

An effective programme is not enough: a review of factors associated with poor attendance and engagement with parenting support programmes

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The provision of parenting support is a key feature of wealthier nations' health and social care services. However, attendance and engagement by the neediest parents remains poor. Barriers experienced by parents include personal life factors (beliefs, lifestyles and limited resources) and programme-specific factors (delivery, content and support arrangements). Here we give consideration to these issues, drawing on published reviews of parenting programme effectiveness identified through a comprehensive search of electronic databases. We suggest ways of improving attendance and engagement, by providing programmes as part of a comprehensive framework of family support. © 2010 The Author(s). Children & Society © 2010 National Children's Bureau and Blackwell Publishing Limited.

Introduction

Parenting is an activity central not only to the functioning of families, but also whole communities; a perspective developed from ecological theory that explains the bi-directional connections between individuals and society (Bronfenbrenner, 2005). This ideology is respected internationally and the value in guiding parents to develop nurturing parent-child relationships is cited as an important starting point for tackling societal violence (World Health Organisation [WHO], 2009). Indeed parenting programmes (social interventions designed to increase parental knowledge, skills and self-belief in their own capabilities in raising children) are key components of wealthier nations' strategies for prevention of child maltreatment and improvement of life chances (Centers for Disease Control and Prevention, 2009; Department for Children, Schools and Families [DCSF], 2007). This commitment has been influenced by research evidencing cost benefits from intervening (Edwards and others, 2007; WHO, 2009) as well as that connecting early life experiences with neurological development and later health outcomes (Swain and others, 2007).

In the UK, a wide range of professionals and paraprofessionals work together through inter-agency statutory and third-sector service arrangements to provide different types of parenting support programme as either universal preventive or targeted treatment measures (Department of Health [DH], and DCSF, 2009). However, programme availability alone does not guarantee positive outcomes, as these are inherently dependent on whether those in need of support actually attend. Sadly, poor attendance is not uncommon (Peters and others, 2005), although

the issues at stake are little discussed by those testing the effectiveness of programmes (Heinrichs and others, 2005). A serious point is that effectiveness research collated as systematic reviews or meta-analyses is regarded an important resource for policy-makers and service commissioners interested in evidence of 'what works' (DCSF, 2010; DH, 2010).

In this study, we therefore explore what can be learnt about programme delivery from existing research reviews of parenting interventions, including those that do not follow the exacting standards of the systematic review. The included reviews were identified from a larger review of reviews questioning the impact of parenting support interventions on psychosocial outcomes. This was completed as part of a realistic evaluation study concerned with *how* parenting support works. The study first outlines the search methods and search results obtained for the original review of reviews, then moves to discuss the evidence pertaining to parenting programme attendance and engagement.

Search method

To identify reviews of parenting programme evidence, a systematic search of electronic databases of published material was performed. A range of databases (Medline, Embase, PsychINFO, IBSS, ERIC, Wilson Social Sciences Abstracts and BNI) were accessed through the Ovid search engine, using the search terms 'parent* education', 'parent* training', 'parenting program*', 'mental well?being', 'psychosocial health' and 'psychosocial well?being'. Further searches were made using the University of York Centre for Reviews and Dissemination (CRD) databases, including the Database of Abstracts of Reviews of Effects (DARE).

Hand searching was limited to the citations of reviews already retrieved and publications already known to the researcher were tracked using a Google.com internet search.

Only papers published as reviews of parenting interventions that considered the impact on parental outcomes were selected. Reviews of interventions targeting children as primary participants were excluded. The scope of the review was also limited to those publications written in English. A series of questions suggested by Greenhalgh (2001) was used to assess the quality of reviews identified by the search.

Search results

In total 27 review publications were retrieved. These were: eleven from Medline; four from the remaining Ovid electronic databases; three from a search of DARE; three by following-up citations of retrieved publications; and six that had been previously known to the researcher or were identified from internet searches for other citations. From the 27 publications retrieved, four were duplicates where the same review had been published in a different format. The duplicates were removed leaving a total of 23 publications shown in Table 1. Seven publications reported separate reviews concerned with outcomes for parents; seven reported outcomes for parents and children; four reported the general effectiveness of parenting education; and five focused on identifying factors impacting on parenting support outcomes. We shall mainly focus on this latter group.

Data from each of the reviews were extracted using a form similar to that used in a review of reviews for home-visiting programmes (Bull and others, 2004). This summarised the review objectives, type of studies included, interventions and author's conclusions. A the-

Table 1: The breakdown of reviews

Reviews prioritising outcomes for parents	7 Publications	Thomas and others (1999), Coren and Barlow (2001), Barlow and others (2003), Coren and others (2003), Barlow and others (2004), Hastings and Beck (2004), Kendrick and others (2007)
Reviews reporting outcomes for children in addition to parents	7 Publications	Serketich and Dumas (1996), Dimond and Hyde (1999), Barlow and Stewart-Brown (2000), Woolfenden and others (2002), Barlow and others (2005b), Dretzke and others (2005), Barlow and others (2006)
Reviews reporting general effectiveness of parenting education/training	4 Publications	Bunting (2004), Todres and Bunston (1993), Cedar and Levant (1990), O'Dell (1974)
Reviews identifying variables impacting on parenting support outcomes	5 Publications	Barnes and Freude-Lagevardi (2002), Moran and others (2004), Shulruf (2004), Hoagwood (2005), Reyno and McGrath (2006)

matic approach was used to analyse extracted data for common themes across included reviews. With respect to programme attendance and engagement, two main themes emerged: personal life factors (real and perceived) and programme factors (content and delivery).

Evidence regarding programme attendance and engagement

For programmes to stand, a chance of working it is logical that at the very least parents need first to attend and second to engage with the sessions provided (Assemany and McIntosh, 2002). Indeed, Barnes and Freude-Lagevardi's (2002) review indicates that programmes may work through a dose-response effect, yet little is known about achieving a 'good enough dose' because few studies have tested factors impacting on programme engagement (Barlow and others, 2008; Moran and others, 2004). This is concerning, because although evidence suggests parents feel a need for parenting programmes (Patterson and others, 2002), reviews of programme effectiveness (Barlow and others, 2003; Barlow and others, 2004) expose poor attendance and thereby treatment violation as a widespread problem within primary studies. What is more, few of these effectiveness studies have applied measures for controlling biases when sample sizes are altered by participant drop-out and non-attendance (Whittaker and others, 2006). Related to this, Snell-Johns and others (2004) made a plea for agreed operational definitions and clear guidelines for measuring 'drop-out', as without these, service engagement will persist as a poorly researched feature of parenting interventions. In effect, barriers to access and acceptance of family services need to be better understood.

Where studies have focused on programme attendance and engagement, attempts have been made to isolate variables that might predict treatment response. These variables include factors pertinent to the personal lives of potential participants such as time, finance and health (Hoagwood, 2005; Reyno and McGrath, 2006) and those specifically part of the programme design, content and/or delivery (Hoagwood, 2005; Shulruf, 2004). The following discussion considers each in turn.

Personal life factors

Personal life factors found to have a strong or moderate bearing on programme outcomes include maternal mental health and family income (Reyno and McGrath, 2006). Families with low income are regarded as having high need (DH, 2009) and although low income has been

identified as a barrier to programme attendance (Peters and others, 2005), it does not act in isolation of other factors (Mendez and others, 2009). Typically, barriers are described as structural (experienced as real events blocking access) and perceptual (altering an inclination to attend and/or engage with programmes) (Barnes and Freude-Lagevardi, 2002).

Structural barriers

Structural barriers or the real experiences cited within primary studies include: ignorance about services available (Garvey and others, 2006), inconvenient timing and busy personal schedules (Barlow and others, 2005a; Cunningham and others, 2000; Garvey and others, 2006; Spoth and others, 1996), the home-to-venue distance and the provision of childcare for younger children (Dumka and others, 1997). Interestingly, lack of time has also been cited as a problem even when attending the programme, as often other commitments, including employment, reduced opportunities for mothers and fathers to parent together (Mockford and Barlow, 2004). Limited time also restricts the likelihood of both parents attending programmes (Mockford and Barlow, 2004; Patterson and others, 2005) and often programmes respond by default to the needs of mothers, as the main attendees. An overlooked consequence of this can include new family conflict if mothers take home ideas that contradict existing views held by partners or family members (Mockford and Barlow, 2004). In these circumstances, divergent family values are socially persuasive and place new barriers in front of those trying to alter their parenting practices. This form of negative social persuasion from significant others undermines and limits an inclination to test out programme ideas at home, preventing any chance of skills mastery, and thereby full engagement with programme activities. Moreover, in these instances, alternative perceptual barriers may emerge impacting on the social acceptability of the programme (Kazdin, 2000).

Perceptual barriers

Perceptual barriers concern the thoughts and feelings held by potential participants (that is, the parents) and as such are discussed here as personal life factors. It is noted, however, when perceptions are influenced by the nature of a programme, they may also be identified as features of the parent-programme interface.

Perceptions held by participants include beliefs that: programmes are intrusive (Heinrichs and others, 2005); are not relevant; and that the training would be too demanding (Hoagwood, 2005) or even more of a burden than a help (Attride-Stirling and others, 2004; Barlow and others, 2005a). It is possible that emotional intelligence (Goleman, 1995) is important here, as suggested by evidence showing better attendance by parents who were more highly educated (Haggerty, 2001) and who demonstrated an understanding of their own role in managing their child's behaviour (Peters and others, 2005). Equally, improved attendance has been found for those perceiving benefits from participation as outweighing any costs from attending (Perrino, 2001) or who practised and demonstrated interpersonal intelligence skills through sharing experiences (Wheatley and others, 2003). This suggests the ability to rationalise and reason, two important components of emotional intelligence (Goleman, 1995), help potential participants to determine, and benefit from, what is on offer. However, this aspect is not explored within the cited research.

Combined barriers

Structural and perceptual barriers may be experienced separately or in combination. It is also feasible that the experience of one barrier may heighten the sense of another. For example, a

limited self-belief in an ability to practice what is taught on a programme may reduce a person's effort to manage personal schedules in order to keep attending. In these instances, parents may indicate that they are too busy to continue to attend, when in truth the primary reason for withdrawal is a poor perception of personal benefits (Whittaker, 2008). More recent research would suggest that this could depend on individual parental characteristics that would seem to moderate the impact of barriers for specific individuals (Mendez and others, 2009). Moreover, the prominence of barriers to attendance and engagement are heightened when parents face a multiplicity of issues such as low income, family discord, disorganised and chaotic lifestyles and/or ill health (Attride-Stirling and others, 2004; Barnes and others, 2006). Factors like these are especially burdensome when parents are young, have had limited education and, as an adjunct, poor literacy and verbal skills that limit social competence. Indeed, mothers in these circumstances have been found to distrust offers of help and become disinclined (possibly unable) to accept the suggestion that a parenting programme might be of assistance (Barlow and others, 2005a; Barnes and others, 2006). The question is whether parenting support programmes are sufficiently equipped to recognise, let alone respond, to the different needs presented, especially if an ability to engage with a programme is compromised by impoverished personal circumstances.

A number of studies have also indicated that cultural barriers associated with differences in race and ethnicity (Dumka and others, 1997) and age (Peters and others, 2005) can also be in operation. However, the influence of these factors is not straightforward, as culture may simply be the mediator of effects from other proximal processes. Examples include levels of family communication and organisation that can be biased culturally (Perrino, 2001), or the therapeutic alliances that have more room to grow when cultural similarities exist between practitioners and parents (Gray, 2002).

There are, of course, methods that can be built into programme planning and delivery that could address some structural and perceptual difficulties limiting attendance and engagement. Snell-Johns and others (2004) took a social-ecological position to consider the barriers for those underserved by family therapy, and identified methods such as: provision of transport and childcare strategies to respond to structural barriers; use of the telephone to provide contact between sessions and work with parent perceptions; provision of home-based options to programmes; and facilitating the use of self-directed and video-based interventions. However, they acknowledge that the empirical support for each varies.

Programme factors

Other factors having a bearing on outcomes from parenting programmes, including the extent to which parents participate, can be more directly associated with the actual programmes (Barnes and Freude-Lagevardi, 2002; Hoagwood, 2005; Moran and others, 2004; Shulruf, 2004). These factors subtly reflect the course content, styles of delivery, programme design and service organisation. In truth, however, these factors crossover and although discussed here under separate headings, they are in fact interwoven.

Content

Course content factors identified from a review of experimental research included a focus on parent-child communication and use of an authoritative parenting style (Shulruf, 2004). In addition, evidence from both qualitative and experimental studies suggests the importance of

programmes having clear objectives and content underpinned by a strong theoretical base (Barlow and others, 2008; Moran and others, 2004). A difficulty, however, is that papers reporting results from parenting programmes rarely offer much detail about the actual programme content or even make mention of the underpinning theory. Where theory is mentioned it is given cursory attention. Lack of clarity about course content and underpinning theory has two important implications. The first is for how the programme is targeted, as those making referrals may misconstrue the appropriateness of a given programme for individual parents with particular needs. Second, those embarking on delivery, although presumably trained to do so, need also be clear about the theoretical basis on which programme interventions are linked to anticipated outcomes. In the absence of this knowledge and understanding, practitioners may be inclined to adapt programme content to local situations and, in doing so, alter the very nature of the intervention. Indeed, Barlow and others (2008) suggested that there is a worrying tendency for practitioners to 'mix and match' different programmes, threatening quality and likely achievement of intended outcomes.

Delivery

The above suggests that successful guidance requires more than just a strong course curriculum, but skilled practitioners to deliver content successfully (Barlow and others, 2008; Moran and others, 2004). Indeed, evidence that the type of practitioner has been associated with parental persistence with attending programmes implies that practitioner skills and characteristics are of great importance to programme success and, on this basis, certainly warrant further study (Frankel and Simmons, 1992). More specifically, qualitative evidence of outcomes emphasise the relevance of group facilitation skills. In one example, group participation provided a helpful source of peer support, enabling parents to regain a sense of control over their parenting role and improve their understanding of children's needs and perspectives (Barlow and Stewart-Brown, 2001). These were successes that were in part aided not only by supportive, non-judgemental guidance from practitioners, but also by the positive relationships developed with other group members. In another study, parents were able to use these peer relationships as an ongoing resource (Zeedyk and others, 2008). This suggests that effective group facilitation can help participants to be part of a collective experience that reduces a sense of isolation commonly felt by those facing child-rearing difficulties. In theory, such group bonding provides additional reason for parents to return and continue with group sessions until the course has completed. It also reaffirms the need for successful practitioners to be adept at communicating effectively, to assess needs and expectation of each specific group, while also demonstrating fidelity to programme principles to ensure that all components are delivered as intended.

Likewise, O'Dell's (1974) early review illustrates how for some time it has been acknowledged that parenting programmes require skilful delivery and that those resulting in positive changes included elements of modelling, behaviour rehearsal and reinforcement feedback. Since this time, Bandura (1982) has identified these elements, along with a fourth, current physiological state, as key sources of influence in the generation of self-efficacy (self-belief on one's own capabilities), which in parenting is a predictor of competence (Teti and Gelfand, 1991). When parenting programmes are in the hands of sufficiently skilled facilitators, these experiences can positively influence programme outcomes (Sanders and others, 2000). What is more is that embedding sources of self-efficacy into programme content and delivery is arguably one means of promoting engagement as parents are supported in becoming active, as opposed to passive, session participants.

Programme design

Moran and others (2004) advocate support for an overall programme design that can accommodate different modes of delivery and therefore an ability to respond flexibly to the multiplicity of problems often facing the neediest families. In doing so, they highlight the relevance of ecological theory (Bronfenbrenner, 2005), which explains the different layers of influence on the lives of individuals, suggesting that multicomponent programmes can reach distal social–community factors as well as proximal family–individual factors impacting on parenting roles. However, the relative effectiveness of each strategy used within multicomponent programmes should be tested (Moran and others, 2004) to readily identify those strategies that might become superfluous when combined with others (Barnes and Freude-Lagevardi, 2002). Importantly though, it would also offer the opportunity for developing insights into how single strategies might work differently when they are included as part of a comprehensive programme design. Theoretically, benefits accrued from one mode of support strengthen personal capabilities and enable better engagement with other locally available support facilities. The Triple P programme is a working example that involves individual, group and telephone contact as well as self-directed media strategies (Sanders and others, 2000).

Service organisation

Practitioners organising programmes need, as concluded by Moran and others (2004: 95), to identify how to overcome three particular hurdles. First, how to ‘get’ parents there, second ‘keep’ them attending and, third, ‘engage’ them with the course materials, activities and ideas. In particular, they argue that overcoming the first hurdle requires programme providers to work closely with other related service providers, to create opportunity for a range of referral routes into the programme. Related to this, other evidence has indicated that the referral source may be an important contributor to likelihood of parent attendance (Peters and others, 2005). In this situation, the referrer is in a position to influence how the programme is first presented to parents. Furthermore, because first impressions are shaped at the referral event, the stages of programme implementation can commence even before the parent arrives at a first session.

Other evidence confirming the need to consider the connections between different parent supports can be found in systematic reviews of family home visiting. Here, successful outcomes are noted as features that may enhance parents’ abilities to access parenting programmes. For instance, sufficient home support can enable identification and treatment of post-natal depression (Bull and others, 2004); development of trusting therapeutic relationships (McNaughton, 2000); and improvements in maternal self-confidence (Olds and Kitzman, 1993). As suggested in Cochran and Henderson’s (1990) work with the Family Matters programme, the empowering effects of these positive features bring parents closer to becoming involved with community-based parenting programmes. This is achieved by providing a means of acknowledging and addressing the multiplicity of issues that would normally compromise a parent’s ability to attend. Thus, alignment of parenting programmes closely to related services, such as home support, would seem a sensible mechanism to address both poor attendance following the initial referral and the perceptual barriers that limit engagement.

Related to this theme of programme alignment, Shulruf (2004) identified that more successful parenting programmes indicated an interest in supporting the expansion of parents’ social networks and made available referrals to other services. This highlights that parenting

programmes are not divorced from the wider community and in fact might benefit from links with both informal (social networks) and formal (allied agencies or services) support systems. The influence of parents' ongoing social networks on the effectiveness of parenting programmes is itself an aspect of parenting research that few have tested, but nevertheless has been found to be an important contributor to parents' experiences (Cochran and Henderson, 1990; Walker and Riley, 2001). The suggestion is that the social discourse prompted by a parenting programme acts as one of the mechanisms responsible for parental behaviour and attitude change (Walker and Riley, 2001). Generally though, the potential strengths inherent in social networks and informal support systems might get overlooked. This is because, in an effort to improve programmes, attention is commonly focused on the programme content, whereas implementation issues that might pick this up become somewhat neglected (Moran and others, 2004). This would seem rather short-sighted especially in light of surveys reaffirming how parents commonly regard family and friendship networks as primary sources of support (Ipsos MORI 2006).

Conclusion

The diversity of factors associated with attendance and engagement indicate that parenting programme participation is not straightforward. It appears that no single factor is implicated and barriers posing problems for one family could have no consequence for another. This illustrates the heterogeneity of both personal and contextual factors implicated in whether parents participate with programmes and which make attendance and engagement issues difficult to research (Mendez and others, 2009). Nevertheless, from the body of evidence reviewed, here it is possible to identify some key messages to inform a proactive stance on improving programme take-up, in order to minimise wastage that results from non-attendance and poor engagement.

First, action for supporting successful attendance and engagement with parenting programmes needs to start at an early stage (at least at referral, but preferably even sooner) when support strategies can be carefully matched with identified needs. Second, practitioners need to be clear about programme theoretical principles and relevance, therefore, of programme content and delivery methods to individual need (Barlow and others, 2008). Additionally, they should be competent in facilitating group processes to ensure that the experience remains relevant to each parent. Third, programmes could benefit from being linked to other related forms of family support that are able to address perceptual issues and highlight existing structural barriers such as poor transport. The research on home visiting should not be discounted in this regard as it indicates how skilled home visitors are capable of identifying complex needs and helping parents develop a trust in services (McNaughton, 2000). Practitioners delivering universal preventive health services are important resources here and, in England, health visitors (public health nurses), who are the identified leads for local delivery of the Healthy Child Programme (DH, 2009), could provide an important link between different forms of support for parents.

The fourth builds on the previous three points, and advocates the application of an ecological perspective capable of explaining the breadth of circumstances that give rise to issues of programme attendance and engagement (Barlow and others, 2008; Snell-Johns and others, 2004). Indeed, service models based on ecological principles, which involve parenting programmes and other related forms of support, stand a better chance of tapping into issues derived from the wider context impacting on families' lives (Barnes and Freude-Lagevardi,

2002; Moran and others, 2004). An ecological approach would offer a multicomponent, but comprehensive system of parenting support, providing parents with options and possibly the means to overcome particular barriers to programme attendance. It would require practitioners to work across organisations and disciplines, extending activities beyond the parent-programme interface to reach other systems of support including informal personal social networks.

Finally, evidence of the effectiveness of parenting programmes is generally sought by policy-makers, service commissioners and managers. The analysis presented in this study points to a need, as well, to understand the infrastructure surrounding parenting programmes and support available to potential participants. Evidence about this context is not widely available, nor is it generally considered in trials or systematic reviews. Thus, to deliver programmes that 'are evidenced based and that fit with the reality of family life today' (DCSF, 2010, p. 4), alternative realistic research methodologies (see Pawson, 2006) capable of explaining the circumstances that enable social programmes to work need support.

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References

- Assemany AE, McIntosh DE. 2002. Negative treatment outcomes of behavioral parent training programs. *Psychology in the Schools* 39: 209–219.
- Attride-Stirling J, Davis H, Farrell L, Groark C, Day C. 2004. Factors influencing parental engagement in a community child and adolescent mental health service: a qualitative comparison of completers and non-completers. *Clinical Child Psychology & Psychiatry* 9: 347–361.
- Bandura A. 1982. Self-efficacy mechanism in human agency. *American Psychologist* 37: 122–147.
- Barlow J, Stewart-Brown S. 2000. Behavior problems and group-based parent education programs. *Journal of Developmental & Behavioral Pediatrics* 21: 356–370.
- Barlow J, Stewart-Brown S. 2001. Understanding parenting programmes: parents' views. *Primary Health Care Research & Development* 2: 117–130.
- Barlow J, Coren E, Stewart-Brown SSB. 2003. Parent-training programmes for improving maternal psychosocial health. *Cochrane Database of Systematic Reviews* 4: CD002020, doi: 10.1002/14651858.CD002020.pub2.
- Barlow J, Shaw R, Stewart-Brown S, Racial Equality Unit. 2004. *Parenting Programmes and Minority Ethnic Families: Experiences and Outcomes*. National Children's Bureau and the Joseph Rowntree Foundation: London.
- Barlow J, Kirkpatrick S, Stewart-Brown S, Davis H. 2005a. Hard-to-reach or out-of-reach? Reasons why women refuse to take part in early interventions. *Children & Society* 19: 199–210.
- Barlow J, Parsons J, Stewart-Brown S. 2005b. Preventing emotional and behavioural problems: the effectiveness of parenting programmes with children less than 3 years of age. *Child: Care Health Development* 31: 33–42.
- Barlow J, Johnson I, Kendrick D, Polnay L, Stewart-Brown S. 2006. Individual and group-based parenting programmes for the treatment of physical child abuse and neglect. *Cochrane Database of Systematic Reviews* 3: CD005463, doi: 10.1002/14651858.CD005463.pub2.
- Barlow J, McMillan AS, Kirkpatrick S, Ghate H, Smith M, Barnes J 2008. *Health-Led Parenting Interventions in Pregnancy and Early Years*. DCSF. Available at <http://www.dcsf.gov.uk/research> [Accessed 10 June 2009].

- Barnes J, Freude-Lagevardi A 2002. *From Pregnancy to Early Childhood: Early Interventions to Enhance the Mental Health of Children and Families*. The Mental Health Foundation. Available at <http://www.mentalhealth.org.uk/publications/> [Accessed 30 October 2009].
- Barnes J, MacPherson K, Senior R. 2006. Factors influencing the acceptance of volunteer home-visiting support offered to families with new babies. *Child & Family Social Work* 11: 107–117.
- Bronfenbrenner U. 2005. *Making Human Beings Human. Bioecological Perspectives on Human Development*. Sage: London.
- Bull J, McCormack G, Swann C, Mulvihill C. 2004. *Ante- and Postnatal Home Visiting: A Review of Reviews*. Health Development Agency: London.
- Bunting L. 2004. Parenting programmes: the best available evidence. *Child Care in Practice* 10: 327–343.
- Cedar B, Levant RF. 1990. A meta-analysis of the effects of parent effectiveness training. *The American Journal of Family Therapy* 18: 373–383.
- Centers for Disease Control and Prevention. 2009. *Preventing Child Maltreatment. Program Activities Guide*. CDC: Atlanta. Available at <http://www.cdc.gov/violenceprevention/pub/PreventingCM.html> [Accessed 26 October 2009].
- Cochran M, Henderson CR. 1990. Formal supports and informal social ties: a case study. In *Extending Families: The Social Networks of Parents and Their Children*. Cochran M, Larner M, Riley D, Gunnarsson L, Henderson CR (eds.). Cambridge University Press: Cambridge; 230–261.
- Coren E, Barlow J. 2001. Individual and group-based parenting programmes for improving psychosocial outcomes for teenage parents and their children. *Cochrane Database of Systematic Reviews* 3: CD002964, doi: 10.1002/14651858.CD002964.
- Coren E, Barlow J, Stewart-Brown S. 2003. The effectiveness of individual and group-based parenting programmes in improving outcomes for teenage mothers and their children: a systematic review. *Journal of Adolescence* 26: 79–103.
- Cunningham CE, Boyle M, Offord D, Racine Y, Hundert J, Secord M, McDonald J. 2000. Tri-ministry study: correlates of school-based parenting course utilization. *Journal of Consulting & Clinical Psychology* 68: 928–933.
- Department for Children, Schools and Families (DCSF). 2007. *Building Brighter Futures: The Children's Plan for Families*. The Stationery Office: Norwich.
- Department for Children, Schools and Families (DCSF). 2010. *Support for All: The Families and Relationships Green Paper*. The Stationery Office: Norwich
- Department of Health (DH). 2009. *Healthy Child Programme: Pregnancy and the First Five Years of Life*. Department of Health: London.
- Department of Health (DH). 2010. *Confident Communities, Brighter Futures. A Framework for Developing Well-Being*. Department of Health: London.
- Department of Health (DH), and Department for Children, Schools and Families (DCSF). 2009. *Healthy Lives, Brighter Futures. The Strategy for Children and Young People's Health*. Department of Health: London.
- Dimond C, Hyde C. 1999. *Parent Education Programmes for Children's Behaviour Problems: Medium to Long Term Effectiveness. A West Midlands Development and Evaluation Service Report*. University of Birmingham: Birmingham.
- Dretzke J, Frew E, Davenport C, Barlow J, Stewart-Brown S, Sandercock J, and others 2005. The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorder, including oppositional defiant disorder, in children. *Health Technology Assessment* 9: 50.
- Dumka LE, Garza CA, Roosa MW, Stoerzinger HD. 1997. Recruitment and retention of high risk families into a preventative parent training intervention. *The Journal of Primary Prevention* 18: 25–39.
- Edwards RT, Ceilleachair A, Bywater T, Hughes DA, Hutchings J. 2007. Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. *British Medical Journal* 334: 682.
- Frankel F, Simmons JQ. 1992. Parent behavioral training: why and when some parents drop out. *Journal of Clinical Child Psychology* 21: 322–330.

- Garvey C, Julion W, Fogg L, Kratovil A, Gross D. 2006. Measuring participation in a prevention trial with parents of young children. *Research in Nursing & Health* 29: 212–222.
- Goleman D. 1995. *Emotional Intelligence*. Bloomsbury Publishing Plc: London.
- Gray B. 2002. Emotional labour and befriending in family support and child protection in Tower Hamlets. *Child & Family Social Work* 7: 13–22.
- Greenhalgh T. 2001. *How to Read a Paper*, 2nd edn. BMJ Books: London.
- Haggerty KP. 2001. Predictors of participation in parenting workshops. *The Journal of Primary Prevention* 22: 375–387.
- Hastings RP, Beck A. 2004. Practitioner review: stress intervention for parents of children with intellectual disabilities. *Journal of Child Psychology & Psychiatry* 45: 1338–1349.
- Heinrichs N, Bertram H, Kuschel A, Hahlweg K. 2005. Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: barriers to research and program participation. *Prevention Science* 6: 275–286.
- Hoagwood KE. 2005. Family-based services in children's mental health: a research review and synthesis. *Journal of Child Psychology & Psychiatry* 46: 690–713.
- Ipsos MORI. 2006. *The Power of Parenting TV Programmes – Help or Hazard for Today's Families? NFPI Survey*. Available at <http://www.familyandparenting.org> [Accessed 30 October 2009].
- Kazdin AE. 2000. Perceived barriers to treatment participation and treatment acceptability among antisocial children and their families. *Journal of Child & Family Studies* 9: 157–174.
- Kendrick D, Barlow J, Hampshire A, Polnay L, Stewart-Brown S. 2007. Parenting interventions for the prevention of unintentional injuries in childhood. *Cochrane Database of Systematic Reviews* 4: CD006020, doi: 10.1002/14651858.CD006020.pub2.
- McNaughton DB. 2000. A synthesis of qualitative home visiting research. *Public Health Nursing* 17: 405–414.
- Mendez J, Carpenter J, LaForett DR, Cohen J. 2009. Parental engagement and barriers to participation in a community-based preventive intervention. *American Journal of Community Psychology* 44: 1–14.
- Mockford C, Barlow J. 2004. Parenting programmes: some unintended consequences. *Primary Health Care Research & Development* 5: 219–227.
- Moran P, Ghate D, Merwe A. 2004. *What Works in Parenting Support? A Review of International Evidence*. Policy Research Bureau: London.
- O'Dell S. 1974. Training parents in behavior modification. *Psychological Bulletin* 81: 418–433.
- Olds D, Kitzman H. 1993. Review of research on home visiting for pregnant women and parents of young children. *The Future of Children* 3: 53–92.
- Patterson J, Mockford C, Barlow J, Pypers C, Stewart-Brown S. 2002. Need and demand for parenting programmes in general practice. *Archives of Disease in Childhood* 87: 468–471.
- Patterson J, Mockford C, Stewart-Brown S. 2005. Parents' perceptions of the value of the Webster-Stratton Parenting Programme: a qualitative study of a general practice based initiative. *Child: Care, Health & Development* 31: 53–64.
- Pawson R. 2006. *Evidence-Based Policy. A Realist Perspective*. Sage: London.
- Perrino T. 2001. Initial engagement in parent-centred preventive interventions: a family systems perspective. *The Journal of Primary Prevention* 22: 21–44.
- Peters S, Calam R, Harrington R. 2005. Maternal attributions and expressed emotion as predictors of attendance at parent management training. *Journal of Child Psychology & Psychiatry* 46: 436–448.
- Reyno SM, McGrath PJ. 2006. Predictors of parent training efficacy for child externalizing behavior problems – a meta-analytic review. *Journal of Child Psychology & Psychiatry* 47: 99–111.
- Sanders MR, Markie-Dadds C, Tully LA, Bor W. 2000. The triple P-positive parenting program: a comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting & Clinical Psychology* 68: 624–640.
- Serketich WJ, Dumas JE. 1996. The effectiveness of behavioral parent training to modify antisocial behavior in children: a meta-analysis. *Behavior Therapy* 27: 171–186.

- Shulruf B 2004. *Parent Support and Education Programmes: A Systematic Review*. Pacific Foundation for the Parenting Council: New Zealand. Available at <http://www.pointresearch.co.nz/parentingcouncil/library.html> [Accessed 30 October 2009].
- Snell-Johns J, Mendez JL, Smith BH. 2004. Evidence-based solutions for overcoming access barriers, decreasing attrition, and promoting change with underserved families. *Journal of Family Psychology* 18: 19–35.
- Spoth R, Redmond C, Hockaday C, Chung YS. 1996. Barriers to participation in family skills preventive interventions and their evaluations: a replication and extension. *Family Relations* 45: 247–254.
- Swain JE, Lorberbaum JP, Kose S, Strathearn L. 2007. Brain basis of early parent–infant interactions: psychology, physiology, and in vivo functional neuroimaging studies. *Journal of Child Psychology and Psychiatry* 48: 262–287.
- Teti DM, Gelfand DM. 1991. Behavioral competence among mothers of infants in the first year: the mediational role of maternal self-efficacy. *Child Development* 62: 918–929.
- Thomas H, Camiletti Y, Cava M, Feldman L, and others 1999 *Effectiveness of Parenting Groups With Professional Involvement In Improving Parent and Child Outcomes*. Ministry of Health: Ontario. Available at <http://old.hamilton.ca/phcs/ephpp/ReviewsPortal.asp> [Accessed 30 October 2009].
- Todres R, Bunston T. 1993. Parent education program evaluation: a review of the literature. *Canadian Journal of Community Mental Health* 12: 225–257.
- Walker SK, Riley DA. 2001. Involvement of the personal social network as a factor in parent education effectiveness. *Family Relations* 50: 186–193.
- Wheatley SL, Brugha TS, Shapiro DA. 2003. Exploring and enhancing engagement to the psychosocial intervention 'Preparing for Parenthood'. *Archives of Women's Mental Health* 6: 275–285.
- Whittaker KA 2008. *A realistic evaluation of how parents experience the process of formal parenting support*. Unpublished Ph.D. thesis, King's College: London.
- Whittaker K, Sutton C, Burton C. 2006. Pragmatic randomised controlled trials in parenting research: the issue of intention to treat. *Journal of Epidemiology & Community Health* 60: 858–864.
- Woolfenden SR, Williams K, Peat JK. 2002. Family and parenting interventions for conduct disorder and delinquency: a meta-analysis of randomised controlled trials. *Archives of Disease in Childhood* 86: 251–256.
- World Health Organisation (WHO). 2009. *Violence Prevention: The Evidence. Developing Safe, Stable and Nurturing Relationships Between Children and Their Parents and Caregivers*. Available at http://www.who.int/violence_injury_prevention/en/ [Accessed 26 October 2009].
- Zeedyk MS, Werritty I, Riach C. 2008. One year on: perceptions of the lasting benefits of involvement in a parenting support programme. *Children & Society* 22: 99–111.

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