by week three I saw parents in the parents' group sitting closely together communicating and bonding and sharing recipes! I feel this is a great start to healing divided communities. The school partners also reported there was much less fighting in the playground between the children from Kurdish and Somali origin.

Positive Action

All components of Positive Action, including the family programmes, foster mutually respectful relationships within and between social groups, from families to classrooms to whole schools and communities. Understanding and respect for others' (individuals' or groups') feelings, needs, ideas, etc., is a key value taught in many different units of the programme, but most particularly Unit 4: Positive Actions for Treating Others the Way You Like to be Treated (i.e. with love, caring, empathy, respect, cooperation, kindness, fairness, compassion, courtesy, and positive communication).

Building up understanding within and between groups in these ways clearly leads to improved social capital. Data from the Hawaii randomised controlled trial currently in press at the Journal of School Health clearly demonstrated this with survey data (collected by the school district for totally different purposes than the evaluation of Positive Action). Students, teachers and parents from Positive Action schools all rated their schools as being better on multiple indicators of social capital (e.g. safer, healthier and of higher quality on multiple dimensions) than students, teachers and parents from control schools.

High levels of social capital in a community are correlated with increased child and family well-being, increased health and longevity, and increased school success for people in that community. Low social capital is correlated with higher crime, violence and child abuse as well as higher delinquency and drug misuse rates. These findings raise numerous possibilities for ways in which parenting programmes can contribute to sustaining community life, but how can programmes themselves be sustained? This is the subject of the next section of this paper.

7. Principle 4. Sustainability: Creating long-lasting ownership and commitment

7.1. Why sustainability is important

In the previous two chapters we tried to demonstrate how co-production methods and close attention to the development of social capital can enhance programme effectiveness and contribute to the sustainability of local positive parenting practice. This creates the kind of social context referred to in recent legislation that requires commissioners to take account of the social value that such programmes can deliver through carefully considered local implementation plans. We believe socially inclusive practice has ‘outcome value’ as well as the more traditional view of its ‘process value’.

We now focus on how parenting programmes themselves can be sustained by their integration into ‘services as usual’. This is important for social inclusion because it increases the likelihood that families who could benefit will be able to gain access both now and in the future rather than another good idea turning into just another ‘flash in the pan’.

Many people are seeking new ways to improve children’s lives – to reduce violence, to prevent maltreatment, to improve school performance, and so on. Parenting programmes are amongst the interventions shown by the highest standard of evidence to enhance children’s health and development. In the UK the top five includes the most well-known, Incredible Years and Triple P and three others, as ranked by the National Academy of Parenting Practitioners for the Parenting Early Intervention Pathfinders (PEIPS) initiative; Family Strengthening Programme/Family Strengthening (10-14), Family Community, and FAST. These five appear on a recommended list of evidence-based parenting programmes for local authorities to choose from when commissioning local services. Local education authorities have received state funding for training local parenting practitioners in one of these five approaches.

This is exciting and welcome but there are also some salutary lessons to be learned from existing attempts to scale-up the implementation of such programmes.

Only a few sites in the world are near delivering parenting programmes sustainably. This might be described as integrating an innovation into ongoing operations, or institutionalising the programme or, more simply, getting a model programme embedded in ‘services as usual’. Put another way, although parenting programmes are often designed to be delivered through youth justice, social services, education or mental health systems, it is rare that they have succeeded in becoming a core part of such systems, despite the fact that, as we have demonstrated in the previous section, some deliver benefits far beyond their obvious purpose and cost.

In the US some state-wide scaling-up initiatives have taken place to implement parenting programmes. For example in Florida, the work of Evidence-based Associates has led to Multi-systemic Therapy (MST) and Functional Family Therapy (FFT) becoming ‘services as usual’ state-wide. Washington State is institutionalising MST, FFT, and Aggression Replacement Training as part of the juvenile justice system, again state-wide. Incredible Years has been developing throughout Wales over many years and they have recently

published a successful RCT in Norway where their programme is now being rolled out across the country. FAST is currently being taken to scale in the UK in a partnership with Save the Children. These examples are being evaluated as they develop but longer term results are so far very limited. Another example illustrates the longer term issue:

FAST

Wisconsin (Anti-Drugs, 1990-2000) and California (Juvenile Delinquency Prevention 1994-2004) each sustained FAST for over \$1million a year for over ten years across school districts and counties. South Carolina supported FAST state-wide into every elementary school for four years with a \$6 million a year initiative in children's mental health prevention services, although that initiative ended when a new Governor was elected. In a follow-up study of the State of Wisconsin FAST initiative, it was determined that following the three year state grants to a school district, there was a one third, one third, one third split around the outcome: one third of the districts continued to implement FAST with all its core components intact using local tax dollars; one third altered core components by dropping the parent partners, the cultural representation, the monthly booster sessions for two years, the collaborative multi-agency partnership and making it just a school programme, dropped the family meal, the singing, the eight weekly sessions to just three, and introduced lectures to the parents rather than letting them find their own agendas. The last third dropped local funding altogether.

In those Districts where changes were made these were not locally agreed cultural adaptations but examples of 'model drift'. The majority of Districts that had earlier invested enthusiastically in training, supervision and programme evaluation failed to reap the long-term benefits of their investment. Failure to sustain programmes in this way limits the benefits only to the original participants and even then these benefits are likely to be shorter-term than where a programme is sustained as part of local community life. Curtailment also wastes money, good will and expertise. 'Few preventive interventions "inoculate" the target population against (long-term) poor outcomes' (Bumbarger & Perkins, 2008, p.60). In the start-up phase the budget incurs large one-off costs (training, materials, etc.) and the programme will not yet be operating optimally. In addition, stopping a programme can erode trust and goodwill in communities and can undermine future efforts to implement other evidence-based programmes. Finally, it means that few children and families experience an evidence-based programme, and for those that do this is often only in the context of an RCT after which services return to normal. Tens of thousands of children who might otherwise benefit are not being reached. The market penetration of Multi-Systemic Therapy, for example, is about one per cent (Little, 2010). In Wisconsin, after 10 years of continuing support, FAST was only available in 25 per cent of the state's 425 school districts.

7.2. Why sustainability is hard to achieve

Before setting out some potential solutions, it helps to understand why the problem of sustainability arises. Earlier we pointed out the many problems researchers face in successfully replicating model programmes in locations away from their place of development or the original research site. The outcomes of many such replications turn out to deliver much less than their original research prowess would have promised (Bachrach, 1987; Mihalic et al., 2002). In practice the reasons for this are many and

operate at different levels. Some are to do with programmes themselves, some are to do with the host site and some are to do with local service systems.

Poor model fidelity caused by inappropriate changes to or the removal of core components can lead to new implementations of model programmes being much less effective than in research trials. Cultural incongruence between programme values and local mores can generate dissatisfaction amongst participants. There may be a lack of fit between programme developer's enthusiasms and those of the professionals charged with implementing them, especially where they are expected to simply deliver from a manual without any opportunity to ask questions or make adaptations and programmes may not have been designed to meet the needs of practitioners or have been marketed to help systems meet obligatory objectives at the same time as improving child well-being.

Often grant funding will be available to initiate programmes but only on the assumption that the grant receiving body will work out how to sustain them. Many fizzle out beyond their seed funding. There may be lack of support for widespread implementation.

Programmes may not provide the necessary support and information to enable their local implementation teams to work effectively within regular service systems. Programmes may not be easy to use, and if so they are destined to remain 'boutiques' on the margins of service systems. Local health, welfare, educational and/or social care systems are not always ready for programmes. For example, staff may lack the requisite skills, or there may be a lack of common purpose in an organisation, or there might not be anyone available and suitably qualified to offer technical support.

Given how rare it is for untested or ineffective provision to be decommissioned, there may be a lack of space or capacity for delivering a new programme. It is easier to let go of new and standalone programmes than it is to thin out well-established and inter-connected services that are not evidence-based.

7.3. How to make programmes sustainable

These themes recur throughout this report, particularly those relating to ownership and cultural adaptation. Addressing them is essential to ensure parenting programmes get off the ground successfully, make an early positive impact on their participants and are welcomed by practitioners and the communities in which they work. This section, however, focuses more on practices that will specifically help sustain programmes beyond their seed funding and enable them to be successfully integrated into 'services as usual'.

Our understanding of how to do this is hampered by the limited empirical research about what works. But the following have been identified as potential factors (Bumbarger & Perkins, 2008). First is the development of a sustainability plan early in the development process. Second is building an organisation's infrastructure capacity, including policies, procedures and resources to ease implementation and the ultimate integration of the programmes activities into routine operations. Third is staff buy-in to the programme's theory of change and values base. Sustainability is more likely if the programme has local champions and if its purpose fits with the goals and mission of the implementing organisational culture and the values of its leaders (Bates & Davis, 2010).

Much of this speaks to the need to tap into services 'systems', including health, education,

child protection, social care and youth justice (Little, 2010). Why systems? Systems have large amounts of money; Birmingham City Council, for example, spends £1.3 billion annually, approximately £5,000 per child. Service systems reach many children and families. Birmingham's children's services serve 260,000 children. Systems endure: they are not here today, gone tomorrow. Arrangements established in the 19th century largely persist today. They are sustained by engagement with a wide range of social institutions including laws, funding streams, bureaucracies, the need to sustain the livelihoods of staff, a public service ethic, and so on. However, traditionally they don't 'do' programmes.

In recognition of this interdependency and to combat the long-term problem, some programmes have developed their own developmental approaches to gradual engagement with the very diverse elements of the wider socio-political fabric that sustains our social institutions. For example:

Triple P

Triple P is designed to be implemented as an entire integrated system at a population level. However, the multi-level nature of the programme enables various combinations of the intervention levels and modalities within levels to be used flexibly as either universal, selective or indicated prevention or targeted early intervention strategies depending on local priorities, staffing and budget constraints. Some communities using Triple P use the entire multi-level system, while others may focus on getting one level of the programme implemented at a population level, while seeking funding support for other levels of intervention.

To increase the likelihood of sustaining new programmes it is necessary to recognise that the functions of systems extend beyond improving child well-being. For example, they are also involved in meeting society's need for a healthy and educated workforce to contribute to the economy, giving parents time to work, punishing offenders, and so on. They must take into account political demands, public opinion, consumer expectations and the needs of staff. They are set up to meet the needs of adults and society as much as children. Put another way, systems have native processes that flow from the history, structures, values and beliefs of children's services (Little, 2010). To be 'system-ready', evidence-based parenting programmes need to know about these processes.

'System-readiness' refers to whether a programme is accompanied by the necessary support and information to enable its implementation in mainstream service systems. Are the information and resources to enable its successful implementation in a system readily available? The most advanced programmes are ready for the way systems work, for example fitting into a school curriculum or harmonising with the work of highly skilled practitioners, such as social workers or psychologists.

Since it is now established that programmes that are delivered with 'fidelity' to their model achieve the best results, 'system ready' programmes have developed resources and activities that promote fidelity. These include manuals, training materials, implementation procedures and the supervision of implementation, technical support, pre-post evaluation of child outcomes and fidelity protocols or checklists. For example:

SNAP

With adequate training and support, this model can be successfully replicated and implemented with high fidelity in a variety of settings. SNAP fits in the classroom, clinician's office and home.

Incredible Years

Another component of fidelity is the IY agency readiness questionnaire. If an agency decides that they wish to receive training to deliver the IY parent programmes they are invited to complete the agency readiness questionnaire. This helps them to assess whether they are ready to deliver the programme with fidelity and whether they understand the implications in terms of developing a service that will deliver the programmes effectively.

The next example shows how important programme developers feel it is to build in social inclusion processes as part of the development process itself.

SNAP

A survey conducted by the CCCO (see Augimeri et al., 2007), of SNAP affiliate sites indicated that when asked what activities would help strengthen their SNAP replication, the following were highlighted:

- *participation in research*
- *access to resources and information*
- *on-going training and consultation*
- *connecting with other SNAP® organizations would also help support their efforts to provide sustainable and successful SNAP® programming.*

These findings showed strong support for the creation of a SNAP Community of Practice. It was clear from these results that a process was needed to help create a comprehensive framework that would assess the readiness of communities and sites, and put into place the implementation, training, consultation, and required support mechanisms. The CCCO now requires all professionals and/or organisations using SNAP to commit to the following implementation standards and principles:

- *replication sites must enter into a formal SNAP licensing agreement*
- *the organisation's treatment philosophy should be consistent with CDIs (e.g., cognitive behavioural family centred approach)*
- *the replication site must have a strong history of collaboration with other social service programmes and relevant stakeholders (e.g. child welfare, police, schools)*
- *replication sites should allocate full-time, dedicated, and trained staff to operate programmes*
- *training and consultation should be built into the implementation plan*
- *any adaptations to the model must be first approved by the CCCO, and*
- *research must be an integral part of the replication.*

As well, the CCCO formalised and expanded the selection process, for when new agencies are considering becoming a SNAP Affiliate Site. This site selection programme development process includes eight stages where potential sites must:

- *complete a readiness checklist (e.g. SNAP Request for Qualifications application)*
- *participate in a two-hour telephone or on-site needs assessment and information session that determines the availability of appropriate pilot project funding with a plan for sustainability*
- *lead staff to participate in an interview highlighting key programme implementation issues (e.g. identifying target population and key stakeholders, develop referral mechanism and evaluation plans)*
- *hold a SNAP site readiness review meeting that includes a community mobilization meeting with key stakeholder and*
- *annual licensing agreement.*

Commissioners of programmes also need to know how much they are going to cost, and who is needed to deliver the programmes and have an understanding of the cost effectiveness of each type of programme. If this information is hard to obtain, commissioners will give up in frustration and implement something else. So detailed and realistic information is also needed about the financial and human resources required when delivering a programme at the local level. Ideally there will also be reliable estimates of the likely benefits obtained by investing in a given programme, quantified in terms of benefits to individuals and the system. The work of the Washington State Institute for Public Policy has been very influential in this area, producing cost-benefit analyses for many evidence-based programmes (Aos et al., 2011) and is currently being translated for use in the UK by the Social Research Unit, (2012a; b).

To say that a parenting programme is ‘system ready’, it is therefore reasonable to expect that the original programme, as it was evaluated in RCTs, should still be available and that it can be relied upon to give the same level of effectiveness when replicated in a new community. The programme should be clear about how to reach the right children, young people and families. There should be a manual and training and implementation materials because these will help ensure the programme is implemented consistently and with fidelity. Some programmes provide the training and the manual independently of the local implementation or supervision process. For others programmes (e.g. FAST, FFT, IY, MST, SNAP and TripleP.) supervision of implementation is required as part of the local team training and includes site visit checklists and feedback sessions as well as pre-post outcome evaluations of each replication in every new community. By requiring training, supervision and evaluation processes as integral parts of a programme’s quality assurance package in every replication, localities acquire an important feature for local policy makers and commissioners, increased predictability of outcomes. The cost of investing in such quality assurance is also of concern to policy makers. Therefore the financial and human resources needed to implement the programme should be stated in full.

These kinds of strategies increase the likelihood that the new replication site will obtain the desired and promised child well-being outcomes. For example:

Positive Action

We have also planned in sustainability by creating materials for the whole community to be involved, including curriculum for schools, school climate development, counselling materials for counsellors and therapists, family materials which parents can use through parent/family classes, and community materials that will develop the whole community so there is a complete wraparound and integration of all community players to become involved in sustaining and supporting a positive community.

Several features of parenting programmes can be used as indicators of their level of system readiness. These include the availability of technical support with implementation, clarity about how much the programme costs to implement (in absolute terms), or the existence of a checklist to help monitor what is actually provided against the model. Many programmes are tested for efficacy initially in artificial conditions; for example, when people working for the research team deliver them in university clinics. Programmes that are disseminated widely or that have been tested in the real world should also be considered to be more likely to be system ready. Service

commissioners can have more confidence in programmes that have been tested with real staff in real settings (traditional service provision venues), and in lots of locations and in many cultures. For example:

FAST

FAST has been trained, supervised and implemented in over 2500 sites in 14 countries, with an average retention rate of 80 per cent of parents who are primarily from low-income communities.

If programmes can be delivered in the places where mainstream services are delivered by teachers, social workers, psychologists and other professionals using the support structures for recruitment and training that service systems provide, so much the better.

In short, there is a need for a new generation of parenting programmes that intuitively make sense to the people who buy them. Programmes also need to take service system objectives into account to support work on sustainability and ultimately to recruit their target groups more comprehensively. A particularly important way in which this needs to happen is by ensuring that the way in which evidence-based programmes are designed and introduced aligns with – rather than rubs against – the motivations of the practitioners who work in systems – social workers, teachers, health visitors, psychologists, probation officers, and so on (Axford, 2012). What do we know about these motivations?

Practitioners are concerned to address social injustice and improve child outcomes, which they see as being achieved by building relationships with children and families. Practitioners derive a sense of accomplishment from seeing their actions contribute to improved child outcomes (Stalker et al., 2007). Equally, practitioners become demotivated when immersed in paperwork and bureaucracy that prevents them from undertaking face-to-face work with children and families and denies them any sense they are making a difference (Gupta & Blewett, 2007; Coussée et al., 2010; Graham & Shier, 2010; Gregory, 2010).

Practitioners enjoy having professional autonomy and discretion, including the freedom to improvise (Webb, 2001). Many are motivated by professional and learning opportunities, intellectual challenge and the opportunity to master new skills (Stalker et al., 2007; Graham & Shier, 2010). Conversely, a requirement to focus on following tasks and procedures, for example electronic assessment forms, or following many steps in a manual rather than applying and developing professional knowledge and skills contributes to professional discontent (Broadhurst et al., 2010).

Practitioners are motivated by having adequate support and resources, including supportive supervision as they learn a new approach with an opportunity for reflective practice and being part of a team. They become demoralised when resources are inadequate and when supervision focuses on compliance and tasks achieved rather than encouragement to make local adaptations and a fuller reflection on the nature and effectiveness of their work (Stalker et al., 2007; Graham & Shier, 2010).

Practitioners' sense of identity is derived from their role being clearly defined, in line with expectations and by being valued by society. An identity crisis results from their role being fragile, subject to change, different to expectations and being criticised or undermined in wider society.

These points need to be taken into account when designing and introducing parenting programmes, because otherwise these programmes will not be sustained. The reflexive and

developmental aspects of the programme as well as the skills learning and relationship development aspects should be highlighted. The programme guidance should clarify the processes required for cultural adaptation and the degree of flexibility and autonomy that is permissible and to be encouraged. Such programmes should be introduced as an opportunity for staff wanting to develop their skills. Programme longevity may be best served by reserving such practice for those with a high level of skill already. Implementing the programme could be tied to career advancement and continuing professional development credits.

There should be clarity about the knowledge and skills that implementers will be required to have or develop, with an indication of what level this is at and information about how implementers can become accredited. Implementing evidence-based practice in parenting programmes could be seen as a step towards promotion, for example, through accreditation. Being highly skilled enables improvisation. Planned cultural adaptation and creativity around learning methods and content styles should be encouraged, if possible in collaboration with the programme developer alongside local 'parent programme graduates' who themselves should be adequately supported and remunerated where appropriate. This kind of work could be linked to opportunities for professional development, such as study tours to other sites of programme implementation elsewhere, attending conferences and training others, including training in the skills of co-production.

The radical nature of a programme can be flagged up insofar as it tackles social injustice by meeting the needs of vulnerable children and families. If it helps to narrow the gap between socio-economic groups and racial or ethnic groups this should also be made prominent and the skills to do this should be highlighted during the programme training and be connoted as highly valued by trainers.

The way in which the programme addresses neighbourhood and community factors and builds social capital should be stressed and perhaps further explored by programme developers. Training should be provided that involves other community's local people in the training especially from people who were involved in successful implementation sites elsewhere.

It should be emphasised that implementing parenting programmes creates an opportunity to build relationships and to spend quality time with children and families as part of the programme. This could be increased across all programmes if the greater goal of building social capital in a local community is valued without compromising the core components of the programme. The amount of paperwork explicitly connected to the programme should be minimised or supported at a distance by a programme implementation/research facility. Examples include FAST, Positive Action, SNAP and Triple P.

The programme should be adequately supported in terms of marketing and learning materials, technical assistance, internal quality assurance capability, and the supervision time required. The latter should offer opportunities for focussed reflective practice including time spent on addressing recruitment and retention issues. Ideally the programme would make a commitment to fulfilling these support requirements as a prerequisite. In other words, directors of agencies should not be permitted to implement programmes without monitoring and improving retention rates with low-income parents.

Incentives for achieving model fidelity, high retention rates of low income parents, and outcomes comparable to research trials should be built in at the organisational level. For example, a school that delivers a programme with high fidelity might receive funds or material benefits like new equipment.

Lastly, it pays to stress the real world impact of the programme at a local level to the implementers themselves. Ideally, by tracking local child mental health and parenting outcomes the feedback loop for practitioners will prove rewarding and will support their continued interest in evidence-based models. Other practitioners, of the same programme but who have implemented it elsewhere, should have the opportunity to meet and inspire one another by explaining the ways in which they adapted the model locally and describe the difference the programme made in their locality by translating their outcome data into examples of real lives changed for the better. Vignettes or videos of parents and children speaking about benefiting from the programme can really help. Parent programme graduates as co-trainers in these circumstances would also be predicted to be very effective. On-going evaluation should be built in so that practitioners can continue to track the differences their intervention is making at a local level. Experiments in using ICT to provide continuous 'live' feedback to practitioners are underway in several places and could also assist here.

Cost-effectiveness information is another area which requires further development by programme developers and researchers alike but it is being taken more and more seriously and is now provided by some programmes and some government agencies. For example:

Incredible Years

We have collected and contributed to papers on costs and cost effectiveness. Our BMJ Sure Start trial paper was accompanied by a paper that explored cost effectiveness (Edwards et al., 2007). We had previously been involved in an economic evaluation of earlier work and see this is as extremely important. There are few studies in this area. An economic evaluation within the RCT of the IR Welsh programme for the IY toddler programme is currently being written up. Current work we are doing to evaluate the IY baby and school readiness programmes includes cost-effectiveness measures.

Ideas about how service systems can be made 'programme ready' are also important but are beyond the scope of this paper. See Little (2010), for a comprehensive summary of these ideas.

The processes described in this section, if attended to carefully and consistently, will contribute to a deep-rooted development of local ownership and a sufficient accrual of intellectual capital to keep a programme going in a sustainable fashion. If we can achieve a position exemplified by 'It's our programme and we want to keep it going because it works for us!' we may succeed. On the other hand if our situation more resembles an imposition of 'it worked for us and it will work for you' then the causes of replication failure are likely to loom high (Sandler, 2007). Originator ownership and appropriate pride must be subordinated to the wisdom of understanding that we all need the experience of 'discovering good things for ourselves'. If we really want local practitioners, commissioners and parents to feel they made a go of it themselves then we need to put in the right sort of effort at a local level to offer flexibility within programme models. Methods exist to enable

programmes to identify which adaptations can be made without compromising outcomes for parents and children. It helps of course where there is genuine support for this from programme developers themselves. Many original programmes now operate as ‘Communities of Practice’ or support hubs for local implementation. For example:

SNAP

The CCCO has a mandate to help ensure the sustainability and integrity of the replicated SNAP programmes. The original CDI SNAP programmes now function as “laboratory” programmes on which our (localised) research and programme development are based and informed. Overall our mandate is to be client-responsive and to provide services that reflect how caregivers and service providers describe their needs. Of course, good services and alliances will facilitate a developing perspective of how needs are defined. For example, trauma counselling or special classroom placement may combine with SNAP GC services at an appropriate point (e.g., trauma disclosure, school threatened expulsion).

Incredible Years

The Incredible Years works with agencies/organisations to develop a sustainable infrastructure. This includes selecting appropriate clinicians, providing accredited training, on-going supervision and support, encouraging accreditation. From the accredited group leaders, some continue training to be peer coaches who provide support to new group leaders. From this group, mentors are training who are trained to deliver authorised workshops to new group leaders. In the UK there are 130 accredited group leaders in UK and 29 in Wales, 16 accredited mentors in UK and 3 in Wales and 4 coaches in UK. We run basic leader training in all IY programmes, fidelity workshops for managers, supervision and consultation for leaders and evaluation workshops. We start with small-scale evaluations to establish their acceptability and preliminary outcomes and then seek funds for RCT trials.

8. A framework for ensuring that evidence-based parenting programmes are socially inclusive

Principle 1. Programmes should promote their accessibility by:

- monitoring the retention and drop-out rates of all families, especially disadvantaged families;
- publishing and vigorously pursuing their best practices for increasing the initial engagement and programme retention of socially marginalised families.

Principle 2. Programmes should become culturally sensitive to the needs of their participants by:

- inviting parents to be equal partners with professionals to co-produce local programmes through assessing local needs, selecting a programme for their community, culturally adapting it, planning, implementing, evaluating and maintaining its quality over time;
- including implementation team members, staff and parents who are culturally representative of the parents who participate in their programme;
- culturally adapting the programme's form and content to be congruent with local cultural mores and values and supporting the evolution of the programme in the local community;
- enabling programme 'graduates' (parent programme participants) to become recruiters, facilitators, teachers, trainers and evaluators of the programme as it evolves.

Principle 3. Programmes should build social capital in their host communities by:

- using strategies that support the development of mutually trusting relationships and support between programme participants and between participants and friends, extended family and other sources of social capital in their local community to maximise social support for parent participants to engage in positive parenting rather than relying on traditional services, wherever possible;
- empowering local practitioners and parents to become the leaders of 'booster' sessions, ongoing training programmes, as well as becoming trainers for new replications elsewhere and be involved in quality assurance to maintain programme impact in the community.

Principle 4. Programmes should create the conditions for their long-term sustainability by:

- developing co-produced quality assurance systems that local implementers can use and develop to assess their programme's impact beyond the home, in the classroom and in the wider community;
- investing in strategies that create a positive local context for the sustainability of the programme's knowledge and practice base through partnership with local professionals and families to create social capital within local institutions and the wider community;
- taking account of the needs of the service systems in which they hope to become part of 'services as usual' and developing ongoing supervision, guidance and support systems around implementation that directly and explicitly address these needs.

9. Next steps

Evidence-based parenting and family skills training programmes are examples of model programmes. Their original goals to develop good help for families are now being extended to helping local communities adapt their programmes to work for many families in many communities. Many of the most effective programmes have risen to the challenge of moving beyond effectiveness alone to embrace social inclusion and some of their original research sites have become the supporters of communities of practice or research ‘hubs’ in order to do this on a large scale.

In this paper we have summarised what we have learned in exploring this field in partnership with a wide range of stakeholders. Having developed a framework to structure the numerous examples of emerging good practice that we have used to illustrate the many and varied approaches to ensuring that parenting programmes are socially inclusive, we will now disseminate that framework as widely as possible. We hope the use of our framework will allow programme developers, commissioners and their advisors to focus their attention on enabling effective evidence-based parenting and family skills training programmes to evolve and reach out to include socially marginalised families, make their programmes culturally sensitive and relevant to socially marginalised groups and build capital in their communities so they may be sustained for generations to come.

Based on our reading of the practice-based examples of socially inclusive practice we believe that parenting programmes should aspire to becoming integral parts of their host communities. This suggests that large scale collaborative approaches should be developed that take the long view of programme development. In our view an important contribution to this longer term aspiration can be made by embracing co-production. This in turn leads us to pay closer attention to the community development processes that parenting programmes can adopt to increase the social capital of their local communities.

We are of the view that the building blocks are now in place to begin exploring this aspiration through empirical research that addresses the formal evaluation of these emerging practice-based approaches. We contend that successfully addressing the social inclusion factors involved in supporting the evolution of an evidence-based local parenting programme will significantly increase the likelihood of that programme being effective and also of being sustained. We urge all concerned to take account of these issues in exercising their contribution to the further evolution of socially inclusive evidence-based parenting and family skills training programmes. We realise that there is such a richness of creativity in this field that we are just at the beginning of what we hope will be a much longer and more detailed conversation as time goes by.



Appendix 1: The 2011 BPS survey of evidence-based parenting & family skills training programmes

Building Socially Inclusive Evidence-Based Family Strengthening Programmes

23rd March 2011 (NB. A reminder and time extension were sent after three weeks)

Dear program developer/evaluator,

Questionnaire about Evidence-based Programmes and social inclusion

We are writing to you to request your assistance with a project for the British Psychological Society (BPS).

The Children and Families Work Stream of the BPS Professional Practice Board Social Inclusion Group is currently writing a Discussion Paper about how evidence-based family strengthening programmes can be more socially inclusive.

The paper is aimed at researchers, programme developers, evaluators and commissioners of these proven approaches and will be circulated widely through the British Psychological Society's networks.

We would like to include real examples of socially inclusive practice with these programmes, and to that end would be grateful if, as a developer and/or evaluator of one of these programmes, you could complete the following brief questionnaire. We will analyse the completed questionnaires and include selected examples in the final discussion paper.

As you type into the boxes provided they will expand if necessary. If you refer to any supporting material, for example articles or websites, please cite these in full or, if possible, attach them to your reply.

Please complete and return the questionnaire by **Friday 15th April** to Dr. Fabian Davis: Fabian.Davis@oxleas.nhs.uk.

We are very grateful to you for completing this questionnaire and will ensure that you receive a copy of the resulting publication.

Yours sincerely

Nigel Atter

British Psychological Society

1. Please give the name of the programme:

2. Please give your name, position, contact information, and your relationship to this programme:

3. Please give examples of how the evidence-based parenting/family skills programme in question has sought to **increase the involvement of parents/families who are traditionally considered 'hard to reach'**. (This could include low-income, unemployed or single parent families, or black and minority ethnic families, or immigrants or refugees, or those who are socially marginalised based on religion or having children with clinical level problems.) We are particularly interested in strategies for increasing parent engagement and retention and for reducing drop-out rates, and evidence for the impact of this.

4. Please give examples of how the programme has sought to **empower parents/service-users by having professionals co-produce the programme with parents**. We are particularly interested in strategies for culturally adapting the programme with parents in order develop the best 'local fit' between programme-defined parental needs and parent-defined parent and child needs.

5. Please give examples of how the programme seeks to **build social capital in local communities**. We are particularly interested in strategies for fostering mutually respectful relationships across families but also in neighbourhoods and the wider community.

6. Please give examples of **how the sustainability of the programme has been planned from the outset by facilitating local ownership**. We are particularly interested in strategies for developing local people's capacity to learn about, plan, adapt, implement and evaluate the programme and maintain quality assurance structures.

7. Please indicate if the programme in question has been or is currently being implemented in the UK. (Please circle the relevant answer.)

Yes

No

Don't know

7a. If yes, how many sites?

7b. Are these sites predominantly rural or urban or a mix? (Please circle the relevant answer.)

Rural

Urban

Mix

That is the end of the questionnaire. Thank you very much for taking time to complete it. Now please return it to Dr. Fabian Davis: Fabian.Davis@oxleas.nhs.uk.

Appendix 2: Socially inclusive practice tool for evidence-based parenting and family skills training programmes

We would like to showcase the successful evolution of parenting programmes in their continuing replications especially those that address the kinds of socially inclusive practices set out in this paper. In each box please describe what your programme is doing to ensure that socially inclusive practice is developing within your programme and its local host community from the following perspectives?

	Local applied Psychologists & Social Inclusion Practitioners	Commissioners	Programme Developers	Policy Makers	Action Groups	Parent Participants
Recruitment & Retention rates with low-income, marginalised parents						
Programme flexibility and Cultural Sensitivity through co-production						
Building Social Capital across parents and communities						
Creating the conditions for local capacity building and Sustainability						
Quality Assurance structures to ensure good replication						

Please send your responses to fabian.davis@oxleas.nhs.uk.

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