



Effective Parenting Programmes

MARCH 2015

Summary: What we know

Many parenting programmes are effective and support family wellbeing by improving parenting practices and thereby reducing the risks associated with child maltreatment.

The review found:

- There are many effective parenting programmes and these share common characteristics.
- Evidence on the effectiveness of parenting programmes in New Zealand, including what works with Māori and Pasifika parents, is limited.
- Some programmes have shown effectiveness for parents of vulnerable children, although few directly measure impacts on child maltreatment.
- A range of parenting programmes based on rigorous selection, implementation and evaluation practices is needed.

About *What works*

Superu's *What works* series synthesises what we do and don't know about a specific social sector topic. We draw on international and New Zealand research to identify what does and doesn't work to address the topic at hand. Our aim is to inform decisions and investment in the social sector.

AROUND **1** IN **20** 

New Zealand children have been maltreated by the age of five.

Introduction

Family and whānau wellbeing is central to achieving positive social and economic outcomes. Children who are abused or neglected are at greater risk of poor psychosocial outcomes than their peers, over both the short and long term.¹ Maltreated children are more likely to experience a range of adverse neuropsychological, health and social outcomes. These can persist into adulthood and are reflected in lower educational achievement, relationship issues, and higher rates of offending and unemployment. New Zealand has high child maltreatment rates. Around one in twenty New Zealand children have been maltreated by the age of five and up to 30 percent of adults report experiencing some form of maltreatment as children.^{1,2} Most maltreatment results from the action (ie, physical, sexual or emotional abuse) or inaction (ie, neglect) of parents.³

Effective interventions to reduce child maltreatment are needed. The 2012 White Paper for Vulnerable Children highlights the value of supporting parenting, especially during children's early years. Superu reviewed a range of parenting programmes as one of the follow-up actions to the White Paper. *Effective Parenting Programmes: A review of the effectiveness of parenting programmes for parents of vulnerable children* was published in April 2014 as part of the Children's Action Plan and provides much needed evidence on how to improve outcomes for vulnerable children.³ The review considers the question: *Which parenting programmes are effective for preventing adverse outcomes in vulnerable children?* This report highlights findings from the review.

^a See Effective parenting programmes: A review of the effectiveness of parenting programmes for parents of vulnerable children. www.superu.govt.nz

There are many effective parenting programmes

The Effective Parenting Programmes review was based on:

- evidence on the effectiveness of parenting programmes for parents of children aged 0-6 years, including parenting programmes in New Zealand
- a rapid evidence review of parenting programmes to reduce child maltreatment.

Parent education, training and home-visiting programmes were in-scope for the review. Only programmes that had been rigorously evaluated were included in the review of international programmes. A wider net was cast to locate evidence on the effectiveness of programmes in New Zealand.

Parenting programmes differ widely in their objectives and content

Parenting programmes typically support parents in developing appropriate expectations for their children, treating them with empathy and nurturance, and in using positive discipline strategies.⁴ Parenting programmes target different parents and use a range of delivery mechanisms and content to achieve their objectives.⁵ Child outcomes most often relate to child health, development, behaviour, safety and physical wellbeing, school-readiness and participation in early childhood education. Parent outcomes include parenting behaviour, parent-child relationships, family relationships, childcare, maternal health, and contact with agencies. Small-to-moderate improvements have been found for parenting behaviours, attitudes and beliefs, and child health and development. Changes in parenting knowledge and attitudes tend to be greater than changes in parenting skills or children's behaviour. Along with evidence of effectiveness, cost-benefit analyses frequently indicate significant returns on investment for parenting programmes.

Home-visiting programmes have evidence of effectiveness

Comprehensive home-visiting programmes show the greatest impact on parenting behaviours and child development outcomes, including reduced maltreatment. Home-visiting programmes provide parents with practical advice and support and are effective for those with very young, vulnerable children (see Table 1). Young, first-time mothers who engage with home-visiting programmes during pregnancy are most likely to benefit.⁶ Home-visiting programmes typically work with families for several years with the frequency of visiting reducing as children grow older.⁷ The inclusion of social support (eg, networking with other parents) improves home-visiting outcomes, although social support interventions on their own are not effective.⁸ The home-visiting programmes *Early Start*, *Nurse-Family Partnership* (NFP) and *SafeCare* all receive consistently strong effectiveness ratings.

Early Start (Christchurch, New Zealand)

Early Start is an intensive home-visiting programme which targets vulnerable families and whānau with newborn babies. Parental risk factors include mental health issues, addictions, family violence, transience, limited education and social skills. *Early Start* incorporates four parenting programmes: *Partners in Parenting Education*; *Triple P Level 4*; *Incredible Years Toddler*; and *Getting Ready for School*. It promotes healthy child development in a nurturing family environment.

Nurse-Family Partnership

Nurse-Family Partnership (NFP) is a US-based programme that provides 10 prenatal and 20-25 postnatal home visits for parents of children up to two years of age. Topics include maternal health during pregnancy, childcare, and life planning/coaching support. *NFP* works best with younger, first time mothers from low socio-economic backgrounds. Families have individualised service plans and are linked into social services and childcare. A benefit to cost ratio of \$3.23 has been calculated for the *NFP*.^{b,9}

Table 1. Effective home-visiting programmes

(Programmes with an asterisk are being implemented in New Zealand)

Effective home-visiting programmes	Key findings
	<ul style="list-style-type: none"> ● Good evidence ● Some evidence ○ Weak, no evidence
*Early Start	<ul style="list-style-type: none"> ● longer participation in early childhood education ● better scores for positive and non-punitive parenting attitudes ● fewer parental reports of severe physical assault <p>At nine-year follow-up:</p> <ul style="list-style-type: none"> ● children had fewer behaviour problems and better pro-social skills ● less parent-reported harsh and physical punishment ● fewer agency contacts for physical abuse, fewer severe physical assaults ○ decreased parental depression or family violence
Nurse-Family Partnership	<ul style="list-style-type: none"> ● larger number of appropriate play materials ● children had fewer visits to hospital emergency department and fewer days in hospital ● less restriction and punishment of children ● fewer hazards in the home ● fewer behavioural coping problems in children ● fewer substantiated reports of abuse, and reduction in maltreatment reports at 15 years of age
SafeCare	<ul style="list-style-type: none"> ● consistently rated as well-supported ● fewer reports of family violence ● decreased reports of further maltreatment at 7-year follow up
Hawaii Healthy Start & Healthy Families America ^c	<ul style="list-style-type: none"> ● improvements on measures of risk such as parent-reported harsh and aggressive behaviours towards their children ○ reported child abuse and neglect ● Healthy Families America benefit to cost ratio: \$3.07⁹
Parents as Teachers	<ul style="list-style-type: none"> ● positive child development outcomes ○ weak evidence of improvements in risk factors for child maltreatment ● child maltreatment only when used in combination with case management in teen-parents-as-first-teachers programme ● benefit to cost ratio: \$1.75⁹
*Parents as First Teachers (PAFT) ^d	<ul style="list-style-type: none"> ● better child health and development outcomes ● positive changes in parenting – largest effects reported by first-time parents ● higher participation in B4 School checks
*Home Interaction Programme for Parents and Youngsters (HIPPY)	<ul style="list-style-type: none"> ● positive impact on classroom adaptation and academic self-image ● increased school achievement ● increased parent engagement in child’s learning ○ impact on other child maltreatment risk factors <p>New Zealand findings:</p> <ul style="list-style-type: none"> ● improved educational outcomes for children ● caregivers engaged in more educational activities with their children ● higher literacy scores and educational self-esteem in children
Child First – Child and Family Interagency, Resource, Support and Training	<ul style="list-style-type: none"> ● decreased parenting stress (mothers) ● decreased psychopathology symptoms (mothers) ● decreased protective service involvement
Infant Health and Development Programme ^e	<ul style="list-style-type: none"> ● improved child cognitive development ● decreased child behaviour problems
Family Connections	<ul style="list-style-type: none"> ● improvements in protective factors – parenting attitudes, competence and social support ● decreases in risk factors – parental depression, parenting stress, life stress ● improvements in child safety – physical and psychological care of children

^c This programme had high levels of attrition, losing more than 50% of parents over two years.

^d PAFT may be most effective where families have the resources to engage with the programme. Results from an early randomised control trial were mixed.

^e Effects decreased over time.

Behaviour-focused programmes have evidence of effectiveness

Triple P and *Incredible Years* are effective programmes for parents of older children with emerging behaviour problems.¹⁰ Behaviour-focused parent education and training programmes aim to improve parenting skills, increase knowledge of child development, change attitudes towards child behaviour, and encourage positive behaviour management.¹¹ There is good evidence that these programmes are effective for parents of children with behaviour problems, and generally strong evidence for programmes that focus on managing child behaviour (see Table 2). There is less evidence that these programmes are effective for parents of younger children without behavioural problems. Some behaviour-focused programmes have been adapted for parents of younger children and others have been adapted to specifically target child-welfare outcomes (eg, *Parent-Child Interaction Therapy*, *Incredible Years*, *Triple P*), although these have not yet been well-evaluated.

Triple P

Triple P was developed in Australia and has been implemented in 25 countries. It is designed to address factors associated with behavioural and emotional problems in children and adolescents. *Triple P* is well-researched and has been shown to reduce disruptive behaviours, particularly for younger children. It targets child development, parenting behaviours, child behaviour, and parent-child relationships. There are five levels: universal, brief selective intervention, indicated, early intervention and treatment. The benefit-cost ratios of several *Triple P* programmes are positive: *Level 4, individual* – \$4.06; *Level 4, group* – \$10.32; *Universal* – \$9.22 (US).⁹

Evidence of effectiveness varies across specific *Triple P* programmes, with good evidence for *Triple P Level 4* but weaker evidence for *Teen Triple P*. Several small-scale evaluations of *Triple P – Positive Parenting Programme* have been conducted in New Zealand and others are underway including: *Triple P Online* and *Groups Triple P* for parents of children with Attention Deficit Hyperactivity Disorder (ADHD); *Brief Discussion Groups Triple P*; and a randomised control trial of *Primary Care Triple P* with Māori families.



Incredible Years Basic

Incredible Years Basic (US) is designed to improve family interaction and prevent early and persistent anti-social behaviour in children aged 2-10 years. Group sessions use discussion, video modelling and rehearsal on topics including play, praise, limit-setting and dealing with misbehaviour. There are *Incredible Years* programmes for parents of children aged 1-3 years (Toddler), 3-6 years (Preschool), and 6-12 years (School). Randomised control trials have shown that *Incredible Years Basic* is an effective programme. Benefit-to-cost ratios of \$4.20 (Parent Training) and \$7.50 (Parent and Child Training) have been obtained in the US.⁹

Incredible Years Parent in New Zealand targets parents of children aged 3-8 years. A New Zealand evaluation found the programme was operating successfully and showed promising results for improving children's behaviour and positive parenting. However, findings of lower programme completion for Māori parents and less maintenance of gains made by Māori children led to moves to ensure *Incredible Years Parent* is delivered in a culturally responsive way.^f

Table 2 . Effective behaviour-focused programmes

(Programmes with an asterisk are being implemented in New Zealand)

Effective behaviour-focused programmes	Key findings
	<ul style="list-style-type: none"> ● Good evidence ● Some evidence ○ Weak, no evidence
*Triple P	<ul style="list-style-type: none"> ● positive parenting, parenting satisfaction and efficacy ● reductions in child behaviour problems, maintained at six month follow-up ● 90% of parents more confident in their parenting <p>New Zealand findings:</p> <ul style="list-style-type: none"> ● brief parenting interventions may produce favourable results for families ● higher levels of parental monitoring (<i>Group Teen Triple P</i>) ● decreased parent-child conflict (<i>Group Teen Triple P</i>) ● reduced behaviour problems (<i>Group Teen Triple P</i>)
*Incredible Years Basic	<ul style="list-style-type: none"> ● decreased child conduct problems ● more effective parenting ● effectiveness with parents who have a history of child maltreatment but more research needed to measure child maltreatment outcomes <p>New Zealand findings from Incredible Years Parent:</p> <ul style="list-style-type: none"> ● improvements in child behaviour over time, sustained at six-month follow-up ● increased positive parenting practices – maintained at six-month follow-up ● improved parent-child relationships ● cross-agency collaboration to deliver Incredible Years may be beneficial
Parent-Child Interaction Therapy	<ul style="list-style-type: none"> ● reduced child maltreatment and associated risk factors ● reduced child behaviour problems and intensity ● reduced parental stress ● fewer negative parent behaviours, fewer re-reports of physical abuse at two-year follow-up ● benefit to cost ratio: \$6.27⁹
New Beginnings	<ul style="list-style-type: none"> ● decreased child externalising behaviour problems ● improved parenting practices and parent-child relationships
Project Support	<ul style="list-style-type: none"> ● reductions in conduct problems ● reductions in inconsistent and harsh parenting (mothers) ● decreased psychiatric symptoms (mothers)
Parents Under Pressure	<ul style="list-style-type: none"> ● lower parenting stress, lower child-abuse potential ● less rigid/harsh parenting attitudes ● decreased child behaviour problems
Chicago Child-Parent Center	<ul style="list-style-type: none"> ● lower rates of child abuse and neglect by age 17 ● improved educational outcomes
Early Head Start	<ul style="list-style-type: none"> ● child cognitive and language development, and better attention at age three ● decreased child aggression ● gains in emotionally supportive parenting ● more language and learning stimulation by parents



Effective parenting programmes share common characteristics

Effective parenting programmes have many common characteristics (see Table 3). Effective programmes tend to focus on positive problem-solving approaches, have a clear theoretical framework, be manualised and professionally supervised, and to have been robustly evaluated. Awareness of these characteristics can inform the design, development, monitoring and continuous improvement of new and existing programmes. The type of programme, target group and desired outcomes need to be taken into consideration when weighing up-programmes.

Table 3: Common components of effective parenting programmes

COMMON PROGRAMME COMPONENTS			
Staffing/infrastructure	Design and delivery	Content	Outcomes
<ul style="list-style-type: none"> • suitably qualified and trained staff • professional supervision, support and ongoing training • record-keeping/data-collection • processes to maintain programme integrity/fidelity • community outreach and good networks with other agencies • limited caseloads, especially with home-visiting 	<ul style="list-style-type: none"> • detailed programme logic with specified goals or outcomes • structured curriculum and planned sessions with programme/manual documentation • cultural competence (diverse staff ethnicity matched to client group) • responsiveness to cultural concepts and practices • specified target population and recruitment process with strategies to engage and retain participants • initial assessment or screening • appropriate programme dose and duration • individualised plans and onward referral where appropriate (eg, health services) • intensive/comprehensive programmes with home-visiting component • modeling of skills and opportunity to practise skills 	<ul style="list-style-type: none"> • child behaviour focus and developmentally appropriate • managing children's behaviour and providing a predictable environment • positive parenting strategies and non-punitive problem-solving • parent-child interactions • strategies to help parents and children regulate emotions • children's health, development and safety • parental and family wellbeing and life-course (ongoing needs) 	<ul style="list-style-type: none"> • ongoing monitoring and evaluation – quality improvement process

More evidence on the effectiveness of parenting programmes in New Zealand is needed

Health initiatives, support for teenage parents, community development approaches, generic parenting programmes, home-visiting, early intervention, educational programmes and mentoring initiatives are all available in New Zealand (see Table 4). Most are based on international programmes – often with some adaptations – but others have been developed in New Zealand (eg, Kaupapa Māori programmes).

Evidence about parenting programmes in New Zealand varies and there are few well-designed studies on the effectiveness or impact of parenting programmes. There are significant gaps in our knowledge about how to maximise parental participation, particularly by fathers. However, *Early Start* has good evidence of effectiveness.¹² *Incredible Years Parent*, *Triple P* and *HIPPY* are well-supported by international research and some New Zealand evidence.¹³ *Parents as First Teachers (PAFT)* has shown some positive child health and behavioural outcomes, although the evaluation design did not include a randomised comparison group. A 2009 review of *Family Start* found variable implementation of the model and mixed outcomes across sites. *Well Child/Tamariki Ora* follows international good practice for universal antenatal and postnatal education and reaches most prospective parents in New Zealand, but its impact has not been evaluated.

Evaluation – methodological considerations

Limitations of evaluations of programmes in New Zealand include:

- weak research and evaluation designs (eg, lack of control groups)
- a lack of evaluation of programme impacts on maltreatment outcomes
- a wide range of programmes with differing outcomes and lack of follow-up
- challenges of comparing different programme outcomes
- lack of programme replication, especially in different cultural contexts
- the need for independent evaluations
- lack of good impact data, making cost-benefit analysis challenging.

Programme selection, adaptation and implementation are critical success factors

Selecting an appropriate programme involves three key considerations: the intended outcomes, the intended target group, and the local context. Programme implementation is as important as the programme content. Even the best evidence-based intervention, if implemented poorly, won't necessarily result in the intended outcomes. Programmes may be effective in one location but not in another for reasons relating to selection, adaptation and implementation. Systematically selecting the right programmes, adapting programmes to meet local needs, and implementing core components with fidelity are critical considerations. New Zealand's unique cultural context needs to be considered when implementing programmes developed elsewhere. The quality of implementation also has a significant impact on programme outcomes. Organisations should have trained and qualified staff, good staff support and supervision, appropriate cultural diversity, systems to ensure programme fidelity, good links with related support services and systems for monitoring performance for quality assurance and improvement.

Parenting programmes need to have evidence of effectiveness with Māori and Pasifika parents

Identifying the right parenting programme means considering what works, for whom, and under what circumstances. This includes considering the extent to which parenting programmes are culturally responsive and adaptive.⁸ Māori principles and values play a central role when evaluating what works with Māori parents and whānau. Kaupapa Māori and culturally adapted programmes include: *Whānau Toko i te Ora*, *Te Atawhāingia te Pā Harakeke*, *Tikanga Whakatipu Ririki*, *Te Mana Kāinga*, *Poutiria te Aroha*, *Oranga Whānau*, *Mātuatanga Whānau*, *Hoki ki te Rito*, and *Āhuru Mōwai*.⁹

There are few culturally-responsive Pasifika parenting programmes and little evidence about programme effectiveness with Pasifika parents. We know that Pasifika caregivers were least likely to report that *Family Start* had helped them and were under-represented in *Incredible Years Parent*.^{14,15} There is evidence that a collective approach to the delivery of parenting programmes may increase participation and engagement by Pasifika parents.¹⁶

⁸ For more information see Chapter Five of Effective Parenting Programmes: Māori parenting programmes within the context of whānau.

⁹ These are discussed in detail in What works: Parenting programmes effective with whānau.

Table 4. Parenting Programmes in New Zealand(See *What works: Parenting programmes effective with whānau* for Kaupapa Māori and culturally adapted programmes)

Programme	Target group	Implementation	Evidence of effectiveness
Well Child / Tamariki Ora	Universal - parents of all children 0-5 years	NZ-wide	Not yet evaluated
Extended Well Child/ Tamariki Ora	Targeted – teen mothers	Hawke's Bay pilot	Evaluation found positive effects on programme retention, breastfeeding and immunisation for teen mothers ¹⁷
Teen Parent Intensive Case Workers	Targeted – vulnerable pregnant and parenting teenagers	NZ-wide	Qualitative evaluation found young parents effectively helped to access services ¹⁸
Strategies with Kids, Information for Parents (SKIP)	Universal – focus on parents less likely to engage with other support (eg. migrant groups, teen parents, parents living in high deprivation areas)	NZ-wide	Qualitative review found strengths in utilising existing community capacity, more confident parenting and support networks. ¹⁹ Many programmes incorporate SKIP material for parents
Parenting Education Programme (PEPE)	Universal	NZ-wide	Not yet evaluated
Early Start	Targeted – mothers who are in difficult circumstances that may put their children's health and wellbeing at risk	Christchurch	Randomised control trial (RCT). Benefits for early childhood education, health, child maltreatment rates, parenting, and child behaviour. Not effective for maternal depression or family violence ^{12, 20}
Family Start	Individualised – intensive home-based support for high-risk families	NZ-wide in areas of moderate-to-high deprivation	Mixed evidence of effectiveness across sites. Evaluations in 2005 & 2007 and further reviews in 2009 & 2010 have led to on-going programme improvements ^{14, 21, 22}
New Start & Safer Families	Targeted – families where repeat criminal offending is a major issue	Christchurch	Evaluation (no control group). Positive outcomes for child-rearing skills, and reduction in child maltreatment risks. Replicated two years later ^{23, 24}
Parents as First Teachers (PAFT)	Targeted – families with children aged 0-3 at risk of poor parenting and child outcomes	NZ-wide	Several evaluations. Most recent found better child outcomes and positive changes in parenting – particularly for nuclear families. Better outcomes for children included participation in B4 School checks ²⁵
Home Interaction Programme for Parents and Youngsters (HIPPY)	Targeted – high needs families with children aged 3-6 years	NZ-wide	International and NZ evaluations have found positive effects on educational outcomes for children and parents ^{26, 27}
Incredible Years Parent	Targeted – parents of children aged 3-8 with behavioural challenges	NZ-wide	Well-supported programme with international evidence of effectiveness. ^{28, 29} Evaluated in 2009 and 2013. Improved child behaviour and social competence, and parenting practices and relationships. Effects mostly maintained at six-month follow-up (although to a lesser extent for Māori children) ^{13, 30}
Triple P Positive Parenting	Targeted – to varying extents across programme levels. Families where children and adolescents have severe emotional and behavioural problems	NZ-wide – in several locations	Well-supported programme with international evidence of effectiveness. Improvements in positive parenting, reductions in child disruptive behaviour ³¹
Parenting Through Separation	Targeted – parents who are separated or thinking of separating	NZ-wide	2009 evaluation found increased parent knowledge of issues surrounding separation, and helped parents minimise the impact on children. Parents were less likely to place children in the middle of parental conflict and children's behaviour was less problematic at follow-up ³²
Parenting with Purpose	Individualised – for prisoners who are usually caregivers to children under 16 years of age	NZ-wide – prison-based	Evaluation findings not yet published

Other programmes which have not been evaluated include: New Start Plus, Auckland Region Women's Corrections Facility, Purposeful Parenting, SAGES - Older People as Mentors and Conscious Parenting.

Identifying, engaging and retaining parents in programmes are critical for achieving success

It is estimated that only about one-third of invited families enrol in parenting programmes and it is common for only half of those parents to complete the programme.³³ Factors found to limit participation are: lack of access to information, attitudes to seeking support; lack of programme promotion and outreach; transport, childcare and scheduling issues and the wider system of services in which programmes are embedded. One promising approach is to identify and recruit parents early, at or before the birth of their child. Practical support such as transport, meals, and childcare along with flexible meeting times and catch-up sessions can improve parent participation.³⁴



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90%
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Well Child/Tamariki Ora
checks.

Well Child / Tamariki Ora

Around 60,000 children are born in New Zealand each year and more than 90 percent of infants receive *Well Child/Tamariki Ora* checks. *Well Child/Tamariki Ora* consists of a series of 13 health checks for children aged 0-4 years and is an important gateway for parents to access targeted and specialist health care, education and social services (see <http://www.wellchild.org.nz/core-health-checks>). *Well Child/Tamariki Ora* checks provide an opportunity to identify parents who require more intensive support. Additional visits are provided to 'high-need' families who present with health, social and economic issues.

1 ONLY ABOUT
1/3

of invited families enrol in programmes and it is common for only 1/2 of those parents to complete the parenting programme.

Some programmes have shown effectiveness for parents of vulnerable children, although few directly measure impacts on child maltreatment

Family Start and *Parents as First Teachers (PAFT)* are the two main programmes in New Zealand for parents with the greatest needs. *PAFT* is based on the US programme *Parents as Teachers (PAT)*. In 2011, *PAT* was revised to include a greater focus on child maltreatment risk factors, and quality standards and performance indicators were implemented.³⁵ To date, evidence that *PAT* substantially reduces the main risk factors for child maltreatment remains weak. In New Zealand, *PAFT* is re-focusing on the more vulnerable population, although the curriculum has not yet been updated in line with changes to the US programme.

Family Start provides home-based support services for high-risk families. Criteria for involvement include: mental health issues, addictions, family history of abuse of parent, serious relationship problems, lack of knowledge of child health and development, having a disabled child, Child, Youth and Family involvement, and young parents who need extra support. *Ahuru Mōwai/Born to Learn* is provided as part of *Family Start*. Findings from *Family Start* evaluations in 2005, 2007, 2009 and 2010 have informed on-going delivery improvements and programme enhancements.¹⁴ Another large-scale evaluation of *Family Start* is currently underway and is due to be completed in 2015.

Families with multiple and complex needs

Further work is needed to identify what works for parents with challenges such as drug and alcohol abuse, family violence and maternal depression. Vulnerable families with multiple and complex needs may need support to address these needs in addition to support with parenting. The timing and sequencing of interventions is an important consideration. For example, programmes for mothers experiencing partner violence may need to address the violence and depressive symptoms first in order to effectively protect children.

Parents or caregivers of children in out-of-home placements

There are programmes for foster carers of children who have experienced severe maltreatment. These therapeutic programmes are designed to address the effects of abuse and to prevent it recurring. *Intensive Family Preservation Services* and *Homebuilders* models have been used extensively with families in the child welfare system in the US. Recent reviews of their effectiveness found positive effects for family functioning and, to a lesser extent, for preventing out-of-home placements. The most successful foster-care interventions are wraparound services that include a parenting component.³⁶ Programmes of this kind with evidence of effectiveness include: *Attachment and Biobehavioural Catch-up*, *Multidimensional Treatment Foster Care*, *Keeping Foster Parents Trained and Supported*.³⁷ Outcomes for these programmes mainly concern placement stability, child safety and child behaviour.

Reducing child maltreatment

Parenting programmes can help improve parenting, child health and child behaviour which may in turn reduce the risk of child maltreatment. Maternal mental health issues, substance abuse and domestic violence are considered the 'toxic trio' of risk factors for child maltreatment. Many parenting programmes lack strong evidence of effectiveness in reducing child maltreatment.³⁹ However, programmes can reduce some of the risk factors associated with child maltreatment.

Home-visiting is one of the more successful approaches for preventing child maltreatment and addressing risk factors, particularly for parents of the most vulnerable children, but there is little evidence that such programmes directly prevent child abuse and neglect.

Other promising programmes focus on improving parent-child attachment. There is growing evidence that different types of maltreatment have different causes and consequences and that physical abuse and neglect are most likely to be effectively addressed through parenting interventions.³⁸

The programmes shown to be most effective in reducing child maltreatment are: *Nurse-Family Partnership*; *Early Start*; *Parent-Child Interaction Therapy*; and *SafeCare* (see Table 5). The *Chicago Child-Parent Center*, *Head Start* and other childcare programmes have also shown reductions in rates of child maltreatment.

Table 5: Programmes with evidence of reduced child maltreatment

Programme	Key findings
	<ul style="list-style-type: none"> ● Good evidence ● Some evidence ○ Weak, no evidence
Nurse-Family Partnership (USA)	<ul style="list-style-type: none"> ● Avoidance of punishment (46 months follow-up) ● 48 percent decline in rates of child abuse and neglect at 15-year follow-up
Early Start (NZ)	<ul style="list-style-type: none"> ● Non-punitive attitudes (nine years follow-up) ● Parents report fewer agency contacts for physical child abuse (nine years follow-up) ● Fewer visits to hospital for injury or accidents (nine years follow-up) ● Less physical punishment (nine years follow-up) ● Fewer severe physical assaults on child by parent (nine years follow-up)
Parent-Child Interaction Therapy (USA)	<ul style="list-style-type: none"> ● Fewer physical abuse re-reports (2.3 years follow-up)
SafeCare (USA)	<ul style="list-style-type: none"> ● Less repeat maltreatment (seven years follow-up)

Two meta-analyses of parent education interventions found small-to-medium improvements for risk factors and measures of child abuse.^{39,40} Parenting programmes that effectively reduce child maltreatment share several characteristics. They:

- have children’s wellbeing, including health, development and safety, at their core
- are home-based and delivered by professionals
- use a structured curriculum or planned sessions
- focus on child development and behaviour management strategies
- promote positive parenting techniques with routines, clear rules, explanations, limits, instructions and praise
- provide information and strategies to promote positive parent-child interactions, and to regulate parents’ and children’s emotions
- support family wellbeing in areas such as health and nutrition, budgeting, education and employment, although the evidence of the impact of these is mixed.

One size doesn’t fit all

It is clear that no single parenting programme will meet the needs of all parents and a range of effective programmes is required. For some parents, good outcomes can be achieved through brief, focused interventions while for others intensive and/or longer-term support is needed. Early intervention and prevention are cost-effective over the longer term. For example, investment in prevention programmes for disadvantaged children is more cost-effective than later remediation.⁴⁰

Universal, targeted and individualised programmes

Parenting programmes follow a three-level framework. The first level comprises *universal* programmes which are available to all parents; the second level comprises *targeted* programmes for selected parent groups (eg, teen parents), and the third level comprises *individualised (or therapeutic)* programmes. Universal programmes have shown positive effects on parenting, child abuse and neglect, parental stress, health-promoting parental behaviour, child health and development, parental psychological adjustment and couple adjustment. Universal parenting programmes are less likely to stigmatise families as they are available to all parents. Targeted programmes focus on specific at-risk groups, such as parents who are in prison, parents or caregivers of children who have experienced maltreatment or separating parents. Some comprehensive parenting programmes – such as *Triple P* – are multi-layered and have universal, targeted and individualised components. *Pathways Triple P* is an example of an individualised programme for parents at risk of maltreating their children.

A range of effective programmes based on rigorous selection, implementation and evaluation practices is needed

The review findings about effective parenting programmes have implications for policy development, programme implementation and good practice in New Zealand.

A more systematic approach to evaluation is needed

To better understand the effectiveness of parenting programmes in New Zealand a more systematic, rigorous and long-term approach to monitoring and evaluation is needed which:

- develops evidence about the effectiveness of current programmes
- identifies other parenting programmes that might work in New Zealand
- pilots selected programmes and evaluates their impact
- scales-up implementation of promising programmes
- monitors programmes to ensure alignment with best practice and to guide continuous improvement
- shares findings about effective parenting programmes, critical components, implementation success factors, and evidence-based practices.¹⁰

When implementing programmes, relevant performance and outcome measures that reflect key parts of the programme need to be considered. Programmes also need to be implemented with enough participants to enable rigorous evaluation. This doesn't preclude the development of innovative programmes that respond to the needs of particular parent groups.

The New Zealand evidence base needs to be strengthened

The evidence base for effective parenting programmes with Māori parents and whānau, including programmes designed by and with Māori, needs to be strengthened. There is relatively little research on the effectiveness of programmes designed with Māori and Pasifika parents.ⁱ This knowledge gap is particularly significant given the over-representation of Māori in the vulnerable children population. There are also gaps in our knowledge about what works with Pasifika parents. New Zealand needs a systematic approach to developing and trialling programmes with Pasifika parents and in Pasifika community settings. We also need a better understanding of what works for parents who are facing complex challenges such as drug and alcohol issues, family violence and maternal depression.

A range of universal and targeted parenting programmes is needed

Rigorous programme selection, adaptation and implementation processes are critical for achieving intended parent and child outcomes. Based on what we know about effective parenting programmes, policy and decision-makers need to:

- ensure universal, targeted and individualised parenting programmes are available to meet the needs of different parents
- identify what needs are to be addressed and match these to an appropriate evidence-based programme.



“New Zealand needs a more systematic, rigorous and long-term approach to monitoring and evaluation of parenting programmes”.

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Selected databases and clearinghouses

- **Blueprints Healthy Youth Development**
<http://www.blueprintsprograms.com/>
- **California Evidence-Based Clearinghouse for Child Welfare (CEBC)**
<http://www.cebc4cw.org/>
- **ChildTrends Lifecourse Interventions to Nurture Kids Successfully (LINKS)**
<http://www.childtrends.org/what-works/links-syntheses/>
- **Child Welfare Information Gateway**
<https://www.childwelfare.gov/>
- **Department for Education UK – Parenting Programmes Commissioning Toolkit**
<http://www.education.gov.uk/commissioning-toolkit>
- **Home Visiting Evidence of Effectiveness (HomVee)**
<http://homvee.acf.hhs.gov/>
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide**
<http://www.ojjdp.gov/mpg/>
- **Washington State Institute for Public Policy**
<http://www.wsipp.wa.gov/default.asp>

Note: This 'What works' document is based on Superu's 2014 review of effective parenting programmes. It does not include findings from evaluations published since the review.





Our purpose

To increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand's communities, families and whānau.

What we do

We work across the wider social sector to:

- **promote** informed debate on the key social issues for New Zealand, its families and whānau, and increase awareness about what works
- **grow** the quality, relevance and quantity of the evidence base in priority areas
- **facilitate** the use of evidence by sharing it and supporting its use in decision-making.



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