

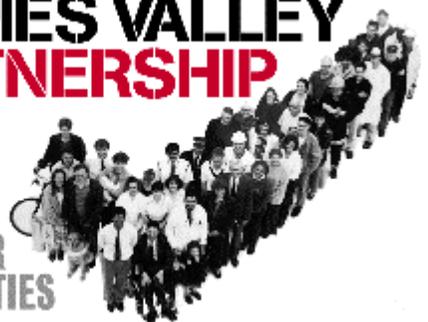
NEVER TOO EARLY

An Evaluation of Methods of Early Years Intervention

February 2001

**THAMES VALLEY
PARTNERSHIP**

WORKING
FOR SAFER
COMMUNITIES



***EARLY YEARS INTERVENTION
PROJECTS***

A Report on the Evaluation Study

by

Mog Ball

February 2001

Foreword

The Thames Valley Partnership and Crime Concern have worked together on this project because of our shared commitment to early intervention for families and children at risk. There is plenty of evidence of the risk factors in childhood that are associated with problems later on. There is an increasing interest in intervening earlier whether this is to prevent crime, to improve educational performance, or to reduce drug or mental health problems.

The aim of this research was to learn from the experiences of a range of projects that use different methods to engage, support and give new skills to parents and young children - and to use this knowledge to enhance the support offered by the statutory agencies as well as by schools, voluntary organisations and local projects.

This report “Never Too Early” is for practitioners and managers with an interest in developing early years services - it contains the detailed findings of the research and highlights some key lessons for the future. We hope you find it useful, perhaps challenging and thought provoking. But above all we hope that this work will give a boost to all of us who believe that it is “Never Too Early” to offer help and support and access to advice if in doing so we can prevent one life of crime, one failed experience of education, one teenager getting into heroin.....

Sue Raikes
Chief Executive
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**EARLY INTERVENTION PROJECTS EVALUATION –
AN EXECUTIVE SUMMARY**

The research, funded by the SRB Challenge Fund and managed by the Thames Valley Partnership, Crime Concern, Oxfordshire County Council, Buckinghamshire County Council and Slough Borough Council, investigated the impact of early intervention programmes on children under eight. There is evidence from the US that such interventions can prevent later criminality. This research looked at the effects they have in the short term on the behaviour of individual children.

Eight programmes were studied, some working with pre-school children and families, some with children in the first years at primary school. All focused on areas of social disadvantage in Oxford and Slough, and some were delivered in family centres. Children were tested using established psychological tests before and after they received the intervention. An extensive qualitative programme interviewed parents, teachers, programme staff and practitioners working with families from health, social services and education.

The research addressed a series of questions about Interventions.

1. Do the Interventions make a difference to the behaviour of children?

- All the programmes in this study had some impact on children, their parents, and their schools or on all three together.
- The qualitative and quantitative evidence suggests that the younger the child, the more pronounced the effects of an intervention on behaviour.
- All interventions were effective in diagnosing where behaviour problems may have a physical basis, and of making sure that children and families have access to appropriate treatment.
- All but one of the interventions were short-term, lasting up to 15 weeks. There was no evidence that programmes would have been more effective if longer, or if re-administered. The content of the interventions was appropriate, but care is needed to make them available in combination. Although parents often feel they would like longer programmes, their real need is for a continued, open-access source of advice and support.

2. Which Programmes are most effective?

- Programmes aimed at pre-school children and delivered over a fixed period, using cognitive and social learning approaches, show the greatest impact on the behaviour of individual children.
- A cognitive and social learning programme for school aged children showed some effect on individual behaviour, but this was less pronounced than the changes measured in the younger age-group. Some of the children participating in this programme had severe behaviour problems.
- A longer-term intervention, which addressed the behaviour of all the children in a primary school, produced a good deal of anecdotal evidence of improved behaviour among children. There was also evidence that the behaviour of teachers and other adults in the school community was changed by this approach.
- Further investigation is needed into appropriate research methods for judging whole community interventions, which cannot be measured adequately by before and after behaviour scales.
- A school-based programme using therapeutic methods worked with children who had been assessed as having Special Educational Needs. There was anecdotal evidence that it helped to maintain these children in school, though they are subject to a range of other supports. School staff (Learning Support Assistants) benefited from the extra skills they were taught.
- A one-to-one literacy programme made a marked effect on the reading age of children. There was no measurable impact on behaviour, but some evidence that the behaviour of other children towards those who had experienced the intervention had improved.

3. How are Interventions best delivered?

- Value is added to interventions when they are linked to other types of support. Interventions offering parenting support can act as a gateway for other services offered by family centres. Centre-based services offer parents easily accessed follow-up support and advice.
- The 'whole school' approach is a beneficial background to establish before offering support to specific children and families. This approach, applied when children are younger, in nurseries and Sure Start programmes, could act as a preventive.

- There was a spectrum of targeting in the interventions studied: the generalist approach, establishing a basic emotional and behavioural structure for all children, a more targeted approach for those who continue to have problems, and a very specific approach for clearly defined problems. This layered approach offers a strategy for preventing behavioural problems.

- Interventions are more effective when delivered by specialist organisations. However, there are benefits to practitioners whose skills are enhanced by training, and who may add value to the interventions with their own expertise.

4. *What impact do Interventions have on families?*

- Participation in these interventions was not seen as stigmatising by parents, schools or children.

- Parents are motivated to participate in interventions by a mixture of concerns for children and needs of their own - particularly the need for company and activity outside the home.

- Parental response to the style and content of the programmes was generally positive, and based on the observation of improvement in the child's behaviour or in the relationship with the child.

- Parents are not well informed about the nature of the interventions before they participate in them, and certainly do not understand the differences between programmes.

- The use of groups, for parents and children, adds an important dimension to the interventions. It is notable that the biggest behaviour improvements in children occur on the prosocial domain. Participants consider group experiences useful.

- Where there is a problem of attachment between parent and child the impact of the programme is likely to be reduced.

- Supportive relationships between group members, facilitated by sensitive leadership, are key in attracting and sustaining parental involvement in the early stages of group-based work.

- Groups must be led by experienced and qualified staff, who can mediate differences between members.

- Parents consider the relationships they develop with group leaders as important. The leader models some of the behaviour that parents take home with them, especially the giving of undivided attention.
- Where volunteers are used, they make an important contribution to programmes, giving a community link, lessening any stigma that might attach to a totally professional intervention in family life, and extending the capacity of programmes. However:
 - a wide range of volunteers is required
 - they require extensive preparation
 - they should have support from someone external to the group and clear mechanisms for accessing this support.
- In all the interventions where parents participate, they note that it is the way everyone listens to them (and they learn to listen to other people) which is the unfamiliar and welcome element in the process.
- For many parents the membership of a group is seen as a privilege that they have *because* of their children. Parents report their feelings before contact with programmes as being of isolation, which may be exacerbated by the behaviour of their children but is not caused by it entirely. The underlying cause is a lack of confidence and self-esteem that is attributed by many parents to parenthood itself. Parents described how children had represented only limitations to their own development until they provided the reason to be in a group. This has altered their view of their children.

5. Are the families who need them getting access to interventions?

- Further research is needed into the suitability of programmes for families from varying cultural backgrounds.
- The provision of separate childcare, whether or not this is integrated into the programme, is essential in order to reach all parents and to enable many to participate.
- Men are rarely represented at parent groups and may respond in more numbers at groups designed for them alone. Employers should be made aware that fathers might need to take time from work to attend parenting programmes. Where both parents attend a group, benefits for their own relationship can result.

- All the programmes were making efforts to reach 'hard-to-reach families'. They are reaching some families with multiple problems, but the severity of these problems makes it difficult for the families to complete the work of the intervention. Among the problems are: poverty, single parenthood, and lack of support, depression and family isolation. Families experiencing these difficulties may drop out of parenting programmes, fail to show any change, or fail to maintain changes at follow-up.
- Nevertheless, a substantial proportion of hard-pressed families have nonetheless completed interventions, which has required considerable effort on their part and suggests that they consider the programmes are worth the effort.
- The outcome for the child is likely to be affected by the multiplicity and entrenchment of the parental/family problems. Extra support is needed for interventions to work for them:
 - Short-term parenting programmes should to be offered after a period of community development and consultation with parents in small geographic areas
 - Parents who have 'graduated' from programmes and have found them useful should to be recruited as 'trainers' reaching out to recruit in neighbourhoods, and acting as role models for participants
 - Self-help parenting groups should to be encouraged in order to provide the social support that is valued and to extend this beyond the length of the intervention and perhaps consider matters beyond behaviour, like nutrition and early education, when parents want it
 - In areas of high disadvantage, parents will need incentives to participate in groups. A minimum of transport costs and food is essential. In an ideal world, parents who took the trouble to undertake this form of learning would be remunerated
- The true cost-effectiveness of these interventions is difficult to establish without a longitudinal study which links the short-term outcomes - behaviour change - with long term benefits. But it is possible to conclude that these interventions have had an effect on parenting and the behaviour of the children involved, and that they are not expensive.

1. INTRODUCTION

1.1 The Thames Valley Partnership and Crime Concern are both committed to developing and supporting good practice in Community Safety. The two organisations share a belief in the importance of long-term crime prevention. During the mid-1990s the Thames Valley Partnership worked with Social Services, Education and Health organisations in the Thames Valley to promote Early Intervention, targeted on families and communities at risk as an integral part of Community Safety work. In 1998 the Thames Valley Partnership and Crime Concern came together to put forward a bid to the Single Regeneration Budget Challenge Fund that would support and promote the development of good practice in Early Years Intervention. The proposal made the link between the Government's interest in reducing social exclusion and promoting regeneration with crime prevention, and in particular long-term prevention of criminality. The aim of the project was to:

- evaluate the impact of a range of early intervention programmes in reducing the risk factors associated with delinquency in adolescence
- enhance the capacity of the programmes to be preventive
- disseminate the lessons about good practice that resulted

Research was overseen by a partnership including Thames Valley Partnership, Crime Concern, Oxfordshire County Council, Slough Borough Council and Buckinghamshire County Council.

1.2 A resumé in the proposal document of aspects of family life that have been found to increase risks of delinquency, included poor parental supervision; harsh, neglectful or erratic discipline; parental conflict or violence; a parent with a criminal record; low family income and social disadvantage. *“Those children who experience these factors at their most extreme are at the greatest risk of becoming persistent offenders, responsible for a disproportionate volume of crime.”* [1]

1.3 As well as factors which make it more likely that young people may become offenders, there are measures which have been acknowledged to make it less likely that they will do so: family support and improved educational performance among them. Such measures can encourage high standards of behaviour, create opportunities and help young people to develop the skills to use them. But though there is a recognition that these approaches, as a generality, are helpful in reducing crime, the understanding of exactly what works best, how, and in what amounts, remains rudimentary.

1.4 **Project Aims**

It was proposed to conduct the research project by examining the work of eight early intervention programmes that had been identified by the Thames Valley Partnership in the Oxford and Slough areas. All were targeted at

children under eight and operated in areas of multiple disadvantage and comparatively high levels of crime. Funding was sought from the SRB Challenge Fund to evaluate these schemes by identifying measurable changes in children's behaviour and performance in school, family functioning and parents' confidence in parenting. These were acknowledged to be 'intermediate objectives' in terms of preventing anti-social behaviour and offending in adolescence. The evaluation would provide data to:

- raise the profile of early intervention and provide an opportunity to share research and good practice
- demonstrate that early intervention can be cost-effective
- develop the 'preventive capacity' of organisations so that added value could be obtained from existing expenditure

The proposal was accepted, researchers appointed and the project began in October 1998.

2. THE RESEARCH STUDY

This Section describes the management and methodology of the two- year research study which investigated eight programmes working with pre-school and primary school children in Oxford and Slough. This research has implications for several areas of inquiry: the prevention of criminality, parenting education, behaviour problems at school and the mental health of children and young people.

2.1 Management

The Thames Valley Partnership had overall management responsibility for Early Years: An Evaluation, with Crime Concern taking the lead on the research. Quarterly meetings were used to discuss the progress and development of the research. Two participating programmes were represented on this group, and in the later stages of the research it was joined by the manager of the Sure Start programme in Oxford, Sure Start Rosehill-Littlemore.

2.2 Staffing

The evaluation took place between October 1998 and June 2000. The fieldwork and report writing were carried out by a consultant, who worked for 80 days on the project over the two-year period, and a part-time researcher, based at Crime Concern and working on the project for three days a week between November 1998 and June 2000. In addition, important extra capacity was offered by two post-graduate students studying related fields. Thanks are due to the University of East London and the Department of Education, University of Oxford, for the help received from John Waters and Sarah Weston, and to Sarah and John for their enthusiasm and insights.

2.3 Collaboration

The research built on monitoring arrangements existing in the programmes studied. Three programmes had their own evaluation research underway, one before this research began and continuing during it, the other starting simultaneously. Both Dr. Jane Barlow, of the Health Services Research Institute, Department of Public Health, University of Oxford, and Kim Wearing-Paynter, of Reading Quest, were extremely generous with help and advice and some results of their research have been included in this study.

2.4 The researchers worked closely with the eight programmes, but the study design recognised that extra burdens would not be welcomed by staff. Participative techniques were used in some instances, with programme staff and users involved in the collection and review of information. The researchers reported back to programme staff and assisted them to understand the implications of research findings, and to implement any adjustments to the programme indicated by the results. This action research approach was used to build a holistic picture of the work of programmes and

their impact, taking account of the views of a variety of 'stake-holders', particularly parents.

2.5 During the course of the study other relevant projects in the Oxford and Slough areas expressed an interest in it and offered information about their own work. For example, staff working with travelling families in the Oxford area shared information about their work and attended workshops and meetings; the Sure Start programme in the Oxford area, and staff from Health Trusts in Oxford and Slough also became involved. The research process benefited from the extended scope this offered.

2.6 Confidentiality

The collection of information about individual participants in programmes was governed by strict confidentiality procedures. Children and families were identified by codes rather than names on databases. Collection of follow-up information from schools and other agencies was carried out only with the expressed permission of families, and kept subsequently on coded databases.

2.7 Methodology

2.7.1 Baseline Programme Descriptions

Information was collected about the eight programmes in the study to cover every aspect of context and practice, and to establish similarities and differences between them. This element of the study drew upon:

- existing local documentation and local context material
- existing programme documentation
- interviews with programme management and staff
- interviews with key personnel in associated agencies

The aim of this stage of the research was to provide a comparable portrait of each programme at the outset of the evaluation under the following headings:

- local social and economic context
- day-to-day running of programmes: premises, staffing, timetables, links with other agencies, and all significant practical arrangements including monitoring
- programme procedures, including selection, referral, assessment, etc
- programme principles, aims, objectives and methods, including history and research base where appropriate
- programme costs

Meetings with management, staff and users of programmes confirmed the details of programme objectives and discussed what programmes saw as indicators of success. Some of these were common to all programmes.

2.7.2 Measures to Evaluate Programme Outcomes

Since all programmes agreed that it was a shift in the behaviour of child participants that was the common goal, it was decided to use programmes' own measures where these were established, and to introduce pre- and post-testing of child programme participants with the revised Rutter Behaviour Scales for pre-school and school age children where they were not.

In one programme the administrative capacity to carry out pre- and post-testing was not available. The children who took part in this programme all had statements of SEN, and the school-based intervention for them was one of a whole series of special supports. In this programme qualitative information only was collected, not least because a proposed aspect of the programme, parent support, had not been implemented.

2.7.3 Qualitative Information

Basic information was collected on children and families as they joined programmes. Most families agreed to participate. Interviews were conducted with the family, covering matters like socio-economic status, health and educational experience. In addition basic information was collected about the child, which included parental and practitioner views of the child's behaviour, observational data, and interview databased on an administered questionnaire. Continued observation of programmes, and contact with staff, including attendance by the researchers at programme meetings, took account of developments or changes in programmes under the baseline description headings.

During Stages 2 and 3 of the evaluation the researchers collected information for a series of illustrative case studies of families using the programmes, to show what the process was like from the families' point of view. Lengthy in-depth interviews were conducted with parents in their own homes. The intention was to engage the viewpoint of parents and to understand how their motivations, intentions and beliefs determined their responses to the interventions.

2.7.4 Post-Experience Data

Information was collected on children and families after participation in programmes. This meant applying the standard information collection tools again, and following up information collection with personnel like teachers, health visitors and educational support staff as well as family members.

2.7.5 Meetings, Workshops and Resources

During the course of the research training workshops were held for staff from the participating programmes and others interested in preventive early interventions. These enabled practitioners to meet one another and to discuss their programmes and the research. Workshops were held on the use of the pre-and post-testing instruments, on access to programmes, and on involving fathers. Small grants were made available to the programmes from a project

fund, to enable them to respond to issues examined in the workshops - like reaching 'hard-to-reach' families. In addition, the researchers contributed to the regular fora on early interventions organised by the Thames Valley Partnership for policy-makers, agency staff and practitioners from the area.

2.7.6 Analysis and Reports

The original project design had anticipated a greater degree of comparison between the programmes studied than proved possible. Not only are there major differences between the ages of the children involved, but the assessment processes for entry to programmes are sufficiently varied, as to make detailed comparative conclusions unsound. Some comparison of aspects of the programmes does occur in this report, but this is done with the purpose of highlighting distinctive qualities rather than making value judgements about individual programmes. As will be seen in the following pages, all the programmes had distinctive strengths. This report clarifies where and how these can be applied with maximum impact.

2.8 Research Context

2.8.1 Prevention of Criminality The main context of the research project, as indicated by the original proposal for funding, is the enquiry into the prevention of long-term criminal behaviour. There is evidence that early intervention can do this. The key longitudinal study, the High/Scope Perry Pre-School Curriculum Comparison Study, conducted in Wisconsin in the United States, showed how enriched nursery education with a high level of parental participation reduced the likelihood that graduates of the programme would be involved in crime when they reached adulthood. [2] The pre-school intervention that was the subject of that study was a comprehensive one, of which key elements were:

- a curriculum based on child initiated learning
- emphasis on meeting the developmental needs of the children
- teachers trained in early childhood development
- systematic efforts to involve parents in their children's education
- a strong staff development programme
- continuity with infant and primary school programmes and practices
- integration with other services. [3]

2.8.2 There has not yet been a comparable longitudinal study in the UK, although two research projects starting in 2001, the Millennium Cohort Study and the national evaluation of Sure Start will eventually fill this gap. The US research is often cited here as the justification for a range of interventions aimed at addressing behaviour in the early years. In his overview for the Home Office on reducing crime among young people, David Utting noted that no evaluations to date had included a long-term commitment to discovering whether a preventive initiative during children's early years could lead to a reduced level of delinquency later. [4]

2.8.3 This local study addresses the significant factors noted by Utting as identifying children and young people at increased risk of criminality. In his summary of these, Utting includes a list of Family Risk Factors: poor parental supervision, harsh or erratic discipline, parental conflict, separation from a biological parent, and a parent with a criminal record. Also significant to the families receiving the interventions studied were other risk factors, especially those assembled in the socio-economic and community group: low income, poor housing, living in public housing in inner cities and socially disorganised communities. Educational risk factors are also relevant, as some of the interventions studied in the research project took place in primary schools. Indicators of risk here are low attainment and aggressive and troublesome behaviour. [5] In studying the families and children who used the interventions, these socio-economic factors were taken into account in questioning and through observation.

2.8.4 *Support for Parents*

A second strand of background research for this project is the work that has been carried out on 'Parenting' or 'Parent Education' programmes in the UK. There has been an exponential growth in these programmes in the last five years. A study in 1996 estimated that approximately 28,000 (4%) of parents were taking part in such programmes. The national bodies which know most about what is currently going on, the new National Family and Parenting Institute (NFPI) and the Parenting Education and Support Forum, report that this original estimate was very rough, and that the number of programmes which have started in the past five years is 'enormous'. A research project undertaken by NFPI, the NSPCC and Royal Holloway College, London University is investigating this area in order to establish a comprehensive database of the services available to support parents. The types of service are varied and the survey will be important in establishing the differences in approach, method and effect that exist between them.

2.8.5 In her early survey of parenting programmes, Smith identified different types of need among the parents who used them. First are those parents who want to improve their parenting performance by getting some 'training'. That is, they are not motivated by problems in the behaviour of their child. Then there are a group whose children present behaviour problems which come within the range that can be described as 'normal', but whose parents seek some guidance in dealing with them: sleeping and eating patterns, temper tantrums, hostility to new siblings and a host of other day-to-day nuisances which often pass naturally but which worry parents.

Sometimes hard to distinguish from this group are the parents who are trying to deal with behaviour that is severe, may require clinical intervention, but which looks, at times, not much different from the 'normal' category. And finally there are a group of parents dealing with multiple problems besides the behaviour difficulties, often whose self-esteem is very low, either because

their parenting is not effective, or because of the context in which the parenting is taking place. [6]

2.8.6 Smith suggested that certain types of parenting programmes were suitable for different kinds of need. But the enormous burgeoning of programmes in the five years since she produced her survey has made it difficult to distinguish what is suitable for whom. Work by Pugh and Smith, published in the same year, noted that parenting programmes were often not evaluated at all; that when they were, external evaluators were rarely involved; that the evaluations rarely involved a control group, and that programmes were often in contact with quite small numbers of parents. This study raised the key questions that would need to be addressed by evaluators in the future: what motivates parents to enrol in, and keep coming to parenting programmes? How long do the effects of programmes last? How do the programmes bring about changes, if any, in parents and children? Are there negative effects? What are the best evaluation methods? [7]

2.8.7 The latter question was pursued by Barlow in her study of the effectiveness of parent training groups. Her systematic review showed that such groups are effective in helping children with behaviour problems. 'Behaviour modification' approaches were the most successful type of interventions and resulted in the greatest changes in conduct. Where there had been follow-up to evaluation studies, this showed that the effects on children's behaviour could be lasting, but that in some cases as many as 50% of parents continued to have problems with their children's behaviour.

2.8.8 Among the continuing gaps in the research into effectiveness of parenting programmes noted by Barlow were a need for gender, ethnicity and disability perspectives to be integrated into research design (and programme implementation) and a need to differentiate the families researched by social status. [8]

2.8.9 'Behaviour modification' approaches were used by some of the early intervention programmes in this study, but they are called 'cognitive and social learning' approaches in this report, on the advice of the programmes which deliver them. Barlow's work is of particular interest to the present study, as among her more recent research has been a pilot randomised controlled study of one of the programmes examined.

2.8.10 In 2000 the Joseph Rowntree Foundation announced a Parenting Research Initiative, which will include research to examine both normative parenting and parenting education and support programmes, concentrating particularly on families thought to be poorly served by current programmes. The results of this work will provide a substantial boost to knowledge in this area.

2.8.11 *Behaviour Problems and School*

In 1999 a spokes-person for the Department for Education and Employment (DfEE) told a conference on Special Educational Needs (SEN) * that the Department did not have precise figures for the number of children identified as having SEN or emotional and behavioural difficulties (EBD)**. However, he estimated that at least 25,000 children with statements of special needs had statements because of emotional and behavioural difficulties, and he acknowledged that these would be the most severe cases. Many more children were considered by their schools to have learning difficulties arising from emotional and behavioural problems. [9]

* Special Education Need - a child with SEN is one 'who has a significantly greater difficulty in learning than the majority of the same age.' (Education Act 1981)

** Emotional and Behavioural Difficulty (EBD) - a learning difficulty 'more than sporadic but not enough to be classed as a mental illness'. (DfEE Circular 9/94)

2.8.12 In 1995-1996 1,872 children were permanently excluded from primary school, five times as many as in 1990-91. Reporting on her research into exclusions from primary schools, Hayden has noted that changing demands in the classroom, and decreasing availability of supports like Pupil Referral Units have led 'to a situation in which the threshold and capacity for tolerance of aberrant behaviours in primary schools may have changed.' [10] Pressures introduced in the Education Act 1988, with the introduction of Local Management of Schools (LMS) and the demands of the National Curriculum may have contributed to a reduction in tolerance of behaviour difficulties.

2.8.13 There is a view, often expressed by head teachers and school staff, that problems of mental and emotional difficulty among young children are more widespread than they were, and that these are affecting children's learning and social relationships. It may be, however, that the overall numbers of children in need of learning and emotional support remain similar, but that schools are identifying more, and more serious problems earlier, from reception class onwards. Among causes of observed distress in children are cited the following:

- divorce and other major family change
- poverty, especially unstable poverty associated with periodic unemployment, changing family structure
- new work patterns and longer working hours
- emphasis on testing and exam success at home and at school
- 'chaotic' life styles, including geographic mobility, school changes etc. (for example, as result of domestic violence)

These reasons are associated with the family, and demonstrate why interventions introduced by schools are often linked with support for parents. [11]

2.8.14 *Children's Mental Health*

A recent three-year enquiry into the best ways to promote the mental health of children, conducted by the Mental Health Foundation, concluded that child and adolescent mental health problems were rising. [12] If children are unhappy, they are unlikely to respond to opportunities for learning. We know that learning is most likely to take place when they have positive self-esteem, a strong self-belief, a sense of self-efficacy and a sense of competence. [13]

Learning may be affected by emotional disturbances because children are distracted by troubles and find themselves unable to concentrate; confidence and self-efficacy may be undermined, and trust in adults and relationships may be lost. One commentator has written "*Severely disruptive children share many characteristics. They are often very unintegrated. The most damaged children exist in a fragmented state which can be described as borderline psychotic.*" [14] There is a consensus that intervening early to respond to unhappiness that presents as difficult behaviour is the best chance of preventing this later fragmented state.

Linking the Strands

2.8.15 The research study links these strands of enquiry. The programmes it has investigated work directly with children aged eight and under, with their parents, and with parents and children together. Some work in schools. All aim to prevent behaviour problems from starting or from worsening. For some this is the prime aim of the programme, for others it is combined with other aims, like improving basic reading skills. The link between criminality in later life and earlier behaviour difficulties has been established but is not necessarily recognised as a mainstream part of crime prevention or community safety. [15]

2.8.16 The diversity of the programmes studied has also given an opportunity to examine where research should focus in the future. Is the success of a programme represented by a measured behaviour change in an individual child only? Or is a reported sense of improved confidence and response to the child by a parent enough to suggest that the child's life - and perhaps his or her behaviour - will improve? And what about work which doesn't target specific children at all, but works with whole communities - a school for example? Does the well being of a whole community of children make later criminal behaviour by individuals from it less likely to occur? And can the same research measures be applied a whole range of varied approaches? Questions like these will need longitudinal studies and longer-term follow-up work if they are to be answered.

3. BASELINE INFORMATION ABOUT THE PROGRAMMES

The eight programmes investigated all intervene with children at an early stage in order to prevent the development or escalation of behaviour problems. They illustrate a range of variables including the ages of children targeted, the level of involvement of parents, the length of the programmes and the activities they offer.

3.1 This section outlines the programmes evaluated by the study in order to provide information about the 'inputs' that children were receiving in order to bring about behaviour change. Each programme is a 'black box' of people, tools, activities designed to produce a change in behaviour (and sometimes other changes as well). In order to understand any 'output' or change that is found, it is necessary to clarify the 'black box' of the intervention. This is also important if success is to be replicated. The ingredients of the programmes are complex, however, and this section provides no more than a skeletal description of each, with some examination of the differences between them (or 'variables'). A fuller description of each programme can be found at **Appendix A**

3.2 The eight early intervention programmes proposed for the study were:

A.1 Family Connections - Family Nurturing Network

A programme based on cognitive and social learning theory for groups of parents of pre-school children, with a concurrent group for the children, delivered in the Oxford area.

A.2 First Connections - Family Nurturing Network: A similar programme for groups of school-aged children also delivered in the Oxford area.

B. Family Links: A Nurturing Programme for whole classes of children in primary schools, reinforced by teachers and other school staff trained by the programme, with associated groups for some parents, in the Oxford area.

C. Play Therapy: A therapy programme for selected children in a group of primary schools and nurseries in the Oxford area, delivered by trained Learning Support Assistants.

D. Parents Together - Florence Park Family Centre:

A programme similar to A1, but delivered by trained staffing a family centre and originally intended for the parents of children taking part in programme C.

E. Reading Quest: A programme of daily one-to-one reading support, delivered by trained tutors to selected children in primary schools in the Oxford area.

F. Parenting Support Programme - Chalvey Early Years Centre, Slough: A programme similar to A1 in content, but delivered by trained staff from the educational psychology service alongside family centre staff in the Slough area.

G. Parenting Support Programme - Britwell, Slough - A programme similar to A1 in content, but delivered as part of a start-up service in a new family support project in the Slough area.

3.3 The configuration of these programmes differed slightly from those envisaged in the original proposal. In particular **C.** and **D.** above were separate projects, dealing with different children, although it had been planned that they would provide services to the same families. The programme **G.** was not finalised when the research commenced, and when it was finally chosen the 'black box' did not differ radically from that in **A1, D** and **F.** Thus the differences between some of the interventions were more marked than between others. Programmes **A1, D, F** and **G** can be seen as a group, since all four used a similar approach with families, all of whom had pre-school children.

3.4 The tables below give more detailed comparative information about the programmes. Although programmes continue to be identified by a letter, full names can be found at **Appendix A**

3.5 Programme Types

A1	
Age of Children	0 - 4 years
Parent participation	Essential
Referral	Open and voluntary
Length	15 weeks
Frequency	2.5 hours per week
Method	Parent groups (always), child groups (usually)
Staffing	Specialists plus trained support
Training	For support staff, volunteers, professionals
Technique	Webster-Stratton educational materials
Features	Families visited at home prior to course; groups led by two project staff; volunteers work in children's group; home activities assigned at the end of each session.

A2

Age of Children	4 - 8 (12) years
Parent participation	Essential
Referral	Open and voluntary
Length	15 weeks
Frequency	2.5 hours per week
Method	Parent groups (always), child groups (usually)
Staffing	Specialists plus trained support
Training	For support staff, volunteers, professionals
Technique	Webster-Stratton educational materials
Features	Families visited at home prior to course; groups led by two project staff; volunteers work in children's group; home activities assigned at the end of each session.

B

Age of Children	4 - 8 (11) years
Parent participation	Not essential, proportion of total parents
Referral	All children in school participate
Length	10 weeks a term, every term
Frequency	1 hour per week
Method	Whole school approach
Staffing	Teachers are trained by specialist staff
Training	For teachers and ancillary staff in schools
Technique	Bavolek Nurturing Programme
Features	10-week parenting programme offered to all parents of children in participating schools.

C

Age of Children	4 - 8 years
Parent participation	None
Referral	By teachers and educational psychologists
Length	At least one school term
Frequency	1 hour per week
Method	Time Together Group
Staffing	Learning Support Assistants (LSAs)
Training	For LSAs by play therapist
Technique	Play Therapy
Features	Termly support meetings for LSA running groups in six primary schools.

D	
Age of Children	0 - 8 years
Parent participation	Essential
Referral	Open and voluntary, based on family centre
Length	15 weeks
Frequency	2.5 hours per week
Method	Parent groups, child groups
Staffing	Trained family centre staff
Training	Given by staff from specialist organisation
Technique	Webster-Stratton educational materials
Features	Groups led by two project staff; home activities assigned at the end of each session; referral to other family centre activities.

E	
Age of Children	6-7 years
Parent participation	Some
Referral	By teachers
Length	6 weeks
Frequency	0.5 hours every day
Method	One-to-one support
Staffing	Trained tutors
Training	Given by staff from specialist organisation
Technique	One-to-one literacy programme
Features	Takes place within school during literacy sessions; home activities assigned; some meetings with parents.

F	
Age of Children	0 - 4 years
Parent participation	Essential
Referral	Open, voluntary, family centre users
Length	15 weeks
Frequency	2.5 hours per week
Method	Parent group, child group
Staffing	Trained local professionals, centre staff
Training	For all staff
Technique	Webster-Stratton educational materials
Features	Groups led by two project staff; home activities assigned at the end of each session; referral to other family centre activities.

G	
Age of Children	0 - 4 years
Parent participation	Essential
Referral	Open, voluntary, family centre users
Length	12 weeks
Frequency	2.5 hours per week
Method	Parent group, child group
Staffing	Trained local professionals, centre staff
Training	For all staff
Technique	Webster-Stratton educational materials
Features	Groups led by two project staff; home activities assigned at the end of each session; referral to other family centre activities.

3.5.1 Programme Variables

a. Ages of Children

The tabulated information above shows where programmes broadly differ. One very clear variable is the age of the children with who programmes work. Table 1 below gathers this information together, and shows that the picture can be simplified. Four programmes work specifically with children under 4: **A1**, **D**, **F** and **G**. These four programmes share other similarities: the parent and child approach, the use of Webster-Stratton materials, weekly meetings over a three-month plus period. It is likely that an evaluation of the impact of these programmes will show similar results. Of the other programmes only one (**C**) works with children under 4 and by the time of the study it was focussing on school-aged children. All the other programmes **A2**, **B** and **E**, were working predominantly with 5 - 8 year olds.

Table 1: Ages of Children Targeted

Programme	Variable
A1	Children under 4,
A2	Children 4-8
B	Children 4-11
C	Children 3-9
D	Children under 4
E	Children 6 and 7
F	Children under 4
G	Children under 4

b. Family Involvement

The main difference here is that some programmes work directly with parents and this is their main focus (**A1, A2, D, F** and **G**). Programme **B** works with the parents of some children in a similarly focussed way, but does not work with all the parents of the children who experience the intervention at school. Although programmes **C** and **E** are school-based and do not work directly with parents, there is some parental involvement. This is dependent to some extent to on the school's home-school links. Where programmes work directly with parents (**A1, A2, B, D, F** and **G**) the approaches used reflect the 'parenting education' developments now widely used.

Table 2: Family involvement

Programme	Variable
A1	Parents and children equally involved (though some parent only programmes)
A2	Parents and children equally involved (though some parent only programmes)
B	Children and school staff (some parental involvement)
C	Children
D	Parents and children
E	Children
F	Parents and children
G	Parents and children

c. Access

The issue of how children and families hear about the availability of programmes, and how they become involved, is an important one, because it affects whether programmes reach the children whom most need help. In the school-based programmes **C** and **E** children are selected by teachers with reference to the general standard of achievement and behaviour applied to all the children of that age. In programme **B** there is no selection of individuals, but there is a selection inherent in the schools which participate: local education authority, head teacher and OFSTED reports influence the schools which take part. The programmes with a parenting focus, (and the parenting aspect of programme **B**) are all dependent on the willingness of parents to participate and their ability to identify behaviours as problematic. Here the guidance of practitioners plays a part. Parents of pre-school children who are concerned about behaviour may seek advice from health visitors, social workers, community workers, family centre staff, their own family and friends. Whether they learn about programmes depends on whether these sources are aware of them. Whether parents then choose to take part depends upon the value they put on this information and a range of other personal and practical considerations. In programme **F** in this group there is an extra consideration: educational psychology staff are available to talk to families about the behaviour of pre-school children, and are able to add a professional

assessment to the evidence that parents can consider before choosing to take part in a group.

No family was obliged to take part in any of these programmes. Access refers to the ability of families to complete a programme, as well as to start it. This ability is affected by the length of time programmes last, the situation and atmosphere of the venue, the kind of activities that are pursued and the sense that parents have that the programme is making a difference to the child and the family.

Table 3: How children and parents become involved in programmes

Programme	Variable
A1	Self-referral, sometimes advised by practitioners like health visitors
A2	Open referral, sometimes advised by behaviour support staff and school
B	School approaches organisation, usually through head, (though some schools involved through LEA-sponsored programme); parents self-refer
C	Children referred by teachers
D	Self-referral, advised by centre staff and practitioners
E	Children referred by teachers
F	Self referral, advised by centre staff and educational psychology practitioners
G	Self referral, advised by centre staff

d. Time Length of Programmes

All the programmes are based on an accumulation of learning and its application in everyday circumstances. In programmes **B** and **E** the application occurs every day in the school. (Although programme **B** is based on once-a-week sessions, the same people - teachers - continue to work with the same children, so implementation of the techniques is expected). In programmes **D**, **F** and **G**, families have a reference point (a family centre) which they may use at other times during the week for support in implementing the techniques that have been learned. The 15 week course is a standard feature of the approach focussed on parents, but in one example **G**, this time had been reduced because it was considered too long for families to cope with. For an intervention to work properly, it needs to be completed by participants.

Table 4: Time length of programmes

Programme	Variable
A1	Once a week for 15 weeks
A2	Once a week for 15 weeks
B	Once a week; 10 weeks every term; several terms
C	Once a week for 12-14 weeks
D	Once a week for 15 weeks
E	Every day for 6 weeks
F	Once a week for 15 weeks
G	Once a week for 12 weeks

e. What Programmes Do

All the programmes except **C** offered a structured course to children, parents or both. Programmes **A1**, **A2**, **D**, **F** and **G** use a video-taped parenting programme designed to strengthen the competence of parents, especially in using non-violent discipline methods; increasing positive family support networks and school involvement; promoting the child's social competence; decreasing the child's conduct problems. All the programmes in this group involve group discussion and 'home-work' for each participant. The parallel children's group follows a range of activities: individual play, group activities, snack-time, outdoor play, and joint activities with the parents' group. Programme **B** gives detailed instructions for the conduct of activities in a series of handbooks, which include a step-by-step guide to the way activities should be managed to achieve goals: listening attentively; working and playing co-operatively, managing stress productively, developing self-discipline, among them. Programme **E** follows a set pattern in the daily one-to-one sessions between child and tutor: supported reading, words and their sounds, writing, and exploring an unfamiliar book. Programme **C** offers a less structured approach. Children in this programme go to a separate room, where they have some choice of what to pursue. There is a much higher ratio of children to adults than in the classroom, and children are encouraged and aided to pursue activities that help them to express themselves emotionally. However, within the play therapy approach there is considerable flexibility to respond to the child's individual needs.

Table 5: Programme Activities

Programme	Variable
A1	Children's group, parents' group, Webster Stratton
A2	Children's group, parents' group, Webster Stratton
B	Training course for school staff, Nurturing Programme for children and parents
C	Children's group, Play Therapy
D	Children's group, parents' group, Webster Stratton
E	Training for tutors, one-to-one literacy programme with children,
F	Children's group, parents' group, Webster Stratton
G	Children's group, parents' group, Webster Stratton

f. Training

The key difference here is between programmes delivered to children or parents directly by specialised staff, and those who have been trained by specialist organisations to deliver programmes. Thus both **A1** and **A2** are delivered directly by staff from the voluntary organisation which has been established to carry out this specific work. **D**, **F** and **G** are delivered by family centre and other staff, who have been trained by the specialist organisation. In programme **C**, Learning Support assistants in schools have been trained by a professional Play Therapist; in **E**, reading tutors are trained by the specialist organisation. In **B**, adults are introduced to the programme by the specialists, teachers and ancillary staff being trained to deliver it on a day-to-day basis with children and parents to incorporate it into their parenting. In addition, some programmes offer training to practitioners who will not be working to deliver programmes but who may benefit from understanding the techniques, especially in identifying families who need to access programmes. A third aspect to training is where volunteers are recruited to help in the delivery of programmes. The tutors in programme **E** are volunteers, as are the adults who run the children's groups in **A1** and **A2**.

Table 6: Training

A1	Trains volunteers, practitioners, parents
A2	Trains volunteers, practitioners, parents
B	Trains teachers, other school staff, practitioners, parent group leaders, parents
C	Trains Learning Support Assistants
D	
E	Trains volunteers (including some Learning Support Assistants)
F	Delivered by staff trained by specialists
G	Delivered by staff trained by specialists

4. BASELINE INFORMATION ABOUT CHILDREN AND FAMILIES

The programmes were targeted on areas of disadvantage. Children in them present a variety of behaviours, including poor basic skills, low confidence, aggression towards self and others, poor concentration, and inability to relate to peers. Interventions are prepared to accept children with a whole range of difficulties.

4.1 The study did not collect quantitative information about the social and economic status of individual families, although it was clear from many stories that the majority of those interviewed were on low incomes and suffering from considerable disadvantages. All these programmes have been supported by statutory authorities in order to enable them to work free with the most needy families. However, as **Table 3** above, shows, participation is at the discretion of families and attendance is not 'required', (although there have been policy discussions at central and regional government levels about whether this would be a fruitful course to take). Geographic and demographic evidence has been used to site programme activities in areas of high need.

Socio-Economic Background

4.2 During the period of the study programmes **C**, **D** and **E** were working in East Oxford, an area of mixed housing with pockets of high unemployment, single parent households and a substantial number of families of South Asian and African-Caribbean origin. Programmes **A1**, **A2**, **B** and **E** were working in Oxford, on the Greater Leys and Blackbird Leys estates, in Barton, a smaller estate, and in Rose Hill and Littlemore, the Sure Start area for Oxford. These areas of South Oxford have been identified in reports from the Social Exclusion Unit as being 'poor neighbourhoods', exhibiting high concentrations of deprivation: lone parent households, high underage pregnancy rates, almost a third of children growing up in families on Income Support, high densities of children, poor housing, vandalism and dereliction, and adults with poor literacy and numeracy. [16] Although North Oxford is often considered less depressed, it has high poverty indicators in comparison with the rest of Oxfordshire. It contains pockets of need, particularly in the Cutteslowe area, where programme **B** has been operating in a school.

4.3 Slough is well known to be a multi-cultural borough, with a high percentage of families of South Asian origin settled in it. The families centre where programme **F** is carried out is in one of the most deprived wards of the Borough. 98% of residents are of minority ethnic origin, and this area has been used for the resettlement of refugee families. The local authority is keen to increase community involvement in the area. Britwell, the site of programme **G**, is a peripheral estate of 10,000 people, which is recognised as having

significant need, including the largest number of single parent households in the Borough. There are problems of crime, vandalism and harassment on the estate, but, unlike other parts of Slough, there is a low population of people from minority groups.

4.4 The Presenting Behaviours

The programmes are dealing with a very wide spectrum of presenting behaviours. At the least challenging end of this spectrum are the pupils who undergo programme **B** as part of the whole school approach, and who are not considered to have any behaviour problems. However, programme **B** is also experienced by children with all the difficulties described below.

4.5 Children in programme **E** may have problems with reading only, and not necessarily, behavioural problems. The most common secondary problem cited by teachers of parents of children using this programme is 'low confidence'. In the following quotation a mother describes her 7-year old son's behaviour at school:

"The teacher said that although M wasn't in need of Reading Quest from the point of view that he was behind with his reading, he is a boy who lacks confidence...He is shy. He never believes he knows the correct answer to a question. He never puts his hand up in class and he visibly shrinks if the finger is pointed at him and they say his name. And his mind will go blank even though, you know, he does know the answer." [17]

A 7-year old girl on the same programme also lacks confidence, according to her mother:

"Out of the three children she's the one without confidence. She won't sit still, either - you have to make her sit down and give her something to do, and she doesn't like reading and she won't write because she can't do it, and that makes her upset - she tends to throw a tantrum with a problem". [18]

4.6 In the interventions which focus on parents, **A1**, **A2**, **D**, **F** and **G**, it is the parental perception of behaviour which is the main criterion for access to the programme. Some severe behavioural problems are reported by the parents using these programmes but there is also a great deal of diversity here. For example, a parent describes a boy, aged 8, using **A2**:

"We were having uncontrollable problems with him...He'd just sit in a chair and he wouldn't play with friends; he'd basically, like, attack them or just basically blank them or not have nothing to do with them. Or if we asked him to do something he'd go off and hit people and hit himself. He doesn't trust people, and he doesn't like men and people who he doesn't know." [19]

In another example the mother of a 4 year-old boy, in full time day-care and using **A1**, described his behaviour:

“He cannot amuse himself at all...last week for instance at school he got into the school at dinnertime and locked the dinner ladies and the rest of the children out in the playground...I think he doesn't have a concentration span at all. (The intervention) thought that he did. And the nursery thinks that it is not brilliant but getting better. So there are probably three conflicting ideas about his concentration span...If he's not structured and doing something he can become quite destructive at times. [20]

4.7 The following description is of a child, now 8, who underwent intervention **C** both at nursery and subsequently at his first school. Here the account of his behaviour is given by the LSA who delivered the intervention:

“When he arrived at the nursery he had no language, very poor motor skills and severe behaviour problems: an inability to interact or play with other children. He fought, bit, kicked, snatched...no social graces at all...He did no more than charge up and down the length of the building. He didn't know how to play with children...He grabbed them by the scruff of the neck or the hair or their clothing...if they had a toy he wanted or if he wanted to play their game...First of all school wouldn't take him at all. They thought he should go straight to special school...He was accepted on condition that I came with him.” [21]

This child subsequently moved to a special school. All children receiving intervention **C** are at stage 2, at least, of the SEN Code of Practice.

4.8 In an example of the whole population (school) intervention, programme **B**, it was the head teacher who made the decision to participate, in consultation with LEA behaviour support staff.

“When I came to the school in September 1995 the kids were off the wall. They couldn't sit still, would fly off the handle and the LSA's were having trouble with them. Levels of achievement were low, with very few children reaching Level 2 at KS1. It was clear that we could not tackle the achievement problem before we addressed behaviour, and I got some improvement in that, mainly by losing my temper! But you cannot continue with an iron hand, because it doesn't work for children when they are outside the school. They do not develop self-discipline. I had some insight into the principles behind whole school Nurturing Programmes and went to visit a school where the programme had been piloted...I saw no alternative to the whole school approach. You have to have a whole group responsibility for behaviour. There needs to be an infra-structure, language and methodology, just like any other curriculum subject.” [22]

4.9 Diversity of Presenting Behaviours

Where children are receiving an intervention in a group other than in a whole school approach, there is also variety in the nature and intensity of the behaviour problems they are presenting. The Table below shows the range of difficulties presented by children in one **A2** group.

Table 7: Range of Behaviour Problems in Children receiving One Intervention (A2)

<i>Age</i>		<i>Problem</i>
1	8	Violent, causes severe disruption in school; school concerned for safety of others
2	6	Difficult to control
3	10	Low learning ability, attends special school - behaviour fine at school, poor at home
4.	6	Learning difficulties and behaviour problems - second intervention at request of parents
5	9	Problem of attachment with mother
6	7	(Sister to 5.) No behaviour problems but needs to develop resilience
7	6	SEN. Low self-esteem
10	7	No behaviour problems but affected by those of two older siblings

4.10 To summarise the kinds of behaviour problems, with which interventions are dealing then, it is fair to say that:

- a spectrum of behaviours is presented
- interventions themselves cannot predict what the presenting behaviours will be
- where the intervention is with a group of children, interventions cannot predict what the balance between presenting behaviours will be
- the interventions have been prepared to accept children presenting a range of behavioural difficulties

5. THE IMPACT OF PROGRAMMES ON THE BEHAVIOUR OF INDIVIDUAL CHILDREN

Pre- and post-testing with Rutter Behaviour Scales of children using the programmes shows significant shifts towards improved behaviour in most programmes. Improvements are most marked in pre-school children. The impact is greatest on the prosocial domain of the behaviour scale, suggesting that these programmes are particularly successful in helping children to develop relationships with peers and adults.

5.1 'Before and After' Behaviour Tests

The research wanted to find out if interventions made any difference to the behaviour of children. Children taking part in a sample of programmes delivered by each type of intervention were tested before (pre-) and after (post-) they had experienced the intervention.

5.2 The pre- and post-testing of children who experience interventions is a standard approach, although the tools used vary. In this study, Revised Rutter Parent and Nursery/Teacher Scales for pre-school Children, and Revised Rutter Parent and Teacher Scales for School-Age Children, were used in programmes **A1**, **A2**, **D** and **F**. Both parent and teacher (or adult running the intervention) were asked to complete a sheet of 40-50 descriptions of the child's behaviour, saying whether each description applied, applied somewhat, or did not apply to the child. These scales were scored to discover if there had been a change in overall behaviour. They also provide scores in four sub-categories of psychiatric classification, including emotional difficulties, which refer to anxiety and fears, and pro-social difficulties, which refer to relationships with others.

5.3 Adults completing behaviour scales can only report on behaviour that they have had an opportunity to observe. Interviews with parents suggested that many believed the child behaved differently in different settings. "*He is good as gold at school, he saves it all up for when he gets home*", was one comment. Other children were more difficult in a nursery or school setting. The baseline assessment of one child's behaviour by a parent and teacher showed almost no agreement. An extract from this assessment is given below as an illustration.

Table 8. A Nursery Teacher and a Parent assess a Pre-School Child's Behaviour

	Teacher	Parent
Tries to be fair in games	No	Somewhat
Restless, doesn't keep still	No	Yes
Squirmy, fidgety	Somewhat	Yes
Fights with other children	No	Yes
Not much liked by other children	No	Somewhat
Is worried, worries about many things	Somewhat	No
Tends to do things on own, rather solitary	No	Somewhat
Is disobedient	No	Yes
Has poor concentration or attention span	No	Yes
Fussy or over particular	Somewhat	Somewhat
Tells lies	No	Somewhat
Has wet or soiled this year	No	Yes
Cries easily	No	Yes
Inconsiderate of others	No	Yes

5.4 This extract from a completed response scale is selective, but makes the point that children's behaviour can vary markedly depending on the context (which is well substantiated) and, perhaps, that adults may perceive that behaviour in markedly different ways.

5.5 The pilot study of programme **B** explored the methodological difficulties of using a cluster randomised controlled approach to evaluate this whole school intervention with linked parent training. Researchers collected pre- and post-intervention data on children experiencing the programme in school, children experiencing the programme whose parents took part in a parenting group, and children exposed to neither type of intervention, as a control. The study was conducted in four schools and covered 19 classes of children.

5.6 It was not possible to apply pre- and post-testing methods to the children in programme **C**. Most had the more severe behavioural difficulties and was receiving other interventions besides the play therapy in small groups each week. Many were already involved in these groups when the evaluation study commenced, and continued to participate during the study. Some evidence about the impact of this intervention is included in the resumé of qualitative evidence.

5.7 Pre- and post -testing of children in programme **E** was carried out by the programme's own researcher. The focus of this research was on the pre- and post-test reading age of participants, with a 6 month follow-up post-test,

using three separate literacy measures. The researcher also applied Goodman Strength and Weakness Scales pre- and post-test to all participants.

5.8 Programme *G* did not get underway until the last stages of the fieldwork for the evaluation study. Staff were unable to pre- and post-test families, and felt that the pressures of establishing a new programme in a community-based centre meant that too much measurement might put families off. Careful notes were kept by staff, however, and these are the basis of the qualitative assessment of impact described below.

5.9 Test Results: Programme A

Programme *A* routinely tests children using the Eyberg Child Behaviour Checklist, and parents using the Abidin Parental Stress Index. The results of this routine testing regularly show improvement. For the study 22 children undergoing programme *A1* (pre-school) were tested using the Rutter parent scale. Some of these children were the siblings of the children whose behaviour was causing most concern, and were not themselves presenting with behaviour difficulties. Less change would be expected in these children.

Table 9: Behaviour changes in 22 pre-school (under 4 years) children from programme A1 expressed as a %.

<i>Total Difficulties</i>	<i>Emotional Difficulties</i>	<i>Conduct Difficulties</i>	<i>Hyperactivity Difficulties</i>	<i>Prosocial Difficulties</i>
<i>34%</i>	<i>36%</i>	<i>44%</i>	<i>25%</i>	<i>42%</i>

The main features to note about this group of pre-school children are:

- that every child shows a positive shift overall (although this may include negative shifts on some difficulties)
- that improvements in conduct and pro-social areas are most marked;
- that impact on hyperactivity is least marked
- that 50% of these children show a significant shift of more than 20 points improvement in problems identified at the start of the course

5.10 The gains in school-age children who completed a programme of the *A2* type are summarised in the table below.

Table 10: Behaviour Changes in 29 children from programme A2 (school-age children) expressed as a %

<i>Total difficulties</i>	<i>Emotional Difficulties</i>	<i>Conduct Difficulties</i>	<i>Hyperactivity Difficulties</i>	<i>Prosocial Difficulties</i>
<i>13%</i>	<i>8%</i>	<i>8%</i>	<i>0.5%</i>	<i>9%</i>

5.11 The group of 29 children in Table 10 included three children of 4 years, whose siblings were the main cause of concern to their parents, and 5 children between 11 and 14 years, also all with siblings in the group. Measured change in these older children was less than in other children in the group. The majority of the children in the group were aged 6-8 years, and all these children showed a small positive gain at the end of the programme.

5.12 The maximum change in any one behaviour is a two-point change, and it should be noted that such changes might be towards desired behaviour or away from it. Obviously negative shifts will undermine the child's total improvement score, and in some cases the impact of negative shifts amounts to a deterioration in behaviour between the commencement of the course and the end of it.

5.13 The children in the pre-school group showed shifts in behaviour in both directions, but the positive shifts far outweighed the negative shifts. The children of school age were less likely to make shifts. Where they did shift, it was more likely to be in a positive direction.

5.14 The number of children tested in these experiments is quite small, but it is interesting to note the contrast in effectiveness of a similar intervention applied to two age groups. Children in both programmes are likely to show a shift toward improved behaviour, but this shift is more marked in the younger children.

5.15 *Test Results: Programme B*

In the following Table 11, which is taken from the Barlow report on the pilot study schools using **B**, the figures show the mean change over one term of teacher-report behaviour scores for two intervention schools. The teachers were reporting on each child pre- and post- one term of the intervention using the Goodman Behaviour Questionnaire. This is a different rating scale from that used in Tables 9 and 10 above. Note also that this post-testing was carried out after one term of an intervention that is recommended to last for much longer. Some details from the original table have been omitted, because the information collection and analysis in the Barlow study are extremely detailed.

Table 11: Means over one term in teacher-report behaviour scores for two schools using programme B.

*(Here 'n' is the number of children receiving the intervention. A decrease on all domains shows improvement. * p<0.05 **p<0.01*

****p <0.001) [23]*

	<i>School A (n =227)</i>			<i>School B (n= 77)</i>		
	<i>n</i>	<i>Pre</i>	<i>Post one term</i>	<i>n</i>	<i>Pre</i>	<i>Post one term</i>
Total	168	7.65	8.03	40	7.68	5.23**
Conduct	175	1.25	1.38	41	.88	.68
Emotion	173	1.70	1.66	41	1.76	.95*
Hyper	173	3.69	3.79	41	3.24	2.83
Peer	172	1.08	1.31*	40	1.65	.70**
Prosocial	176	1.66	1.87	41	2.07	1.41*

5.16 This table shows some significant improvements in four aspects of behaviour in School B: total behaviour, emotional difficulties, peer relations (not an aspect of the analysis of Rutter scales), and prosocial.

5.17 The parent report behaviour scores showed no significant differences between scores at baseline and after one term of the intervention for the two intervention types, and in comparison with the control group. [24] The pilot study also measured changes in behaviour by parent-reports from those parents who took part in the voluntary parent groups offered as part of this programme. Only a small proportion of parents of these large groups of children took part in parenting groups. These tests showed some improvements in all but two behaviour areas.

5.18 However, the researchers point out some weaknesses in the implementation of the pilot study. It should be emphasised that the study was exploring research methodology. It is particularly difficult to carry out research on whole-community interventions using pre-and post-testing methods. In whole communities individual behaviour change is unlikely to be required in all, or even a majority of the children. These interventions include work with teachers and ancillary staff, who are not studied by this method. At this stage, therefore, it is not possible to conclude more from the quantitative data than that further work is required to refine the testing methods.

5.19 This evaluation study produced considerable qualitative reporting from teachers, head teachers and parents, which suggests that this programme has an impact on individual behaviour. In one participating school, visited at the field work stage, an eight year old child was sitting quietly in the head teacher's study because he had been running wildly along a corridor. The head pointed out that though the boy's behaviour remained rather unruly, it would not have been possible for him to sit still for so long prior to the

intervention. In other words, behaviour shifts in individuals may be quite slight, but enough to enable the school to manage the behaviour, and to allow the young person to integrate into school life.

5.20 A similar point was made by three teachers from different schools:

- *“You can’t always say why there is a difference in the school, but it has become a nicer place to work in. We are all more tolerant of one another.”*

- *“Where she (Individual child with statement of SEN) is probably just as difficult as she always was, the others don’t leave her out. She always has someone to play with now and she’s become a much more sociable child. But she still has a lot of problems, especially in concentrating and sitting still, and she can get very angry very quickly. It hasn’t been a miracle cure for her!”*

- *“Children have moods like everybody else, and they get a chance to talk about that. We all have our difficult days, but I think I have less since we started doing Special Time.”*

5.21 In addition, Barlow collected qualitative information from parents who attended the 10-week parenting group offered alongside the whole school intervention. Parents reported improvements in their own handling of their children’s behaviour:

“I suppose learning not to shout. If you come across quietly you get a feedback that’s quiet. If you go in {like} a bull in a china shop that’s the response you get back from the child. That’s the bit, self-esteem and confidence.”

“Discussing their behaviours and ‘time-out’ I found was really helpful and me starting to control them and not them controlling me. I used to give in to them all the time, but not now.” [25]

5.22 In Barlow’s study parents who had attended the parents’ group also commented on ways in which the child’s behaviour had changed:

“He used to have to see, not a psychologist it was a lady that came from Social Services. And she used to have to talk to him about his behaviour problems, but by the time he left that school he didn’t have to see her any more, and he still hasn’t got to see her. I still get a few problems, but nothing like eighteen months, two years ago.”

“Yes..[my son] remembered things from school as well about circle time and used to praise things. I think he does control his anger more now a lot of the time... I think he sort of can recognise some of his own feelings now, which is quite healthy, isn’t it? I mean if you can recognise them and put them into words it is.” [26]

5.23 The perceived impact of programme **B** may not be the result of behaviour change per se, but of accommodation to that behaviour by the whole

community. For example, if teachers and children cease to 'label' a classmate as 'difficult' and learn to tolerate or mediate his or her behaviour, it may be perceived as a lesser problem, even if the behaviour itself does not change radically. Pre- and post-testing for individual behaviour change may need to be supplemented by extensive qualitative work in order to measure the impact of interventions working with whole communities. In order to detect the overall change in the whole community, observational methods may need to be employed alongside the testing and interviewing approaches. [27]

Test Results: Programme D

5.24 35 children were pre- and post-tested in programme *D*. The aim here was to complete a full set of parent and teacher scales, but this was not possible for all the children who took part in five courses during the study. The tables below give data on those children from four courses for whom complete pre- and post tests are available.

5.25 The programme differs from *A1* and *A2* above in that the children are both pre-school and school age, and the programme is delivered in a family centre, where other services besides the groups for parents and children are offered. This means that the intervention programme may not be the only influence on the children's behaviour during the study period.

***Table 12: Behaviour Changes in 10 children from programme D
Pre- and post-tested by parents - Average Percentage Shift***

<i>Total Difficulties</i>	<i>Emotional Difficulties</i>	<i>Conduct Difficulties</i>	<i>Hyperactivity Difficulties</i>	<i>Prosocial Difficulties</i>
12%	4%	2%	0.5%	19%

***Table 13: Behaviour Changes in 19 children from programme D
pre- and post-tested by day-care staff - Average Percentage Shift***

<i>Total Difficulties</i>	<i>Emotional Difficulties</i>	<i>Conduct Difficulties</i>	<i>Hyperactivity Difficulties</i>	<i>Prosocial Difficulties</i>
17%	6%	0%	0%	11%

5.26 Tables 12 and 13 largely refer to different children. Two children only were pre- and post-tested by both parent and teacher in this group. Though detailed conclusions are hard to draw, it is clear that both parents and teachers observe behaviour change in the same areas, with the impact on prosocial behaviour being the most pronounced.

5.27 Test Results: Programme E

Pre- and post -testing of children in programme *E* was carried out by the programme's own researcher. The focus of this research has been on the pre-

and post-testing of the reading age of participants, with a 6 month follow-up post test. The testing is carried out using three separate measures.

Table 14: Mean Reading Age of Children receiving an intervention programme of 17 - 24 daily lessons

	<i>Pre-Test Score</i>	<i>Post Test Score</i>	<i>6 Month Post Test</i>
<i>Age at Start</i>	6.90	7.02	7.52
<i>a.</i>	5.08	6.39	7.07
<i>b.</i>	6.23	7.06	7.49
<i>c.</i>	6.15	6.85	6.62

5.28 Table 14 shows that the children in this programme were scoring significantly below their actual age on the pre-score tests. By the early post tests there is some improvement which is consolidated after 6 months. The researcher reports that this improvement was increased when the number of lessons were doubled, but consolidated at the same level when the children are back in class with their peers. It is clear from this evidence that the intervention makes a significant impact on reading levels.

5.29 In addition children were pre- and post-tested by this programme with the Goodman Strengths and Difficulties Questionnaire. Matched children were tested at the same time, with the same questionnaire, to provide a control. In Table 15 below the results of these tests of both groups are shown.

Table 15: Results of Pre- and Post-Tests, rated by Teachers, on 33 children from programme E, and 17 control children,

	<i>Programme E</i>		<i>Control Children</i>	
	<i>Pre-Test</i>	<i>Post-Test</i>	<i>Pre-Test</i>	<i>Post-Test</i>
Abnormal	8 (24.2%)	8 (28.5%)	5 (29.4%)	5. (33.7%)
Borderline	6 (18.2%)	6 (21.5%)	5 (29.4%)	2 (10%)
Normal	19 (57.6%)	14 (50.0%)	7 (41.2%)	9 (56.3%)

5.30 The numbers in groups of children whose test results are shown in Table 15 reduced between the application of pre- and post- tests. There were 33 when the intervention began and 28 when it was followed up. All five of these 'missing' children were in the 'normal' category. If this reduction is taken into account, the testing shows no change in the behaviour of these children as reported by teachers.

5.31 The same pre- and post- test regime was carried out with parents. The results are shown in Table 16 below.

Table 16: Results of Pre- and Post-Tests, rated by Parents, on 20 children from programme E, and 11 control children

	<i>Programme E</i>		<i>Control Children</i>	
	<i>Pre-Test</i>	<i>Post-Test</i>	<i>Pre-Test</i>	<i>Post-Test</i>
Abnormal	3 (15.0%)	1 (8.3%)	0 (0.0%)	1 (9.1%)
Borderline	5 (25.0%)	4 (33.4%)	2 (20.0%)	1 (9.1%)
Normal	12 (60.0%)	7 (58.3%)	8 (80.0%)	9 (81.8%)

5.32 The numbers of children tested again reduced between the initial application of the questionnaire and the post-testing, 12 months later. A slight positive shift can be seen in the percentage of children seen by parents as previously displaying abnormal behaviour patterns. However, the results in Tables 15 and 16 do not show a significant change in behaviour patterns over 12 months as reported by teachers and parents.

5.33 The qualitative interviews conducted for this study confirm that parents and teachers do discern a link between poor reading skills and behaviour difficulties. The kinds of difficulties they report are of the low self-esteem, low confidence, high anxiety type, and this is described as encouraging bullying from other children. (See the quotations from parents at Paragraph 4.5 above.) Both parents and teachers attribute improvements in behaviour to the enhanced reading skills, but this improvement may be in the relationship between the more confident child and his or her peers, leading to a reduction in teasing and bullying.

5.34 Test Results: Programme F

Eight parents completed pre- and post-test scales for the pilot project carried out by behaviour support and family centre staff for programme *F*.

Table 17: Average percentage shift in behaviour reported by five parents in Programme F

<i>Total Difficulties</i>	<i>Emotional Difficulties</i>	<i>Conduct Difficulties</i>	<i>Hyperactivity</i>	<i>Prosocial</i>
14%	10%	17%	15%	25%

5.35 This sample confirms the greater impact that the interventions appear to be making on the behaviour of younger children. Although not as high as the results for programme *A1* above, these results are higher than those for *A2*. They should be compared with those reported by parents at *D* above, where, although the pattern is rather different for conduct and hyperactivity domains, the higher results for prosocial behaviour reflect the strength of the impact in this area. (Some of the children in *D* are of school age).

5.36 Programme G

Programme **G** did not get underway until the last stages of the fieldwork for the evaluation study. Staff were unable to pre- and post-test families, and felt that the pressures of establishing a new programme in a community-based centre meant that too much measurement might put families off. Careful notes were kept by staff, however, and these are the basis of a qualitative assessment of impact, which show a positive response from parents. They report an increased understanding of their children's behaviour and feel less stressed and more patient in responding to it.

6. THE IMPACT OF PROGRAMMES UPON PARENTS: IN THEIR OWN WORDS

The families of many of these children are experiencing multiple problems: lack of basic skills, mental illness, conflict and domestic violence among them. Despite this, parents were motivated to join and complete interventions. They valued most highly the support from other parents they met there, but many had experienced success in implementing methods taught, and reported some improvements in the child or children's behaviour as a result. In a minority of cases it was reported that the behaviour was completely changed as a result, though partial improvement was more common. In this chapter evidence is taken from the extensive one-to-one interviews conducted with parents in their own homes.

6.1 Parent Groups

The common denominator in all the programmes studied (except in programme **C**) is group work with parents. Groups of up to 12 participants are led by one or two trained staff and meet once a week.

6.2 When deciding to join parenting groups, many parents receive advice from health visitors, speech therapists, GPs, community paediatricians and day-care staff. In addition the Local Education Authority in Oxford employs Pre-School Teacher Counsellors from the Educational Psychology Department who link with the day-care provision and make home visits, and the Educational Psychology Department in Slough also links with the early years provision. These departments co-ordinate the assessment of pre-school children through observation, their own and those of other practitioners, using Richman behaviour checklists and a development profile. The latter is important, since behaviour checklists do not identify developmental delay.

6.3 However, the decision to participate in a parenting group is voluntary. Parents respond to the suggestion, but do not always sustain their involvement.

6.4 Specialist staff who will work directly with parents on the intervention either visit them at home (**A1** and **A2**) or see them in a centre (**D**, **F** & **G**). During this preliminary visit an assessment schedule is used, which covers the parent's perception of the child's difficulty, a history of what has been tried already, disciplining methods, family background, including relationships, other stresses, parent's own childhood experiences and so on.

6.5 Parental Stress

It was clear from the face-to-face interviews conducted with parents during the evaluation that those who joined interventions were experiencing a range of complex stresses, including:

- behavioural difficulties presented by other children besides the presenting child
- health problems (children, parents or both)
- mental health problems (parents)
- disability (in other children)
- family dissension, poor relationship with partners
- family breakdown and change
- domestic violence
- housing problems
- financial problems
- vandalism and community bullying
- literacy problems
- isolation and ‘maternal insularity’. [28]

6.6 Many parents reported experiencing more than one of these stresses, and it would be fair to describe the lives of some participating families as ‘chaotic’. Table 18 summarises the problems reported by five mothers attending a parenting group for school-age children.

Table 18. Negative Impacts on Family Life: Five mothers from one group, intervention A2

Impact	A	B	C	D	E
Lack of support from friends and family	+	+	+		
Lone parent without buffers	+		+		
Depression experienced by mother	+	+	+		
Conflict between parents over divorce			+	+	
Marriage characterised by conflict, aggression and lack of support between parents		+	+		+
Poverty	+				+
Child has sibling with conduct disorder	+	+	+		
Negative perception of status as parent			+		
Feeling that school is not helpful	+	+	+		+
Parent has low learning ability	+	+			+

6.7 The assessment process for this programme did not exclude families with multiple problems from participating. There was some evidence that suggested that for some families the weight of the accumulated stress made it hard to implement the programme, or to complete it, successfully.

6.8 Where programmes were based in family centres not all participants were previously users of centre facilities. Some had been attracted by advertising of the groups. But the centre staff had a central role in introducing the programme to parents and suggesting when it might be useful. This process was enhanced by the existing relationship staff had with parents. There was a bond of trust between users and staff in family centres, which specialist staff had to create from the initial assessment visit.

6.9 Parental Participation

All the programmes studied were working with some parents with multiple problems and low self-esteem. Among the problems were:

- **poor basic skills:** these parents are unable to complete written feedback or questionnaires. This had affected the quality of the individual's experience of the programme. If feedback is negative, it may not be communicated unless there is an opportunity for oral feedback to the programme. In addition, the parent may have difficulty in understanding written course materials.

- **non-English mother tongue:** projects where there were minority ethnic parents employed workers from the minority group and used translators. Though there was general feeling among parents and workers that the content of courses *was* suitable for use with minority ethnic parents, this area requires more intensive investigation. The national Race Equality Unit is conducting a major research study into this question.

- **mental illness, including post-natal depression and agoraphobia:** parents described these conditions in different ways. One mother of four children said that she had been suffering from post-natal depression for eight years, and that this had affected her 5 year old son's behaviour: *"Because I let him get away with anything he wanted as long as he left me alone."* This parent had received a variety of help for her condition, including hospital treatment and group therapy, but she noted that her illness interfered with her participation in the parenting course: *"Like one week I felt so upset I didn't want to speak and I didn't. I just sat there and listened...I'd say 'It's been a crap week and I don't want to speak'."* Asked why she had nevertheless attended the group, this parent said: *"I dunno, I just did it because it was better than sitting at home."*

- **poor attachment to an individual child:** this child may not be the one at whom the intervention is targeted. A mother who attended a group for help with the behaviour of her eight-year old son was more exercised about her daughter, now 14. She explained that the problems with this child had begun from her birth and that the tension between them had had an adverse affect on her relationship with her son.

Another mother reported a similar situation with an older daughter, not the subject of a programme: *"She has never been the same as the other two. I mean, she was the first born, and I know you should never compare...I think it was probably*

something to do with the way she was born - premature, she was very, very poorly.” This mother made an observation, frequently heard from parents who use groups, that she enjoyed hearing other parents describe incidents with their children of the same sort as those she was experiencing. *“One women there felt the same way about her son as I do. I want to kill her all the time and I don’t want to hug her or kiss her. I don’t. I really don’t.”*

- **conflict between parents, domestic violence:** family relationships were sometimes complicated. The mother quoted below attributes her son’s behaviour difficulties to a lack of trust in men. After the boy’s father left her, this mother had another partner, the father of her two young children: *“He (son) got very attached to him because he was there from when he was tiny...He had bad mood swings this chap did, and one day [the child] just happened to be there and saw him hit me.”* The mother has a new partner, but the child does not relate well to him.

- **problems in obtaining diagnosis and support for physical and emotional difficulties in parent or child:** some parents described struggles that they had experienced in getting attention for their own or their child’s disabilities or health problems. A woman who was concerned about her sons’ speech delay said: *“I badgered through my health visitor to get him back with the speech therapist, but personally I think my health visitor is about as much use as a chocolate teapot...they think you should sort it all...well, if he was an only child, yeah, but we’ve got four children.”*

6.10 Approximately half the children whose background was followed up by interview had experienced more than one of the intervention programmes offered in the Oxford area. In Slough families were generally participating in services offered by the family centres, so both parents and children experienced other forms of support.

6.11 **Parental Motivation**

A typical reason for attendance at a group is given in the next quotation: *“It got me out of the house and I never get out. It got the kids out as well, instead of being stuck in here as usual.”*

6.12 Other reasons given for joining include:

- feeling drawn to the staff member who visited the home, or talked to them at the school gates
- knowing someone who had attended a group and felt it had been useful, or, in one case, whose child’s behaviour had shown a noticeable improvement
- looking for a way to understand why a child *“is like he is”*
- by accident: *“I was just chattering to one of the mums saying what a handful he was...”* someone, overhearing gave her information about the group. *“I said, ‘Yeah, I’ll give it a go..when I first got there I thought, ‘What the hell am I doing here?’”*

- *“It was a chance for him to get extra help”*
- *“I didn’t want to go...But I thought if I say no they’ll (Social Services staff) keep on saying it was in my interests to know what it was like. So I thought I’d go along to the first one or two and if I don’t like it I’ll stop...Every time I tried to stop they managed to talk me into it”*

6.13 The majority of parents interviewed had had a rough idea only of what to expect from a group. Even where a parenting programme had been recommended by a professional, sometimes a professional who had received training in the programme, it was interesting to find that parents had little idea of what was likely to happen in the group until they experienced the first session. This could lead to disappointment. The mother in the next quotation was surprised when she arrived at the group for the first time:

“I had the impression that it was a very difficult course to get on to...that if you got a space you had to go every week, it was very strict, and we were very lucky to be getting on this course and you had to be very grateful - and I almost felt like somebody else might need it more than me. But when I got there...I felt a bit let down.”

6.14 In this case the sense of anti-climax was attributed to the fact that some participants had simply come along with a friend and did not appear to have been screened with the rigour that the respondent felt she had experienced. There was a delicate line here, between presenting the intervention as a demanding and serious commitment, and frightening parents off, and it is clear that many parents need a sensitive introduction to the experience.

6.15 The least motivated parents were those who had been persuaded to attend on the advice of social workers. One parent said *“I wasn’t very keen on going, but they kept on and on.”* This parent had experienced more than one intervention. She attended the one that was being studied for three sessions and left because she considered she was ‘getting nothing out of it’. *“Nothing, really, because I wasn’t even interested in going. I only went along because I thought, ‘At least it shows I went’.”*

6.16 A small number of fathers had participated in the parenting groups. It was clear that some male partners had been somewhat grudging about their attendance. This may have something to do with their minority status at groups.

“My husband puts up barriers, but there have been some changes in the way he deals with the children. There were two other men in the group but they both dropped out...whatever (the leader) says to him, he’ll disagree...but he’s still going and some of the things he does take in. He wouldn’t have gone without me. My husband and I have had different upbringings so we disagree and have different ideas about child-rearing.”

6.17 Several parents noted that they would like parenting support, including that offered alongside the whole school intervention (**B**) to continue for longer. Among parents interviewed were a small number who had attended

more than one parenting group, delivered by the same programme or different programmes.

6.18 It is something of a compliment to these interventions that the majority of participants complete the parenting course. In some cases they have to make considerable journeys with their children to reach the venue and 15 weeks is a considerable commitment. There is dropout, however.

6.19 *The Group Approach*

In all the interventions that offered a group to parents, the composition of the group itself and the experience of being with other parents, was extremely important to participants.

“The first time you walk in there you think ‘I’m the only one with this problem’. You come out of there thinking ‘No, I’m not, there are hundreds of people with this problem’.”

6.20 The majority of descriptions of the introduction to the group note the support which members give to one another from the outset. For example:

“We said our names and what sort of problems our children have and we were sort of helping one another to...describe things.”

“I liked going to the group: very little judgement goes on...I got a lot of understanding.”

6.21 However, some parents are put off by the prospect of having to speak in front of others, and find it hard to conceive of this as supportive until they have had the experience. In these cases, the parents who had made it to a group had been supported in doing so by the group leader and sometimes by other encouragement, from community workers, pre-school teacher counsellors and their families.

“I’m not one for going out and mixing...(In the group) you have to go round and say your own thing and I felt nervous of doing that. Because I went to a group before and I didn’t stay because I was nervous...I did say to the kids ‘I don’t want to go,’ but they wanted to go.”

6.22 Persuading parents to sample the experience is therefore important, and the initial approach from a group leader can be very influential. A parent, who first heard of a group at the school gate, where the leader was talking informally with parents, was attracted by the leader’s personality.

6.23 In areas where groups are repeated in the same community, several parents had heard about them from friends, but one of the important messages from friends was that the group leaders were ‘all right’. This is well expressed by one respondent:

“The group leaders were great. They had us laughing. They treated us nice. They done us food.”

6.24 The establishment of a bond between members of a group is more likely where there is a sense of enjoyment of group activities, and members like one another. However, it was clear both from reports from group leaders and from the accounts of parents that relationships can go wrong in groups, and can be the reason why parents leave or do not complete the course. A father, who felt strongly about the approach of a group leader to physical punishment did not attend a group session as a result, but did return to the group subsequently. A mother left a group because she felt that others had made relationships and she was ‘left out’, (although in this case her prime concern was the behaviour of an older child who was not involved in the programme).

6.25 Where groups were held or repeated in established centres, like family centres or community centres, bonds were quickly established, and were often based on a preceding relationship. In one family centre ‘tasters’ of the kind of work covered in the group were offered to users. There was no evidence that this was attracting more, or different parents to the work, but the approach was in its early stages.

6.26 *Parental Expectations*

Once the group is established, an important reason for continuing attendance is whether it meets the parents’ aims. For some of the parents interviewed, the main aim was social contact, and if the group provided satisfying company and relationships they were liable to keep coming, even when reporting little change in their children. However, in the cases where the intervention was seen to be most effective by parents, it was the effectiveness of the group in changing children’s behaviour that brought them back each week.

6.27 In the following account the parents of a pre-school child who both attended a group, and who joined on the advice of their GP, noted that changes occurred in their relationship with him very quickly, and that it was this which kept them attending the group and which helped them to bond with others in it.

Mother: “In the first weeks it was play and praise which was really good...”

Father: “First of all it was house rules... We didn’t really have any. When it came to giving a command for some reason we weren’t consistent, we didn’t follow through and most of all we didn’t turn round and say ‘Well done’ and ‘Thank you’.”

Mother: “I think it was the second week in... we did the praise... and from the Tuesday to the Thursday of that week we’d been praising him... and you could see it was working for him.”

Father: "Everybody who started doing the homework had some level of success and everybody started to enjoy that and share that a lot. You could see the more people had achieved, the more success they had, the more willing they were to share."

6.28 This and similar accounts suggest that the bonding experience and the effectiveness of the learning in the interventions are closely linked. However, where families have multiple difficulties, as outlined in Paragraph 6.6 above, the observable impact may be slight or difficult to detect, and these parents are less likely to feel involved in the group.

6.29 Parental Views of Course Content

There are particular components of programmes that help to underpin the group relationship. It is a general practice for the group members to agree on rules from the outset. This following parent, from **A1**, found this important:

"I knew one parent by sight before. We mentioned this and set up ground rules to maintain confidentiality." Another agreement in this group was "that parents should not put other people's children down." The leader of this course noted that participants could 'pass' on an activity - i.e. decline to participate - if they wish.

6.30 Group work also involves a focus on the parents' needs. Several parents particularly appreciated those aspects of courses that emphasised their own need for respite and relaxation. Commenting on this aspect, one mother said, *"I've got stronger through going. I think a bit more about myself"*. The sense that the predicament of parents was understood in the course, and that parenting was acknowledged as a difficult, wearing job, kept a number of people going even when they felt there were few changes in the child.

6.31 **Work** in all the groups examined is based on distinct objectives, with back-up materials and homework - a practical activity to carry out with the child, and some flexibility in tailoring this to the needs of the individual family. Although parents had reservations about parts of programmes, sometimes to do with the details of materials or the efficacy of particular techniques, there was an overall appreciation of a structured approach, and a sense that the programmes had a purpose and were 'going somewhere'.

"It's a course that you've got to go to not having high expectations of it, because it's not a miracle cure. Nothing is a miracle cure if you've got a child that is uncontrollable. But if you put your name down and give it three or four weeks, you realise that you are learning."

6.32 Some parents were also aware that their children were learning in children's sessions offered alongside the parenting group. Several noted that the children enjoyed going, including this mother of a 4-year old boy who does not enjoy his nursery class. His response to the children's programme was positive:

“He loved it. He totally loved it...There wasn’t this sitting down and writing your name and everything. It was baking cakes and the things he likes....If you were to give him a toolbox he would keep himself occupied. But anything else, he can’t.”

6.33 Where parents did not find the programme useful, there was some evidence that this could be because the child about whom they were most concerned was not the child who was the subject of the training. We have already seen that where a parent is concerned about behavioural problems, the concern is likely to be most acute where the child is older. The publicity and introductions to all programmes were clear about the ages of the children targeted. Nevertheless, some families will have older children and may have unrealistic expectations of the help programmes can offer with them.

6.34 Both successful bonding in the group *and* impact of the intervention on the children and parents are linked to the ages of the children. If parents have children of similar ages, they are more likely to have common experiences, they are more likely to bond, and the behaviour management strategies, which are age specific, are more likely to work.

6.35 Parents appreciated the fact that their children could attend groups with them, and many noted that this was the main reason why they attended - because the childcare made it possible.

6.36 *Parents’ Observations of the Impact of Interventions*

All parents interviewed described some concrete benefits of those programmes that offered a parenting course. The benefits they describe vary. Most said that they had learned techniques to help them manage their children, but the extent of the gains they derived from programmes varied. One course leader pointed out that this was to be expected:

“It depends where the parents are. The parents are so different and have such different backgrounds. Overall we try to make the relationship with the children encouraging and positive. When they arrive they are keen to know how to punish the children and be stricter with them. We try to get them to have more empathy with their children and consider why they are doing what they are doing.”

6.37 Parents observed that the lessons learned in groups tended to be more effective the younger the child. Several noted that they wished they had had support earlier in the child’s life. The most complete accounts of effectiveness related to children aged 6 and under. For example,

“She (child aged 4) is much calmer now. I don’t criticise her or compare her with other children like I used to. I stopped telling her off for wetting herself and she hasn’t wet herself for three weeks now.”

6.38 The materials and methods used in parenting groups were seen as effective by parents, but there were some reservations about materials

developed in the United States. These could create cultural barriers, although this problem has been identified by the organisation delivering these programmes and is being addressed. A majority of parents reported that they had also learned techniques from other parents in the group: *"You pick up things from other parents, you pick up advice and ideas as you go along."*

6.39 **Where** fathers attended groups, notable gains were reported. In one family where husband and wife attended together, both reported that their own relationship had benefited from the skills they were developing to relate to their child. In particular, putting aside time to talk to one another, pay attention and listen to the other's views had brought them closer together. This couple had also found a therapeutic release in the group by talking about things which had happened in their own childhood, and in particular in their relationship to parents and step-parents. This personal impact was reported particularly, but not exclusively, by couples who attended parenting groups as part of programme **B**. In some cases fathers were unable to attend groups because of work obligations: long working days with non-negotiable hours.

6.40 Parents' View of Impact on Children

A range of impacts on children was reported. The following are a sample of some of the stories.

6.41 A 7 year old girl had a statement of SEN and a list of behavioural problems which included hyper-activity, sleep problems, inability to make friends, disruption in class, attention-seeking, swinging between immaturity and inappropriately mature behaviour. After two terms of a systemic programme at school, and her parents' completion of a support group, she was reported as:

- socialising with other children - she has friends and no longer plays alone
- having improved literacy skills (this child was exposed to programme **E** and programme **B** concurrently)
- sleeping better (which means that her parents have more time to themselves and are therefore less stressed)
- being able to amuse herself and not always demanding to be the centre of attention

Her parents felt that they have gained in confidence, and had been able to help other parents they knew.

6.42 The parents of another 7 year-old, who were not involved in a group but supported his experience of programme **E**, reported that he had been bullied at school and lacked confidence. *"he was that type of boy who tried various clubs and activities but they never lasted long and he never wanted to go back. He's always the smallest."* His one-to-one reading support was linked to other activities at school, and after seven weeks his mother noted that he had gained in

confidence and was noticeably less fearful when asked to participate. But most strikingly, his ability to relate to other children had improved: *“He’s ever so popular now. He has a social life. I have children home here, we have to book them in... on sports day ...each child has to write down who they would want on their team...seven names and his name appeared on almost every list. Every one of the boys in the class wanted him on their team.”*

6.43 Dramatic changes like this were reported in a minority of cases, and they tend to be where the behaviour problem is very specific and there are no attendant exacerbating problems. Slighter change is not always attributed to the programme. For example, a parent who considers that her 8 year old son is more organised, less haphazard and forgetful, attributes this to his growing maturity rather than to any skills she has learned in the programme - although there are some signs that the changes are, in fact, a direct result of her clearer communication with him.

6.44 Most commonly reported was an improvement in the parent/child relationship. Parents found it easier to gauge a change in their own behaviour rather than their child’s. For example, the mother of a 4-year-old boy observed:

“Really my relationship with --- has gone from, I would literally say I hated being alone with him and now I really enjoy it, I really enjoy my children now. It has really changed my life...the praise and the play and the pyramid thing.”

6.45 Other parents described themselves as calmer, able to control irritation and anger, less erratic. Many parents could only relate this change in the vaguest way to the child’s behaviour, and some assumed that the child had changed less than their ability to cope with the behaviour. The objective measures applied to children bore this out. In some cases specific behaviours had not altered, but the family perception was that life had become easier.

6.46 Where the relationship remained problematic, with no sense of change on either side, the parent frequently reported an apparent attachment problem, often associated with a difficult birth experience. Although staff in interventions report some success with families where there is a problem of attachment, in these extreme cases the intervention needed to be reinforced by some longer-term support and therapy for the parent.

6.47 Parents who described apparent attachment problems, for example: *“(He) was a child that was not planned, difficult labour and I was very upset because he was a boy and I knew he was a boy. And I’ve always felt guilty for not really wanting him, and I think that was a part of it as well,”* had not observed behaviour change in the child, though some did note modifications in their own attitude.

6.48 One parent in this category felt that the group had not had any effect on her children: *"It didn't do the little ones any good. The main bonus was for me...I used to be quick to shout at the kids, but since I've been going, I'm calmer. I count to ten, if they are still doing it by the time I reach ten, then I shout."*

6.49 Parental Overview of Interventions and Follow-up

A proportion of parents interviewed about a programme had previously experienced this, or other interventions. As a result, some made comparisons between approaches, and preferred one to another. However, there was no distinct pattern to these responses. It seemed that the main differential here was the leader or other members of the group, rather than the approach. Several parents had experienced interventions that were not included in this study, especially an early education project that is offered to all parents of newborn children in the South Oxford area. [29]

6.50 Comments from parents who had attended more than one group-based programme suggested that the group support had been particularly valuable for them, and that they wanted it to continue. Some parents felt that they would have liked continued contact once a programme was completed, but this was not true of the families where the intervention had been most successful. One parent, of a 7-year old and 4-year old twins, who felt that she had learnt from the course and that her children had benefited to a degree, felt that she would not want to do another course, *"but if there was perhaps a more advanced course, I'd be interested...just having somebody - not in authority...or a professional or whatever they are called - somebody saying, 'Yes, you are doing all right, you are on the right track'."* This quotation expresses a need for continued reassurance, and reflects the support that is seen as the basic benefit of a group.

6.51 Follow-up support can be most flexibly delivered by family centres which offer other services. In D, an established centre which offered five separate programmes during the course of the study, participants in the first courses were more likely to come from centre users, and by the last in the series all participants were new to the centre. Staff found that after the courses some participants rang for encouragement and advice on behaviour and were more likely to use the drop-in facilities at the centre. In G the courses had been an introduction to a new centre, and staff combined them with other family centre activities, especially days out and play events.

7. THE IMPACT OF PROGRAMMES ON PRACTITIONERS

Practitioners who were trained by programmes valued the knowledge highly and multi-agency working had benefited. The programmes provided an important extra resource for referral and had mobilised extra support for families through the use of volunteers. Intervention programmes are considered acceptable by families when professional services are considered stigmatising.

7.1 Practitioners - people who are paid to work with children and families by a variety of agencies, statutory and voluntary - are involved with the programmes and have views about them. Interventions affect practitioners for three reasons:

- because they involve children and families with whom a practitioner is working
- because some practitioners are trained to deliver the intervention
- because some practitioners are trained in the intervention method to enhance their own work with families

7.2 The Head teacher of a primary school that is using programme B described the personal and professional support he had derived from his relationship with the programme leader:

“...she is highly practical and she has got very good ideas when I am tired and overwhelmed: she will say ‘Try this and try that.’ She will also say ‘I can’t help you with that kid’, which I like...because it is honest about the limitations of the intervention. What it does ...is it broadens and strengthens what you are doing already. It gives you ideas to build on existing practice...the public expression of the essential values of the school is something that she’s helped, and, in the teaching system, the sharing of each other’s problems is something that she has helped us with”. [30]

7.3 Pre-school Teacher Counsellors, working in the Oxford area with families in their homes, are experienced SEN teachers with counselling skills. They observe children’s behaviour at home, discuss the parents’ concerns with them, arrange baseline assessments of children and help the parent with strategies for working with the child through play. There is an agreement with the organisation which delivers programme **A1** that some of the families in the programme will be attending on the advice of the Pre-school Teacher Counsellors, and these children will be seen at the group rather than at home. They noted this opportunity enabled them to make observations of children’s behaviour when they were in a group setting that means that the educational assessment is based on a sustained observation, rather than the more limited time possible at home. On occasions children have been taken on to the caseload by a Pre-school Teacher Counsellor as a result of the programme,

rather than the other way round. It has been a way for families to gain access to expertise.

7.4 In **F** practitioners from the Educational Psychology Department of the LEA helped to deliver the programme in a family centre. In his report on the pilot project, John Waters noted *“This was very much a project led by professionals, and this led ...to a ready insight ...into effective staff deployment...several staff members felt that their own skills and understanding had been developed...”* [31] This comment raises an interesting extra dimension to the programme as it was implemented in Chalvey, and suggests another outcome from these projects: enhancement of practitioner capacity.

A further issue arose from the role of practitioners, however. Programmes delivered by voluntary organisations have the advantage of being at a distance from services about which some parents feel uncomfortable. John Waters writes: *“It was acknowledged that there could be some conflicts over the regular roles of the staff leading the project. Some of the parents already had children with special educational needs identified before the project started and had contact with some of the professionals in the staff team - this was given as the main specific reason for joining the project by most of the parents. Special educational needs issues emerged with some of the children in the group during the course of the project. The professionals in the team had openly debated the possibility of conflicts of interests...Parents sometimes mentioned these dual contacts with staff members, but voiced no difficulties with the dual roles.”* [32]

7.5 Health Visitors who had received an introductory training to the methods used in programmes **A**, **D**, **F** and **G** considered the training had:

- enabled them to give useful preventative advice to parents
- enabled them to identify families who might benefit from parenting groups
- linked them more closely into the network of family support services in the area
- provided them with a language with which to discuss behavioural difficulties with families

7.6 Practitioners Who Deliver Programmes

Staff who had been trained to deliver interventions considered that this had improved their confidence in working in different ways, especially with children, rather than their skills. In fact the training *is* based on the acquisition of new skills, but this was not what staff felt they had acquired. Talking about her training in play therapy skills, an LSA said:

“It was good to go on that course, it really gave me more confidence to go ahead and play, because at times I felt guilty because this boy hadn’t got a file of work that was following the national curriculum because we had spent a lot of time playing. The

training wasn't very long - four full days. They were valuable. It made you realise that what you had been doing with them was a good idea." [33]

7.7 This view was echoed by staff in family centres who had been trained to deliver programmes directly to parents: that aspects of the programme reflected things they had been doing already. However, the structure and tools were considered useful and an enhancement to the professional 'toolkit'.

7.8 **B is** a programme delivered by teachers, and training may be given to all adults from one school or to teachers from a group of schools. This organisation also offers training to professional teams, including behaviour support teams, health workers and so on. The training is given over two or three days and involves theory and practice with participants engaging in activities which they will carry out with children or parents later. Since an important aspect of this programme is to help children and adults understand and express their feelings, the training sessions can be revealing!

7.9 Teachers who participated in the training reported that they had acquired new skills and were working in different ways as a result. However, this does not always work, and the programme acknowledges that if the school head is not committed to the programme, it is hard to maintain it throughout the school. Participants in the sessions observed were generally positive, however:

"I'm really excited about using this scheme with my children. I think we'll all get something out of positive discipline and learn to value one another better. The trainer makes you feel enthusiastic." [34]

"This is a new way of talking. I'd never thought of it before." [35]

7.10 **Volunteers**

Programmes of the **A** type are also training volunteers. Where these are working in the children's groups many are recruited from institutions offering related academic courses, and undertake the work as a placement. For an A2 programme that was observed for this research, volunteers working in the group for school-aged children had been recruited through advertisement in colleges.

7.11 The organisation employs a volunteer co-ordinator. She noted that volunteer recruitment was difficult and that it was unusual to have more volunteers than required. Although the programme was fortunate in having access to large numbers of students, they can be unreliable: a group of 17 Health and Social Care students from one college had dropped out when their timetable was changed. Volunteers complete an application and are police checked. The training comprises two and a half days that focus on the ethos, background and principles of the programme. Volunteers re-apply if they wish to work on a second programme.

7.12 Volunteers reported that they needed more training to cope with children in the group for school-age children. There was evidence that these children are more difficult to manage and more stressful than the pre-school ages. Those with some experience of working with groups of children managed best. Some volunteers did not have the skills and experience to cope; though they did provide some companionship for the children because they were young. The organisation has changed its practice since, and a paid worker now leads the sessions for children.

8. CONCLUSIONS

Do the Interventions make a difference to the behaviour of children?

8.1 All the programmes in this study had some impact on children, their parents, and their schools or on all three together. The impact on the behaviour of individual children is perceptible but is rarely dramatic. In one or two cases parents described a complete change in a family relationship, but in these cases the behaviour difficulty described was not severe and the parents reported that they were aware of a lack of management skills from the outset. The introduction of consistent management in these cases had a rapid and pronounced affect on the child's behaviour.

8.2. The qualitative and quantitative evidence suggests that the younger the child, the more pronounced the effects of an intervention on behaviour. Successful programmes are age-specific. Parents need to understand that this is so. Cases where the behaviour problems are on the 'normal' side of the spectrum and the parents recognise that their management is faulty, are more likely to involve children in the younger, pre-school age group. However, there were many families in this study whose problems were multiple, who had more than one child presenting with problems, and where the behaviour difficulties were long-standing or had become entrenched. There was some evidence of incremental gain in these cases, but none of a dramatic turn-around in the situation. Where families are experiencing multiple difficulties it can be harder for them to implement the programme consistently or to sustain implementation.

8.3 All interventions were effective in diagnosing where behaviour problems may have a physical basis, and of making sure that children and families have access to appropriate treatment. Among the unlooked-for outcomes of interventions are the diagnoses of physical problems that have gone un-noticed previously. Programmes **A1** and **A2** had been particularly effective in doing this, highlighting where children may be having visual and hearing difficulties which are causing developmental delay. There was evidence that group leaders were facilitating the 'joining-up' of services for parents, including finding follow-up support from voluntary organisations like Home-Start. Hearing difficulties had also been discovered in children in programme **E**.

8.4 There was no evidence that programmes would have been more effective if longer, or if re-administered. On the contrary, the content of these interventions is appropriate, but care is needed to make them available in combination. Although parents often feel they would like longer programmes, their real need is for a continued, open-access source of advice and support. Where parents undertake more than one programme, the benefits in terms of behaviour improvement in the children are slight.

Which Programmes are most effective?

8.5 Programmes A1, D and F aimed at pre-school children and delivered over a fixed period show an impact on the behaviour of individual children. They are appreciated by parents, who particularly like the opportunity to meet other parents dealing with similar problems to themselves. The cognitive and social learning techniques of these programmes lead to significant behaviour change in children. Most participating parents and practitioners consider that they are effective.

Programme A1, which is delivered by experienced specialist staff, showed the highest level of impact on individual behaviour.

8.6 The cognitive and social learning programme A2 for school aged children showed some effect on individual behaviour, but this was less pronounced than in the younger age-group. Some of the children participating in this programme had severe problems.

8.7 Programme B, which addresses the behaviour of a whole community, produced a good deal of anecdotal evidence of improved general behaviour within the community at all levels, but the intervention had been combined with other strategies. **It is possible to conclude that the approach contributes to a general change.**

8.8 There is also evidence that the behaviour of teachers and other adults in the school community is changed by Programme B, and that this contributes to a change in the overall demeanour of the community. However, behaviour measurements were not applied to the adults.

8.9 Further investigation is needed into appropriate research methods for judging whole community interventions. Methodologies derived from social anthropology, which researches groups, may need to be incorporated in future research into this type of intervention.

8.10 Individual behaviour was not measured in programme C. There was anecdotal evidence that children enjoyed the groups based on therapeutic methods delivered by this programme, and that it aided in the maintenance of SEN children in inclusive schools. However, these children are subject to a range of other supports. **LSA's found the skills they had learned through programme C to be a useful additional support to individual children.**

8.11 Programme E had a marked effect on the literacy levels of the children participating in it. There was no measurable impact on behaviour, but some evidence that the behaviour of other children towards those who had experienced the intervention had improved.

8.12 Although there was no measurable impact as yet from programme **G**, it seems likely that it will eventually operate in the same way as programmes **A1**, **D** and **F**, which are producing change.

How are Interventions best delivered?

8.13 **Interventions are making a difference beyond the behaviour of individual children.** Value is added to an intervention when it is linked to other types of support, and families can get access to these easily. Families receiving an intervention in a centre that offers other services or which makes other services easy to access are more likely to report benefits from the intervention. There is an existing bond of trust between users and staff in family centres, which specialist staff have to create from the initial assessment visit. **Interventions offering parenting support can act as a gateway for other services offered by centres: centre-based services offer parents easily accessed follow-up support and advice.**

8.14 **The whole community approach is a beneficial background to establish before offering support to specific children and families.** It would be interesting to see if this approach, applied when children are younger, acts as a preventive to some behavioural difficulties. Whole community approaches (including the one studied here) can be delivered at nursery and other pre-school projects, and may be used by some Sure Start programmes. By establishing basic language and rules to which a whole community adheres, and by introducing these early into family relationships, some behavioural problems can be addressed early.

8.15 **There is a spectrum of targeting in the interventions studied: the generalist approach, establishing a basic emotional and behavioural structure for all children, a more targeted approach for those who continue to have problems, and a very specific approach for clearly defined problems.** In planning ways to prevent behavioural difficulties in children, a layered approach offers a powerful strategy. Table 19 illustrates the approach.

Table 19: A Strategy for Intervention

<p>-----Whole population approach -----</p> <p style="text-align: center;">B</p> <p style="text-align: center;">-----Targeting a range of difficult behaviours-----</p> <p style="text-align: center;">A, D, F, G</p> <p style="text-align: center;">----- Meeting specific deficits-----</p> <p style="text-align: center;">C, E</p>
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8.16 It is harder to say exactly what impact the most targeted approaches, using play and reading skills as the catalyst for behaviour change, have on behaviour. There is anecdotal evidence that they have some. What is significant about this layer of intervention is that support is delivered directly to children in a one-to-one relationship. More intensive support is necessary for some children, and programmes like this offer it within the school, making it easier for the child to remain in mainstream education. In other areas the one-to-one approach of voluntary organisations like The Place to Be and Schools Outreach has been used to address emotional and behavioural difficulties and has a good record.

8.17 Interventions are more effective when delivered by specialist organisations. However, there are benefits to practitioners whose skills are enhanced by training, and who may add value to the interventions with their own expertise.

What impact do Interventions have on families?

8.18 Participation in these interventions was not seen as stigmatising by parents, schools or children. This is a tribute to the way in which they are delivered. It is also a real strength. It suggests that more extensive use of these approaches will be acceptable to users, and, indeed, that the more they are used the more acceptable they will be.

8.19 Parents are motivated to participate in interventions by a mixture of concerns for children and needs of their own - particularly the need for company and activity outside the home.

8.20 Parental response to the style and content of the programmes was generally positive, and based on the observation of improvement in the child's behaviour or in the relationship with the child. Where parents had a negative response, there was often an exacerbating problem - an older child who was presenting problems, family breakdown, ill health and so on. Where the child's problem was specifically behavioural, and the child fitted the age-profile of the group, parents reported that the techniques they learned had a perceptible impact on the child.

8.21 Parents are not well informed about the nature of the interventions before they participate in them, and certainly do not understand the differences between programmes. This makes it difficult for them to judge what will be most appropriate for their needs.

8.22 The use of groups, for parents and children, adds an important dimension to the interventions. It is notable that the biggest behaviour improvements in children occur on the prosocial domain. Participants consider group experiences useful.

8.23 Although programmes which include groups for parents can have considerable impact both on parents and children, **where there is a problem of attachment between parent and child the impact of the programme is likely to be reduced.**

8.24 **Supportive relationships between group members, facilitated by sensitive leadership, are key in attracting and sustaining parental involvement in the early stages of group-based work.**

8.25 **Groups must be led by experienced and qualified staff.** Tensions can occur within groups over matters of status. *“She seemed to think she was better than the rest of us”* was one comment about a fellow member. Troubles can occur between parents from the same neighbourhood, especially since an ingredient of groupwork is the examination of past and current personal experience. The programmes studied were adept at mediating these differences. The role of group leaders was important here, and some extremely able staff were involved in running groups and building relationships with and between members.

Parents consider the relationships they develop with group leaders as important. The facilitator becomes an approving and encouraging parent, who listens to group members’ stories, proffers support and advice and makes sure that everyone gets their say. Parents do not always like the leader, but if they stay in a group they respect her. The leader models some of the behaviour that parents take home with them, especially the giving of undivided attention

8.26 **Where volunteers are used, they make an important contribution to programmes.** They allow for a closer community link, help to avoid any stigma that might attach to a totally professional intervention in family life, and extend the capacity of programmes. However, there are some lessons to be learned from the use of volunteers in family support programmes:

- **A wide range of volunteers is required, not drawn from a single source**
- **Volunteers require extensive preparation for the reality of working with children with behavioural difficulties**
- **Support should be available for volunteers from someone external to the group, (like a volunteer co-ordinator), and mechanisms for accessing this support should be clear**

8.27 **In all the interventions where parents participate, they note that it is the way everyone listens to them (and they learn to listen to other people) which is the unfamiliar and welcome element in the process.** Learning to listen is valuable, because it is a skill that transfers to many situations. A couple who attended a parenting group together reported that they now go to bed slightly later because they spend some time at the end of each day

'debriefing' one another on the day's experiences. Both say they feel more rested, even with less sleep, because they go to bed in a calmer state of mind. They feel their relationship is much improved

8.28 For many parents the membership of a group is seen as a privilege that they have *because of their children*. The commonest 'good thing' that emerges from participation in a group is companionship. Parents report their feelings before contact with programmes as being of isolation, which may be exacerbated by the behaviour of their children but is not caused by it entirely. The underlying cause is a lack of confidence and self-esteem that is attributed by many parents to parenthood itself. Parents described how children had represented only limitations to their own development until they provided the reason to be in a group. This has altered their view of their children.

Are the families who need them getting access to interventions?

8.96 Further research is needed into the suitability of programmes for families from varying cultural backgrounds. There was resistance among travelling families interviewed to the content in some parenting programmes, which challenged what they saw as traditional ways of dealing with behavioural problems, especially punishment. Interventions also present difficulties for some Asian families. Among the customs programmes do not take into account is the involvement of extended family members in the rearing of a child, especially the role of in-laws. Because they are introducing new languages to deal with behaviour, parents whose mother tongue is not English (even where the English is good) can find the language difficult to deal with. This is particularly true of programmes which use expressions like 'warm fuzzy' to enable a child to express a pleasant feeling, 'cold prickly' for its antithesis. In the sample of families were some where the children were of mixed race, and where a number of complicated social and family difficulties appeared to be affecting the parents. The needs in cases like this go beyond the scope of these interventions and require further research.

8.30 The provision of separate childcare, whether or not this is integrated into the programme, is essential in order to reach all parents and to enable many to participate. Childcare (for children of school-age as well as pre-school children) could enable interventions to target specific children of the appropriate age, rather than including children who are outside the age-range and less likely to benefit from the intervention.

8.31 Men are rarely represented at parent groups and may respond in more numbers at groups designed for them alone. Employers should be made aware that fathers might need to take time from work to attend parenting programmes. It was noticeable that more men on average were involved in programme *E* than in the group-based interventions. **Where both parents attend a group, benefits for their own relationship can result.**

8.32 All the programmes were making efforts to reach ‘hard-to-reach families’, with mixed results. They reach some children with severe behaviour problems as well as those whose problems are moderate or slight. They are also reaching some families with multiple problems. In some cases the severity of these problems makes it difficult for the families to complete the work of the intervention. This problem has been identified by Carolyn Webster-Stratton who has noted:

- one third of parents do not respond to group parenting education
- lack of impact can be attributed to factors like poverty single parenthood, lack of support, depression and family isolation
- families experiencing these difficulties may drop out of parenting programmes, fail to show any change, or fail to maintain changes at follow-up
- low levels of involvement in community activities can lead to poor social networks and greater isolation for families
- parenting programmes need to focus on building community networks and parent support
- as mothers feel more satisfied with their social support, they are likely to become more nurturing and positive in their parenting and less likely to report problematic child behaviour. [36]

A substantial proportion of hard-pressed families have nonetheless completed interventions, which has required considerable effort on their part and suggests that they consider the programmes are worth the effort.

8.33 Many parents with multiple problems rate highly the experience of participating in these programmes. However, the outcome for the child is likely to be affected by the multiplicity and entrenchment of the parental/family problems. Families with multiple problems found it harder to complete courses that required a long commitment, and reported least benefit from the experience. Interviews with these parents suggest that the following extra support is needed for interventions to work for them:

- **Short-term parenting programmes should be offered after a period of community development and consultation with parents in small geographic areas**
- **There is some potential for parents who have ‘graduated’ from programmes and have found them useful to be involved in reaching out to recruit other parents in their neighbourhoods, and acting as role models for participants**
- **Self-help parenting groups should be encouraged in order to provide the social support that is valued and to extend this beyond**

the length of the intervention and perhaps consider matters beyond behaviour, like nutrition and early education, when parents want it

- **In areas of high disadvantage, parents will need incentives to participate in groups. A minimum of transport costs and food is essential. In an ideal world, parents who took the trouble to undertake this form of learning would be remunerated. Being a parent is a tough job and most jobs include a period of paid training**

8.34 The true cost-effectiveness of these interventions is difficult to establish without a longitudinal study which links the short-term outcomes - behaviour change - with long term benefits. Existing studies have estimated the extra costs to families and support agencies of children with emotional and behavioural difficulties at between £5000 and £45,000 per child. On the basis of this study it is possible to say that these interventions have some effect and are not expensive. As one headmaster put it: *"It has to come out of a tight budget, but it's money well-spent."*

APPENDIX A: - THE PROGRAMMES

Historical Context

The programmes studied in this research are not new, and their use, in the Thames Valley area and elsewhere, has grown as local authorities and education authorities have purchased services under contract from specialist providers, to support children and families under their statutory duty.

In 1996 a unit in Oxford which had assessed the needs of children with EBD and other difficulties was closed and some extra places were made available at a second assessment unit. In addition a number of programmes targeted on these families were funded by the Education Department in a two-year pilot study. This exercise was the first stage in developing “a coherent and comprehensive approach to improving young children’s behaviour in Oxford City First Schools, through early identification and intervention and joint work with families.” [14] Of the five programmes chosen, one was to work with pre-school children, the others with children already at primary schools. Each programme had a slightly different geographic focus. Two programmes were city-wide, one was to work in North Oxford, one in the South Oxford estates, including Blackbird Leys, Littlemore, Cowley and Headington, and one in East Oxford.

In Slough the focus of the programmes was to be primarily geographic, and they were planned for areas which the local authority had identified as needing special support. An Early Years Centre was being developed in Chalvey, an area with a high (over 90%) South Asian population, and was to be the base for a range of services delivered by collaborating agencies. In another part of the borough, Britwell, as a result of extensive community consultation, a family centre was planned on an estate recognised as high need. The intervention would be part of the services offered by this new, multi-agency centre.

Structure of Organisations Delivering Services

It is common for specialist services to be purchased from non-profit-making groups constituted as voluntary organisations, their policies and work guided by management committees or boards of trustees who act in a voluntary capacity. Two of the groups delivering early interventions in Oxford were established in this way, but two were in a less clearly defined place, somewhere between statutory and voluntary services.

A: THE FAMILY NURTURING NETWORK (FNN)

The organisation was registered as a charity in 1994 after a pilot project which tested the feasibility of offering parenting skills programmes to groups of families seeking to improve their family relationships. Its programmes are for:

- families with pre-school children from 2 years old
- families with children aged from 4-12 years old
- children
- parents attending on their own

The publicity material notes: “All our programmes are suitable for families experiencing significant difficulties in parenting their children.” [37]

At the outset of the evaluation study FNN was run by a board of five trustees and a chief executive who is a clinical psychologist. In addition it had eight staff, many with educational and counselling qualifications.

As well as programmes for the four categories outlined above, FNN offers training to staff working with children: health visitors, and staff in nurseries, family centres and so on. Its training role was of central importance to other programmes examined in this study.

The programmes for parents and children last from 12-15 weeks each, and usually parents and children attend together but work in separate groups. A member of FNN staff and a colleague, who is often from another agency, leads each programme. Health visitors, for example, often co-lead groups. The same leaders remain with the group throughout its life.

Pre-school teacher counsellors, employed by Oxfordshire Education Authority, plan, run and supervise the parallel children’s programme. FNN employs a volunteer co-ordinator who recruits, trains and supports volunteers. The bulk are recruited from educational institutions in the area, and are usually students of education, psychology or social care, but there are also older volunteers, and these have included parents who have participated in courses.

A.1 The FNN programme for pre-school children is called ***Family Connections***. There are ten places on each course (though this is flexible and courses often start with slightly more) which offers a 2½-hour session once a week for 14 or 15 weeks. Parents and children are in separate groups and come together for the final half-hour of the session.

The programme uses a video-based parenting programme developed by Dr. Carolyn Webster-Stratton and well-documented as an effective intervention both in the prevention and treatment of behavioural problems and the promotion of social and education development in children from 2-8 years.

The programme covers the following elements:

a. Play Skills Parents discuss videotaped vignettes of parents and children playing together in appropriate and inappropriate ways and are asked to play with their children at home for 10 minutes every day using the skills learned in the weekly sessions.

b. Praise Parents are taught to identify the behaviour they wish to promote, look out for it and praise it. Parents are themselves praised for doing this. "Therapists teach parents how to speak themselves in positive statements and to create positive experiences for themselves as incentives or rewards for following through with their play times each week". [38]

c. Incentives Parents are taught to use rewards to encourage children to behave in preferred ways. Rewards are used as surprises and also in collaboration with the child, so that he or she works for benefits that have been agreed upon.

d. Limit Setting Parents are taught to set rules and apply these consistently, but are supported as they cope with children's testing of these boundaries. "Parents are helped to understand these are not personal attacks, but learning experiences for their children, in which their children explore the limits of their environment and learn which behaviours are appropriate and which are inappropriate."

e. Ignoring Skills Parents learn to ignore certain irritating behaviour in their children, and not to respond by nagging, scolding or shouting at them.

f. 'Time Out' This is an advanced form of ignoring, in which children are removed for a brief time from parental attention so that they can calm down and reflect on their behaviour. It is encouraged as an alternative to the physical punishment of children.

g. Natural and Logical Consequences This teaches parents to spell out to children the consequences of their behaviour if they continue in it. For example, "If you do not get dressed for nursery, you will have to go in your pyjamas". The aim is to teach children to take responsibility for their own behaviour.

In their separate group the children follow a range of activities according to an established routine: individual play, group activities, snack time, outdoor play, then play with parents in a joint session. Children are observed and parents receive reports on their behaviour in the group. The study looked in detail at two Pre-school Family Connections programmes.

A2 First Connections for children at primary school (4-8 years)

The essentials of the parenting training apply where the children are of school age. The main difference here is in the separate group for the children, which has used two approaches, one drawing on nurturing approaches [14], the other based on the Dinosaur School, which has the aim of improving children's confidence and acceptance by their peers. The curriculum for the Dinosaur School was also developed by Webster-Stratton, and uses a variety of teaching methods, including fantasy play and instruction using large puppets.

One First School Family Connections Programme was studied in detail.

B. FAMILY LINKS (FL)

This organisation is a company limited by guarantee with charitable status, a board of four trustees and an advisory panel of ten experts. Among its overall aims and objectives are the following:

- to promote emotional literacy and emotional health in schools and the community
- to provide a foundation programme in personal, social and health education (PSHE) in primary schools
- to promote healthy family relationships
- to prevent and reduce neglect and abuse of children
- to reduce the stress in parents that results from ineffective parenting and that often exacerbates chronic depression, associated physical health problems and violence

Family Links employs three full-time staff, including the Director, two part-time staff, three sessional trainers and also works with volunteers. The organisation offers a series of age-related programmes to schools based on the work of Stephen J Bavolek and known as Nurturing Programmes. This approach was first used in schools in England in 1994, and Family Links was established to deliver it in 1997. The programme is based on four key elements:

- appropriate expectations
- empathy
- positive discipline
- self-awareness and high self-esteem. [39]

Staff of Family Links (which has worked with schools outside the Thames Valley area, in Surrey, West Sussex, London, Wiltshire and Hull) provide training for all the staff and ancillary staff in the school over two days. Parent group leaders receive training in the Nurturing Programme approach and in group facilitation skills. The organisation continues to support the school as the programme is implemented. Training can also be provided to staff from groups of schools and other agencies: student teachers, pupil support teams, health visitors, family centre workers have been trained in the past. When a school adopts the programme, the organisation offers parenting education in groups to all the parents of children in the school.

Once school staff have been trained by Family Links they receive a classroom handbook and guidelines for using the course with all the children in each class. The children then undergo a ten-week course known as Special Time,

or Nurturing Time, which is repeated each term using different activities. There are three classroom handbooks:

- 1. Children aged 3-5:** three 25-minute sessions per week
- 2. Children aged 5-9:** one hour a week, plus 30 minutes creative time
- 3. Children aged 9-11** who have completed the second stage course, one hour a week

The Classroom Handbooks and Parent Group Handbook set out in detail the activities for the sessions. The guidance for each consists of:

- a format sheet describing the topic, the recommended length of time it will take and the materials required
- an overview so that the teacher /parent group understands the aims of the activity
- a step-by-step guide to each session giving a description of how the activities should be managed and the goal achieved

The sessions are intended to educate adults and children to:

- communicate effectively
- listen attentively
- work and play co-operatively
- express feelings without acting out or withdrawing
- manage anger and stress productively
- solve problems and negotiate
- develop self-discipline
- develop high levels of self-awareness and self-esteem
- understand the feelings that drive behaviour
- have realistic expectations of others and themselves
- develop empathy and understanding

Participation in the parent programme is voluntary, and is offered to up to ten parents at a time. (This is clearly a small proportion of the families whose children experience the programme in school.) The course lasts for ten weeks, and in it parents become familiar with what children are learning in the classroom sessions, explore positive approaches to managing children's behaviour and improve their understanding of the role of feelings in behaviour, attitudes and achievement. A key purpose of the course is to boost parents' own self-awareness, self-esteem and empathy, and to encourage their nurturing skills for themselves as well as others.

The evaluation study looked at the work of Family Links in three schools, and drew on the findings of a pilot study of the programme, conducted by the Health Services Research Unit at the Department of Public Health, University of Oxford, which was being carried out at the same time.

C. PLAY THERAPY (PT)

This is not an organisation, but derived from a partnership of schools in Oxford: four first schools and two nursery schools. The partnership is called AESOP: East and South Oxfordshire Partnership. The head teacher of one of the member primary schools remembers: *“Five years ago we were all concerned at the numbers of children with emotional and behavioural difficulties and were looking desperately for support for them. Family and Child Guidance had disappeared, but we had close contacts with a local Family Centre, and we developed an idea which involved a trained Play Therapist teaching techniques to Learning Support Assistants (LSA's); plus some child guidance support for parents. The County Council provided some money for this that stopped after three years. We kept it going with help from a charitable trust for a year. Now we have this new source of support.”* [40]

Play therapy is a technique that uses the child's natural means of expression - play - to help him or her to cope with emotional stress or trauma. By playing with specially selected materials and with the guidance of an adult who reacts in a designated way, the child exposes feelings, bringing them to the surface where they are acknowledged and dealt with. The adults are unconditionally accepting of anything the child might say or do, never expressing shock, arguing, teasing or telling the child his or her perceptions are incorrect. The aim is to develop an atmosphere in which the child can express him or herself in a non-punitive environment with some clear limits (like not destroying materials, attacking the teacher, or extending beyond set times). [41]

The technique, which has psychodynamic foundations, was first devised in the early 60's, and qualifications are now offered at university level. A qualified play therapist, who had worked originally with the Family Centre linked to the AESOP schools, and remained in the area working for a national children's voluntary organisation, trained 2 LSA's from each member school to run 'Time Together' groups in their schools. The training lasted for four days and LSA's from the six schools had termly support meetings.

The groups are for children who exhibit the following difficulties:

- in establishing and maintaining friendships
- demanding and attention-seeking behaviour
- poor social skills
- lack of confidence and apparent lack of motivation to achieve
- withdrawn behaviour
- limited concentration

The children involved were at stage 2, at least, of the SEN Code of Practice.

The ages of the children in the groups varied from school to school, but most included reception class and Key Stage 1 children. Some schools ran a

separate group for older children. One school noted *“The Project was restricted to year 4, but earlier intervention would be better for the children and the school.”* [42]

The ‘Time Together’ group focuses on the child’s emotional needs for a period each week, without academic pressure, in order to increase the sense of self-worth in a safe, consistent environment. The aim is to increase basic social skills, which will then be transferred into the classroom setting.

AESOP considered the following essential for a successful group:

- a staff/child ratio of 1:2 (although usual play therapy practice is 1:1)
- consistent input - same staff, same room, same time each week
- internal group rules that are separate from wider school rules
- group confidentiality
- continuing and regular supervision

The evaluation study had contact with all the schools involved in this project, but looked in detail at work in two schools.

D. FAMILY CENTRE SUPPORT IN EAST OXFORD (FP)

The Family Centre cited by the headmaster quoted above had been instrumental in providing play therapy in association with the AESOP schools in the past. Initially it was intended that support groups for parents of these children would be offered at this Centre. In the event, though groups took place, they were not attended by the parents of Play Therapy children, but a wider group from the local area.

Staff at the Family Centre were trained by the Family Nurturing Network to deliver the Family Connections programme outlined above. This programme, advertised as ‘Parents Together’ took place regularly during the period of the evaluation, and was studied as a separate entity, since it illustrated some interesting features. It was, like Family Links, an example of a programme where non-specialists, i.e. Family Centre staff, learned to deliver a programme normally led by specialists. It offered an opportunity to see this programme delivered in a fixed site which also offered other support services to families, (and which had a long-established reputation in the area). It offered the programme to parents of pre-school and school-aged children together. It thus gave an opportunity to observe the impact of the Webster-Stratton methodology of the Family Nurturing Network in action with variables.

E. READING QUEST (RQ)

This scheme started in one school in Oxford in 1996 and has expanded into 20 schools in the city since. The programme is described as “an intensive individual literacy intervention, modelled on Reading Recovery” and aims “to increase the pupil’s strategies, confidence, knowledge and skills in reading and writing to enable him or her to function successfully as an independent learner within the mainstream classroom”. [43]

At the time of the study the programme had not been constituted as an independent organisation, and was run by a former teacher from one of the middle schools in South Oxford. Teachers, Learning Support Assistants from schools and volunteers from elsewhere - like local companies - are trained to take part in the programme as tutors. Children are chosen by class teachers to participate, and usually come from Year 2, i.e. 6 and 7 year olds. They spend 5 half-hour sessions a week, for six weeks, one-to-one with their tutor, following a set pattern of supported reading, words and their sounds, writing and exploring an unfamiliar book. The sessions take place while the rest of the class work on their literacy.

There is some evidence to suggest that behaviour problems in some individuals in the classroom are caused or exacerbated by their inability to follow or keep up with what is being taught, and that those who cannot read soon feel excluded and likely to fail. Improving reading skills is therefore a way to deal with behaviour difficulties in some cases. This is also a way to involve the family in the child’s education, and can even provide a gateway for the improvement of literacy in the whole family. [44]

At the beginning of the research study Reading Quest received funding to employ a researcher. Her monitoring of all programme participants and matched controls included a baseline assessment for literacy, verbal and non-verbal intelligence and social and emotional behaviour. The baseline was established pre-test and post-test information was collected after 12 months.

Although the programme works directly with children, there is some involvement of parents:

- Initial approach to parents seeking for child to participate in the programme
- Invitation to a meeting for all parents of children in a school
- Daily notebook with different activities for parents and children together, including ‘Sharing a Book’ which the child takes home from school
- Parents invited to come to school to observe what happens in a Reading Quest lesson

- Informal contact between parent and Reading Quest tutor when the parent picks up the child from school

F. CHALVEY EARLY EDUCATION CENTRE (CH)

In Slough the context of both interventions was particularly significant. In Chalvey the Local Education Authority (LEA) has established this Centre in one of the most deprived wards of the Borough, and the LEA and centre head were keen for increased community involvement, especially from the minority ethnic community and from refugees housed in the area. Offering parenting support programmes at the Centre was seen by the LEA as a means of encouraging social inclusion, developing multi-agency working, and providing a model of good practice for other projects in the area.

A four-day training course was conducted by the Family Nurturing Network for educational psychologists, behaviour support teachers, home visiting teacher counsellors, staff from the Early Years Centre and others working with under eights. A parenting group on the Family Connections model was then piloted in the Centre, and evaluated by John Waters, a post-graduate student in the Psychology Department at the University of East London, who collaborated with this evaluation study.

The basic principles of the intervention are similar to those studied in the **AI**. Pre-School Family Connections Programme described above. The key variables here are the delivery of the programme by practitioners from the setting and elsewhere, and the other support services offered to parents in the Centre setting.

G. BRITWELL POSITIVE STEPS

From the outset of the study it was planned to evaluate interventions offered to families through a new centre to be set up in another area of Slough, the Britwell estate. This area of approximately 10,000 people has a low population of people from minority ethnic groups in comparison with other parts of this multi-cultural borough, and is an area of significant need with, for example, the greatest number of single parent households in Slough.

Considerable community consultation work by the Borough Council, which had included the establishment of a community 'Talk Shop', focus groups and a Planning for Real exercise, concluded with a clear demand for a centre to support families. At the beginning of the evaluation study a building had been located for this, and quite soon a manager was appointed. The Family Welfare Association was to develop and run the project on behalf of the local authority. But the process of building conversion and getting the project off the ground meant that operational services were only underway in the latter stages of the evaluation study. Although there had been a possibility that this

project would use a different intervention model from those outlined above, the opening weeks of the Centre, which concentrated on developing contact with local parents through drop-in, suggested to staff that the most appropriate step would be to offer a programme based on the **A1** Pre-school Family Connections described above (and also used in the interventions described at **D.** and **F.** above).

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