Evaluating the evidence

What all practitioners need to know to deliver evidence based parenting support

National Academy for
Parenting
Practitioners

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What is evidence based practice?

Evidence based practice is a combination of practitioner expertise and knowledge of the best external research, and evaluation based evidence. It involves a careful, clear and thoughtful use of up-to-date evidence when making decisions about how to work with individual parents. Evidence based practice also includes steps which a practitioner or service can use to ensure that everything they do is evidence based. Evidence based practice is "finding out what works, and ensuring that the interventions we and others make in children's lives are as good as they possibly can be". (Lloyd, 1999).

Why evidence based parenting support?

Messages from research consistently tell us that child well-being is largely determined by high-quality parenting. Research also tells us that children benefit when their parents have access to services aimed at enhancing their skills and confidence.

Parenting support differs in terms of its effectiveness, however. While there are many well-intentioned parenting services, relatively few have an established track record for improving child and adolescent outcomes (Moran et al, 2004; Scott, 2006). Moreover, some parenting support may, in fact, negatively impact upon families. For example, Sure Start research indicates that many parenting services do not improve child wellbeing, and in some instances, may even interfere with it (Barlow et al, 2007; Belsky et al, 2006). On the other hand, Sure Start studies also suggest that theoretically sound parenting programmes, underpinned by strong research evidence, consistently result in positive gains for parents and children (Melhuish et al, 2008).

For these reasons, the government is firmly committed to developing and providing evidence based services for families. As Beverley Hughes, Minister of State for Children, Young People and Families has emphasised, "we are not taking any risks with the advice that we offer parents".

What constitutes a strong evidence base?

There is currently a wide range of support available for parents and families. Some of it is underpinned by an extremely robust evidence base and some of it is not. How can busy practitioners determine the extent to which the services they provide are informed by good quality research?

Randomised control trials (RCTs) are widely considered to be the most robust way of determining whether an intervention is effective. As the name implies, RCTs are conducted by randomly assigning participants to a 'treatment' and a 'control' or comparison group. Thus, one group receives the treatment under investigation and the other receives no additional support other than what they would normally be given. This random assignment is done to ensure that any potential biases are evenly distributed across both groups. Participants from both groups are then asked to complete measures that are given to them prior to the intervention and then once again afterwards. Change is then measured for both groups. If the treatment group demonstrates a measurable improvement and this is substantially greater than the comparison group, it is assumed that the treatment has had a significant effect.

> ### Ranking the quality of the evidence (highest to lowest)
> - Multiple RCTs, showing long-term outcomes across multiple settings.
> - RCTs demonstrating only short-term effects
> - A single RCT
> - Cross-sectional studies
> - Studies using pre and post norm-referenced questionnaires
> - Qualitative studies (not considered a measure of impact).

A single RCT demonstrating a positive effect is generally not sufficient for confirming whether an intervention is effective, however. A treatment's impact is most often established through multiple RCTs conducted across multiple settings. In this respect, the strength of the evidence is determined by 1) proof of a significant treatment effect demonstrated via rigorously conducted RCTs, which is 2) observable over a sustained period of time and is 3) replicable across multiple settings. Other, less robust methods of establishing an evidence base include well-designed cross-sectional studies (where the treatment and control group are only measured at one point in time – not via pre- and post-treatment measures) and the use of norm-referenced instruments, which compare pre and post intervention change to 'normed' scores based upon population averages. Qualitative methods, such as in-depth interviews and focus groups, should not be used to determine impact, although they are useful for understanding why or how a programme works.

What makes parenting programmes effective?

There are three key elements underpinning most evidence based parenting interventions: eligibility criteria, fidelity, and the intensity with which it is delivered (sometimes referred to as 'dose'). Eligibility criteria refer to the characteristics of the intervention's target audience. For example, is the service best suited for parents of teenagers, parents of children with learning disabilities, or vulnerable and socially excluded families? The more specific the criteria, the more likely the service will demonstrate measurable effects.

A second important element is the fidelity with which the programme is implemented. Most evidence based parenting programmes have a set of 'active ingredients' that are essential for ensuring that they remain effective. Research repeatedly suggests that parenting programmes are only effective when implemented with fidelity, to ensure that these key ingredients are not lost. This does not mean, however, that programme fidelity is a replacement for a practitioner's judgement, creativity or skill. Practitioner judgement is crucial for ensuring that evidence based programmes retain their key ingredients, but also meet the needs of their participants.

The intensity or amount of intervention parents receive also influences its impact. Clearly, poor attendance on a parenting group is likely to reduce its effectiveness. Moreover, parents with more complex needs are likely to benefit from more intensive support from more highly qualified professionals, whereas parents with fewer difficulties may require less.

Finding evidence based parenting support

While a wide range of parenting support is available, it is often difficult for practitioners to know where to find good quality programmes underpinned by a solid evidence base. Fortunately, a number of resources are now available to help practitioners and commissioners understand the quality of the evidence underlying parenting services.

Systematic and meta-reviews are both good sources for finding out about the latest research and evidence based parenting programmes. A systematic review involves the use of pre-established methods to systematically search scientific databases to find key studies (most often RCTs) and critically appraise them. A meta-review (also called a meta-analysis) collectively considers the findings of multiple RCTs and calculates their overall effect for a more accurate understanding of the true effect of an intervention.

The Cochrane Collaboration routinely publishes findings from systematic and meta-reviews of family and health care interventions. These studies can be accessed at **http://www.cochrane.org**.

Other web-based resources providing reviews of the evidence base include:

- Social Care Institute for Excellence (SCIE) **http://www.scie.org.uk** sponsors Social Care Online, an extensive free database of social care information. It has research briefings, reports, government documents, journal articles, and websites **http://www.scie-socialcareonline.org.uk**

- Research in Practice supports evidence-informed practice with children and families. **http://www.rip.org.uk/evidencebank**

- The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. **http://www.nice.org.uk/aboutnice**

There are also several organisations that rate the quality of the evidence base underpinning parenting programmes. These include Blueprints for Violence Prevention (**http://www.colorado.edu/cspv/blueprints/**), the National Registry of Evidence-based Programmes and Practices (NREPP; **http://www.nrepp.samhsa.gov/**) and the Office of Juvenile Justice and Delinquency (OJJDP; **http://ojjdp.ncjrs.org/**).

Within the UK, the parenting academy has recently launched the Commissioning Toolkit that rates parenting programmes in terms of four elements: 1) the quality of their eligibility criteria 2) the programme content and processes 3) the quality of practitioner training and supervision and 4) the quality of the evidence underpinning the programme. More information about the Commissioning Toolkit can be found at: **commissioningtoolkit.org**

Evidence based theories of child development

All evidence based parenting programmes are underpinned by sound theoretical principles that have been supported by a substantial amount of research in the field of child development. While a variety of models have informed the development of parenting programmes, four core theories underpin the majority of them: social learning theory, attachment theory, parenting styles theory and the model of human ecology.

Social learning theory is based upon the assumption that children's behaviour will improve if it is appropriately reinforced. In this respect, good behaviour will increase if it is rewarded and bad behaviour will decrease if it is either ignored or appropriately sanctioned. Social learning theory-based programmes thus teach parents strategies for dealing with child misconduct (via time outs and withholding privileges) and encouraging positive behaviour through proactive reward systems, such as sticker charts and point systems.

Attachment theory is based upon the notion that an infant's ability to form a strong emotional bond with their primary caregiver is a natural part of its development. The security of this bond, also known as attachment security, is largely determined by the parent's ability to sensitively and appropriately respond to their infant's bids for attention. Programmes based upon attachment theory therefore aim to improve parental sensitivity by increasing parents' understanding of their children's needs and attachment related behaviours.

Parenting styles theory is based upon research that suggests children's behaviour is directly related to their parent's child-rearing practices. Parents who combine high levels of parental warmth with high levels of supervision are more likely to have children who are more confident, more autonomous and more socially responsible. This parenting style is often referred to as a democratic or authoritative style of parenting, as it recognises the child as an individual in his or her own right and promotes personal agency and responsibility. For this reason, many parenting programmes include elements which encourage parents to allow their children to take risks within a family environment that is characterised by high levels of supervision.

The model of human ecology assumes that children's development is determined by his or her interaction within the nested environments of the individual, family, school, community and culture. Each of these environments contains elements (also known as protective and risk factors) which can either improve children's life outcomes or place them at risk for adversity. Every family is unique in terms of the risk and protective factors influencing it. Programmes based upon the ecological model consider ways in which to strengthen protective factors in order to reduce or remove any ongoing risks.

How to plan evidence based parenting support

While knowledge of the evidence base is useful for commissioning parenting services, there will be times when it will be necessary to develop 'home grown' evidence based services to address local needs. In these instances, it is useful to take an outcome-focused approach to service development and evaluation. This means that service planning should start with the end in mind, with programme developers asking themselves first what they are trying to achieve.

Although the answer to this question may appear relatively simple, it is often not straightforward. Parenting support is often designed with multiple outcomes in mind and these may be quite broad or poorly articulated. Take, for example, the outcome of 'improved child wellbeing'. While most programmes aim to improve children's lives, few actually define what child well-being is or how it will be achieved. Hence, service planning should begin by identifying SMART outcomes – i.e. service goals which are easy to define, measure, and achieve within a realistic timeframe. Defining SMART outcomes should be the first step when establishing the evidence base for locally developed services.

SMART outcomes are:

- Specific and deal with discreet rather than broad dimensions
- Measurable so that they can be monitored
- Achievable and are within the scope of the service provision
- Realistic in that they can be measured with limited resources
- Time-limited to provide quick answers.

Once the outcomes have been identified, service planners should then articulate how the service's resources (also known as inputs) and activities (or outputs) will enable the service to achieve its intended outcomes. For example, a parenting service that aims to improve parental sensitivity should 1) define parental sensitivity in a way that is measurable 2) include specific activities that are expected to improve parental sensitivity and are 3)

supported by the appropriate resources. This process is sometimes referred to as defining the service's 'theory of change'. The theory of change of parenting support should ideally be informed by evidence based theories of child development.

Tiered support model
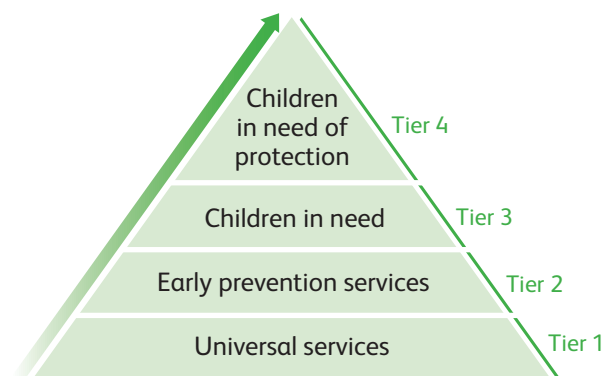
Service providers should also have systems for determining whether or not their service is working. This means having methods in place for measuring change amongst service users. Change is quite easily measured via standardised questionnaires administered to parents before and after they participate in an intervention. While this does not have the rigour of an RCT, it does provide a comparison group, as these measures can be scored in a way that allows comparisons with a normal population. Examples of widely available standardised measures of child and parental outcomes that can be adapted for a variety of service contexts include the Strengths and Difficulties Questionnaire, the Parenting Stress Index and the Alabama Parenting Questionnaire.

Evidence based parenting support should also be able to demonstrate how it is meeting local need. Ideally, service planners should have access to good quality community profiling data that will enable them to understand the needs of local families and identify where gaps in services exist. When doing this, it is also important to specify the level of need the service is targeting. Within the UK, need is typically classified across four tiers, from universally available, preventive support to highly focused, targeted interventions. Parenting support should then be commissioned at the appropriate level of need.

Bringing it all together: six essential questions for commissioning or developing evidence based services

Most practitioners working with parents and children want confirmation that what they are doing is effective. Once systems are in place for understanding community need, commissioning, developing and monitoring evidence based services is a relatively straightforward process, if the following six essential questions can be answered.

1 What do we need?
Consult community profiling data and identify gaps in service provision. Consider how services will meet local and national targets.

2 What is available?
Look to see whether evidence based parenting support is already available and whether or not it can be commissioned. This information can be found in systematic reviews, the Commissioning Toolkit and other web-based resources.

3 Can we commission?
Commissioning decisions should be based upon available funding, the availability of staff, their training needs and the extent to which the appropriate supervision and resources are available.

Yes – can commission	No – can't commission

4 What training is required?
Can the service be delivered if training is offered to one practitioner, or do several need to receive the same training? How does this training fit within the area's workforce development strategy?

4 What are the expected outcomes of local services?
What are the intended outcomes of locally available services? Are and measure? Are they easy to specify and measure? Are services underpinned by sound theories of child development?

5 Are the right resources in place?
Once the training is complete, organisations must make sure that practitioners are properly supported to deliver their parenting programmes.

5 What are the resources?
How are the outcomes supported by service activities and resources? Are more resources required or do activities need to change to support specific outcomes?

6 How will progress be monitored?
Establish systems for monitoring and evaluating service outcomes to ensure that the service is achieving its intended outcomes. These systems should ideally use pre and post services measures.

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