



Parenting Programmes Review for Workstream 2 Executive Summary

December 2014

Centre for Effective Services

The Early Intervention Transformation Programme (EITP) is a Northern Ireland Executive/Atlantic Philanthropies Delivering Social Change Signature Programme, funded jointly by the Delivering Social Change fund, DoH, DE, DoJ, DfC, DfE and The Atlantic Philanthropies. EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

This report was produced for the Early Intervention Transformation Programme and funded by Atlantic Philanthropies. This report is primarily intended to inform the decision making relating to the development of the Early Intervention Transformation Programme projects.

Introduction

Purpose of this report

The Centre for Effective Services (CES) was asked to provide independent support to the Public Health Agency (PHA) in developing a core suite of parenting support programmes that could be implemented across Northern Ireland as a priority for investment, and to assess the readiness of Northern Ireland to implement these programmes.

The requirement was to develop a list of circa 10 recommended Parenting Programmes from the antenatal period to age 18. Our approach was to summarise the needs of children and families in Northern Ireland, provide an overview of current service provision of parenting support and compile preliminary information about the implementation of evidence based parenting programmes across the region. Given the scope of the exercise it was only possible to assess whether a programme appeared to be operating in Northern Ireland, or not. No assessment on the quality of implementation or suitability of the programme to the local service delivery context was made. This piece of work was undertaken with a very quick turnaround. It was not possible to undertake a full audit of service provision and consequently there may be some errors and omissions.

A longer report was produced to inform the development of this piece of work following discussion with the Workstream 2 working group. This document represents an Executive summary, originally written for the Programme Board following discussion with the Workstream 2 Working group. These reports were not originally intended for general circulation.

A separate document was also produced for the Working group which provides useful information for commissioning on each evidence based programme. Each programme has a one page summary which describes information such as the level of evidence, delivery setting, programme description, client group, outcomes, implementation cost and cost effectiveness where available, name of programme developer, references and a link for further information. It is available upon request.

Needs in Northern Ireland

Families in Northern Ireland

An overview of some of the key population statistics for Northern Ireland is given in **Figure 1**. Additional information is then provided on some of these indicators with respect to groups of parents who may need additional support or specific engagement strategies. The number of children aged under 16 is projected to increase marginally over the next 15 years from 382,000 children in 2010 to a projected 396,000 children in 2025 (4% increase)¹.

Figure 1

Population statistics for Northern Ireland ^{2,3}(references are from these sources unless otherwise cited)

Pregnancy and birth			
Pregnancy	15% of pregnant women report smoking at the booking-in visit (around 14 weeks gestation). In 2012/13 this affected 4024 women. Women from the most deprived areas are more likely to smoke at this stage (28.5%) compared to the least deprived (7.4%) ⁴ Smoking is more common amongst younger mums-to-be (37% of mums under 24 years of age smoke in early pregnancy)	In 2012/13, alcohol use was identified as a risk factor in 0.1% of pregnancies, most often in women from the most deprived areas. This affected 26 women. Women who older than 40 are most likely to report drinking during pregnancy (0.3%). The second highest group are women who are younger than 24 (0.19%)	The number of women who use drugs during pregnancy is not routinely collated in NI.
Birth	25,000 babies usually born each year	Infant mortality rate is 4.6 per 1000 live births	62.22 per 1000 live births are low birth weight (associated with multiple births, teen mums, use of drugs, alcohol and cigarettes)
Breastfeeding	45.5% of mums are breastfeeding on discharge from hospital.	Young mums and those from low-socioeconomic groups least likely to breastfeed	Less than 5% of mums will still be breastfeeding 12 months after their baby is born
Parental characteristics	3.7% of births are to teenage mums , with highest rates in areas of deprivation	Rate of 10.8 per 1000 of the 13-19 year old female population is amongst the highest in Europe, but it has decreased here in recent years	In 2012, 42.6% births were to unmarried parents (highest figure ever recorded) Over half (53%) of all births in 2013 were to mums aged 30 or older

Children and Young People's Physical and Emotional Health			
Immunization	Northern Ireland has uptake rates of over 98% for the primary vaccines by two years of age ⁵	Childhood immunisation uptake levels being achieved in Northern Ireland are well above the UK average	In 2014, 96.2% of children have been given the MMR immunization
Dental health	28.6% of 0-2 year olds are registered with a dentist	73.6% of 3-5 year olds are registered with a dentist	Most children in NI will have dental decay by the time they start primary school. Our 12 year olds have double the rate of decay than the rest of the UK
Obesity	1 in 4 girls in Primary 1 are overweight or obese	1 in 6 boys in Primary 1 are overweight or obese	8% of children aged 2-15 years are officially obese
Sex	In 2013, 10% of pupils aged 11-17 have had sexual intercourse	Most of the 11-17 year olds who have had sex, the first time was before they turned 13	Rates of sexually transmitted infections for those aged under 19 tend to fluctuate. In 2013, the rate of new episodes of STIs in those aged under 16 years was 24 per 100,000. For 16-19 year olds the rates of new STIs was 669 per 100,000 ⁶
Substance use	13% of 11-16 year olds have smoked tobacco . Most of these (62%) tried it first before age 13 38% of 11-16 year olds have drunk alcohol . Most of these tried it first before age 13. In 2013/14, 238 young people were admitted to hospital with alcohol related diagnoses	Age of first drug use amongst those presenting for treatment in NI are: ⁷ - 82% of Cannabis users start before they are 18 - 77% of Solvent users start before they are 16 - 32% of Ecstasy users start before they are 16 - Users of Opioid Analgesic drugs tend to start later. Over half of clients (51%) with problem Heroin use start between 18 and 25	Working with young people is not only about problem alcohol and drug use, but about multiple needs . These may include mental health issues, involvement with criminal justice system, social exclusion, education problems and difficulty accessing training or employment ⁸
Bullying	17% of 11-16 year olds report being bullied in the previous year	13% of 10 year olds have been bullied via text messages or the internet	
Self harm	Deliberate self harm affects at least 1 in 15 young people in the UK	The rate of self-harm in 0-17 year olds is 9 per 10,000	In 2013/14, 389 young people (aged 0-17 years) were admitted to hospital due to self-harm. Highest rates in Belfast and Southern areas 782 young people under 18 presented to hospital with self harm ⁹
Suicide	Suicide is a leading cause of non-disease	In 2012, there were 16 registered deaths by suicide	Risk factors include depression, alcohol and drug

Children and Young People's Physical and Emotional Health

	related death in young people	(14 males and 5 females)	misuse, personality disorder, hopelessness, low self-esteem, bereavement, relationship break-up and social isolation
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Disability

Rates of disability	At 2014 there were 17,170 children aged 0-15 claiming Disability Living Allowance (DLA)	2.9% of children have a Statement of Special Educational needs which means they have a difficulty or disability which makes learning harder for them. 4% of post-primary school children have a Statement	Of those children referred to Social Services , 2% relate to a child with a disability
Autism	It is estimated that in NI, around 300 children will be identified with Autistic Spectrum Disorder every year ¹⁰	2% of children who are compulsory school age have a diagnosis of Autistic Spectrum Disorder. Boys are almost 5 times more likely to be affected by ASD than girls .	The estimated prevalence of autism has increased by 67% across all Health and Social Care Trusts since 2008/09, from 1.2% to 2% of the compulsory school age population. ¹¹ Greatest increases in the numbers of children with ASD are amongst the youngest (5-8 year olds) and oldest (13-16 year old) children

Economic and Environmental wellbeing

Housing	1.6% of children live in overcrowded accommodation	686 families with dependent children are living in temporary accommodation (with 1202 children)	5832 families with children presented to NIHE as homeless : 5113 of these families are A1 statutory homeless (with 8582 dependent children). 188 young people aged 16-18 were A1 Statutory homeless
Poverty	26% of children are living in Relative Low Income Poverty after housing costs	25% of children are living in Absolute Low Income Poverty after housing costs	
Benefits and subsidies	3.4% of children are dependents of claimants of Job Seeker's allowance	12.9% of children are claimants of Income support	28% of families with dependent children are headed by lone parents . 8.9% of these families are claiming Job Seekers Allowance and 53.4% are claiming Income Support

Enjoying, Learning and Achieving		
Pre-school	92% of eligible children take up a nursery/reception, nursery school or PEAG place	
Key Stage 1 (age 7-8)	90.1% achieve Level 2 or above in English meaning they reach expected targets in talking and listening, reading and writing	90.8% achieve Level 2 or above in Maths meaning they have reached targets in key processes such as number, measures, shape and space, and handling data
Key Stage 2 (age 9-11)	77.1% achieve Level 4 or above in English	72.2% achieve Level 4 or above in Maths
Key Stage 3 (age 12-14)	72.2% achieve Level 5 or above in English	72.2% achieve Level 5 or above in Maths
GCSE (age 16)	78% of young people achieve 5 GCSEs (A*-C)	1.6% of young people leave school with no GCSEs
School leaver destinations	More than 3 out of 4 school leavers enter Further and Higher Education (77.1%)	NI has highest rate of NEETS (aged 16-24) in the UK (14.6% of young people)
School attendance	4.8% of primary school pupils have less than 85% attendance. Worst rates are in Belfast ELB area	10.8% of post-primary pupils have less than 85% attendance. Worst rates are in Belfast ELB area
English as an Additional Language	4.2% of Primary schools have English as an additional language. Highest rates are in Belfast and Southern ELB areas	1.7% of Post-primary schools have English as an additional language

Making a positive contribution		
Participation in Youth Activities	39% of young people aged 4-18 participate in Youth Activities	The proportion of young people participating in youth activities has remained relatively consistent over the last few years
Offending behaviour	In 2012, 7544 young people aged 10-17 came to the attention of the Police for offending behaviour	This was most often common assault, criminal damage, theft and motoring
Non-offending behaviour	In 2012, a further 14,250 young people aged 10-17 came to the attention of the police for non-offending behaviour	This was most often concern for safety, missing persons, possession of alcohol, anti-social behaviour and rowdy nuisance

Living in Safety and with Stability			
Children in Need	At March 2014, there were 25,998 children known to Social Services as Children in Need	17% of these were recorded as having a disability (about half of these had a learning disability)	5,993 children aged 0-4 are Children in Need (4.8% of total population)
Referrals and Further Action	During 2013/14, 40,165 referrals were made to Children's services. This is an increase of 7% on the previous year	A quarter had their needs met at time of referral; 71% were allocated for further action (assessment/service)	78% of those allocated for Further Action related to a carer who needed support to give appropriate care to the child; 20% related to child protection investigations; 2% related to a child with a disability
Child Protection Registrations	There are 4.4 children per 1000 aged 0-17 on the Child Protection Register	During 2013/14 there were 386 re-registrations to the Child Protection Register (19.3% of children re-registered) which is an increase from the previous year (17.9%)	At March 2014, there were 2,858 Looked After Children (an increase of 2% from previous year). These included: 75% in foster care; 13% placed with family 7% in residential care 5% in other placement types
Length of time in care	23% were in care for less than a year	9% had been in care for 10 years or longer	
Domestic abuse offences	Domestic abuse offences (reported and recorded by PSNI) amount to a rate of 7 per 1000 of total population	Domestic abuse offences have increased in all areas over the last two years	Domestic violence often starts during pregnancy
Parental substance misuse	Around 40,000 children (9.2%) are thought to be effected by parental substance misuse . This is 1 in every 11 children. 1 in 3 young people live with a binge drinking parent ¹² A third of clients (34%) getting treatment in NI for problem drug use have dependant children ¹³	70% of Looked After Children are there as a direct result of parental substance misuse. 40% of those on the Child Protection Register are there as a direct result of parental substance misuse	Families showing problems with truancy, antisocial behaviour and domestic violence often have issues with substance use as well.
Parental mental health issues	1/3 of all adults with a mental health problem in the UK are parents. ¹⁴ Around 60,000 children in NI (13.9%) are living with a parent with mental health issues	10- 15 % of mothers experience postnatal depression in the year after child birth. ¹⁵	More mothers reported being treated for depression in Northern Ireland than anywhere else in the UK. ¹⁶

Living in Safety and with Stability			
Divorces	In 2012 there were 2,444 divorces granted, affecting over 4,300 children/stepchildren	2,540 children were aged under 18 at the time of the divorce	These figures only take account of married couples who divorce, not cohabiting couples. The actual figure of children affected by parental breakup will be higher
Accidental child deaths	Accidents are another leading cause of non-disease related deaths in children	In 2012, there were a provisionally estimated 22 child deaths resulting from accidents	In 2013/14, 3 children were killed in road traffic accidents. A further 935 children were seriously or slightly injured on the roads

There is no 'one size fits all' when it comes to providing parenting support. There are also several groups of parents who may need support to be particularly tailored to their needs when raising a family. These include families where parents have separated, fathers, Black-minority-ethnic parents (BME), parents with mental health problems and young parents.

Service delivery in Northern Ireland for parenting programmes

Parents in Northern Ireland are offered support in a variety of different ways when raising their children. Parenting support refers to a range of information, support, education, training, counselling and other measures or services that focus on influencing how parents understand and carry out their parenting role.¹⁷ There is a huge variation between parenting programmes in their scope, methods of delivery, who they are designed for and the outcomes they try to achieve.

Important sources of variation include:

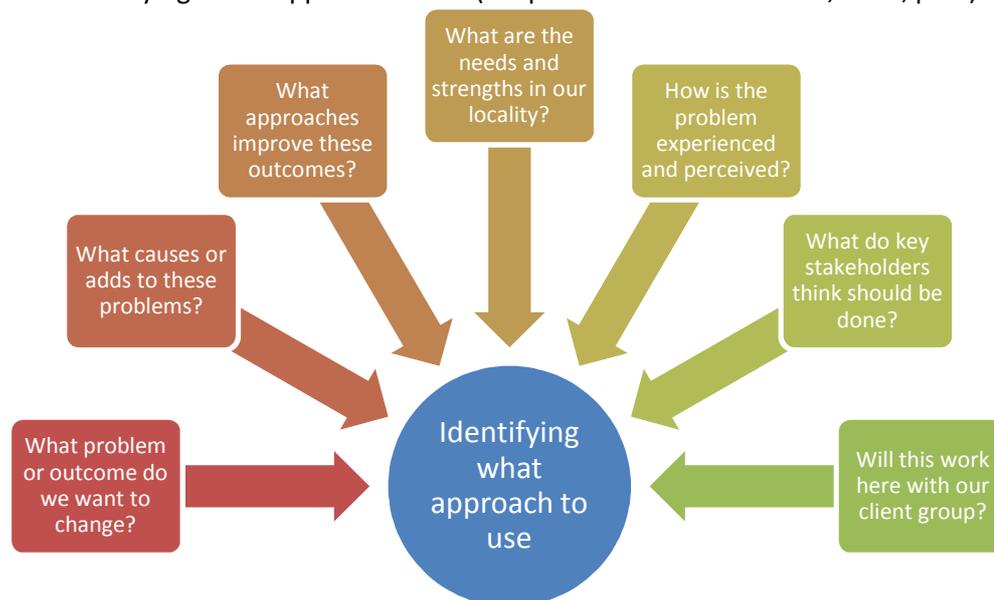
- whether they are universal or targeted
- orientated to prevention or intervention
- the degree of intensity, i.e. how frequently and over how long a period of time the programme engages the parent
- who initiates it – parents, NGOs, government or other public authority
- whether the programme involves just one parent, both parents, the parent and child, takes a whole family approach, or the extended family
- who delivers the programme and how quality of implementation is governed
- source of funding and amount of funding
- conditions of access to the programme/ provision (e.g. compulsory or voluntary)
- whether the provision is home grown or ‘imported’ from elsewhere
- the age of the children targeted.

There is also a variation amongst parenting programmes in terms of whether they are parent **education** programmes or parent **training** programmes. ‘Parent education’ can be defined as a means of imparting knowledge to parents in order that they may be empowered to make informed decisions/choices with regard to their child’s learning and development. ‘Parent training’ involves more active engagement such as the sharing of information by practitioners, through explanation and demonstration of what parents can do to enhance the development/ learning of their child. It often includes a significant element of peer support and sharing of ideas, the use of coping strategies and practising specific skills.¹⁸ Parent training can be defined as a programme in which parents **actively acquire** parenting skills through mechanisms such as homework, modelling, or practising skills. This can be different from parent education programmes which may be more focused on information sharing and passive techniques¹⁹. Many of the service providers in Northern Ireland do not make this distinction in how they describe the parenting programmes which they deliver.

Issues to consider when selecting parenting programmes to scale up

Successful scaling up of evidence based parenting programmes in community settings requires each programme must meet an identified need, using effective and efficient techniques suitable for that client group. It is also essential that there is appropriate community engagement. A key factor is the context provided by the community services, which will influence the selection and implementation process, and many argue for the importance of collaboration within and across organisations. Figure 2 summarises some of the issues which should be considered when commissioning evidence based approaches.

Figure 2: Identifying which approach to use (adapted from Sneddon *et al.*, 2012, p.19)



Part of this involves understanding client strengths and needs, as well as trying to understand why these needs currently are not being met. There may be a number of reasons for poor outcomes including gaps in service provision, services not being based on what we know is likely to work, or ineffective implementation of evidence based approaches.

Once the need has been clearly identified and an assessment made of what approaches are likely to improve outcomes for the client group, then selection of suitable programmes can begin. At this stage, questions which need to be answered include:

- Is this innovation fit for our purpose? (i.e. does it meet our identified need? Is there a good evidence base that it is likely to work with our client group?)
- Is the innovation ready to be implemented? (i.e. is it manualised? Is there a specification for the target population, age range, mode of delivery, staffing requirements? Does the provider support training requirements which suits our schedule, or can models such as cascade training be used? What is the actual cost of delivery? Has it been implemented outside of the original development site, and so on)?
- How does the innovation fit with existing service delivery mechanisms and available resources?
- Will there be sufficient implementation support available to scale this innovation up into the new delivery areas?

Recommendation: Defining and agreeing a statement of the outcomes which the PHA wish to improve through the use of nationally supported parenting programmes will be an important next step.

This should include a summary of the target client group and current level of need (both client need and gap in service provision).

Who delivers parenting programmes in Northern Ireland?

The longer report provides an overview of the delivery mechanisms currently being used in Northern Ireland to deliver parenting support and programmes. It was not possible in the time available to undertake an audit of parenting programmes in Northern Ireland, so this list is not exhaustive. A useful source of information was the familysupportni.gov.uk website which was developed to be a comprehensive database of family support and childcare services across Northern Ireland.

There are multiple service providers of parenting support and programmes in Northern Ireland. These include statutory, voluntary and community organisations and private providers. There is no one definitive list of parenting programmes that are currently implemented in Northern Ireland. It was often also difficult to gain information on how often various parenting programmes are run throughout the year. Parenting programmes may be offered as 'stand-alone' programmes. Alternatively they are often offered as part of a range of service provision being offered to a particular family, particularly when working with families with complex needs. In this latter case, ongoing support to the families before they take part in the parenting course, booster sessions and connecting with other services appear to be useful strategies.

In Northern Ireland there are several focal points for services aiming to support families. With respect to parents, these include:

- Sure Start (which supports parents of 0-4 year olds living in socially deprived areas),
- Family Support Hubs (providing early intervention family support services to vulnerable families and children/young persons aged up to 18 years)
- Family Centres (providing specialist social work assessment and intervention for families with complex needs who are already involved with social services)
- School based multidisciplinary teams funded under the DHSSPS Children and Young People's Package (these work in close partnership with schools to provide an accessible, preventative and early intervention service to mainstream primary schools and pre-school provisions).

Parenting support and programmes are also delivered in locations such as women's centres, community centres, libraries, church halls and so on, as well as by various groups of professionals such as health visitors.

There is a need for professionals and parents to be able to source and engage with parenting support which meets the family's needs. A central list of parenting programmes and other forms of support which could be used by different professional groups and parents would be very helpful. The familysupportni.gov.uk website goes partially towards fulfilling this function in providing a useful list of service providers. There is potential to build on this to improve the search function so that information on supports available for specific issues could be refined. The development of the App and the searchable database offer potential for promoting information on parenting programmes and support being offered across the region.

Parent-facing sites such as Netmums and the Parenting Initiative provide information on some courses but it is not clear who is providing the programmes, or what the evidence base is for these. Nevertheless, they offer a useful way to advertise parenting programmes to potential participants.

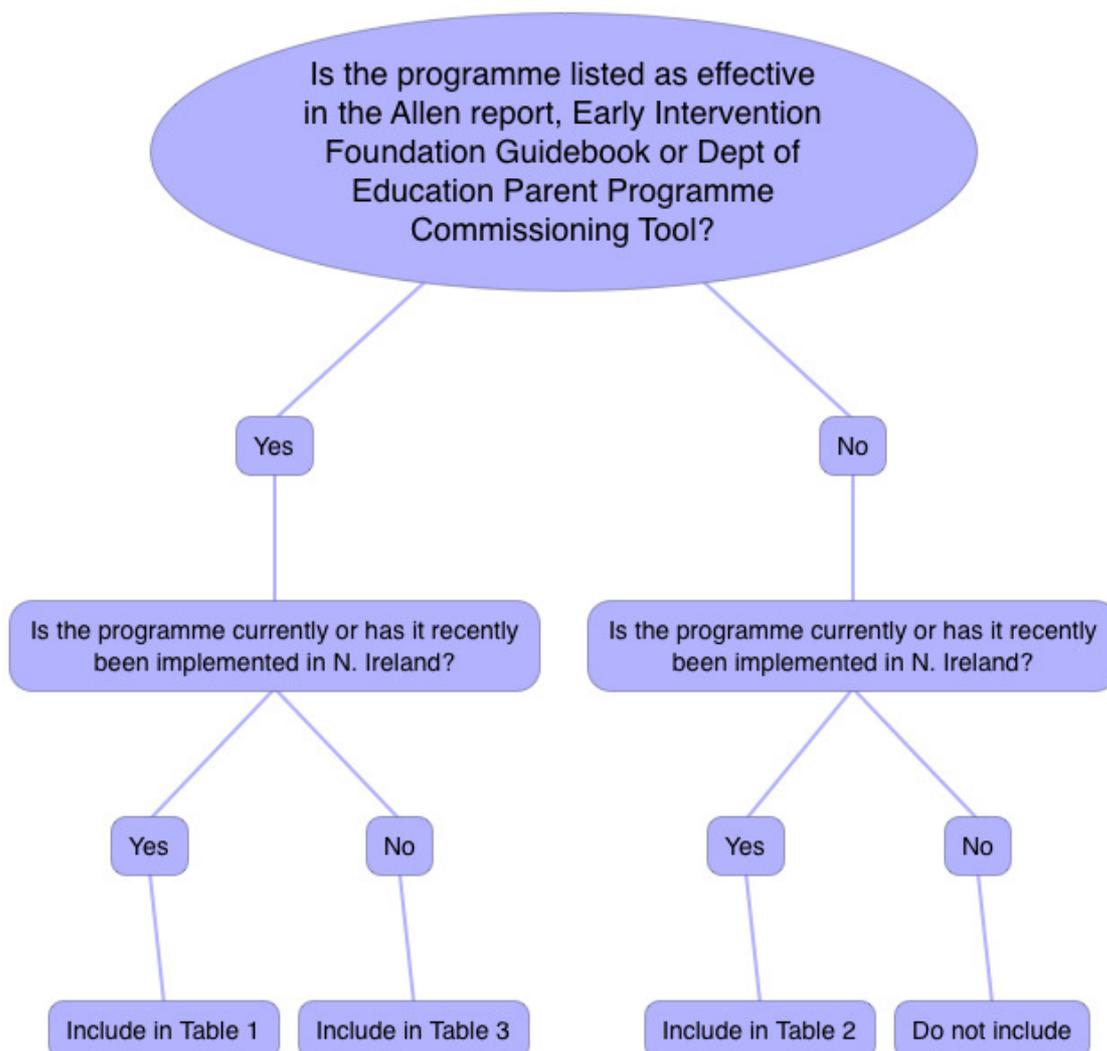
Sure Starts offer a collective focus for services to families with young children (0-4) living in socially disadvantaged areas. Family Support hubs also hold information on what services each member organisations provide for that region, but at the moment this does not appear to be centrally

collated. These may potentially be a useful source of information for monitoring the provision of parenting support moving forward.

Classifying parenting programmes

There are many databases of evidence based programmes available where the evidence base for the effectiveness of each programme has been rigorously examined. We used some of the most relevant of these databases to compile this list (Allen [2011], the Early Intervention Foundation, Department of Education has produced a Commissioning Tool for Parenting Programmes) alongside searches to determine whether each had been implemented in Northern Ireland. This searching consisted of online searching, some limited documentary analysis of Trust, CYPSP and Commissioning documentation such as Business plans and Annual reports, and interviews with a small number of key informants. Information from the previous audit of parenting programmes in Northern Ireland published by NCB in 2013 was also used. A decision making tree is shown in Figure 3.

Figure 3: Decision making process for the programmes in the report



Evidence based programmes which are currently being delivered or have recently been delivered in Northern Ireland

It has been possible to identify 11 independently rated parenting programmes which have a promising or strong evidence base for effectiveness, and which are currently or have been recently implemented in Northern Ireland. These are shown in **Table 1** below.

Although these programmes have been robustly evaluated as effective elsewhere, further information is needed on these programmes before a decision to support them nationally can be made. No assessment of the quality of implementation has been made of each of these programmes or whether they are achieving the same improvements in outcomes as anticipated in Northern Ireland. If these programmes are being implemented effectively and achieving the outcomes anticipated, they may provide a useful portfolio of programmes for scaling up. The following criteria would need to be satisfied:

- The programme has been implemented with fidelity and achieved anticipated outcomes
- An appropriate implementation infrastructure exists or can be developed for scaling up the programme
- The programme meets an identified client need in each new area of delivery, fills a gap in existing service provision (or offers an improvement on what is currently offered) and is acceptable to clients and key stakeholders.

It is recommended that the local evidence base for each of these programmes is fully examined and the quality of implementation assessed.

Table 1: Independently rated evidence based programmes currently or recently implemented in Northern Ireland

Effective Universal Programme	Effective Targeted Programme
Group based	
Families and Schools Together (FAST) programme	Incredible Years
Family Links Nurturing Programme	Mellow Parenting
	Parents Plus for Children
	Strengthening Families
Home visiting	
	Family-nurse partnership (FNP)
Other	
Triple P (one element previously implemented)	Functional Family therapy
	Multi-systemic Therapy
	Solihull Approach to Parenting Programme

These independently rated evidence-based programmes from **Table 1** are also listed in **Appendix 1** organised by life-stage, whether universal or targeted and broad outcome area.

Programmes currently being delivered in Northern Ireland with an evidence base which has not been independently rated

There are many types of parental support being offered in Northern Ireland which have not been included in the Graham Allen review, the Department of Education commissioning list of parental programmes, or the databases compiled by the Early Intervention Foundation and the Social Research Unit. This is unsurprising since all of these sources of evidence highlight that they are not meant to be exhaustive lists, and should be added to and changed as more evidence becomes available. Some of these programmes such as Odyssey and the Growing Child have completed or are currently completing robust randomised control evaluations of their effectiveness and the results are promising. Programmes such as Eager and Able to Learn, and the Media Initiative: Respecting Individual Differences, have been shown as effective in changing parental attitudes and behaviours, in addition to including elements which are successful in changing practitioner behaviour in early years settings.

The other services currently operating in Northern Ireland range from structured programmes which have been manualised, through to broader family support approaches. These also vary with respect to whether they have been evaluated as delivered in Northern Ireland, or whether they are evidence informed. Some of these services are listed in the **Table 2** below.

It was not possible to review the evidence base for each of these in the timescale available to do this piece of work. It is important to also stress that in the absence of a local evaluation it should not be assumed that an intervention is ineffective. This would require further investigation. Similarly it is possible that evaluations exist for these services which have not been included here, and further work could be undertaken to check this with each of the individual organisations.

It would be useful to assess the evidence base for these services which are already operating more thoroughly. As noted above, some of these services already have undertaken evaluations and these could be examined using a similar evidence rating framework as applied by the Allen report or the Department of Education Parenting Programme commissioning tool.

Table 2: Parenting programmes currently being implemented in Northern Ireland which need to have their evidence base independently rated

Universal Programme	Targeted Programme
Group settings	
At Home in School Programme	5-15 Parenting Courses
Developing Everyone's Learning and Thinking Abilities Programme (DELTA)	Add Northern Ireland Parenting Programme
Eager and Able to Learn (RCT showed	Family & Child Empowerment Services (FACES)

promising effects)	
Fathers in Families (formerly Flatpack for fathers)	Family Buddy Programme
Handling Children's Behaviour/Handling Teenage Behaviour	Family Residential Programme element of DAISY
Health Promoting Homes programme (includes Cook it!)	Hanen 'You make a Difference' programme
Infant massage/ Baby Yoga	Odyssey (formerly Parenting Ur Teen) [RCT evaluation in Northern Ireland showed positive effects]
Media Initiative: Respecting Differences (RCT showed positive effects)	Make Way for Play
Parent Craft	Parenting Apart
Parent Support Group	Parenting Children's Challenging Behaviour (formerly Managing Children's Challenging Behaviour)
Parenting Support and Skills Development Programme	Parenting Matters
Parents Health and Happiness	Parenting with Positive Mental Health (formerly Sink or Swim)
PEAL (Parents Early Years and Learning)	Parents Anger Management
Peers Early Education Partnership (PEEP) Learning Together Programme	Preparing for Release Programme
Personal development Programme for Parents	Reading with Story Sacks
Positive Parenting Programmes	Spirals group based programme
Putting parents First	Time for Me
Rhyme Time	
Talking about Tough Issues (TATI)	
Time Out for Parents	
Time Out for Parents: the Early Years	
Time Out for Parents: the teenage Years	
Time Together Programme	

Home	
Growing Child Programme (initial RCT results are promising)	

These programmes from **Table 2** whose evidence base still needs to be independently rated are also listed in **Appendix 2** organised by life-stage, whether universal or targeted and broad outcome area.

Independently rated Evidence based Parenting Programmes not currently Implemented in Northern Ireland

There are a number of parenting programmes rated as effective in the Allen report, Early Intervention Foundation Guidebook and Department of Education Commissioning tool which do not appear to be currently implemented in Northern Ireland. An online scoping exercise was undertaken to examine whether these programmes were being delivered in Northern Ireland. Neither time nor resources permitted the opportunity to undertake a full audit of service delivery. Consequently it is possible that some of these are currently being delivered, or are being delivered under a different service name. The names of the programmes are listed in Table 3 below.

Table 3: Independently rated Evidence based Parenting Programmes not currently being implemented in Northern Ireland

Universal Programmes	Targeted Programmes
Adolescent Transitions Programme	5 Pillars of Parenting
Born to move Active Learner	Brief Strategic Family Therapy
Bright Beginnings	Bright Bodies
CASASTART	Community Mothers
Family Foundations	Coping Power
Guiding Good Choices	Dare to be You
I Can Problem Solve	Even Start
Parents as First Teachers (PAFT)	First Steps to Success
Parents as Partners	Healthy Families America
Parents as Teachers	Healthy Families New York
Parents Plus - Adolescent	Helping the Noncompliant Child (HNC)
Parents Plus – Early Years	Homebuilders
Start Taking Alcohol Seriously (STARS) for	Keeping Foster and Kinship Parents (KEEP)

Families	
Triple P (also Targeted)*	Mentalization based Treatment for Families (MBT-F)
	Multi-dimensional Family Therapy (MDFT)
	Multi-dimensional Treatment Foster Care (MTFC)
	Multi-systemic Therapy for Child Abuse and Neglect (MST-CAN)
	New Beginnings
	Parent-Child Home Programme
	Parent-Child Interaction therapy (PCIT)
	Parenting Wisely
	Schools and Families Educating Children (SAFE Children)
	Stop Now and Plan (SNAP)
	Triple P (also Universal)*
	Varying Maternal Involvement in a Weight Loss Programme
<p>* Triple P is included in this Table because it is not currently being implemented in Northern Ireland. One component of Triple P was previously implemented in Northern Ireland by NSPCC. Action for Children currently supports the implementation of Triple P in England.</p>	

Summary

There is great diversity in parenting support being provided in Northern Ireland. Many parenting programmes appear to be delivered in group settings and there is a range of provisions from universal to targeted approaches. It would be useful to undertake a service audit and develop a repository of the evidence for each of the services in a similar fashion to Project Oracle. This would involve rating the evidence available for each service using agreed standards of evidence. It would provide valuable information for both professionals and parents seeking sources of support.

Summary & Concluding comments

There are several parenting programmes currently being delivered in Northern Ireland but details of specific programmes, their evidence base, and who delivers them is not collated centrally.

Some of the programmes currently being delivered are evidence based, and have been shown to be effective in other contexts and/or in Northern Ireland. There appears to be little information available about whether these evidence based programmes are being implemented with fidelity here. The quality of the implementation in Northern Ireland should be assessed and an assessment made of whether they are achieving predicted outcomes. This is currently being done for Incredible Years, but not necessarily for the other programmes. **If these programmes are being implemented with high levels of fidelity, it may be possible to scale them up regionally, if it can be established that they satisfy an unmet need, there is an adequate implementation infrastructure and an appropriate fit with service delivery in each region.**

There are also a number of parenting programmes and other forms of parenting support currently being implemented for which the evidence base is not currently clear, or whose findings on their effectiveness have not been independently rated. These include programmes which have been evaluated using robust methods such as Randomised control trials and shown positive effects. Many of these providers have been operating these services for some time, may have built up trust within areas with professionals and families, and potentially have a skilled workforce to deliver the services. **The evidence base for these would need to be investigated further before a decision could be taken as to, firstly, whether these services are effective and, secondly, whether they are ready to be scaled up or implemented across a wider area.**

There are many parenting programmes which have been shown to be effective elsewhere but which do not appear to be currently implemented in Northern Ireland. These programmes have been developed and previously evaluated in other contexts and jurisdictions. It may be possible that these are more effective than some of the current services being delivered in Northern Ireland, but more information is needed before this can be fully assessed. **Outcomes from existing services would need to be examined and an assessment of system readiness to implement the programme made. This would necessitate examining the fit with service delivery mechanisms, as well as client needs. If a decision is taken to implement any of these programmes in Northern Ireland, the suggestion would be to do it first on a pilot area to examine implementation and levels of effectiveness, before making a decision to scale up regionally.**

Key to all of this is the need to carefully examine client strengths and needs, and be specific about what outcomes one is trying to improve *before* the selection of any evidence based programme. In commissioning the programme, careful attention then needs to be paid to implementation. In particular, it is crucial to develop a strategy for actively engaging parents in any programme and examine how this programme fits with any other support offered to them. Not all parents are 'programme ready' – many families with complex needs may need to be offered other forms of support either before, or concurrently with the offer of a parenting programme, if outcomes are to be effectively improved. Staff skills in engaging families are crucial in providing this type of 'wrap-around' support. It is important to engage with local stakeholders in the selection of programmes to be implemented in any given area both to increase levels of buy-in and engagement, but also to ensure the most successful approach is developed.

Appendix 1

Evidence based programmes (which have been independently rated) which are currently being delivered or have recently been delivered in Northern Ireland (programmes previously listed in **Table 1**). This table has been produced as a preliminary guide and it should be noted that programmes may contribute to more than one outcome area.

Life Stage	Universal/ targeted	Broad Outcome area			
		Learning	Family functioning, Parenting skills, parenting self-confidence	Behaviour	Substance use, antisocial or risky behaviour
Early Years (0-3)	Universal	All parents: <ul style="list-style-type: none"> Incredible Years 	All parents: <ul style="list-style-type: none"> Triple P 	All parents: <ul style="list-style-type: none"> Incredible Years 	
	Targeted by client group or meeting threshold for need		Parents with mental health problems: <ul style="list-style-type: none"> Mellow Parenting (mums) Young pregnant mothers: <ul style="list-style-type: none"> Family Nurse partnership Separating/separated parents: <ul style="list-style-type: none"> Triple P Child Protection concerns: <ul style="list-style-type: none"> Mellow Parenting (mums) Triple P 	Behaviour problems: <ul style="list-style-type: none"> Incredible Years Triple P 	
Primary School (4- 11)	Universal	All parents: <ul style="list-style-type: none"> FAST Incredible Years 	All parents: <ul style="list-style-type: none"> Family Links Nurturing Programme Triple P 	All parents: <ul style="list-style-type: none"> Incredible Years 	

Broad Outcome area					
	Targeted by client group or meeting threshold for need		<p>Low/moderate need:</p> <ul style="list-style-type: none"> Family Links Nurturing Programme <p>Child Protection concerns:</p> <ul style="list-style-type: none"> Triple P <p>Separating / separated parents:</p> <ul style="list-style-type: none"> Triple P 	<p>Social, emotional and behavioural difficulties:</p> <ul style="list-style-type: none"> Incredible Years Parents Plus Children's Programme Solihull Parenting Programme <p>Serious Physical or learning disability:</p> <ul style="list-style-type: none"> Triple P Stepping Stones (NB this variant not yet rated separately) 	
	Universal		<p>All parents:</p> <ul style="list-style-type: none"> Triple P 	<p>All Parents:</p> <ul style="list-style-type: none"> Incredible Years 	
Post-primary (12+)	Targeted		<p>Children in need:</p> <ul style="list-style-type: none"> Triple P <p>Children in need/ juvenile offenders</p> <ul style="list-style-type: none"> Multisystemic therapy 	<p>Behaviour problems:</p> <ul style="list-style-type: none"> Incredible Years 	<p>Behavioural or emotional problems:</p> <ul style="list-style-type: none"> Functional Family therapy <p>Low risk families:</p> <ul style="list-style-type: none"> Strengthening Families 10-14

Appendix 2

Programmes (whose evidence base still needs to be independently rated) which are currently being delivered or have recently been delivered in Northern Ireland (programmes previously listed in Table 2).

This table has been produced as a preliminary guide and it should be noted that programmes may contribute to more than one outcome area.

Life Stage	Universal/targeted	Broad Outcome area			
		Learning	Family functioning and parenting skills	Prosocial Behaviour or Behaviour problems	Substance use, antisocial or risky behaviour
Early Years (0-3)	Universal	All parents: <ul style="list-style-type: none"> At Home in School programme Eager and Able to Learn Growing Child Peers Early Education Partnership (PEEP) Rhyme Time 	All parents: <ul style="list-style-type: none"> DELTA Family Health Initiative: Healthy Lifestyle Health Promoting Homes Highscope Tender Infant massage/ baby yoga Parents' Health and Happiness Time out for Parents 	All parents: <ul style="list-style-type: none"> Media Initiative: Respecting Differences Parenting Children's Challenging Behaviour 	
	Targeted by client group or meeting threshold for need	Mothers: <ul style="list-style-type: none"> Mum's the Word Young parents: <ul style="list-style-type: none"> Spirals Foster carers: <ul style="list-style-type: none"> Make Way for Play Reading with Story Sacks Children with language delay: <ul style="list-style-type: none"> Hanan You make a Difference 	Mental health: <ul style="list-style-type: none"> Parenting with Positive Mental health Parents in prison: <ul style="list-style-type: none"> Parenting matters Separated/separating parents: <ul style="list-style-type: none"> Parenting Apart Fathers: <ul style="list-style-type: none"> Fathers in families (all fathers) Lads to Dads (1st time young fathers aged 16-25) 	Anger issues: <ul style="list-style-type: none"> Parents Anger Management 	

		Broad Outcome area			
			<ul style="list-style-type: none"> Caring Dads Safer Children (fathers having family difficulties because of their abusive or violent behaviour) <p>Children in need:</p> <ul style="list-style-type: none"> PAINT 		
Primary School (4-11)	Universal		<p>All parents:</p> <ul style="list-style-type: none"> Family Health Initiative: Healthy Lifestyle Parental support and skills development programme Parents' Health and Happiness Positive Parenting Programme (may target mental health issues since delivered by NIAMH) Time together programme 	<p>All parents:</p> <ul style="list-style-type: none"> Parenting Children's Challenging Behaviour 	
	Targeted by client group or meeting threshold for need	<p>Mothers:</p> <ul style="list-style-type: none"> Mum's the Word <p>Foster carers:</p> <ul style="list-style-type: none"> Make Way for Play Reading with Story Sacks 	<p>Fathers:</p> <ul style="list-style-type: none"> Fathers in Families (all fathers) Lads to Dads (1st time young dads aged 16-25) <p>Domestic abuse</p> <ul style="list-style-type: none"> Caring Dads Safer Children (fathers having family difficulties because of their abusive or violent behaviour) Domestic Abuse, Recovering Together (DART) (mums and children who have experienced domestic abuse) <p>Parents of children with disabilities:</p> <ul style="list-style-type: none"> Time for Me <p>Parents of overweight or obese 8-11 year olds:</p>	<p>Parent anger issues:</p> <ul style="list-style-type: none"> Parents Anger Management <p>Child is violent towards parent:</p> <ul style="list-style-type: none"> Parents walking on Eggshells <p>Child with ADHD:</p> <ul style="list-style-type: none"> ADD NI Parenting programmes 	<p>Children at risk of antisocial behaviour/offending :</p> <ul style="list-style-type: none"> Child and parent Support (CAP) <p>Parents and youth with drug and alcohol misuse:</p> <ul style="list-style-type: none"> Family Residential DAISY

Broad Outcome area					
			<ul style="list-style-type: none"> Family Health Initiative: Making a Difference <p>Mental health:</p> <ul style="list-style-type: none"> Parenting with positive mental health (parents with mild depression) Family SMILES (mental health issues) <p>Parents in Prison:</p> <ul style="list-style-type: none"> Parenting Matters <p>Separated/ separating parents:</p> <ul style="list-style-type: none"> Parenting Apart <p>Hard to reach/ socially isolated:</p> <ul style="list-style-type: none"> Personal development for parents 5-15 Parenting Course (Lenadoon) Parent Group (New Lodge) <p>BME families:</p> <ul style="list-style-type: none"> Family Buddy Programme (Lorag) <p>Hardiker 2-3 Risk of offending:</p> <ul style="list-style-type: none"> FACES 		
	Universal		<p>All parents:</p> <ul style="list-style-type: none"> Parents' Health and Happiness 	<p>All parents:</p> <ul style="list-style-type: none"> Handling Children's Behaviour/teen behaviour 	<p>All children:</p> <p>Talking about Tough Issues</p>
Post-primary (12+)	Targeted	<p>Mothers:</p> <ul style="list-style-type: none"> Mum's the Word 	<p>Parents of teenagers:</p> <ul style="list-style-type: none"> Odyssey Time Out for Parents: Teenage years 	<p>Parent anger issues:</p> <ul style="list-style-type: none"> Parents Anger Management 	<p>Children at risk of antisocial behaviour/</p>

Broad Outcome area					
			<p>Fathers:</p> <ul style="list-style-type: none"> Fathers in Families (all fathers) Lads to Dads (1st time young dads aged 16-25) Caring Dads Safer Children (fathers having family difficulties because of their abusive or violent behaviour) <p>Mental health:</p> <ul style="list-style-type: none"> Parenting with positive mental health (parents with mild depression) Family SMILES (mental health issues) <p>Parents in Prison:</p> <ul style="list-style-type: none"> Parenting Matters <p>Separated/ separating parents:</p> <ul style="list-style-type: none"> Parenting Apart <p>Hard to reach/ socially isolated:</p> <ul style="list-style-type: none"> 5-15 Parenting Course (Lenadoon) <p>Hardiker 2-3 risk of offending:</p> <ul style="list-style-type: none"> FACES 	<p>Child is violent towards parent:</p> <ul style="list-style-type: none"> Parents walking on Eggshells 	<p>offending :</p> <ul style="list-style-type: none"> Child and parent Support (CAP) <p>Looked After Children:</p> <ul style="list-style-type: none"> Talking about Tough Issues

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