

EVIDENCE BRIEF

Interventions for parents and families: the evidence for improving language, cognitive and communication outcomes for children



Key Messages

- This review of systematic reviews has confirmed that there is a well-established body of evidence to suggest that investment in parenting and family support in the early years is worthwhile.
- There is good evidence to support the use of parenting and family support interventions for improving the cognitive outcomes of children.
- There is sufficient evidence to support the use of parenting and family support interventions for improving receptive and expressive language outcomes for children.
- Parenting and family support interventions may be of particular benefit to developmentally vulnerable children.
- There is developing evidence to suggest that children may benefit from having their parents involved in interventions that are designed to improve literacy outcomes for children.
- Parent-mediated interventions have some benefits for cognitive, language and literacy outcomes of children; they may be particularly helpful when used in combination with professionally delivered interventions.

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 language, cognitive and communication outcomes for children. This brief draws on evidence from systematic reviews, which provide the most comprehensive assessment of the evidence.

continued

Key Messages

- There is some evidence to suggest that parenting and family support interventions in the early years have an impact more broadly on academic outcomes.
- There is good evidence to support the use of professionals in home visiting interventions for improving cognitive outcomes for children. The use of non-professionals, particularly without also including some professional service provision, does not seem to result in improved cognitive outcomes for children.
- Ongoing home visiting, rather than single visits, may result in better outcomes for children.
- Much of the evidence reported in this *Evidence Brief* relates to cognitive outcomes, with some evidence on receptive and expressive language and less rigorous evidence for literacy outcomes. There was little evidence relevant to numeracy outcomes and no systematic reviews were found that report the benefits of parenting and family support interventions on general knowledge.

DEFINITION OF LANGUAGE, COGNITIVE AND COMMUNICATION OUTCOMES

This review of reviews focused on outcomes defined in the Australian Early Development Census (AEDC, see www.aedc.gov.au), which collects data about key areas of early childhood development (known as ‘domains’). The **Language and Cognitive Skills** domain includes basic and advanced literacy skills, basic numeracy, interest in literacy and numeracy, and memory. The **Communication Skills and General Knowledge** domain includes receptive and expressive language skills and general knowledge.

MAIN FINDINGS

This review of reviews identified **16** high quality systematic reviews and **three** good quality systematic reviews that report on the impact of family and parenting support programs and home visiting on language, cognitive and communication outcomes for children.

The studies included in the reviews predominantly report findings regarding cognitive outcomes and some on expressive and receptive language, with little on literacy, even less on numeracy and none on general knowledge.

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. One review (5) included a wider range of study designs, from experimental through to single-subject and qualitative and another included randomised and non-randomised group assignment as well as pre-post intervention designs without a comparison group (6). Study design was not reported in two reviews (7, 8). 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

- Improvements in cognition
- Enhancing receptive and expressive language
- Increasing literacy, numeracy and academic skills.

Definitions of the main outcomes covered in this literature are presented in the **box**.

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.

Literacy outcomes

Relates to a child's learned capacity to read and write; including the ability to understand, use and reflect on and engage with written texts. In young children this will include skills associated with reading, such as knowledge of the alphabet and of print conventions.

Numeracy outcomes

Relates to a child's learned capacity to work with numbers; including the ability to reason and apply simple numerical operations/concepts. In young children this will include knowing shapes, discriminating different sizes, knowing number words and generating simple counting sequences.

Cognitive outcomes

Relates to a child's capacity to undertake simple to complex tasks; including the ability to process information for thinking, remembering and learning. In this literature, usually covered by literacy and numeracy outcomes but might also include problem solving, grouping objects according to characteristics like size or colour, identifying missing parts from common objects.

Expressive language outcomes

Relates to a child's ability to put thoughts into spoken or written words and sentences.

Receptive language outcomes

Relates to a child's ability understand language they hear or read.

Cognitive outcomes

Developmentally vulnerable children

Five high quality systematic reviews presented evidence for the benefits of parent and family support interventions for **developmentally vulnerable** children (9-13). Three reviews (9-11) compared outcomes for developmentally vulnerable children and their typically developing peers and found that the former **appear to benefit the most from these interventions**.

Professional home visiting programs were found to have a greater impact on cognitive outcomes for **children with delays** due to failure to thrive, low birth weight or prematurity, than for children without delays (9). Also, in a **mixture of family support interventions** including home visits and parenting groups, children with disability or developmental delays were found to

experience greater benefits for cognitive development than were their typically developing peers (10).

Premature children from birth to five years also benefitted from **care and developmental interventions** in which their parents were involved (11). These interventions all involved enhancing skills of parents or involving parents in aspects of the care and development of their infants. The benefits for child cognition were seen until three years of age, although not by five years, suggesting that intervention may have served to give the children an initial short-term boost. Two interventions that had benefits on cognitive outcomes until children were 12 months old were **Newborn Individualized Developmental Care and Assessment Program (NIDCAP)** and **kangaroo care**.¹ Although these interventions were named, their effectiveness has not been tested beyond one or two studies so the benefits of these particular interventions needs to be confirmed in further research.

Further evidence was found to support the involvement of parents in interventions for children who are **developmentally vulnerable** due to having a diagnosis of **Autism Spectrum Disorder (ASD)** (12, 13). Findings suggest that children aged between **two and six years** involved in **Early Intensive Behavioural Interventions (EIBI)** – involving some degree of parent training - had significantly better Intelligent Quotient (IQ) scores compared with children in a control group (13). Further, children aged **one to six years** participating in parent-implemented **Applied Behaviour Analysis (ABA)** had better IQ scores than those in a parent-training group in one study (12, 13). Greatest benefits were seen when combined methods of delivery were used including: direct therapy for the child by professionals; training the parents in techniques so that they can generalise to the home; and interventions solely mediated by parents (13).

Interventions such as ABA (12) and EIBI (13) are often delivered by professionals; however, the studies included in these reviews all involved some level of **parent participation** and can be **parent-mediated** or delivered. Typically, professionals train parents to deliver the interventions to children in the home or to generalise the techniques used in the interventions

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

to other settings. The authors noted that it was not possible to determine the extent of impact of parental involvement in the interventions (13). Nevertheless, these findings provide an indication that parent involvement in these interventions can result in beneficial outcomes for children with ASD.

Children in general

The impact of parent-mediated interventions on cognitive outcomes has also been investigated with **children in general**, as well as those with ASD (14). Note that this review was found to be of good quality but not as high quality as the rest of the systematic reviews reporting cognitive outcomes. Parenting and home-based interventions involving parents of children **aged from birth to five years** that have shown moderate benefits for cognitive and memory outcomes in children included: helping children to make sense of print; reading to children and sharing books with children; parent and home-based programs designed to improve literacy; programs within kindergarten; and language enhancement interventions. Findings suggest that these parenting and home-based interventions had a moderate to large benefit for cognitive and memory outcomes in children (14).

There is also evidence to suggest that a range of **family support interventions**, such as **home visits**, **parenting groups**, **parent-child groups** and **group early education for children**, can result in improved cognitive outcomes for children aged up to 12 years (10). While the initial benefits of these interventions were small, they were found to be significant when children were followed-up later, suggesting that benefits remained after the intervention had ceased. The greatest benefits on cognitive outcomes were found for children aged **under five years** and when interventions were delivered via **parent groups**, rather than home visiting.

However, **home visiting** interventions for parents of children **aged up to five years** have been found to result in improved cognitive outcomes (8) and intellectual functioning in children (9). The types of support provided in these interventions included parenting training and education (8, 9), parent psychosocial support (8), health and development

support (8, 9), service referrals (9), parent groups (9), and early childhood education (8). These interventions were found to be more effective when **delivered by professionals** than non-professionals (8) and when provided on a more ongoing basis than in a single visit (8). Study designs were not indicated in this review and so the findings should be considered with caution as they may not have been rigorous. Furthermore, 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.

A review that focussed solely on **home visiting** for **disadvantaged families** delivered by **trained paraprofessionals** (15) found that evidence for the effectiveness of these interventions for improving cognitive outcomes was minimal. One study of **Healthy Families Alaska** found benefits for child mental development 18 months after the intervention. The authors concluded that using paraprofessionals in home visiting did not on the whole demonstrate improvements for these families. They also concluded that more visits over a longer time period has more benefits for children. The need for training of paraprofessionals was also emphasised, as was the importance of intervening early (e.g., prenatally) (15, 16).

A review of **mixed parenting support interventions** involving peer or paraprofessional support to mothers of children **aged up to six years** suggests that it is possible for these interventions to have an impact on cognitive outcomes; however, it was found that combining these interventions with professional delivery is more beneficial (16). It should be noted, however, that only one study in this review reported cognitive outcomes so these findings are very preliminary.

There is also some preliminary evidence to suggest that **behavioural and cognitive behavioural group parenting programs** for children aged **three to 12 years** with **conduct problems** may lead to improved cognitive outcomes (17). The authors of this review

however recommend further research as some of the studies were not of good quality and the benefits were very small.

A further review of early childhood interventions that aimed to reduce inequalities in health and development in children aged **birth to eight years** by the World Health Organization in Europe (18) reported that some interventions may improve cognitive outcomes. For example, a study of **Preparing for Life** was found to improve child cognitive functioning. The authors argued that differences between studies make it difficult to draw any strong conclusions, but that better outcomes resulted from combining workshops and education for parents and children, starting early in pregnancy, and including home visits from professionals.

Children from vulnerable families

There is currently **no strong evidence** to suggest that parenting and home visiting interventions improve cognitive outcomes for children with teenage parents (19), mothers with substance misuse problems (20), or families targeted for interventions due to identified disadvantage (15, 21).

Receptive and expressive language outcomes

Six high quality reviews were identified that reported child receptive and expressive language skills. All six found that these interventions had a positive benefit for child expressive language (6, 12, 13, 15, 18, 22) and five reported benefits for child receptive language (6, 12, 13, 18, 22).

Four of these reviews have been described previously in this *Evidence Brief* (12, 13, 15, 18). In sum, they suggest that non-professional home visiting (15), interventions to reduce health and developmental inequalities (18), EIBI (13), and ABA (12) may be beneficial for improving communication skills. Specifically, single study findings indicated that **Let's Play in Tandem** resulted in improved receptive vocabulary, **Speech and Language Therapy** improved children's speech skills (18), and **Home Instruction for Parenting of Preschool Youngsters (HIPPY)** resulted in improved expressive language skills (15).

Two systematic reviews have not previously been described in this *Evidence Brief*. One systematic review

found benefits for **developmentally vulnerable** children (6). These authors found that **parent-mediated language interventions** for parents of children aged **1.5 to five years** with **language impairments** can improve expressive and receptive language skills. When compared with therapist-implemented interventions, there were less notable benefits, yet still a benefit for child outcomes. The authors concluded that parent implemented interventions may be effective for children with a range of language and intellectual skills. However, this review included studies that were not all rigorous and so our confidence in their conclusions is reduced.

Another systematic review tested the effectiveness of **parent-implemented reading interventions** for children **aged up to four years** (22). These interventions aimed to teach specific language teaching strategies to parents, including turn taking and being responsive to children.

Literacy outcomes

Three reviews were identified that addressed literacy outcomes for children. These did not meet the criteria for high quality systematic reviews, but are of reasonably good quality and add value to this *Evidence Brief* due to their literacy content. However, they may not be as rigorous as the other reviews reported here and this may weaken the strength of their conclusions.

In addition to investigating the impact of **parent-mediated interventions** on child cognition, the effects of these interventions have also been examined on literacy outcomes (14). The interventions included reading to children and parenting programs designed to improve literacy. Parenting and home-based interventions were found to improve child **writing** skills (14).

In a review of family-based literacy interventions for families with children aged **up to five years** from **low income or ethnic backgrounds** (5), phonological awareness, letter knowledge, and concepts of print were found to improve with intervention. All of the interventions included some degree of family involvement: from encouraging parent-school communication to interventions delivered directly to families. Benefits were small, but were found to be

better for interventions that involved **dialogic reading** or when they were delivered in the home (5). A note of caution here is that this review included studies that were not all rigorous, thereby reducing our confidence in their conclusions.

In a review of literacy interventions for children with no identified vulnerabilities aged from **kindergarten to grade three**, it was found that parent involvement can have a significant impact on **reading** acquisition (23). **The greatest benefit was found for interventions that involved training parents to tutor their children in literacy skills and to use specific literacy exercises.** Less benefit was found for interventions that involved parents listening to their children reading. No significant benefit was found for interventions that simply involved parents reading to their children. These findings suggest that reading to and listening to children read may be insufficient to have a real impact on child literacy.

Numeracy outcomes

One high quality (16) systematic review was identified that reported the impact of parenting or family interventions on numeracy outcomes. In the systematic review of **mixed parenting support interventions** involving peer or paraprofessional support to mothers of **children aged up to six years** referred to earlier (16), one study was identified in which mathematics skills improved and were maintained five to eight years after the intervention. While the duration of this benefit is promising, little clear evidence can be obtained from the findings of a single study.

Academic outcomes

This review of reviews also identified two high-quality systematic reviews (7, 18) that reported the impact of parenting and family interventions on academic and educational outcomes of children more broadly. Details of specific academic skills are not provided.

The systematic review reported earlier that assessed the effectiveness of interventions to reduce inequalities in health and development in children aged **birth to eight years** (18) found that one intervention (**Let's Play in Tandem**) that aimed to improve parenting abilities resulted in improved academic knowledge for children.

As these findings are only based on one study, the results should be considered preliminary.

An additional systematic review aimed to determine the impact of **parent involvement interventions on the educational** outcomes of children aged from **pre-kindergarten to year 12** (7). Study designs were not indicated in this review and so the findings should be considered with caution, as they may not have been rigorous. Nevertheless, the results suggest a **relationship between parent involvement and child educational outcomes.** Interventions included in this review were shared reading interventions, interventions designed to promote parent-teacher collaboration and communication, interventions for parents to encourage children to do homework, English as a Second Language (ESL) programs, and also Head Start. Most of the studies focused on early childhood years through to primary school, with less evidence for secondary school students. The best evidence was found for **shared reading interventions.** Significant benefits were also found for the interventions that encouraged parent partnerships and communication, and homework checking programs, but not for Head Start or ESL.

IMPLICATIONS FOR POLICY AND PRACTICE

- Interventions addressing language and cognitive outcomes in early childhood are important for ensuring children are ready to learn and develop.
- There is a **well-established body of evidence** to suggest that investment in parenting and family support in the early years is worthwhile.
- There is **good evidence** to support the use of parenting and family support interventions for improving cognitive outcomes of children.
- There is **sufficient evidence** to support the use of parenting and family support interventions for improving receptive and expressive language outcomes of children.
- It is worthwhile investing in parenting and family support interventions for the purpose of improving the cognitive outcomes of **developmentally vulnerable children.**
- Where possible, **parent involvement** in interventions, including parent-mediated or

delivered interventions, should be encouraged for the purpose of improving cognitive, language and literacy outcomes of children.

- A greater benefit for child cognition comes from investment in **professionals** as opposed to peers or non-professionals as providers of home visiting interventions.

LIMITATIONS OF AND GAPS IN THIS LITERATURE

- Within the language and cognitive domain, the literature is predominantly focused on cognitive outcomes, with less evidence for literacy outcomes and very little for numeracy outcomes.
- Within the communication and general knowledge domain, the literature is limited to receptive and expressive language outcomes, with no evidence for general knowledge outcomes.
- Details regarding specific types of abilities are not evident in the reviews reporting academic outcomes.
- Due to the lack of high-quality systematic reviews reporting literacy outcomes, this review of reviews included three systematic reviews of lower quality. The findings of these three reviews may be less reliable.
- Most of the systematic reviews, and therefore interventions, reported here targeted a broader range of child outcomes than just language and cognition. When making decisions about interventions, it is important to consider the full scope of outcomes targeted by interventions and to choose something that is applicable to the needs to the families involved in services.
- It has not always been possible to restrict this *Evidence Brief* to reviews solely covering children aged up to five years. Many reviews included studies of older children, and did not typically conduct separate analyses for age subgroups. Age ranges have been included where this was possible. 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 systematic reviews reporting parent involvement in interventions, such as in parent-mediated interventions, are a different form of

intervention to ones that aim to improve parenting skills. These provide a perspective on the effect of parent involvement in interventions and in child-skill building; however, it was not possible to determine the extent of parent involvement or how differing levels of involvement might impact child outcomes.

CONCLUSION

This review of systematic reviews has found good evidence to support the use of parenting, family support, parenting involvement, and professional-delivered home visiting interventions for improving the cognitive and expressive and receptive language outcomes of children, particularly in children who are developmentally vulnerable. There is also some evidence for the use of these interventions for improving literacy outcomes. However, it is not clear if or for how long the benefits of these interventions last. Overall, findings suggest that a worthwhile investment lies in interventions that are designed to bolster parenting skills, especially for 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, the Campbell Collaboration Library. No publication year limits were imposed. We searched for English language systematic reviews and meta-analysis 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 at least one physical health and wellbeing outcome. Systematic reviews were assessed for degree of rigour against these 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, **16** relevant reviews(**) reporting language and cognitive outcomes were identified. A further **three** reviews(*) were judged to not meet the systemic review criteria but were included here because no high quality reviews were identified that covered these outcomes.

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 concept of *parent* adopted in this review of review refers to any person undertaking a parenting role, including biological parents, foster parents, and step-parents. The authors of the included systematic reviews and studies may not have taken a similar view of the term *parent*.

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

Early Intensive Behavioural Interventions (EIBI)

Early Intensive Behavioural interventions (EIBI) is a generic term that refers to behavioural interventions that are intensive and comprehensive. Behavioural Interventions refer to behaviourally based therapy developed to improve the symptoms associated with autism. Intensive programs refer to the number of hours of treatment the child receives per week as well as the intensity of training, curriculum, evaluation, planning, and coordination. EIBI intervention programs recommend between 30 and 40 hours of child-therapist sessions per week (24).

Dialogic reading

Dialogic Reading is an interactive shared picture book reading practice designed to enhance young children's language and literacy skills. During the shared reading practice, the adult and the child switch roles so that the child learns to become the storyteller with the assistance of the adult who functions as an active listener and questioner (25).

Newborn Individualized Developmental Care and Assessment Program (NIDCAP)

NIDCAP is an individualised developmental approach for preterm infants admitted to a hospital's newborn intensive care unit (NICU). It involves observing and reading each preterm infant's behavioural cues and formulating a care plan. NIDCAP programs involve regular and formalised observations of the infant before, during and after caregiving procedures. The framework applies throughout the infant's delivery process and admission to the NICU, and continues throughout the infant's hospital stay, the transition home, and the first few months at home.

www.nidcap.org

Kangaroo care

Kangaroo care is a method of holding a baby, usually preterm, that involves skin-to-skin contact. The baby, who is naked except for a nappy and a piece of cloth covering his or her back, is placed in an upright foetal position against a parent's bare chest. Holding may be restricted to a few hours per day, but if they are medically stable that time may be extended. It is practiced to provide developmental care to premature babies for six months and full-term newborns for three months.

www.my.clevelandclinic.org/childrens-hospital/health-info/ages-stages/baby/hic-Kangaroo-Care

Healthy Families Alaska

Healthy Families Alaska is a state-wide program, based on the Healthy Families America model, that provides home visits by trained paraprofessionals to women who (i) are pregnant or have just given birth and (ii) whose families are identified as at-risk of child abuse and neglect. Paraprofessionals visit these women for the first three to five years of their child's life, with the goal of promoting positive parenting (e.g., by role modelling), child health (e.g., by facilitating access to health care), and child development (e.g., by screening and making referrals for developmental delay).

www.coalition4evidence.org/wp-content/uploads/2011/07/Update-Evidence-on-home-visitn-4.23.09.pdf

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 including pre-reading skills, numerical skills, and general knowledge. The intervention usually consists of weekly home visits of 1.5 to 2 hours over 12 months by a project worker.

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

Speech and Language Therapy

Speech and language therapists work with babies, children and adults who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

Home Intervention for Parents of Preschool Youngsters (HIPPY)

HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years for success in school. The program involves weekly one hour, one-to-one home visits by trained coordinators for a minimum of 30 weeks. Parents then engage their children in educational activities for five days per week for 30 weeks.

www.cebc4cw.org/program/home-instruction-for-parents-of-preschool-youngsters/detailed

Preparing for Life

Preparing for Life is a prevention and early intervention project based in north Dublin that aims to improve school readiness from pregnancy until the beginning of school. The program provides home visitation/mentoring; Triple P courses; support for the delivery of antenatal care and education in the community; coaching in speech and language development; an early years to school transition program and coaching for teachers in literacy, play and self-regulation programs.

www.preparingforlife.ie/

PREPARED BY

This resource was commissioned by The Benevolent Society and produced by the Parenting Research Centre.

Authors:

Michelle Macvean (info@parentingrc.org.au),
Gina-Maree Sartore, Ben Devine, Anastasia Pourliakas.

Other contributors:

Catherine Wade, Sophia Spada-Rinaldis,
Archana Ranganathan, and Sally Kanno.

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We are The Benevolent Society

We help families, older people and people with disability live their best life, and we speak out for a just society.

We're Australia's first charity. We're a not-for-profit and non-religious organisation and we've helped people, families and communities achieve positive change since 1813.

National office

Level 1, 188 Oxford Street

Paddington NSW 2021

PO Box 171, Paddington NSW 2021

T 02 8262 3400

F 02 9360 2319

E research.policy@benevolent.org.au

ABN 95 084 695 045

Visit www.benevolent.org.au to find out more
or connect with us at  