EVIDENCE BRIEF

Interventions for parents and families:
the evidence for improving social outcomes for children

BACKGROUND

Parents and the family and home environment play a central role in the early learning and development of infants and children (1, 2). A range of interventions exist to support parents and families, particularly in situations where the family is vulnerable and/or where the infant or child may be at risk of delays in learning or development. The first five years of life present a critical window of opportunity for learning and development (3) and they lay the foundation for learning and readiness for school (4).

The purpose of this *Evidence Brief* is to describe the extent to which interventions for parents and families can improve social outcomes for children. This brief draws on evidence from systematic reviews, which provide the most comprehensive assessment of the evidence.

Social outcomes, as defined in the research literature, have a high degree of overlap with emotional outcomes. Many interventions address both outcomes, include outcomes which could fit in either or both domains, or use a combined term such as 'socio-emotional'. This *Evidence Brief* should be read in conjunction with the *Evidence Brief* on emotional outcomes for children.

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Key Messages

- There is good evidence to support the use of parenting and family support interventions to improve social outcomes for children such as parent-child interaction, children's social skills and social competence, emotional stability, and self-control.
- Parenting and family support interventions may be useful for addressing social problems in children that are secondary to a developmental vulnerability.
- Benefits seem to be greater for younger rather than older children.
- There is some evidence to support the use of professionals in home visiting interventions to improve social outcomes for children. The use of non-professionals does not seem to result in improvements.
- Several reviews evaluate general types of interventions (e.g., parenting, home visiting) without breaking down their analyses by individual program; evidence is therefore stronger for general intervention types and may be weaker for individual, named interventions.
- Some individual studies and reviews were conducted by the creators of the intervention being evaluated; this may present a conflict of interest.
- The systematic reviews included in this *Evidence Brief* are considered high quality and their conclusions are generally reliable.

DEFINITION OF SOCIAL OUTCOMES

This review of reviews focused on outcomes defined in the Australian Early Development Census (AEDC, see www.aedc.gov.au). The **Social competence** domain includes overall social competence, responsibility and respect, approaches to learning, and readiness to explore new things.

MAIN FINDINGS

This review of reviews identified **11** high-quality systematic reviews that report on the impact of family and parenting support programs and home visiting on social outcomes for children.

The majority of the reviews reported here included only reasonably rigorous studies with control or comparison groups; some randomised, some quasi randomised, and some non-randomised. Some reviews included a wider range of study designs, from experimental through to single-subject and qualitative. Another included randomised and non-randomised group assignment as well as pre-post intervention designs without a comparison group. Findings may be less reliable when drawn from the reviews using less rigorous studies or that do not report designs.

Outcomes investigated in this literature

General social outcomes

For definitions of the main outcome terms used in this brief, see the **box**. It should be noted that there is considerable overlap between social and emotional outcomes in the literature, with many studies using combined terms such as 'socio-emotional'. More information on potentially relevant outcomes will be found in the *Evidence Brief on improving emotional outcomes for children*.

Social skills and competence
Relates to a child's ability to get along with family, peers, and other adults; and a child's knowledge of what is expected in social interactions. Includes abilities like making eye contact, listening and taking turns, and recognising emotions in themselves and in others.

Social communication
Related to and influenced by social competence, and refers to social aspects of communication as distinct from understanding word structure and grammar. Includes skills like understanding implied meaning, knowing when to share information, and knowing how to adapt speech to different social situations.

Self-control
Relates to a child's ability to follow directions, take turns and share, wait for an enjoyable activity or stop once started, and anticipate future events.

Child ages covered in this literature

The objective of this *Evidence Brief* was to identify interventions relevant to children up to five years of age. Due to mixed reporting of age groups in studies and in systematic reviews, it has not always been possible to restrict to reviews solely covering children aged up to five years.

Settings covered in this literature

The majority of reviews described interventions conducted with birth parents. However, some of the interventions were intended for use with foster parents and/or in out-of-home care settings. These are addressed in a separate section.

In addition, this review of reviews identified several home visiting programs addressing a range of emotional outcomes for children. While many parent interventions have a home visiting component, in that the intervention may be wholly or partially conducted in the home (as opposed to a clinic or other setting), those interventions where home visiting is the central or sole characteristic have been addressed separately.

Addressing behaviour problems

Six reviews addressed general social outcomes in children, including parent-child interactions, child emotional stability, child social communication and interaction, and global social emotional behavioural outcomes.

A review investigating **parenting groups**[1] (for parents of **children aged from birth to six years**) facilitated by nurses, psychologists, and social workers (5) found significant short-term improvement in **parent-child interactions**. Follow-up data from eight weeks to two years post-intervention showed some lasting significant changes for children without identified behaviour problems.

Some interventions seek to improve a child's social wellbeing across a range of outcomes. **Family support interventions** (including home visits, parenting groups, parent-child groups, and group early educations for children) typically aim to improve parenting, child development, child and parent health, parent literacy, child behaviour and parent involvement in school, and prevent child maltreatment. A review of such interventions for children aged **up to 12 years**, found small but significant benefits on children's social skills, emotional stability, and school behaviour. Programs using professional staff to work with parents in group settings had greater benefits on children's socio-emotional development than those using home visits (6).

A review of parent-implemented **Applied Behaviour Analysis (ABA)** found some evidence that it led to less impaired social communication and social interaction compared with participation in a parent training group, in children aged **one to six years**, developmentally vulnerable due to Autism Spectrum Disorder (ASD). However, this evidence was limited as it was only measured in one of the included studies (7).

A major review of the **Triple P Positive Parenting Program** by the program's creators used a single measure of social emotional behavioural outcomes, encompassing a child's ability to: interact and form relationships with other children, adults, and parenting figures; appropriately express and manage emotions such as anxiety, frustration, and disappointment; and level of internalising and externalising behavioural issues. The review did not report the effects of Triple P on social skills alone; however, there were moderate benefits on the combined measure and benefits were maintained at later follow-up. There were better results for **younger children**, for a **targeted** or **treatment** (rather than preventive) approach, for more severe initial problems, for randomised study design, and where the program developers were involved in the evaluation (8).

A recent small review (9) investigated the potential for **group-based parenting programs** for parents of young children (**under three years**) to help children become well adjusted. It included programs such as **Incredible Years BASIC**, **1-2-3 Magic**, **Group-based Parent Training**, and **STAR** (**Stop Think Ask Respond**). Some programs were aimed at disadvantaged parents, but authors were also interested in primary prevention of mental health problems. The main focus of the review was on **emotional** maturity, but child self-control and social competence were also considered. There was some indication of short-term benefit but very little information (and that of poor quality) for continued benefit at follow-up. There is insufficient evidence to reach any firm conclusions on the role of parenting programs in preventing child mental health programs.

Finally, a very broad review (10) identified **early childhood interventions** conducted by the World Health Organization in Europe that aimed to **reduce inequalities in children's health and development**. There was a reduction in submissive behaviours following **Incredible Years**, **Eager and Able to Learn**, and **Sure Start**; and some benefits to inhibitory control following **Let's Play in Tandem**. The authors argued that differences between studies make it difficult to draw any strong conclusions, but that better outcomes result from combining workshops and education for parents and children, starting early in pregnancy, and including home visits from professionals.

Addressing social skills in children with conduct problems

One review evaluated interventions for children with conduct problems. There were only mixed results for parent-child relationship (the focus of the outcomes

[1] All named interventions that were found to have some benefit for children are described at the end of this evidence brief.

was on child emotional/behavioural outcomes), and benefits were generally not maintained at follow-up (11, 12).

Foster carers and out-of-home care

A single review examined interventions targeted at foster parents and children in foster care.

A broad range of interventions have been empirically assessed for children in foster care, categorised as: wraparound services, relational interventions, non-relational interventions for carer and child, carer training programs, and interventions for the foster child (13). Most interventions had aims relating to helping carers manage or reduce child behaviour difficulties and facilitating a child's developmental progress. This review included a wide range of study designs; some rigorous and some not: RCTs, non-randomised controls, uncontrolled, and post-intervention only research designs were eligible. **Wraparound services** and **relational interventions** had some benefits, with significant improvements seen for some but not all behaviour measures, in some but not all studies (peer problems, secure behaviour, avoidant behaviour, mental health difficulties, problem behaviour). Other intervention types were not supported. The authors stress that intervention impact varies considerably across studies.

Home visiting programs

Many of the interventions identified in previous sections have a home visiting component, but this tends to be incidental to the main aim of the program. Thus, an intervention may be delivered either in the home or in a clinic or agency without greatly impacting on effectiveness. This section presents two reviews of programs where home visiting is the sole or central intervention delivery mode.

A review was conducted of home-based interventions **delivered by trained lay or professional family visitors**, for **preschool children from disadvantaged families** (14). Home visits intended to provide the mother with knowledge and skills to provide quality, cognitively stimulating mother-child interactions; to support child development; and to improve mother and child self-esteem. Although individual studies found some indication of less difficult child temperament and better communication skills after intervention, there was no overall evidence that home-based interventions improve outcomes for disadvantaged children.

For more general outcomes, a review of home visiting programs for **developmentally delayed**, **physically challenged**, or **chronically ill children under eight years old** found significantly improved socio-emotional outcomes (but did not report detail for specific outcomes) (15). However, this review included programs with home visits as a supplement to other interventions, in addition to those where home visits were a central component. It is therefore not clear whether the improvements should be attributed to home visiting or to the kinds of interventions covered in the previous sections.

One review cautions that programs for families of children with developmental delays or behavioural problems are more beneficial when they use professional staff in group settings rather than in home visits (6). Home visiting programs with at least some para-professional staff, and targeting low-income families, tend to have smaller benefits for socio-emotional outcomes.

IMPLICATIONS FOR POLICY AND PRACTICE

- Interventions addressing the early social development of children are important for improving child learning and development. Children need to be able to get on well with parents, teachers, and peers in order to learn.
- There is **good support** for the use of parenting education programs such as The Incredible Years, Triple P, and Behavioural Parent training in **addressing social difficulties** in children.
- It is worthwhile investing in parenting and family support interventions for the purpose of improving social outcomes for children.
- Where possible, **parent involvement** in interventions, including parent-mediated or delivered interventions, should be encouraged.
- A greater benefit for child social outcomes comes from investment in **professionals** rather than peers or non-professionals as providers of home visiting interventions.

LIMITATIONS OF AND GAPS IN THIS LITERATURE

- It has not been possible to restrict this *Evidence Brief* to reviews solely covering children from antenatal to five years of age. Many reviews included studies of older children, and did not typically conduct separate analyses for age subgroups. When making decisions about practice, age ranges of children included in studies and systematic reviews should be considered in order to determine how well they match the families involved in services.
- The literature is highly skewed towards emotional and behavioural outcomes. Other outcomes (such as pro-social or anxious and fearful behaviour) are less well represented in this literature and the evidence for these is not well developed. While child behaviour outcomes are arguably the most easily measured and potentially of most immediate concern to parents, rigorous research on a broader range of social maturity outcomes is needed.
- Some authors evaluate their own programs and in a few cases also conduct the systematic reviews of their programs. Rigorous program evaluation is to be encouraged and program developers are often best placed to do this; however, caution should be exercised where no independent evaluations of a program are available.
- Social and emotional outcomes are often conflated in the literature. This *Evidence Brief* should be read in conjunction with the brief on emotional outcomes, as many interventions discussed there may also be relevant for social outcomes.

CONCLUSIONS

This review of systematic reviews has found good evidence to support the use of parenting programs to improve a range of child social outcomes. However, it is not clear if or for how long those benefits last. Overall the evidence suggests that it is worthwhile investing in parenting and family support interventions, particularly for younger children and developmentally vulnerable children.

METHODOLOGY: REVIEW OF SYSTEMATIC REVIEWS

This *Evidence Brief* is based on literature identified using a systematic methodology to review systematic reviews. Systematic reviews protect against some of the incompleteness and biases that can be encountered with traditional literature reviews, thereby providing readers with greater confidence in any conclusions that are drawn. The databases searched in September 2015 were: PsycINFO, Embase Classic+Embase, Ovid MEDLINE(R), Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Social Work Abstracts, Education Resources Information Centre (ERIC), Applied Social Sciences Index and Abstracts (ASSIA), Social Services Abstracts, Sociological Abstracts, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Criminal Justice Abstracts, the Cochrane Collaboration Library, and the Campbell Collaboration Library. No publication year limits were imposed. We searched for English language systematic reviews and meta-analyses of parenting, family support and home visiting interventions. Books, chapters, conference papers and theses were excluded, as were reviews that only included studies with children aged over six years. Interventions such as surgery, vaccinations, medications, international aid and international development were excluded. Reviews needed to report findings for a least one emotional outcome. Systematic reviews were assessed for degree of rigour against five criteria: 1) the review addressed a clearly designed research question; 2) there was an a priori search strategy and clearly defined inclusion and exclusion criteria; 3) a minimum of three academic databases were searched; 4) grey (unpublished) literature was specifically searched for; and 5) more than one rater/coder was used.

Of the 2958 search results, 11 relevant reviews reporting social outcomes and meeting criteria were identified.

TERMINOLOGY

Interventions for parents and families

Interventions included in this review were: parenting programs/interventions, family support interventions, and home visiting/visitation interventions. Definitions of these interventions vary considerably and they are sometimes grouped together or used interchangeably. In general, we included interventions in which parent and family skills, behaviours, knowledge or cognition were targeted with the aim of improving key child outcomes.

Due to their focus on learning and development, we also included interventions in which professionals train parents in therapeutic and teaching methods, such as those used in early childhood intervention for children with disabilities.

Parents

The term *parents* refers to any person undertaking a parenting role, including biological parents, foster parents, and step-parents.

Outcomes

An outcome is defined here as a measurable change in, or benefit to, an infant or child. It may include an increase in a desired behaviour or skill or a decrease in an undesired behaviour or skill.

INTERVENTION DESCRIPTIONS

Applied Behaviour Analysis (ABA)

Applied Behaviour Analysis (ABA) involves breaking down complex skills (or behaviours) into smaller steps and teaching them through the use of clear instructions, rewards and repetition. As children learn each step, they are praised and rewarded. Difficult behaviour is ignored when it occurs. ABA-based programs generally involve assessing the child's skills and difficulties, setting goals, designing and implementing the program to teach the target skill and ongoing measurement of the target skill. The programs can be run in the family home, at a clinic, school or centre, or in a combination of two or more of these settings.

www.raisingchildren.net.au/articles/applied_behaviour_analysis_th.html

Eager and Able to Learn (EAL)

Eager and Able to Learn (EAL) is targeted at two to three year-old children in early years settings. The program places a particular emphasis on physical movement, on the physical design of early childhood program settings, and on relationships - the practitioner/child relationship, the parent/child relationship and the partnership between the parent and the practitioner - to support young children's development. The program has a group-based element, which involves a series of developmental movement and play activities, and a home-based element including home visits, which encourages parents to explore play activities with their children in the home environment.

www.qub.ac.uk/research-centres/CentreforEffectiveEducation/Filestore/Filetoupload,421675,en.pdf

Behavioural Parent Training (BPT) and Group-based BPT

Behavioural Parent Training (BPT) is designed to help parents develop the skills necessary to manage their child's behaviour and development. It is delivered to parents of children with problem behaviours and can be delivered short-term (one to two hours per week for eight weeks) or longer term (up to a year or longer). The BPT therapist coaches parents in applying such strategies as standardised curriculums to teach parents parenting skills.

Incredible Years (IY) and IY BASIC

The Incredible Years (IY) program is designed to promote emotional and social competence and to prevent, reduce, and treat behaviour and emotional problems in young children. The IY BASIC Parent Training Program targets parents of high-risk children and those displaying behaviour problems. The program strengthens parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional and language development. In parenting groups, trained Incredible Years facilitators use video clips of real-life situational vignettes to support the training and trigger parenting group discussions, problem solving, and practice exercises. The program is delivered in 18-20 weekly two-hour group sessions by trained leaders (social workers, psychologist etc.).

www.incredibleyears.com

Let's Play in Tandem

Let's Play in Tandem (a component of Flying Start Wales program) is a parent-delivered education program for three year olds that aims to develop school readiness and includes pre-reading skills, numerical skills, and general knowledge. The intervention consists of weekly home visits of 1.5 to two hours over 12 months by a project worker.

www.nice.org.uk/guidance/ph40/documents/social-and-emotional-wellbeing-early-years-expert-report-12

1-2-3 Magic

1-2-3 Magic is a group format discipline program for parents of children approximately two to 12 years of age. The program can be used with average or special needs children. 1-2-3 Magic divides the parenting responsibilities into three tasks: controlling negative behaviour, encouraging good behaviour, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking. It is delivered in one to two 1.5 hour sessions per week for four to eight weeks.

www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/

Stop Think Ask Respond (STAR)

The STAR Parenting Program was designed to teach low-income, at-risk parents of children aged one to five years an acronym to use and strategies to improve parenting practices. The parent is encouraged to first *stop* and then *think* about how their child's behaviour may be affecting their own thoughts and feelings, *ask* if their expectations for their child are reasonable and how to *respond* to the behaviour. The program is implemented through 10 weekly, 1.5-hour sessions of small groups, no more than four parents at a time. Parents receive four one-hour audio tapes and workbooks to reinforce what is discussed in the group.

www.childtrends.org/?programs=star-stop-think-ask-respond-parenting-program

Sure Start

Sure Start is a government program that provides a wide range of support services for parents and children under the age of four, who live in disadvantaged areas across the United Kingdom. The aims of Sure Start are to complement the work of existing local services and provide young families with advice on where to go and who to speak to if they have more specialised needs or difficulties. Projects deliver home-based support for families; healthcare advice from professionals; antenatal and postnatal support; classes for babies and young children (eg., baby massage, play sessions); programs for parents (eg., parenting, nutrition, nurturing, fathers groups) and support for ethnic minority families.

www.nidirect.gov.uk/sure-start-services

Triple P Positive Parenting Program

The Triple P Positive Parenting Program is a parenting and family support system designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers. Triple P is delivered to parents of children up to 12 years, with Teen Triple P for parents of 12 to 16 year olds. There are also specialist programs – for parents of children with a disability (Stepping Stones), for parents going through separation or divorce (Family Transitions), for parents of children who are overweight (Lifestyle) and for Indigenous parents (Indigenous).

www.triplep.net

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FUNDING

This material was produced for The Benevolent Society with funding from the John Barnes Foundation.

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SUGGESTED CITATION

Sartore, G-M., Macvean, M., Devine, B. & Pourliakas, A. (2016). *Interventions for parents and families: the evidence for improving social outcomes for children.* Prepared for The Benevolent Society. Victoria: Parenting Research Centre.

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CSS196-ISO_0316

Published March 2016.

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