



Social Mobility
Commission



Family and parenting programmes:

Rapid evidence assessment

Research report
October 2023

© **Social Mobility Commission 2023**

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit **nationalarchives.gov.uk/doc/open-government-licence/version/3**

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at **<https://www.gov.uk/government/organisations/social-mobility-commission>**

Any enquiries regarding this publication should be sent to us at:

The Social Mobility Commission

Sanctuary Buildings
20 Great Smith Street
London
SW1P 3BT

contact@socialmobilitycommission.gov.uk

About the Commission

The Social Mobility Commission is an independent advisory non-departmental public body established under the Life Chances Act 2010 as modified by the Welfare Reform and Work Act 2016. It has a duty to assess progress in improving social mobility in the UK and to promote social mobility in England. The Commission board comprises:

Chair

Alun Francis OBE, Principal and Chief Executive of Blackpool and The Fylde College

Commissioners

Dr Raghiv Ali, Senior Clinical Research Associate at the MRC Epidemiology Unit, University of Cambridge.

Matthew Goodwin, Professor of Political Science at the University of Kent.

Ryan Henson, Chief Executive Officer at the Coalition for Global Prosperity.

Parminder Kohli, Senior Vice President EMEA at Shell Lubricants.

Resham Kotecha, Head of Policy at the Open Data Institute.

The Rt Hon Baroness Tina Stowell of Beeston MBE.

Rob Wilson, Chair at WheelPower – British Wheelchair Sport.



**Centre for Teachers
& Teaching Research**

We thank Sally Riordan, Michael Jopling, Claire Pillinger and Anna Cook for their contributions. The research was conducted at the Centre for Teachers & Teaching Research at IOE, UCL's Faculty of Education and Society. We would also like to acknowledge the project management support from Kamariyah Mbamba at UCL.

Contents

Executive summary	5
Introduction	9
Family and parenting programmes	11
Sure Start	19
Recommendations	31
Conclusion	33
Glossary	34

Executive summary

A child's early years are critical for their later life chances. Children who get a good start in life are more likely to do well in education, get better jobs, and even live longer. With the government's recent announcement of £300 million for new Family Hubs in 75 local communities, our need to understand how best to use this investment to help young children is all the more pressing.

A growing body of evidence about the importance of parenting for children's development means that parents and families have become an inevitable target for resources, campaigns and toolkits. Family and parenting programmes are also a popular tool used by the government and other sectors to attempt to improve how families support their children's learning and development. While the growth in both the types and the number of these programmes is encouraging, there is also an increasing need to review and evaluate them and determine what works.

Evaluations conducted across a wide range of family and parenting programmes globally have produced evidence that both parents and children can experience positive effects. But these programmes differ greatly in scale, focus and content, and that makes it difficult for families and parents to choose what best suits their needs. It also makes it hard for early-years practitioners and policymakers to determine which programme to recommend in a particular context. Better information is needed to make more effective decisions and, ultimately, deliver more positive outcomes for families and tax-payers alike.

This report provides an initial step in summarising some of the evidence. It is not exhaustive, but offers an overview of common benefits and challenges of known parenting interventions. It presents the findings of a rapid evidence assessment conducted in two parts. First, we aim to make sense of this complex landscape by examining the impact of family and parenting programmes with the most promising evidence. The definition used for family and parenting programmes was broad, relating to any programme aimed at helping parents and families to support their children's learning, wellbeing or development. Second, we review the evidence relating to one of the largest nationwide initiatives aimed at supporting families with young children in recent decades: Sure Start. Our aim was to understand the broad advantages and disadvantages of the programme.

Early inequalities shape later life outcomes, and failure to address these will mean that a significant number of children do not reach their educational and economic potential. This report is one element of the Commission's larger programme of work focusing on the importance of the early years on social mobility outcomes, which includes a parenting campaign and additional research on the role of families and parents.

Family and parenting programmes: UK and abroad

In the first part of this report, we review 47 family and parenting programmes and interventions from 23 different countries, including the UK, selected because they have shown evidence of promise over the last 10 years. Overall, the evidence reviewed is distinctly mixed. However, we identify some of the common advantages and disadvantages associated with these programmes.

Key findings

- **There is no clear pattern of positive outcomes**, partly because the programmes vary widely in terms of scale, focus, content, and target groups. These differences create considerable challenges for identifying common advantages and disadvantages, and for determining what will work best in a particular context and for a specific group.
- Some **common advantages** across the reviewed parenting and families programmes include **enriching parents' knowledge and skills** of how to support their children, **increasing their awareness** of the importance and impact **of their role as parents**, and **parental wellbeing**. Other advantages relate to the programmes' help in expanding **social networks and support**, and fostering better community integration.
- **Common disadvantages** relate to the difficulties of **implementing programmes, particularly at scale**, and the methodological challenges of **attempting to separate programme effects from the effects of other aspects of complex family lives**. Others include **insufficient time** to drive changes in parents' behaviour and learning, as well as **parental concern and doubt** over the value of initiatives.
- **Barriers** to engagement and good outcomes include overly **complicated and patronising approaches** in terms of programme delivery and implementation, as well as time and resource constraints. **Facilitators** include **parental self-efficacy, trusted relationships** with individuals delivering programmes, **group or community** formation, **focused messaging, and good accessibility**.

Sure Start: a well-known example

In the second section of this report, we examine what can be said about the benefits and challenges of Sure Start, one of the most recent and well-known family programmes in the UK. We review findings from previous analyses, as well as publications about the development and evaluation of the initiative.

When it was launched, Sure Start was an ambitious, flagship social policy intended to tackle child poverty. Its approach brought together multiple services and professionals to support families with young children. It was launched by the Labour government in 1998. Its annual budget rose from around £500 million to £1.8 billion at its peak (2009).¹ At that time, Sure Start

¹ Sarah Cattan and others (2022) 'The health effects of universal early childhood interventions: Evidence from Sure Start', published on <https://ifs.org.uk> (accessed 21 March 2023)

accounted for around one-third of overall spending on programmes for children under-5s in England.²

Key findings

- Evidence from the **evaluations of Sure Start is mixed across different types of outcomes**. Some are positive and others are not, depending on which outcomes are analysed. The flexibility, scale, rapid expansion, evolution, and diversity of services offered in its design and implementation, adds to the complexity of their interpretation. This creates considerable challenges when trying to understand what aspects of the programme worked and what didn't.
- **Early or short-term evaluations reported minimal positive effects on cognitive skills or educational outcomes**, and in some cases, there were even negative impacts on parental mental health. There is also some mixed evidence about the impact on childhood obesity.
- In the **longer term**, there have been **several significant positive outcomes** associated with Sure Start. In the case of children, there is **good evidence for a reduction in children's hospitalisations** due to injury and infections, increased **uptake of free childcare**, and improvements in the **communication of health information** and children's **speech and language skills**.
- There is also **good evidence that Sure Start had a positive impact on parents**. This includes benefits relating to family life; namely, **parental empowerment, reducing social isolation, and improved parenting skills**.
- **The long-term social-mobility impacts are not clear**, partly because evaluation of eventual educational and employment effects on children was not built into the programme.
- Even in areas where there is evidence of positive impacts, it is **still difficult to make national policy decisions based on this evidence**, for two reasons. First, **it is unclear which aspects of Sure Start underlie the positive benefits identified**. And second, it is **not clear what the relative costs** are for achieving any of these positive outcomes.³

Recommendations

This review highlights both the benefits and the challenges across the complex and diverse provision of family and parenting programmes. As a result, we make the following recommendations for the central government and local authorities. We believe that

² Sarah Cattan and others (2022) 'The health effects of universal early childhood interventions: Evidence from Sure Start', published on <https://ifs.org.uk> (accessed 21 March 2023)

³ A detailed review of the cost-benefit or effectiveness of Sure Start goes beyond the scope of this rapid evidence assessment. For more detailed accounts, please see: <https://assets.publishing.service.gov.uk/media/5a7af05440f0b66a2fc03e13/DFE-RB073.pdf> and <https://ifs.org.uk/publications/health-effects-universal-early-childhood-interventions-evidence-sure-start>.

implementing these recommendations will increase the likelihood of better outcomes for families and children who use these programmes.

Recommendation 1: Early-years skills formation, including cognitive and non-cognitive skills, should be included in the objectives of all parenting programmes

Even parenting programmes that are focussed on, for example, child health, or parenting skills, should show some positive impact on children's skills in the early years and ultimately on educational attainment. This is vital for social mobility. Evaluating this impact should be built into all programmes, so that we don't miss an opportunity to ensure all children develop the essential foundations in literacy and numeracy, for example.

Recommendation 2: Ensure that existing programmes, like Family Hubs, have clear and measurable objectives from the outset, and are set up in a way that allows us to understand what has and hasn't worked

Research into the performance of Sure Start local programmes as well as other parenting programmes has identified mixed results, key challenges, and lessons learned. Chief among those is that future services would benefit from having clear and measurable objectives from the outset, with evidence-informed learning embedded into their plans. While offering local flexibility can bring advantages, it must be balanced against the need for rigorous evaluation so that we can understand what has worked, and most importantly, why.

Introduction

The early years are a critical time that can predict later educational and life outcomes. They play a pivotal role in shaping a person's social mobility story and lifelong opportunities.

Family and parenting programmes can play a large part in a child's development. With this in mind, we have undertaken a rapid evidence review of such programmes. This enables us to understand what has worked well, and what has not. In order to do this, we draw on one of the best-known examples, Sure Start, a government programme to support parents with young children. We set out four research questions:

Research Questions

1. What families and parenting programmes in the last 10 years have shown evidence of promise?
2. What are the common advantages and disadvantages of these programmes?
3. What do we know about the benefits and challenges of Sure Start?
4. What recommendations can we make in light of the evidence presented?

Methodology

In the first part of the review, we assessed the evidence for family and parenting programmes more generally. We identified 47 family and parenting programmes with evidence of promise. We looked at their characteristics and effectiveness (see Annex 2). We also analysed 19 systematic reviews or meta-analyses of family and parenting programmes (listed in Annex 3).

For each programme, we outline the focus, target group, theoretical foundation, process, location and scale. We also assess each programme according to existing publicly available evaluations of their effectiveness and cost, although in most studies, this is only addressed superficially (if at all). For example, many of the larger programmes, such as Triple P Positive Parenting, have multiple components that are applied universally or to targeted groups, at different levels of intensity, and for different ages. We could therefore not compare programmes like for like, given how varied they are.

In the second part of the review, we assessed the evidence of the benefits and challenges of Sure Start. We identified 90 key primary studies of Sure Start, 82 studies set in Sure Start centres, and 105 articles reviewing or reflecting on Sure Start.⁴ We extracted and synthesised

⁴ The most common research methods used in empirical studies of Sure Start were interviews, focus groups and questionnaires with parents or professionals. Most of these were conducted at one Sure Start centre or a small group of centres in the same area. Some studies supplemented this information with attendance records and data from document analysis. The larger studies used a variety of statistical methods and datasets. They included geographical and demographic data, measures of child development, data on immunisations, hospitalisations and body-mass index, educational scores and language development, and life satisfaction. Some also incorporated large-scale surveys of parents' life satisfaction or professionals' views on work. Parental and professional

the findings and recommendations of the primary studies and assessed each for its strength of evidence. The literature we reviewed is listed in Annexes 4 and 5.

Both parts of the review followed the principles outlined by the Cochrane Rapid Reviews Methods Group.⁵ Details of the review methodology (including the search criteria, database selection, screening and classification, and data extraction and synthesis) are presented in Annex 1.

Limitations

This is not a large, systematic review, and it is limited by the small scale of the project. We had to take practical decisions to limit the numbers of programmes we investigated, and the numbers of key papers we read in depth. The results of the initial programme searches were reduced by removing programmes without empirical, evaluative evidence (often but not exclusively quasi-experimental) and searches were limited to studies published in English since 2000. This allowed us to include programmes from across the world but excluded research in other languages. We also included programmes uncovered from 'grey literature' searches, but these were limited by time and resources. As a result, we are aware that many family and parenting programmes are not listed in Annex 2. The map should be seen as a snapshot of programmes with evidence of promise and a prompt for further exploration, rather than a comprehensive list.

Also, the review did not explore each of the many impacts of Sure Start in depth but only collected a high-level account of the evidence available. Where this evidence was mixed (for example, regarding child obesity and the educational outcomes of Sure Start), it was not possible to draw more nuanced conclusions regarding the strength of the evidence. To do that would require a closer examination of the evidence on a particular aspect of Sure Start.

viewpoints were the main focus of most smaller studies, as well as being a significant feature of many larger studies.

⁵ Chantelle Garritty and others (2020) '[Cochrane Rapid Reviews: Interim guidance from the Cochrane Rapid Reviews Methods Group](#)', published on methods.cochrane.org (accessed 21 March 2023)

Family and parenting programmes

There is an established body of research showcasing the power of parents and families in securing positive outcomes for children. As a result, the growth in both the types and the number of family and parenting programmes has been encouraging. But there is also an increasing need to evaluate them and determine what works. This is necessary not only to justify the funding of interventions that are already underway, but also to maximise positive outcomes for parents and families.

This assessment is timely because the government has recently announced a £300 million investment up to 2025 for new Family Hubs in 75 local communities. These hubs will be “offering support from conception through to age 19, or up to 25 for children with special education needs and disabilities”, with a range of services under a “one stop shop”.⁶ It is particularly important to understand the common benefits and challenges from previous initiatives.

Our rapid evidence assessment of family and parenting programmes was a broad mapping exercise, gathering information about 47 family and parenting programmes and interventions from 23 different countries (see Table 3). These are all programmes that have shown evidence of promise over the last 10 years.

Table 3: Family and parenting programmes evaluated as part of this assessment

Programme	Location
Abecedarian Project	USA
Abriendo Puertas / Opening Doors (AP/OD)	Spain
Aprender em Parceria (A PAR)	Portugal
Better Parenting	Jordan
Brief Parent Training	Norway
CANparent	England
Chicago Parent Program	USA
COPING (Confident Parent Internet Guide)	Wales

⁶ Department for Education and Department of Health and Social Care (2023), ‘Thousands of families to benefit from local support in rollout of Family Hubs’, published on GOV.UK (accessed 26 April 2023)

Programme	Location
Couple CARE for Parents (CCP)	Australia
DELTA (Developing Everyone's Learning and Thinking Abilities programme)	Northern Ireland
Educación Inicial (EI)	Mexico
Essential Parenting Program	Australia
Families Coping	Australia
Families First	Indonesia
Families / Parenting Matters Programme	Australia
Family Fluency	USA
Family Intervention Service (Isolated Rural Project)	Australia
Food for Thought (FFT)	USA
Fortalecerse	USA
Helping Children Learn at Home	Canada
High / Scope Perry Preschool Project	USA
Holding Hands	UK
Holistic Family Literacy Programme (HFLP)	USA
HOPE-20 (Hands-On Parent Empowerment-20)	Hong Kong
Incredible Years	USA / international
Learning Together: Growing as a Family	Spain
Mellow Parenting Programme	Scotland
Mothering at a Distance	Australia

Programme	Location
Nobody's Perfect	Canada
Nurse - Family Partnership	USA / international
Nurturing Parenting Program (NPP)	USA / international
Parents / Peers Early Education Partnership (PEEP)	England / international
Parents Plus Early Years (PPEY)	Ireland
Positive Parent Program	Spain
Raising a Reader	USA
Reach Up Early Childhood Parenting Programme	Jamaica
Read to Your Child / Grandchild (RYCG)	USA
Reinforcement of Parental Practices (RPP) program	Senegal
SCRIPT (Screening and Intervention of Problem Behavior in Toddlerhood) study	Netherlands
Sinovuyo Caring Families Program	South Africa
Strengthening Families Programme (SFP)	USA / international
Strong African American Families Program (SAAF)	USA
Supporting Parents on Kids Education in Schools (SPOKES)	England
Triple P (Positive Parenting Program)	USA / international
Troubled Families	England
Tuning into Kids	Australia
Young Parents Program	Australia

Annex 2 contains the full map, including information about the focus, target group, theoretical foundation, process, location and scale of each programme. It also includes details of each programme's evaluation and effectiveness and any information available about costs. The map is not intended to be definitive. Instead, it offers an overview of programmes which have been implemented where there is at least some evidence of impact.



An example: Reach Up Early Childhood Parenting Programme

The Reach Up Early Childhood Parenting programme was designed to deliver effective parenting for children up to age 3 years. The approach provided an effective, adaptable programme, feasible for low resource settings. It showed parents simple ways of interacting with their young children using inexpensive homemade toys, books and conversation. Its core principles and practices included:

- Promoting positive relationship with parents to support them in strengthening their skills to promote child development
- Building parent's skills, self-esteem and enjoyment by helping them to encourage their child play and learn
- Working with a home visitor who was trained to listen to the parent, seek their opinions, and ask about the things they were already doing with their child
- Using a structured curriculum of developmentally appropriate activities
- Encouraging an interactive approach of demonstration and modelling and practice of activities to build skills
- Emphasising praise for parent and child

An evaluation on one of the earliest cohorts of children to go through the programme found that they had long-term improvements in cognition, did better in school, and were less likely to be involved in violent crime. They also earned more money: a full 25% more than equivalent peers without the treatment, and the same amount as their more advantaged peers. This example highlights how effective programmes can lead to good skill development and have long-term benefits.

Sources:

Paul Gertler, James Heckman, et al., (2021). '[Effect of the Jamaica early childhood stimulation intervention on labour market outcomes at age 31 \(No. w29292\)](#)', National Bureau of Economic Research.

What are the common advantages and disadvantages of the most promising families and parenting programmes?

What follows is a brief summary of common advantages and disadvantages of the studies listed in Annexes 2 and 3. However, comparing programmes that have different outcomes, groups and settings, and were applied and evaluated in different ways, is difficult.

Almost 20 years ago, a review on the effectiveness of parenting support noted that,

While it was possible to say which approaches ‘work’ or ‘look promising’, we do not always know exactly why they work, or why some services work for some parents but not others, or how long-lasting the effects are.⁷

Common advantages

The most common advantages related to increases in **parents’ knowledge of how to support their children** and an awareness of the importance of their role as parents. This was found in larger international programmes such as Triple P and Incredible Years, as well as smaller-scale programmes such as DELTA and Better Parenting. In some cases, concerns were raised that these improvements were not kept up in the long term.

The evidence was much less clear about the effects of the programmes on children’s learning and development, particularly their cognitive, social and emotional development. These areas were often not the focus of the evaluations. Instead, most programmes focused on **supporting parents who are marginalised or facing disadvantage**, and looked at how they could improve their parenting skills and confidence. Programmes linked to these kinds of improvements included Brief Parent Training, CCP, Nobody’s Perfect and many of the larger, international programmes – mainly those with a focus on supporting parents with very young children.

A number of studies also found **improvements in parents’ mental health** and wellbeing as an advantage. The Families Coping, Learning Together and COPING programmes are examples of this, along with programmes targeted at marginalised and under-represented parent groups. There were also examples of programmes reducing parents’ stress levels (such as CCP), feeling more satisfied with themselves as parents (Nobody’s Perfect) and improving their sense of self-efficacy (DELTA, Family Intervention Service).

There was evidence from the Nurturing Parent Program of **parents becoming more empathetic** towards their children and abandoning inappropriate expectations. The most common advantage focused on parents learning to manage their children’s behaviour more effectively. This was a focus and outcome of many programmes, including Holding Hands,

⁷ Patricia Moran and Deborah Ghate (2006) ‘[The effectiveness of parenting support](#)’, *Children & Society*, 19(4), 329–336

HOPE-20, Learning Together and HFLP. There was also evidence for this in some of the larger programmes, like the Strengthening Families Programme, but this evidence was more mixed.

Improvements in the **home learning environment** were associated with programmes which focused more explicitly on children's learning by **helping parents to support their children's literacy or numeracy**. This was particularly the case with programmes that support vulnerable and marginalised parents and promote parental empowerment, such as AP/OD. Where they were effective, such programmes also expanded parents' social and support networks and integrated them more effectively into their community. A PAR is a good example here, along with many of the family programmes which tend to be more focused on this kind of social integration.

However, advantages were harder to identify with the family programmes. This might be because they were likely to have a more universal approach, with a variety of objectives aimed at family, parent and child outcomes. Some clear advantages across programmes related to helping families to engage with their communities and draw on their assets and support. Regular contact with parents, children and families was found to be an important way of overcoming issues with access and attendance to interventions and programmes.

Common advantages across families and parenting intervention programmes:

- Increases in parents' knowledge of how to support their children and skills in doing so
- Increases in parents' awareness of the importance of their role as parents, and improved mental health and wellbeing
- Expanding the social and support networks of vulnerable or marginalised parents, and integrating them more effectively into their community

Common disadvantages

Disadvantages were more likely to relate to the challenges of implementing programmes, particularly those delivered on a large scale. Some of these challenges relate to the complexity of interventions, lack of resources, or fidelity of implementation. Time was also a concern. Programmes were criticised for being too short to embed changes in parents' behaviour and learning, and their evaluations often overlooked their effects over time. The time necessary to engage families and parents and keep them in programmes was a challenge, as was the complexity of carrying out experimental and quasi-experimental evaluations. Linked to this were difficulties involved in attempting to separate programme effects from the effects of other aspects of parents', children's and families' lives.

The programme map highlights the large amount of quasi-experimental research that has evaluated the effects of family and parenting programmes, particularly in the USA and UK. Despite this, the outcomes consistently remain unclear or disappointing. One reason could be that other European countries are more likely than the USA or UK to embed family and

parenting and programmes in universal service provision.⁸ These contextual differences make analysis of their impact, and international comparisons more difficult.

Another common disadvantage was parents' doubt about the value of programmes, along with the potential stigma associated with taking part. A number of the meta-analyses found that the various stakeholders had different expectations.⁹ For example, parents were more concerned with learning new skills and developing trusted relationships with programme staff, and researchers were more focused on ensuring staff were well trained and programmes were tailored to participants.

There were also concerns about who was involved in programme evaluations. Earlier reviews noted that parents, families and children were not as involved in the evaluation process as they might or should be. This made it difficult to assess the programme's impacts over time.

Common Disadvantages across programmes

Some disadvantages across these programmes include:

- Difficulties of implementing programmes, particularly at scale
- Methodological challenges of assessing impact and effectiveness of programmes
- Insufficient time to drive changes in parents' behaviour and learning
- Parental concern and doubt over value of initiatives

An example: A PAR parental intervention program (Portugal)



The A PAR (Aprender em Parceria - learning in partnership) parental intervention program is a comprehensive initiative aimed at supporting parents in their role as caregivers. As an early childhood intervention and parenting support programme, one of the principal aims is to increase the educational achievement of disadvantaged children from birth to 6 years. A PAR places a strong emphasis on improving children's and families' life chances by tackling gaps in literacy, numeracy, and self-esteem.

Through this program, highly structured, regular group sessions are led by trained experts. They cover a range of topics, including early learning and development, parenting skills and parent-child interactions through play-based activities. For example, to help improve numeracy and mathematics, parents are encouraged to make the most of everyday activities as learning opportunities, like shopping or counting beans in the kitchen.

⁸ Janet Boddy, Marjorie Smith and June Statham (2011) '[Understandings of efficacy: Cross-national perspectives on "what works" in supporting parents and families](#)', *Ethics and Education*, 6 (2), 181–196

⁹ For example, Stephen M. Cullen (2019) '[Educational parenting programmes: Examining the critique of a global, regional and national policy choice](#)', *Research Papers in Education*, 36(4), 483–506

Research has shown that A PAR leads to positive outcomes for both parents and children. Parents have noted improvements in social support, parent-child joint activities, and capacity to interact with their children. Children have also made significant progress in literacy, numeracy, mathematics and self-esteem, particularly through 'learning by doing'.

Sources:

Maria Emília Nabucoa, Maria Stella Aguiarb, Cláudia Costac and Diogo Morais (2014). ['Evaluation of the effectiveness of the implementation of the A PAR parental intervention programme in Portugal. Child development and parenting support,'](#) European Early Childhood, Education Research Journal, 22:4, 554-572.

Gil Nata and Joana Cadima (2019). ['Parent- and Family-Focused Support in Portugal: Context and Analysis of Services/Programmes from an Equity Perspective.'](#) Child Adolesc Soc Work J 36, 269–283.

Barriers and facilitators to engagement

We identified both barriers and facilitators as factors that either inhibited or enabled positive or successful outcomes, respectively. **Barriers included problems with programme delivery and implementation, such as coming across as too instructional and patronising in approach.** There were other barriers, such as **constraints on participants' time and resources or interventions being too complicated.** Social and cultural barriers, such as **lack of family support** to go to courses or different lifestyles, **were also factors.**

The latter observation highlights that one of the important factors in the success of any family and parenting programme is maximising parents' and families' attendance and engagement. In their review of 23 studies, Whittaker and Cowley emphasise the importance of supporting parents as soon as they are referred to programmes (if not earlier); of being clear about the programme's theoretical principles, content and the way it is provided to allow support strategies to be matched carefully to parents' needs; and of integrating it into other support interventions, such as home visiting, as an effective way of involving parents.¹⁰

In terms of **facilitators** to engagement, the systematic review by Mytton and others of 26 papers focusing on parenting programmes offers the best overview.¹¹ They identify the following key facilitators: **parents' self-efficacy** (exemplified by Triple P), **trusted individuals delivering the programme, group or community formation, focused messaging and good accessibility.** Incentivisation, including helping with transport, was a feature of only a small number of programmes.

¹⁰ Karen Whittaker and Sarah Ann Cowley, ['An effective programme is not enough: A review of factors associated with poor attendance and engagement with parenting support programmes'](#), Children & Society, 26(2), 138–149

¹¹ Julie Mytton, Jenny Ingram and James Thomas (2013) ['Facilitators and barriers to engagement in parenting programs: A qualitative systematic review'](#), Health Education & Behavior, 41(2)

Sure Start

In this next part of the report, we summarise the impact of Sure Start, based on what we know from the evidence on the benefits and challenges of this flagship national initiative.

Summarising the impact of Sure Start is challenging for 2 reasons. Firstly, there is a high level of diversity across the programmes, which makes it difficult to contrast and compare them. There was some consistency in national targets for Sure Start (e.g. decreasing the number of low-birth-weight children) but no consistency in the ways this was delivered or achieved. Essentially, the multi-aim and -agency format makes it difficult to draw direct links between cause and effect.

Secondly, there were methodological difficulties during the main evaluation of the effectiveness of Sure Start. This was partly because Sure Start was implemented in two phases. First there was the launch of Sure Start local programmes (SSLPs). These were then later expanded and rebranded as Sure Start Children's Centres (SSCCs). The key distinctions between the two were the levels of funding across both phases, and the different participants that engaged with both services.

About Sure Start

Sure Start was a flagship government policy launched in 1998. Its main aim was to tackle child poverty through early intervention, focusing on the health and wellbeing of children under the age of 4 and their parents (or parents-to-be).^{12 13}

Sure Start was originally envisaged as an area-based programme, accessible to all families in a local area but only in the 20% poorest regions in England. In 1999, Sure Start local programmes (SSLPs) were established with a budget of £540 million allocated for the first 3 years. Of this money, £450 million was allocated to deliver 250 SSLPs in England.¹⁴ Sixty regions (or 'districts') out of the total of 250 areas were selected to be part of the first 'trailblazer' wave.¹⁵

Community organisations, charities, NHS organisations and local authorities were invited to set up partnerships to manage these 'trailblazer' SSLPs. Trailblazer partnerships were required to provide a broad range of services, including home visiting, advice for parents, support for good-quality children's play and learning, family healthcare, and support for children with special needs. To do this, they had to identify existing services and plan how to integrate them into their SSLP. These partners also had to identify the target local area for the SSLP, which was recommended to have a radius of 1 or 2 miles in urban areas so that families could walk to the

¹² Alex Bate and David Foster (2017) [Sure Start \(England\)](https://commonslibrary.parliament.uk), published on <https://commonslibrary.parliament.uk> (accessed 21 March 2023)

¹³ Angela Anning and others (2004) The national evaluation of Sure Start local programmes in England, *Child and Adolescent Mental Health*, Volume 9(1), 2–8

¹⁴ H. Roberts and D. Hall (2000) What is Sure Start? *Archives of Disease in Childhood*

¹⁵ Department for Education and Employment (1999) '[Sure Start: A guide for trailblazers](https://eric.ed.gov)', published on <https://eric.ed.gov> (accessed 21 March 2023)

services. An important feature was that local programmes were run by programme boards that had to include local parents as well as key professionals.

The initial 1998 plan of 250 local programmes was doubled in the 2000 spending review to 500 SSLPs. The final wave of SSLPs was approved in 2002. By 2004, there were 524, serving over 300,000 children and families, and these were all still in very poor neighbourhoods.¹⁶

Hinton's fathers' programme: An example of a Sure Start Local Programme



'Hinton' is a predominantly white, working-class area in the north east of England. A Sure Start Local (SSLP) was set up in Hinton in 2000 and began delivering services in 2001.

The programme partners recognised that it was challenging to engage fathers with Sure Start services. SSLP professionals attributed this to local culture regarding the roles of mothers and fathers in families.

They also recognised that fathers' lack of engagement was unintentionally reinforced by existing health and children's services, which operated during daytime working hours and were provided by female staff.

Sure Start Hinton tackled this issue by employing a dedicated 'fathers' worker'. This role had managerial support from an external, voluntary agency which specialised in the field of working with men. The Sure Start centre used 'hook events' to initially draw men to its services, set up all-male groups, and conducted ongoing consultation with fathers to understand their concerns and needs.

As a result, the number of male attendances at Sure Start Hinton rose from 60 in 2002 to over 1,000 in 2005. An evaluation found that the success of the programme's activities was a result of its close collaboration with the local expert agency, the day-to-day approaches to considering the particular needs of fathers, and the ongoing commitment to outreach within the programme's management team.

Sources:

Carol Potter and John Carpenter (2008) "[Something in it for dads](#)": Getting fathers involved with Sure Start. A case study'. *Early Child Development and Care*, 178(7), 761–772

Carol Potter and John Carpenter (2010) '[Fathers' involvement in Sure Start: What do fathers and mothers perceive as the benefits?](#)' *Practice: Social Work in Action*, 22(1), 3–15

Sure Start Local Programmes (SSLPs)

The 4 overriding objectives of the original SSLPs were:

1. Improving children's social and emotional development
2. Improving child and family health
3. Improving children's ability to learn

¹⁶ Angela Anning and others (2004) The national evaluation of Sure Start local programmes in England, *Child and Adolescent Mental Health*, 9(1), 2–8

4. Improving families' and communities' links¹⁷

SSLPs had to work towards national targets linked to these objectives. For example, aims included 75% parents reporting improvements to services, and SSLPs achieving a 5% reduction in babies born with low birth weight.

The managers of SSLPs were given autonomy about how to achieve these targets and what services they would provide under these broad headings. Studies show that Sure Start professionals experienced tensions between meeting national targets and local needs.¹⁸ Major problems in achieving national targets were the lack of a common dataset from which to establish baselines and data sharing across agencies.

Managers also had the additional challenge of identifying which evidence-based programmes to implement.¹⁹ However, some have highlighted the advantages of giving local programmes, like Sure Start, the freedom to tackle local problems.²⁰ Indeed, to the extent that local managers were given the freedom to achieve the national targets in any way they wanted, "SSLP" can be thought of as the branding applied to a set of targets rather than a centrally managed set of policies.

“ Studies show that Sure Start professionals experienced tensions between meeting national targets and local needs. They also report challenges for Sure Start managers in identifying evidence-based programmes to implement. ”

The literature suggests that Sure Start created a space for researchers and practitioners to innovate and try out new things.²¹ However, the evidence we have reviewed is not sufficient to allow us to determine whether this approach was effective or not, because it is impossible to attribute individual successes to the structure of Sure Start. Some literature takes a broader

¹⁷ As well as the key review articles listed in Annex 5, the figures here are taken from Department for Education and Employment (1999) *Sure Start: Making a difference for children and families*.

¹⁸ Harriet Churchill and Fiona Williams (2006) '[Empowering parents in Sure Start Local Programmes](#)', published on www.semanticscholar.org (accessed 21 March 2023); Helen Austerberry and Meg Wiggins (2007) 'Taking a pro-choice perspective on promoting inclusion of teenage mothers: Lessons from an evaluation of the Sure Start Plus programme', *Critical Public Health*, 17(1), 3–15

¹⁹ Jason Strelitz (2013) "It sounds good but...": Children's Centre managers' views of evidence-based practice, *Journal of Children's Services*, 8(1), 21–30

²⁰ Examples of the tensions include Jane Lewis and Roberta Cuthbert (2011) '[What are Children's Centres? The development of CC services, 2004–2008](#)', *Social Policy & Administration*, 45(1); Alison Fuller '[Prevention in integrated children's services: The impact of sure start on referrals to social services and child protection registrations](#)', *Child Abuse Review*, 16(1), 17–31

²¹ This was evidenced by an analysis of the studies set in Sure Start Centres (see Annex 5), and examples of innovation include Alison Fuller (2010) 'Speech and language therapy in Sure Start Local Programmes: A survey-based analysis of practice and innovation', *International Journal of Language & Communication Disorders*, 45(2), 182–203

stance, arguing that if the policy is to enable innovation, some failures must be accepted or expected.

The wide scope and variety of services implemented by SSLPs is illustrated in Annex 6. It demonstrates the challenge of seeking a definitive answer as to whether Sure Start worked overall, because the programme had so many elements.

A second important aspect of the vision for SSLPs was that they would implement different services to meet the needs of families. These included services to address aspects of child health, childcare and midwifery services. Many studies of Sure Start have focused on the challenges of this approach and the ways that SSLPs tried to overcome them by improving multi-agency and interprofessional working. Again, it is not possible to conclude with confidence from the review whether this aspect of the programme had been instrumental in the successes attributed to Sure Start.

Sure Start Children's Centres

The Sure Start programme expanded rapidly. By 2004 there were 524 SSLPs across England, covering up to 300,000 children in the most disadvantaged areas. By this time the initiative was facing some criticism. Early findings from the National Evaluation of Sure Start (NESS) had been mixed and had not demonstrated significant benefits of the programme. Other studies had shown that some SSLPs were struggling to engage the families most in need of its services.

In 2004, the Labour government decided to 'mainstream' Sure Start into a universal service, with SSLPs replaced by Sure Start Children's Centres (SSCCs). There was also a move to widen access to all families with children up to 14 years (because this was the age at which children could legally be left home alone). SSCCs covered all areas across the UK and operated broadly under the same principles as SSLPs – specifically with regard to their local autonomy in how to deliver on national goals, but the original specified targets were dropped.

The mainstreaming of SSLPs was a significant moment for the Sure Start programme. But the motivations for this change remain unclear and are hotly debated. Some suggest that the transition was prompted by a perceived failure of the programme, while others maintain that it was merely a natural development of the programme.²² Others have stated a key reason for the expansion, irrespective of the evidence on efficacy, was the huge popularity of the programme.²³ This model proved popular among MPs, with many expressing an interest in seeing Sure Start services established in their constituency.²⁴

There are also differing viewpoints about the extent of the change from SSLPs to Children's Centres and the impacts it had.²⁵ Many elements of SSLPs were retained as they transformed into Children's Centres, but there is a general consensus that Children's Centres focused more

²² Jane Lewis (2011) 'From Sure Start to Children's Centres: An analysis of policy change in English early years programmes', *Journal of Social Policy*, 40(1), 71–88

²³ Jane Lewis (2011) 'From Sure Start to Children's Centres: An analysis of policy change in English early years programmes', *Journal of Social Policy*, 40(1), 71–88

²⁴ Angela Anning and others (2004) The national evaluation of Sure Start local programmes in England, *Child and Adolescent Mental Health*, Volume 9(1), 2–8

²⁵ 'Children's Centres' is used from here onwards as shorthand for 'Sure Start Children's Centres'

on childcare and early years education than SSLPs. Children's Centres also provided services to families with children under the age of 14, later implemented under the Coalition government, but some retained the focus on the early years.

In 2010, Children's Centres were at their height, with around 3,600 located across England. But by 2019, the number dropped to just under 3,000, as many were amalgamated and others closed.²⁶ The remaining Children's Centres narrowed their focus and streamlined their services, with reduced childcare provision. This was likely driven by the change to a 'referral-only' model that prioritised families with complex social needs – another shift from the initial focus on universal access for low-income families.^{27 28}

Ridlington's midwifery service: A Sure Start centre complementing existing services



A Sure Start Children's Centre was set up in 'Ridlington' in 2001 as a collaboration between the local council and the National Children's Home. Ridlington Sure Start employed midwives, social workers, early years workers (including specialists in speech therapy) and administrative staff, and was managed by an experienced social worker. The team was complemented significantly by volunteer workers, who supported both everyday operations and strategic management.

Ridlington is a town on the south coast of England. The centre was set up in an area of the town characterised by low income, high unemployment and low academic achievement. Before the launch of the Sure Start Centre, a birth centre and an obstetric unit that were five miles apart provided maternity services. Midwives at the centre provided a range of other services in addition to the usual antenatal care that pregnant women received from existing community midwives. The centre midwives did not have a caseload but supported any local women who were pregnant, and they were able to focus their efforts on women and families most in need of support. They followed up individual issues that community midwives were unable to respond to, including cases of depression and self-harm. The midwives trained mothers who had used the services to 'buddy' with newcomers to the centre and ran a 'bumps and buddies' support group for pregnant women and women with babies to meet. The midwives also ran a 'bosom buddies' group, supported by a breastfeeding councillor, for women to meet and share experiences of breastfeeding.

An evaluation funded by the Centre and a local university took place between 2006 and 2007. It found that the service was not just an add-on to existing care, but that the midwives were providing holistic health and social care. They were acting as a resource that enabled families to

²⁶ Department for Education (2019) '[Number of children's centres, 2003 to 2019](#)', published on www.gov.uk (accessed 21 March 2023)

²⁷ J. Hall and others (2015) '[A review of the services offered by English Sure Start Children's Centres in 2011](#)', Oxford Review of Education, 41(1), 89–104

²⁸ J. Hall and others (2015) '[A review of the services offered by English Sure Start Children's Centres in 2011](#)', Oxford Review of Education, 41(1), 89–104

access a range of opportunities to enhance parenting skills. The evaluation concluded that Ridlington Sure Start demonstrated that a multidisciplinary approach to maternity care can successfully support women and their families who are living in disadvantaged areas.

Source:

J. Leamon and A. Viccars (2010), '[An evaluation of a midwifery service for a Sure Start Children's Centre](#)', Evidence Based Midwifery 8(2), 58–64

The National Evaluation of Sure Start

The National Evaluation of Sure Start (NESS) was commissioned by the Department for Education and Skills in 2000 to evaluate all aspects of programme design and delivery. The evaluation was one of the largest social research studies conducted in the UK, with a total budget of just under £20 million, including £2 million to support local evaluations.

Initial findings from the early evaluation of NESS

The initial stage of the evaluation was conducted between 2002 and 2004. It compared outcomes for children and their families in 150 SSLP communities with those in 49 similarly disadvantaged communities that did not have a SSLP. It collected parental reports, observation, and assessments of outcomes from a sample of 2,600 families. SSLPs were not randomly assigned to different areas, and this meant that the analysis could not use a randomised control trial method, the 'gold standard' in evaluation design. This, and the broad diversity within the programmes, posed challenges for the NESS.

With this in mind, it is not surprising that the findings from the evaluation were mixed.²⁹ Some improvements were noted at the community level. For example, there were reductions in the proportion of children living in households dependent on benefits. Some other aspects also improved, notably school exclusions, unauthorised absences, and emergency hospitalisations of young children.³⁰ Still, these findings could not be causally linked to Sure Start.

The effects on children and families were also mixed. Some small improvements were measured, but often only in certain subgroups. For example, there were some positive effects on the behaviour and social competence of 3-year-olds, but only for children of non-teen mothers. Children of teen mothers (14% of sample), workless households (40% of sample) and lone-parent families (33% of sample) from Sure Start areas showed lower verbal ability and social competence and more behavioural problems than comparison groups.³¹ And overall, just over one-fifth of SSLPs performed substantially better than expected.³²

²⁹ Jay Belsky and others (2007) 'The National Evaluation of Sure Start: Does area-based early intervention work?', Bristol University Press

³⁰ Edward Melhuish and others (2010) '[Evaluation and value of Sure Start](#)', Archives of Disease in Childhood, 95(3), 159–161, published on www.researchgate.net (accessed 21 March 2023)

³¹ Edward Melhuish and others (2010) '[Evaluation and value of Sure Start](#)', Archives of Disease in Childhood', 95(3), 159–161, published on www.researchgate.net (accessed 21 March 2023); Edward Melhuish and others (2005) '[Early Impacts of Sure Start Local Programmes on children and Families, National Evaluation of Sure Start](#)', published on www.researchgate.net (accessed 21 March 2023)

³² Michael Rutter (2006) '[Is Sure Start an effective preventive intervention?](#)', Child and Adolescent Mental Health, 11(3), 135–141

Despite the disappointing initial findings, lessons were learned regarding the more operational aspects of the programme. Different kinds of parental service-use were reported, with only some parents using the services independently and others needing assistance to use the services, such as to overcome cultural or language barriers.³³ In response to these findings, the government recognised the importance of continued engagement with parents instead of one-off interactions.

Longitudinal findings from the NESS: The impact of Sure Start over time

Later evidence of impact came from longitudinal investigations of children seen at 9 months and again at 3 and 5 years.^{34 35} These revealed positive impacts on the social development and physical health of children living in Sure Start areas. Researchers partially attributed this to less negative parenting, better home learning environments and greater use of Sure Start services. But the evidence was not entirely positive. Mothers in Sure Start areas also reported experiencing more depressive symptoms and were less likely to attend school meetings.

In contrast with the earlier findings, however, this later evidence showed benefits for *all* sections of the population, not just the most advantaged. While there are possible methodological explanations for the differences, the investigation acknowledged that the quality of Sure Start services had improved over time, reaching more vulnerable households and achieving greater impact.

The Evaluation of Sure Start Children's Centres in England

After Sure Start Local Programmes (SSLPs) were transformed into Children's Centres, the Department for Children, Schools and Families (DCSF) funded an Evaluation of Children's Centres in England (ECCE).^{36 37} The ECCE focused explicitly on the role of the centre-based provision, measuring the level of engagement that families had with services.

Findings from the ECCE revealed links between families' use of Children's Centres and several child, mother and family outcomes.³⁸ Overall, greater engagement with services predicted better outcomes, including for the most disadvantaged families. Positive effects included improved mother's mental health, less chaotic family life, and improved parent-child interactions and home learning environments. Fewer effects were detected for children, and no effects were found on the economic status of the home or on children's health.

³³ Claudia Garbers and others (2006) '[Facilitating access to services for children and families: Lessons from Sure Start Local Programmes](#)', *Child & Family Social Work*, 11(4), 287–296

³⁴ Edward Melhuish and others (2008) '[The Impact of Sure Start Local Programmes on Three-Year-Olds and Their Families](#)', National Evaluation of Sure Start, published on www.researchgate.net (accessed 21 March 2023)

³⁵ Edward Melhuish and others (2010). '[The impact of Sure Start local programmes on Five-Year-Olds and their Families](#)', National Evaluation of Sure Start, published on www.researchgate.net (accessed 21 March 2023)

³⁶ DCSF was later renamed the Department for Education

³⁷ Pamela Sammons and others (2022) '[Challenges facing interventions to promote equity in the early years: Exploring the “impact”, legacy and lessons learned from a national evaluation of Children's Centres in England](#)', *Oxford Review of Education*, 49(1), 114–135

³⁸ Evaluation of Children's Centres in England (ECCE) produced 11 publications between 2012 and 2016, across five research 'strands': Survey of children's centre leaders; Survey of families using children's centres in the most disadvantaged areas; Children's centre service delivery and reach; Effects of children's centres on child and family outcomes; Value for money analysis

The ECCE highlighted the complex, multifaceted nature of investigating the impact of policy initiatives such as Children’s Centres. However, the evaluation was cut short after the change of government in 2010, which changed the scope and longer-term follow-up.³⁹ This meant that sustained mid-term or long-term effects of SSCCs on children’s or families’ later educational or health outcomes were not fully investigated.⁴⁰

Summary of the National Evaluation of Sure Start (NESS)

- A National Evaluation of Sure Start (NESS) was commissioned by the Department for Education and Skills in 2000 to evaluate the impact of 150 SSLPs.
- Findings from the first stage of the evaluation were mixed and did not clearly demonstrate whether SSLPs were benefiting children and families most in need.
- Government responded through assertive outreach in an effort to find out which groups were using Sure Start and which were not.
- Findings from the later stages of the evaluation were more positive and showed a range of benefits in Sure Start areas, attributed to less negative parenting, better home learning environments and greater use of services.
- A later evaluation of SSCCs also showed initial mixed results, including good evidence of some positive benefits, but more long-term impacts were not explored because the investigation was cut short.

Benefits of Sure Start

The strongest evidence for the positive impacts of Sure Start emerged only over a longer period of time. Evidence regarding childcare places, hospitalisations and oral health has been uncovered by looking at large datasets retrospectively, in some cases 20 years after the launch of the programme. As discussed above, the national evaluation found the strongest evidence for positive outcomes only in its later work, which showed more significant improvements compared with its early evaluations. Table 1 summarises the benefits of Sure Start for which there is good evidence.⁴¹

Reviewers have suggested that these improvements are partly due to the long-term nature of Sure Start, problems caused by the rapid speed of their initial roll-out, and the fact that Sure

³⁹ Pamela Sammons and others (2022) ‘Challenges facing interventions to promote equity in the early years: Exploring the “impact”, legacy and lessons learned from a national evaluation of Children’s Centres in England’, *Oxford Review of Education*, 49(1), 114–135

⁴⁰ Pamela Sammons and others (2022) ‘Challenges facing interventions to promote equity in the early years: Exploring the “impact”, legacy and lessons learned from a national evaluation of Children’s Centres in England’, *Oxford Review of Education*, 49(1), 114–135

⁴¹ Benefits were identified either as part of a large national study, or because multiple smaller studies found similar positive results, in addition to there being very little contradictory evidence.

Start programmes improved over time.⁴² Our review partially supports this claim, as we found that Sure Start’s capacity for innovation and improvement was one of its key benefits.

It is clear that future work is needed to understand the longer-term effects on a broad range of children’s outcomes.⁴³ For example, we did not find any long-term studies into the impact of Sure Start on *academic outcomes* for older children. Therefore, Table 1 does not provide a comprehensive list of all outcomes from Sure Start, but rather a summary of what is known.

In addition, **the evidence supporting the benefits is insufficient to support the Sure Start programme in its entirety.** There is very little evidence regarding the cost associated with the benefits, with one exception - hospitalisations.⁴⁴ Further work is needed to understand the economic benefits of this initiative. However, it is also difficult to attribute the benefits realised to the structure of Sure Start as a multi-agency programme that combines national targets with local autonomy. In other words, it is difficult to draw direct links between cause and effect, as Sure Start was not designed in that way.

Table 1: Evidence for the benefits of Sure Start – both SSCCs and SSLPs

General area of impact	Further details	Summary of evidence
Family life and parenting	<ul style="list-style-type: none"> ● Increased empowerment of parents (agency and autonomy) ● Increased social inclusion ● Parental belief in family life ● Parenting and home learning environments 	Many smaller studies of Sure Start conducted interviews, surveys and focus groups with parents. These reported positive viewpoints, especially on empowerment and social inclusion. Parents were satisfied with Sure Start and reported benefits to their lives. Further studies working with small numbers of families over a long period recorded examples of these impacts in more detail. The longitudinal evaluation of the NESS attributed better child development to less negative parenting, better home learning environments and greater use of services.
Children’s physical health	<ul style="list-style-type: none"> ● Reduced long-term hospitalisations for injuries ● Reductions in infections and viruses ● Improved oral health 	A study by the Institute for Fiscal studies (IFS) provided strong evidence for the reduction in injuries and infections for children living in areas served by Sure Start, compared with those from similar backgrounds living in other areas. The benefits were stronger as the children grew

⁴² Examples of arguments of this nature are given in Edward Melhuish and others (2010) ‘Evaluation and value of Sure Start’, Archives of Disease in Childhood, 95(3), 159–161; and Edward Melhuish and others (2007) ‘Variation in community intervention programmes and consequences for children and families: The example of Sure Start Local Programmes’, The Journal of Child Psychology and Psychiatry, 48(6), 543–551

⁴³ <https://www.nuffieldfoundation.org/project/evaluating-short-and-medium-term-impacts-sure-start>

⁴⁴ Sarah Cattan and others (2022) ‘The health effects of universal early childhood interventions: Evidence from Sure Start’, published on <https://ifs.org.uk> (accessed 21 March 2023)

General area of impact	Further details	Summary of evidence
	<ul style="list-style-type: none"> Does not include other aspects of health, such as healthy eating and obesity 	<p>older and were larger for children from lower-income homes. This was supported by several smaller studies regarding physical health, including early findings from NESS which showed that hospitalisations were reduced in Sure Start areas, and several studies showing improved dental health for children.</p>
Children's speech and language skills	<ul style="list-style-type: none"> Short-term impact on speech and language skills 	<p>The initial objectives for Sure Start included improvements to children's speech and language skills. There is more evaluative evidence on this than for other academic and educational outcomes of the programme. Several studies have found that children were more likely to receive earlier intervention and access to support for speech and language difficulties as a result of Sure Start.</p>
Childcare services	<ul style="list-style-type: none"> Increased uptake of free childcare services 	<p>A study by the London School of Economics (LSE) found that the uptake of free childcare places for 3-year-old children was higher in Sure Start areas. The study used national data from 2010 retrospectively and found that Sure Start encouraged take-up of free childcare places in lower-income homes.</p>
Communication of health information	<ul style="list-style-type: none"> Successful uptake of advice regarding oral health 	<p>Many Sure Start centres aimed to support families with advice regarding oral health. Several studies found that this information was acted on and that engagement with dentists was higher in Sure Start areas. One study investigated the reasons for better oral health in otherwise similar communities and found that Sure Start was a factor in these differences.</p>
Learning and development	<ul style="list-style-type: none"> Improved understanding of the challenges of multi-agency working Improved understanding of outreach services Opportunities taken to implement and evaluate parenting and family programmes 	<p>Most smaller studies focused on elements of Sure Start that were recognised as challenges, especially multi-agency working and outreach services. There was strong evidence, from many different studies and using different types of evidence, that many centres developed their ways of working to improve their services in this respect. Studies set in Sure Start centres contained evidence that Sure Start had funded a variety of family and parenting programmes</p>

General area of impact	Further details	Summary of evidence
	<ul style="list-style-type: none"> • Providing a setting for research and development 	and enabled programmes to be evaluated and developed.

Challenges of Sure Start

In all cases and areas of challenge, there are examples of poor practice or evidence of mixed outcomes (see Table 2).⁴⁵ Local understanding of how decision-makers could tackle some of these challenges increased in certain centres over the course of Sure Start's life. This happened especially in relation to management, outreach and multi-agency working. Yet the localised nature of early Sure Start provision meant that the main thing held in common was the set of national targets, not necessarily any particular approach to achieving them.

Additional challenges of Sure Start are summarised below:⁴⁶

1. The complexity of financial management of Sure Start centres
2. Meeting the needs of both parents and children
3. The challenges of early, rapid expansion of the programme and peer learning
4. Reconciling innovation with an evidence-based approach
5. Reconciling local needs with national targets and objectives
6. Transforming physical spaces to be fit for the purpose of Children's Centres

Table 2: Common challenges of Sure Start

Challenge	Further details	Summary of evidence
Outreach and engagement	<ul style="list-style-type: none"> • Reaching out to minority ethnic communities, fathers, lone parents, young mothers, families in insecure housing, newly immigrant families, rural 	The challenges of outreach were widely acknowledged in the literature. There were some early findings that Sure Start was benefiting poor families with higher incomes more than the most disadvantaged families. The review identified 23 studies as having a main focus on outreach. These studies asked how to improve engagement and outreach, and reported on the details of the challenges

⁴⁵ Table 2 shows the challenges of Sure Start that were identified as most common in the literature, defined as being a main theme in at least 5 studies (listed in Annex 4).

⁴⁶ These challenges were raised less often in the primary studies (in 4 studies or less) but discussed in the literature we reviewed:

Challenge	Further details	Summary of evidence
	communities, and families in most need	as well as learnings and stories of success. Larger longitudinal studies found larger benefits for poor families with lower incomes than for poor families with higher income.
Multi-agency and interprofessional working	<ul style="list-style-type: none"> • Tensions between Sure Start and existing services 	A central feature of Sure Start was its multi-agency approach to meeting the needs of local families. This was a new way of working for many professionals that presented challenges. Several studies found both positive and negative views of the approach among professionals involved. Multi-agency working was a main theme of the primary studies in the review, with 16 primary studies considering its problems and how to address them.
Mixed or limited evidence	<ul style="list-style-type: none"> • Child and maternal obesity • Maternal wellbeing • Educational outcomes (especially long term, not including speech and language skills) • Care for young mothers • Parenting behaviours • Child behaviours • Midwifery and support for young mothers 	The review showed that some aspects of Sure Start have mixed evidence. Some studies found positive impact, but other studies found no or negative impact. On obesity, for example, one study found a positive impact but others found no impact, including an IFS large national study. Similarly, there are some indications of positive educational outcomes for children, but not all studies support this. Because of the mixed nature of the evidence, this review was unable to draw firm conclusions. A more in-depth review would be required to look at the evidence on each topic.
The challenges of funding reduction	<ul style="list-style-type: none"> • Reduced funding • Streamlining of services • Challenges of meeting needs of families 	Several primary studies and reviews identified austerity as a challenge for Sure Start services. It is generally acknowledged that this was a challenge for Sure Start, making it harder to perform as intended and deliver on its objectives.

Summary of Sure Start's benefits and challenges

- There is evidence that Sure Start had positive effects on family life and parenting skills, children's physical health, children's speech and language skills, the uptake of early years childcare, reduced social isolation and the communication of health advice.
- Sure Start was a well-funded, ambitious programme that faced many challenges, including reaching out to particular groups in society and delivering multi-agency

services effectively. There is evidence that Sure Start improved as it matured and provided a space for innovation and development.

- There are areas in which the evidence is mixed or not particularly strong, including the impact on obesity, long-term educational outcomes, maternal wellbeing and mental health, midwifery, and support for young mothers. The fact that the national Sure Start targets were addressed in such a diverse way at local level makes it difficult to understand what did and did not work.

Recommendations

Recommendation 1: Early-years skills formation, including cognitive and non-cognitive skills, should be included in the objectives of all parenting programmes

Even parenting programmes that are focussed on other areas, such as child health or parenting skills, should show some positive impact on children's skills in the early years and ultimately on educational attainment. This is vital for social mobility. Evaluating this impact should be built into all programmes, so that we don't miss an opportunity to ensure all children develop the essential foundations in literacy and numeracy, for example.

This review demonstrates that there is a vast range of family and parenting programmes with different purposes and objectives. Evidence on their impact suggests there are various strengths and limitations.

However, decisions on which programmes or interventions are the most effective should also consider whether the outcomes produced are long-lasting. If behavioural changes and positive benefits don't last, a programme is not effective in the long-term and cannot be considered good value-for-money. Long-lasting effects should be seen in terms of children's school performance; especially, if we are aiming to give children the best possible chance to be successful later in life.

Literacy and numeracy skills, as well as school performance, impact a person's social mobility. If an individual has high levels of educational attainment, they are more likely to be socially mobile, get a better job, and earn more money. Research suggests that programmes and interventions that aim to develop these skills are essential in the early years of life.⁴⁷ Even programs without an explicit focus on improving early skills should be evaluated for their later educational outcomes for children. This approach would tackle one of the most critical issues facing social mobility.

Recommendation 2: Ensure that existing programmes, like Family Hubs, have clear and measurable objectives from the outset, and are set up in a way that allows us to understand what has and hasn't worked

Research into the performance of Sure Start local programmes as well as other parenting programmes has identified mixed results, key challenges, and lessons learned. Chief among those is that future services would benefit from having clear and measurable objectives from the outset, with evidence-informed learning embedded into their plans. While offering local flexibility can bring advantages, it must be balanced against the need for rigorous evaluation so that we can understand what has worked, and most importantly, why.

Further research is needed to explore how the learnings from Sure Start can be used to improve current services. This should include mapping out the current situation of Children's

⁴⁷ James Heckman (2013). *Giving kids a fair chance*. Mit Press.

Centres, their development from Sure Start Children's Centres, and their use of family and parenting programmes. It would also require collecting the detailed learnings from Sure Start about how programmes and initiatives were improved and how far they have been embedded in today's Children's Centres. Additionally, policy should draw more effectively on the emerging evidence base, such as the work developed through the "What Works" centres.^{48 49}

⁴⁸ <https://whatworks-csc.org.uk/evidence-store/>

⁴⁹ <https://guidebook.eif.org.uk/>

Conclusion

Our review highlights how widely family and parenting programmes vary. These differences create considerable challenges for identifying common advantages and disadvantages across programmes, and for determining what will work best in a particular context and for a specific group. They also do not make clear what the next steps should be.

This is not to say that progress hasn't been made. The Government has recently outlined new spending measures on Family Hubs (February 2023), and childcare and families (March 2023). While we welcome the commitment to fund new Family Hubs and childcare initiatives, better access and uptake is only part of the picture. **It is a clear focus on child development over childcare – that is, core cognitive and non-cognitive skills, as well as literacy and numeracy, that should be prioritised.** Higher quality services and early years education improve children's attainment in the long-term.

Clearly defined objectives and measurable outcomes for each initiative, as well as evaluation frameworks are just as essential. Setting up an in-depth evaluation of the Family Hubs and Start for Life programmes, and building the evidence base of 'what works', could not be more important. Having this evidence allows evolution of programmes based on verified learnings. It makes sure that programmes avoid pitfalls and that valuable public funding is not being misspent.

In the case of Sure Start, the evidence highlights the difficulties in assessing impact when interventions are broadly focussed and locally flexible, making them unsuitable for rigorous evaluation approaches. While the local flexibility given to Sure Start programmes may have been positive in many ways, it also meant that every local programme was doing something slightly different. We have to balance flexibility against the need to be able to evaluate whether a programme has succeeded or failed.

In the shorter term, early assessments reported minimal positive effects on educational outcomes, and in some cases negative impacts on parental mental health. But, over time, there were positive reports for both parents and children; namely, in terms of improving parental empowerment parenting skills, children's physical health, children's speech and language skills, uptake of free childcare, and communication of health information, as well as reducing social isolation.

Overall, our findings speak to the ambitions and good-intentions of children and parenting programmes, and the complexity of their benefit and interpretability. The case of Sure Start, however, reinforces the importance of using well-defined outcomes and evaluation frameworks to assess the impact of parenting and family initiatives. Going forward, an important lesson for services is that to be successful, children must remain as the central focus. Initiatives must not lose sight of the core cognitive and non-cognitive skills that form the foundations for later success. These findings also offer a reminder for the need to consider both short-term gains and longer-term benefits in the design of initiatives for children and families.

Glossary

Interprofessional	An interprofessional team is composed of members from different health professions who have specialised knowledge, skills and abilities
Longitudinal study	Longitudinal study subjects are followed over time with continuous or repeated monitoring of risk factors or health outcomes, or both
Multi-Agency	Multi-agency working is collaboration across services to improve outcomes for the children and young people they support
Parental report	Information provided by parents about their children’s development
Quasi-experimental	Quasi-experimental design attempts to establish a cause-and-effect relationship using criteria other than randomisation
Randomised control trials	A randomised control trial is one in which subjects are randomly assigned to one of 2 groups: the experimental group receives the intervention that is being tested, and the comparison or control group receives an alternative (conventional) treatment
SSCCs	In 2003, it was decided to upscale Sure Start to a universal service. The new centres were called SSCCs.
SSLPs	Sure Start was originally launched as SSLPs. The majority of these established a centre as a focus of the programme. The first SSLPs began operating in 1999 and by 2004 they were transitioned to Sure Start Children’s Centres.
Sure Start centre	This term is used in this report inclusively to refer to a centre that is part of either an SSLP or an SSCC.

Annex 1: Methodology

This annex details the methodology of the two rapid evidence reviews.

Review I: Family and parenting programmes evidence assessment

The rapid review of the evidence of family and parenting programmes was undertaken in the following stages.

Stage 1: Identification of papers, reports and studies of interest

The definition used for family and parenting programmes was broad, relating to any programme aimed at helping parents and families to support their children's learning, wellbeing or development. Initial searches looked for the phrases "parent(s)" "parenting" "family" "families" and "program(mes)" in the titles and abstracts of publications published from 2000 and held in two databases: the British Educational Index (BEI) and the Education Research Information Centre (ERIC). This was the first restriction introduced as the intention was to search for programmes with clear implications for education, based on searches of the standard databases for that area. The original searches identified 392 parenting programmes and 216 family programmes. Web searches of grey literature identified a further 24 programmes to examine, but these searches were restricted by time and resources.

Stage 2: Initial screening and classification of publications

The initial group of publications were screened for relevance and duplicates. Studies were removed which were not empirical, did not clearly focus on or review established family or parenting programmes, or had a very specific target group beyond the scope of the review (such as parents of children with complex needs). This left us with:

- a) 125 empirical studies of 91 different parenting programmes
- b) 18 empirical studies of 10 different family programmes
- c) 19 reviews or meta-analyses of parenting programmes

Stage 3: Extraction and synthesis of data from primary studies

Data was then extracted from each of the primary studies of family and parenting programmes, which included the programme (or programmes) studied, its focus, target group, size and location, along with the data collected, methods used and findings. Studies were removed if their focus or evidence or promise were not clear, leaving us with 88 family and parenting programmes to explore further.

Stage 4: Extraction and synthesis of data about programmes

The next stage was to collect additional data about the programmes themselves. This included the programme's aims, its content and processes, theoretical basis, duration, location, scale, cost and evaluation. At this stage, programmes were also removed from the list if further data was not available, they were duplicates, they were too small or specific in focus (e.g. short-term programmes located in a single setting), or the evaluation evidence was insufficient. This left us

with 47 family and parenting programmes which are listed in the programme map found in Annex 2. Data about the programmes' advantages and disadvantages were also extracted for further analysis.

Stage 5: Extraction and synthesis of data from reviews

The 19 systematic reviews or meta-analyses were also analysed alongside Stage 4 to identify advantages and disadvantages, as well as the factors affecting implementation. These data are summarised later in the report.

Review II: Sure Start rapid evidence assessment

The rapid review of the evidence regarding Sure Start followed a similar procedure, conducted in the following stages:

Stage 1: Identification of reports, papers and studies of interest

The review began by identifying publications of potential interest. This was done by searching for the phrase "Sure Start" in titles and abstracts of publications held in three databases: Scopus, the British Educational Index (BEI) and the Education Research Information Centre (ERIC). The latter two were chosen as standard databases in education. Scopus was added to ensure publications outside of the educational field (most especially the social sciences, medicine and health) were captured. The original searches identified 440 publications, including book chapters, reports and journal articles. In addition, throughout the review, the standard technique of snowballing was deployed, whereby publications of potential interest cited in the literature under assessment were incorporated into the review.

Stage 2: Initial screening and classification of publications

The initial publications were initially screened for relevance and those that did not refer to the Sure Start programme, as well as duplicates, were removed. The remaining publications were classified into three kinds because of their different implications for the review:

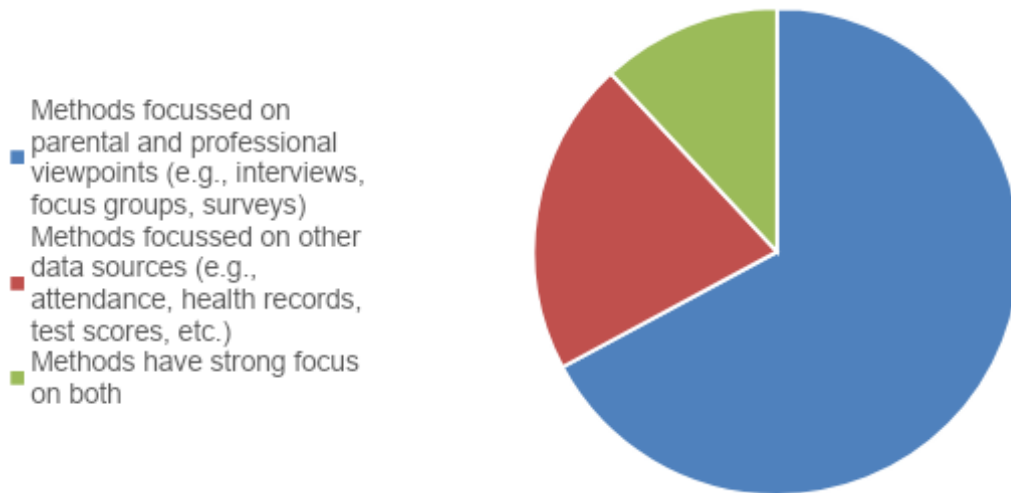
- (a) empirical studies of Sure Start (90 "primary studies")
- (b) empirical studies set in Sure Start centres but not directly exploring Sure Start (82 "setting studies")
- (c) theoretical, review and debate publications regarding Sure Start (105 "reviews")

Stage 3: Extraction and synthesis of data from primary studies

The review identified 90 publications that reported on an empirical study of Sure Start. These primary studies are categorised by their main focus (e.g., physical health of children, parenting behaviours etc.) and listed in Annex 4. Data extracted from each of these reports included the main focus of the study, positive and negative outcomes, as well as indications of the size and strength of the evidence (the number of Sure Start centres, the number of participants, the study length and funding, the age of the data and amount of data collected, and the methods deployed). Further notes were taken regarding insights into evaluation, and alternative sources of evidence cited for the principles of Sure Start.

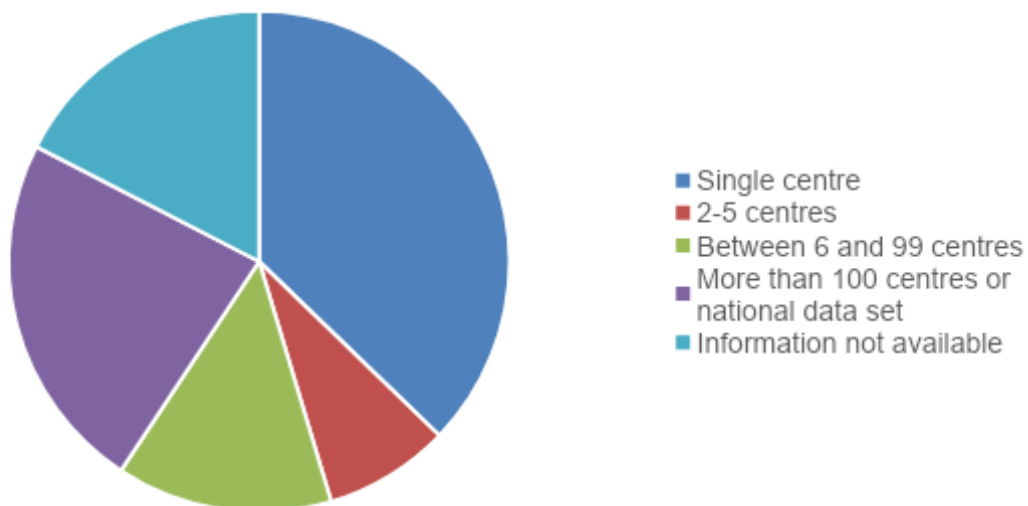
Parental and professional viewpoints were the main focus of the majority of smaller studies, as well as being a significant feature of many larger studies. The breakdown of studies in this respect is shown in Figure 1 below.

Figure 1: Methods deployed in the primary studies



32 of the primary studies collected data or recruited participants from one Sure Start Centre. There was also a significant group of studies that reported on data collected at more than 100 centres or used national datasets. Figure 2 shows the breakdown of the size of the primary studies.

Figure 2: Number of Sure Start Centres in the primary studies



Stage 4: Extraction and synthesis of data from setting studies

The review identified 82 publications that reported on empirical studies that were not primarily of Sure Start, but were associated with Sure Start in some way, most usually because the research was conducted at Sure Start Children's Centres. Some of these articles contained relevant information regarding the benefits and challenges of Sure Start with regard to implementation, development, and evaluation of other programmes. The abstracts were read to identify studies that were potentially most relevant to considering the benefits and challenges of Sure Start and 18 key articles were identified in this way (listed in Annex 5). Points of interest and quotations were collected from the key articles, which were synthesised to provide evidence regarding the value of Sure Start as a space for innovation and research development.

Stage 5: Extraction and synthesis of data from reviews

The review identified 105 publications that were not directly reporting the findings of a study, but reviewing, reflecting, discussing, or debating Sure Start. Many of these publications were written by those involved in developing or evaluating Sure Start at a local or national level. These publications were relevant in order to collate the story of Sure Start's development, to document its changes, to contrast views regarding the value of Sure Start, and to establish why there is not one overriding consensus on its success. 12 key reviews were identified regarding the National Evaluation of Sure Start, and a further 16 key reviews were identified to consider the development of the programme more generally (listed in Annex 5). Quotations were extracted from the key studies and collated by theme to gather evidence for general conclusions about Sure Start.

Annex 2: Map of family and parenting programmes

Programme
1. Triple P (Positive Parenting Program)
Type
Parenting 0-16
Aims
Address child behavioural and emotional problems by giving parents proven tools and skills to build stronger families.
Target group
0-16
Theoretical foundation
Based on social learning principles including models of parent-child interaction; research in child and family behavioural therapy and applied behavioural analysis; developmental research on parenting in everyday contexts.
Process
Triple P has five different levels of intervention of increasing strength, from universal services to targeted clinical interventions for the families of children and adolescents with serious behavioural and emotional problems. Delivery includes a ten-session programme in the clinic or home, an eight-session group programme, web-based versions and shorter primary care and large group seminar programmes.
Location & scale
Developed in Australia in the 1980s - used in 31 countries and translated into 23 languages.
Scale
More than 91,000 practitioners trained and 4 million children and their families helped (TP website).

Cost
About \$14 per child aged 0-8 (in 2017 dollars), including training service providers and implementing the media strategies. Partly offset by reduced government spending on foster care placements and public services related to child maltreatment (Social Programs That Work).
Evaluation
Four decades of research. 740+ trials, studies and published papers, 380+ evaluation papers, including 182 RCTs
Effectiveness
<p>Social Programs That Work: “Near Top Tier” for 0-8 programmes. 33% reduction in the rate of substantiated child maltreatment; 16% reduction in the rate of out-of-home placements e.g. in foster homes; 13% reduction in the rate of hospitalizations or emergency room visits for child maltreatment injuries.</p> <p>EU: Level 4 evaluated at “best practice” level based on evaluation in 4 countries. Positive effects on parenting skills and children’s behaviour</p> <p>EEF: Level 4 evaluation found that parents reported improvements in child behaviour and reductions in parental anxiety and stress and that training and resources were well-received, but evaluation was restricted by Covid-19. Rated as low implementation cost</p> <p>Systematic reviews: no convincing evidence that TP interventions work across the whole population or that benefits are long-term (Wilson et al, 2012); significant effectiveness of Triple P on the Social, Emotional, and Behavioural problems of children and parenting outcomes (Li et al, 2021) Positive effects only for child behaviour problems 6 months after evaluation. Data suggest Group TP might be effective intervention, but substantial risk of bias found. (Nogueira et al, 2022)</p> <p>Integrated in a range of other programmes e.g. England’s Parenting Early Intervention Programme; Family Intervention Service (see below).</p>
Supporting research
<p>Li, N., Peng, J. and Li, Y. (2021) Effects and Moderators of Triple P on the Social, Emotional, and Behavioral Problems of Children: Systematic Review and Meta-Analysis, <i>Frontiers of Psychology</i>, 26(12).</p> <p>Nogueira, S., Catarina Canário, A., Abreu-Lima, I., Teixeira, P. and Cruz, O. (2022) Group Triple P Intervention Effects on Children and Parents: A Systematic Review and Meta-Analysis, <i>International Journal of Environmental Health and Public Health</i>, 19(4). 1-20.</p> <p>Wilson P, Rush R, Hussey S, Puckering C, Sim F, Allely CS, Doku P, McConnachie A, Gillberg C (2012) How evidence-based is an 'evidence-based parenting program'? A PRISMA systematic review and meta-analysis of Triple P. <i>BMC Med.</i> 10, 130-10.</p>
Programme
2. Incredible Years
Type
Parenting and behaviour 0 - 12

Aims
To prevent and treat young children's behaviour problems and promote their social, emotional, and academic competence.
Target group
0 - 12
Theoretical foundation
Social learning theory and attachment theory
Process
Includes parenting interventions for children 0-12 and programmes for children and teachers. The suite of programmes is delivered weekly in 2-2.5 hour sessions and cover core parenting skills such as communication, emotion regulation, problem-solving, and relationship building.
Location
30 years of use in 25+ countries.
Scale
International
Cost
Cost-effectiveness analyses suggest that the Incredible Years intervention can provide savings to the public sector in the longer term. Rated as relatively high cost, but evidence of parent programmes being low cost when used alone.
Evaluation
Extensively evaluated in RCT studies with children diagnosed with oppositional defiant disorder, conduct problems, or ADHD as well as with high risk families.
Effectiveness
EU: preschool basic programme rated as “best practice” and having “enduring impact”, from 7 evaluations. EEF: Incredible Years Teacher Classroom Management - evidence of (small) impact on pupils’ behaviour; teacher self-efficacy but limited by Covid-19. Rated low cost. Systematic review: showed benefits for attention deficit hyperactivity disorder symptoms and some aspects of parenting with strongest effect on children with the most severe disruptive behaviours. Based on studies in England, Wales, Netherlands, Ireland, Norway and Sweden Review: Solid evidence for training programmes for parents of young children, and its international applicability, but lack of independent research for other aspects. Used in Sure Start.

Supporting research
Gardner F., and Leijten P. (2017). Incredible Years parenting interventions: current effectiveness research and future directions. <i>Current Opinion in Psychology</i> 15, 99-104. Pidano, A.E. and Allen, A.R. (2015) The Incredible Years Series: A Review of the Independent Research Base, <i>Journal of Child and Family Studies</i> , 24, 1898-1916.
Programme
3. Strengthening Families Programme (SFP)
Type
Family 3 - 16
Aims
Evidence-based family skills training program for high-risk and general population families with children and young people.
Target group
3 - 16
Theoretical foundation
Cognitive-behavioural, social learning theory and family systems theory
Process
The curriculum includes three courses: Parent skills training, Teen skills training and Family life skills training, taught in 14 two-hour sessions. In the first hour, parents and children participate in separate classes. Parents learn to increase desired behaviours in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. During the second hour families practice structuring family activities, family meetings, communication skills etc.
Location & scale
Initially developed in 1983, taught in all 50 U.S. states and 36 other countries.
Scale
International
Cost
From a cost-benefit perspective, every \$1 invested in SFP yields an average savings of \$9.83 in this Midwestern demonstration”

Evaluation
Implemented in 17 countries; and in RCTs in 9 (USA, Canada, Australia, UK, Sweden, Netherlands, Spain, Italy, and Thailand) with different cultural groups.
Effectiveness
EU: Strengths include durability, positive outcomes (Portugal); material and format easy to use; sensitive towards language and cultural factors. Weakness: staff-intensive and costly No statistically significant intervention outcomes (behaviour, substance abuse) in RCTs held in Germany, Poland, Sweden or England. Mixed results: Maguin et al. (2007) found statistically significant impacts on children's behaviour. Brook, McDonald, and Yan (2012) found statistically significant, positive impacts on the time to reunification rate for children in child welfare-involved families. Gottfredson et al (2006) found no statistically significant impacts.
Supporting research
Brook, J., McDonald, T.P. and Yan, Y. (2012) An analysis of the impact of the Strengthening Families Program on family reunification in child welfare, <i>Children and Youth Services Review</i> , 34(4), 691-695. Gottfredson, D. et al (2006) The Strengthening Washington D.C. Families project: a randomised effectiveness trial of family-based prevention, <i>Prevention Science</i> , 7(1), 57-74.
Programme
4. Nurse - Family Partnership
Type
Family 0 - 2
Aims
To empower vulnerable first-time moms to transform their lives and create better futures for themselves and their babies.
Target group
Vulnerable first-time mothers (low-income, unmarried, teenaged)
Theoretical foundation
Self-efficacy, human ecology (relationships that affect young mothers and their babies), attachment.
Process

Provides nurse home visits 1-2 times per month during pregnancy and 2 years thereafter. They teach positive health related behaviours, competent care of children, and maternal personal development (family planning, education, employment).
Location & scale
40 US states; also England and Netherlands
Scale
International; 376,400+ families served in 40 US states since 1996
Cost
£15,000 per woman approx over 3 years (in 2019 dollars). 6.5 to 1 benefit-cost ratio for every dollar invested (Miller 2015)
Evaluation
5 RCTs in USA, Netherlands, England
Effectiveness
Top Tier (Social Program That Work); Pattern of sizable, sustained effects on important child and maternal outcomes in four of the five studies. Effects replicated across two or more studies include: (i) reductions in child abuse / neglect and injuries (20-50%); (ii) reduction in mothers' subsequent births (10-20%) during their late teens and early twenties; and (iii) improvement in cognitive / educational outcomes for children of mothers with low mental health, self-confidence or intelligence (e.g., 6-percentile point increase in grade 1-6 reading / maths achievement). Introduced to the UK as The Family Nurse Partnership Programme. Has been said to have had the greatest impact of all imported evidence-based programmes but its penetration rate in 2013 was estimated only at 20%.
Supporting research
Mejdoubi, J. van den Heijkant, S.C.C.M., van Leerdam, F.J.M., Heymans, M.W. Crijnen, A. and Hirasig, R.A. (2015) The Effect of VoorZorg, the Dutch Nurse-Family Partnership, on Child Maltreatment and Development: A Randomised Controlled Trial," <i>PLOS One</i> .
Programme
5. Tuning into Kids (Also Tuning into Toddlers, Tuning into Teens, Dads Tuning into Kids)
Type
Parenting 3 - 10
Aims

Promotes the development of emotional competence and prevent behaviour problems in young children by improving parents' emotional competence and teaching them emotion coaching skills
Target group
Parents of children aged 3 - 10
Theoretical foundation
Emotional intelligence and emotional competence
Process
Delivered in 6, 2-hour weekly sessions by social workers, psychologists, occupational therapists, early years professionals, teachers
Location & scale
Developed in 1999 in Melbourne, Australia. Also implemented in Norway.
Scale
International
Cost
2 day training course and program manual: \$913 per person
Evaluation
No independent evaluation but a number of quasi-experimental studies have been conducted. Larger RCTs of 3 programmes are underway
Effectiveness
Tuning into Kids: Parents participating in the program became significantly more encouraging of children's emotional expression and less emotionally dismissive, minimising and punitive in their reactions to children's negative emotions. Other improvements in parenting practices were increases in positive involvement and consistent discipline (Wilson et al 2012) Tuning into Teens: Intervention parents reported significant reductions in their own anxiety / depressive symptoms and improved emotional competence when compared to control families who reported no changes. Parents and their children reported improvements in parenting and reductions in family conflict (Havinghurst et al 2015).
Supporting research
Havinghurst, S.S., Wilson, K.R., Harley, A.E., Kehoe, C., Efron, D., Prior, M.R. (2013) "Tuning into Kids": reducing young children's behaviour problems using an emotion coaching parenting program, <i>Child Psychiatry & Human Development</i> , 44(2):247-64.

Programme
6. Reach Up Early Childhood Parenting Programme
Type
Parenting 0 - 3
Aims
Strengthening the capacity of mothers and other caregivers to promote optimal development of their children, through responsive interactions and play activities
Target group
Children aged 0 - 3
Theoretical foundation
Modelled on Jamaica Home Visit Programme – based on building positive relationships between parents / caregivers and children to promote child development
Process
Home visits by community workers
Location
Piloted in 1996 - 1998 in Jamaica; similar programmes have been developed since in 14 countries including Bangladesh, India, Peru, Colombia, Brazil, Zimbabwe.
Scale
International
Cost
No information found
Evaluation
Various
Effectiveness
Twenty years after the intervention was conducted, the earnings of the stimulation group were 25% higher than those of the control group and caught up to the earnings of a non-stunted comparison group.

Supporting research
Gertler, Heckmann (2014)
Programme
7. A PAR (Aprender em Parceria)
Type
Parenting 0 - 6
Aims
Primary prevention and family training program aimed at families with children from 0 to 6 implemented primarily with the most vulnerable communities. Targeting low effective support, low affective attachment, low self-esteem, low levels literacy and numeracy, early stress, insulation, family destructuring, unstimulating environment, nutrition problems, school failure, leaving school early.
Target group
0 - 6
Theoretical foundation
Ecological model, adaptation of UK's Parent Early Education Partnership programme.
Process
'One-hour weekly group sessions' (32 weeks) with the presence of the mother or father, or a significant adult, and the child. Delivered by leaders with a four year university degree in early childhood education after A PAR training.
Location
Portugal
Scale
Small
Cost
No information found
Evaluation

Independent: Quasi-experimental with matched control from other creche/ nurseries not doing APAR. Evaluation over 3-year period (Nabuco)
Effectiveness
Provides a social support network for parents for parents in the same community, facing the same struggles; improvements in children's self-esteem.
Supporting research
Nabuco, M.E., Aguiar, M.S., Costa, C. and Morais, D. (2014) Evaluation of the effectiveness of the implementation of the A PAR parental intervention programme in Portugal. Child development and parenting support, <i>European Early Childhood, Education Research Journal</i> , 22:4, 554-572.
Programme
8. Abriendo Puertas / Opening Doors (AP / OD)
Type
Parenting 0 - 5
Aims
Brief but comprehensive educational program based on the premise that enhancing parenting skills early in a child's life leads to educational benefits for the child, as well as economic and societal benefits; provides parents with tools and techniques needed to engage with their child's school and enhance their parenting skills.
Target group
0 - 5; low-income Latino families
Theoretical foundation
Pedagogical model based on Freire – train the trainer approach based on dialogue
Process
10 sessions in schools or community settings
Location
Spain
Scale

Small
Cost
No information found
Evaluation
Independent – experimental
Effectiveness
Positive impacts on reported parental educational activities at home, approaches to reading with the child, library use, knowledge about child care quality, family organisation and planfulness, and being a role model for the child. However, significant effects were not found for healthy behaviours, being an advocate for the child, or fostering emotional development
Supporting research
Caal, S., Moore, K., Murphy, K. Lawner, E., Rojas, A. and DeMand, A. (2019) Abriendo Puertas: Evaluation of a Parent Education Program for Latinos, <i>Hispanic Journal of Behavioral Sciences</i> , 41(2) 231–249.
Programme
9. Better Parenting
Type
Parenting 0 - 8
Aims
Enhance parents' knowledge, attitudes, and behaviours with regards to caring for young children.
Target group
0 - 8
Theoretical foundation
Interventions that promote children's cognitive, behavioural, and socioemotional development can have beneficial effects on children's development
Process

Series of lessons (16 hours) that focused on specific areas of parenting knowledge, attitudes, and behaviours. Led by social workers, health workers, kindergarten teachers, and paraprofessionals trained by the programme.
Location
Jordan
Scale
Implemented in more than 200 centres in Jordan
Cost
Low – estimated at \$3 per child in 2000
Evaluation
Experimental
Effectiveness
Experimental group participants improved on parenting knowledge, spending time playing and reading books with their children, using more explanations during the course of disciplining their child, and accurately perceiving behaviours that constitute child neglect.
Supporting research
Al-Hassan, S.M. and. Lansford, J.E. (2011) Evaluation of the Better Parenting Programme in Jordan, <i>Early Child Development and Care</i> , 181:5, 587-598.
Programme
10. Brief Parent Training
Type
Parenting 3 - 12
Aims
Parents are encouraged to learn and role-play the following core parenting skills: positive involvement, skills encouragement, problem solving, discipline, and monitoring.
Target group

3 - 12 years with emerging existing conduct problems
Theoretical foundation
Social interaction learning theory
Process
Individually delivered to families with the aim of promoting effective parenting practices to reduce and prevent child conduct problems. Delivered at the interventionists' office or, where possible, in a therapy room.
Location
Norway
Scale
Small
Cost
Short-term and low-cost intervention
Evaluation
Experimental
Effectiveness
Beneficial effects on caregiver assessments of parenting practices (positive parenting and harsh discipline), parents' mental distress and child conduct problems in the families 6 months after the intervention.
Supporting research
Kjøbli, J, and Bjørnebekk, G. (2013) A Randomized Effectiveness Trial of Brief Parent Training: Six-Month Follow-Up, <i>Research on Social Work Practice</i> , 23(6) 603-612.
Programme
11. CANparent
Type
Parenting 0 - 5

Aims
Government trial aiming to stimulate the market for universal parenting classes.
Target group
0 - 5
Theoretical foundation
Early intervention and positive parenting
Process
<i>Two innovative elements — an attempt to create a market in parenting by a limited ‘pump-priming’ exercise, dependent on the provision of vouchers redeemable for parenting classes; and the aim of promoting universal parenting.</i>
Location
3 districts in England (High Peak, Middlesbrough and Camden) in 2012 - 2014
Scale
Medium
Cost
Medium length courses more effective than short term courses
Evaluation
Mixed methods, including large-scale surveys, standardised questionnaires, in-depth interviews, and cost-effectiveness and willingness to pay analyses.
Effectiveness
Substantial improvement in participants’ perception of their efficacy as a parent with a large effect size compared with the comparison group. There was a moderate improvement in parenting interest but not in parenting satisfaction.
Supporting research
Cullen, S.M., Cullen, M. and Lindsay, G. (2016) Universal Parenting Programme Provision in England; Barriers to Parent Engagement in the CANparent Trial, 2012–2014 <i>Children & Society</i> 30, 71–81. Lindsay, G. and Totsika, V. (2017) The effectiveness of universal parenting programmes: the CANparent trial. <i>BMC Psychol</i> 5, 35.

Programme
12. Chicago Parent Program
Type
Parenting 0 - 5
Aims
Address the needs of families of colour raising young children in low-income, urban communities, developed in collaboration with advisory board of Latino and African American parents
Target group
Preschool children in high poverty areas
Theoretical foundation
Social learning theory (Bandura) and coercive family process model (Patterson)
Process
12 group sessions in schools or community centres focused on developing parenting skills
Location
USA (Chicago)
Scale
Small
Cost
No information found
Evaluation
Partially independent
Effectiveness
Programme can be implemented with fidelity and encourages high rates of parent uptake

Supporting research
Bettencourt, A.F., Gross, D. Breitenstein, S. (2019) Evaluating Implementation Fidelity of a School-Based Parenting Program for Low-Income Families, <i>The Journal of School Nursing</i> , 35(5) 325-336.
Programme
13. COPING (Confident Parent Internet Guide)
Type
Parenting 3 - 8
Aims
Designed for parents who are interested in learning positive parenting strategies to address everyday parenting challenges.
Target group
3 - 8
Theoretical foundation
Social learning theory (based on Little Parent Handbook)
Process
10 week online programme: presents evidence-based behavioural principles associated with good child outcomes and includes components that promote children's development by encouraging language skills and teaching parents skills of prompting, shaping, modelling and reinforcing desirable behaviour. Topics include: spending time with your child through play, encouraging good behaviour through praise / reward, giving instructions, ignoring problem behaviour, teaching your child new behaviours, developing language skills.
Location
Wales
Scale
Small
Cost
Relatively low cost (online delivery)

Evaluation
Pilot trial and small RCT
Effectiveness
Stand-alone universal parenting programmes, without therapist support, can address the growing need for many parents to access evidence-based parenting advice on minor frequently occurring problems and promote children's healthy development, wellbeing and linguistic and cognitive development.
Supporting research
Hutchings, J. Owen, D. and Williams, M. (2018) Web-Based Parenting Support: Development of the COPING Confident Parenting Programme, <i>Educ. Sci.</i> 8(2), 59.
Programme
14. Couple CARE for Parents (CCP)
Type
Parenting 0+
Aims
Couple relationship- and coparenting-focused education program
Target group
Midwives and couples expecting their first child
Theoretical foundation
Behavioural, attachment and social exchange theory
Process
6 session perinatal programme delivered flexibly. Focused on the couple's relationship and parenting. CCP topics included communication, conflict management, expectations about parenting and infant care; infant care knowledge and skills; mutual stress management.
Location
Australia

Scale
Small
Cost
More costly than similar programmes
Evaluation
RCT
Effectiveness
Women decreased their negative communication and showed a trend to report less parenting stress irrespective of risk level. High-risk women receiving CCP reported higher relationship satisfaction and being less intrusive in their parenting. No effects of CCP on sensitive parenting and parenting intrusiveness for women. No effects of CCP for men on any parenting outcomes.
Supporting research
Petch J.F., Halford W.K., Creedy D.K., Gamble J. (2012) A randomised controlled trial of a couple relationship and co parenting program (Couple CARE for Parents) for high- and low-risk new parents. <i>J Consult Clin Psychol</i> , 80(4):662-73
Programme
15. DELTA (Developing Everyone's Learning and Thinking Abilities Programme)
Type
Parenting 0 - 16
Aims
Aims to provide parents with information appropriate to the developmental stage of their child through short talks, demonstrations and written booklets.
Target group
0 - 16
Theoretical foundation
Self-efficacy

Process
Usually delivered in schools over 6 weeks. Divided into 5 age ranges. Meetings are parent-focused and orientated around six themes: promoting learning and thinking skills; health and routines; language and literacy skills; learning through play; maths all around us; positive parenting and managing behaviour. Provides and encourages relaxed social context through which parents can meet and engage with each other and the group facilitator.
Location
Northern Ireland
Scale
Been in use in Northern Ireland since 1992
Cost
In terms of its efficiency, effectiveness, as well as its contribution to promoting equity, social inclusion and the welfare of families with young children, the project provides considerable value for money" (CENI, 2004)
Evaluation
RCT and process evaluation. Focused on early years strand of programme
Effectiveness
Improved parent self-efficacy, parents' confidence in their knowledge of their child's development and needs; their self-acceptance as a good parent. Disciplining and setting boundaries for their child also increased.
Supporting research
Miller, S., & Harrison, H. (2015). A cluster randomised controlled trial and process evaluation of the early years DELTA parenting programme, <i>International Journal of Educational Research</i> , 74, 49-60.
Programme
16. Educación Inicial (EI)
Type
Parenting 0 - 4
Aims

Improve the knowledge and parenting practices of caregivers in poor, rural, and underserved communities, and promote the optimal development of at-risk children
Target group
0 - 4
Theoretical foundation
Empowerment
Process
Weekly sessions at home 9 months of the year.
Location
Mexico
Scale
By 2016 the program had reached more than 23,000 communities and 400,000 families.
Cost
No information found
Evaluation
RCT
Effectiveness
Positive effects on parenting practices and the home environment. 13% increase in the number of different play activities parents engaged in with their children, and nearly two times greater odds of parents reading daily with their children in the intervention group
Supporting research
Knauer, H.A., Kagawa, R.M.C. Garcí a-Guerra, A., Schnaas, L., Neufeld, L.M. and Fernald, L.C.H. (2016) Pathways to improved development for children living in poverty: A randomised effectiveness trial in rural Mexico, <i>International Journal of Behavioral Development</i> , 40(6) 492–499.
Programme
17. Families / Parenting Matters Programme

Type
Families
Aims
Reduce the impact and trauma of parental offending on children and families and strengthen family relationships.
Target group
Fathers in prison
Theoretical foundation
Interaction between parents and children
Process
Carried out over 17 weeks through both group-based programmes and interventions and 1-1 work and delivered in partnership with prison and probation service. Explores parenting issues including the impact of parents own behaviour on their children and families and supports parents in maintaining or establishing a meaningful relationship with their children, including those who are separated through imprisonment.
Location
Northern Ireland
Scale
Small
Cost
No information found
Evaluation
Observation and interview
Effectiveness
Families responded very positively to the increased contact available as part of the programme. The additional telephone access and provision of special family visits was attributed to not only increasing the amount of contact between fathers and their children but also the quality of this contact, providing more opportunities for deep and meaningful father–child interactions to occur than were ordinarily

<p>available within the prison. Fathers were also provided with opportunities to put their newly acquired parenting skills into practice, allowing them to master the application of these skills and use them to improve their relationships with their children.</p>
<p>Supporting research</p>
<p>Hayes D., Butler, M. Devaney, J. and Percy, A. (2018) Allowing Imprisoned Fathers to Parent: Maximising the Potential Benefits of Prison based Parenting Programmes, <i>Child Care in Practice</i>, 24:2, 181-197,</p>
<p>Programme</p>
<p>18. Families Coping</p>
<p>Type</p>
<p>Parenting 0 - 5</p>
<p>Aims</p>
<p>Enhance parent communication skills and provide strategies for parents to increase their productive coping skills, decrease their non-productive coping skills, and discuss coping concepts and strategies with their children.</p>
<p>Target group</p>
<p>Parents of preschool children</p>
<p>Theoretical foundation</p>
<p>Social-emotional</p>
<p>Process</p>
<p>Core session content (10 hours) is delivered by a trained session facilitator through direct instruction, as well as through the use of workbooks and facilitation of parent role plays and discussions. Parents were encouraged to share their own experiences of and difficulties with parenting. Topics covered include positive psychology of parenting, coping with stress in the family, parents dealing with difficult situations, everyday worries and anxieties of children, the neuroscience of communication, purposeful behaviour of children, how children deal with their worries and talking about challenging situations.</p>
<p>Location</p>
<p>Australia</p>
<p>Scale</p>

Small
Cost
No information found
Evaluation
Mixed
Effectiveness
Significant increase in one productive parenting style (dealing with the problem), significant decrease in non-productive parent coping, and a significant increase in parent wellbeing.
Supporting research
Thomson, S., Frydenberg, E. Deans, J. and Liang, R. (2015) Increasing Wellbeing through a Parenting Program: Role of Gender and Partnered Attendance, Australian Educational and Developmental Psychologist, 32(2), 120–141.
Programme
19. Families First
Type
Parenting 0 - 7
Aims
Offer parents a valid alternative to physical and emotional punishment, and to provide them with concrete conflict resolution tools, and information on children's rights and development from birth through adolescence.
Target group
0 - 7
Theoretical foundation
Children's rights - adaptation of the Positive Discipline in Everyday Parenting program for West Java, Indonesia.
Process
10 weeks in community halls and early childhood centres. Parents were guided to identify their long-term child rearing goals, provide warmth and structure, understand how children think and feel, and problem-solve without punishment through a series of interactive activities.

Location
Indonesia
Scale
Positive Discipline in Everyday Parenting programme has been implemented in 25 countries
Cost
No information found
Evaluation
Cluster RCT
Effectiveness
Null effects for the primary (physical and emotional punishment) and key secondary outcomes (positive and involved parenting, setting limits, and opinion on discipline) call for reconsideration of program targeting and content and study measures and indicators. At the same time, improved self-reported positive discipline provides a good basis for further research on the effectiveness of the program.
Supporting research
Ruiz-Casares, M. et al (2022) The <i>Families First</i> Program to Prevent Child Abuse: Results of a Cluster Randomized Controlled Trial in West Java, Indonesia, <i>Prevention Science</i> , 23, 1457–1469.
Programme
20. Fortalecerse
Type
Families 2 - 3
Aims
Maternal depression and children's behaviour. Linked to Head Start programme - helps families develop the tools they need to become self-sufficient through educational and vocational Head Start programmes.
Target group
Latino families with children aged 2 - 3 years attending Head Start

Theoretical foundation
Self-efficacy
Process
Offers computer classes, job readiness training, family daycare training, ESL and child development Associate's (CDA's) training during school year (9 months)
Location
USA
Scale
Small
Cost
No information found
Evaluation
Mixed
Effectiveness
Mothers engaging in at least two classes a week aimed at providing them with self-sufficiency skills showed a significant decrease in their level of depression when compared to caregivers on the waiting list. Parents were engaged in classes and practicum experiences and reported feeling more connected to other parents and the Head Start programme, while still working towards meeting self-sufficiency goals.
Supporting research
Duch, H. and Rodriguez, C. (2011) Strengthening families in Head Start: the impact of a parent education programme on the emotional well-being of Latino families, <i>Early Child Development and Care</i> , 181:6, 733-748.
Programme
21. Helping Children Learn at Home
Type
Parenting 0 - 8

Aims
Supports ethnocultural parents in creating healthy learning environments in the home, in understanding better and addressing their young children's learning needs, learning about the Canadian education system, and contributing to decision-making processes in schools and in the community that affects their children's educational success.
Target group
0 - 8
Theoretical foundation
Self-efficacy, citizenship
Process
6 workshops delivered at home, in library and school with the following themes: Introduction and Orientation; Setting Up Structures for Learning; Understanding Children's Needs, 0-5 years; Supporting Your Child's Learning Needs, 5 - 8 years; Connecting With the School; and Connecting With the Community.
Location
Canada (Calgary)
Scale
Small
Cost
No information found
Evaluation
Survey, interview and observation
Effectiveness
Objectives met
Supporting research
Jasinski, M. (2012) Helping Children to Learn at Home: A Family Project to Support Young English-Language Learners, <i>TESL Canada Journal/ Revue TESL du Canada</i> , 29(6), 225-230.

Programme
22. Holding Hands
Type
Parenting 2 - 5
Aims
Supporting parents to be more effective in supporting children with behaviour difficulties
Target group
Parents of children with behavioural difficulties aged 2 - 5
Theoretical foundation
Significantly modified version of the standard clinic-based Parent–Child Interaction Therapy (S-PCIT) program.
Process
6 weekly 1-hour sessions which include emphasis on: "Flip": following the child's lead; labelling praise and using positive descriptive language to increase the child's self-confidence); ignoring ineffective behaviours (helps to reduce this unwanted behaviour); providing limits and boundaries (helps the child to feel safe and secure).
Location
England
Scale
Small
Cost
Suggestion that this kind of group approach is more cost-effective
Evaluation
Mixed
Effectiveness
Reduction in problem behaviour and parental stress, increase in parental confidence.

Supporting research
Rait, S. (2012) The Holding Hands Project: effectiveness in promoting positive parent–child interactions, <i>Educational Psychology in Practice</i> , 28:4, 353-371.
Programme
23. HOPE-20
Type
Parenting 3 - 5
Aims
Equip parents with the skills and knowledge to promote child learning and to manage child behaviour; reduce parental stress; and increase parent social support.
Target group
New immigrant parents with preschool children aged 3 - 5
Theoretical foundation
Social learning theory, influenced by Triple P
Process
20 sessions in preschool / nursery. In each session, role play was used to help parents master the homework skills. Parents had to spend 5 minutes each day between sessions to do homework practice with their children
Location
Hong Kong
Scale
Small
Cost
Cost-effective in terms of delivery by a social worker
Evaluation

RCT
Effectiveness
Intervention group showed significant improvement post-intervention in cognitive and language skills, and parenting sense of competence. Decrease in child behaviour problems and parental stress.
Supporting research
Leung, C., Tsang, S. and Kwan, H.W. (2017) Efficacy of a Universal Parent Training Program (HOPE-20): Cluster Randomised Controlled Trial, <i>Research on Social Work Practice</i> , 27(5), 523-537.
Programme
24. Learning Together: Growing as a Family
Type
Parenting 6 - 8
Aims
Prevent situations of child abuse or neglect by promoting development and family coexistence by fostering positive relationships between parents and children in accordance with the exercise of positive parenting. emotional dimension, which aims to help manage emotions, the behavioural dimension that helps to face situations competently, and the cognitive dimension, which facilitates a better comprehension of the family life
Target group
Families in situations of psychosocial risk with children aged 6 - 8.
Theoretical foundation
Ecological model of parenting
Process
The programme consists of eight modules that are delivered over 16 two-hour sessions. It is designed as an educational experience with three differentiated types of sessions: those aimed solely at parents, those aimed at the children, and those that bring together the whole family.
Location
Spain

Scale
Small
Cost
No information found
Evaluation
Qualitative - art based research
Effectiveness
Children were able to develop prosocial behaviours in different social contexts and in family settings. In the latter case, children became more active agents of the improvements observed in parenting tasks
Supporting research
Mateos et al (2021) Listening to children: Evaluation of a positive parenting programme through art-based research, <i>Children & Society</i> , 35, 311–330.
Programme
25. Mothering at a Distance and <i>Babiin Miyagang</i>
Type
Parenting
Aims
Foster prosocial parenting skills among incarcerated mothers (Mothering at a distance) and fathers (<i>Babiin Miyagang</i>) to assist them on release
Target group
Parents in prison
Theoretical foundation
Developing parenting capacity and skills
Process

6 - 10 group sessions delivered in prison and at home. Sessions are approximately two hours long and address topics as: communication, child development and behaviour, and child safety.
Location
Australia
Scale
Medium
Cost
No information found
Evaluation
Qualitative, interview-based
Effectiveness
Programme facilitators noted the importance of engaging rather than alienating participants, building on strengths and relationships, and delivering culturally appropriate education when supporting parents in correctional facilities.
Supporting research
Fowler C. et al (2018) When parenting does not 'come naturally': providers' perspectives on parenting education for incarcerated mothers and fathers, <i>Studies in Continuing Education</i> , 40(1), 98-114.
Programme
26. Nobody's Perfect
Type
Parenting 0 - 5
Aims
Increase parenting knowledge and skills and promote the healthy development of their children.
Target group

Parents of children aged 0 - 5 who are young, single, socially isolated, geographically isolated, or who have limited formal education or income.
Theoretical foundation
Social learning theory
Process
6 - 8 sessions in which parents learn life-skills such as budgeting, and stress and anger management, and are referred to community resources. Topics covered are chosen by the parents
Location
Canada
Scale
National programme
Cost
No information found
Evaluation
Quantitative
Effectiveness
Parents demonstrated and maintained a significant increase in parenting resourcefulness, warm / positive parent-child interactions, sense of parenting competency and satisfaction, and knowledge of and use of community resources. The more sessions parents attended, the better their parenting resourcefulness and warmth. Parents who had attended parenting programs before (including NP) had higher parenting resourcefulness scores at entry and better session attendance.
Supporting research
Chislett, G., and Kennett, D.J. (2007) The Effects of the Nobody's Perfect Program on Parenting Resourcefulness and Competency, <i>Journal of Child & Family Studies</i> , 16, 473–482.
Programme
27. Nurturing Parenting Program (NPP)
Type

Parenting 0 - 5
Aims
Designed to assess, prevent, and treat maltreatment by developing nurturing parenting skills as a counter to the key constructs of abusive and neglectful parenting.
Target group
Parents of young children
Theoretical foundation
Evidence-based and trauma-informed
Process
16 weeks of 2 hour group sessions with home visits and supplemental sessions where necessary
Location
USA (Louisiana) improved parenting knowledge and attitudes as well as low rates of subsequent investigations. Findings suggest the feasibility and utility of NPP implementation by the child welfare workforce.
Scale
International – in use since 1985
Cost
The NPP approached cost neutrality (i.e., a B-C ratio of 1.0) within a short time frame based on the observable and measurable benefits of reductions in maltreatment incidences.
Evaluation
Quantitative, cost-savings analysis approach
Effectiveness
Supporting research
<p>Maher, E.J. et al (2012) A Cost-Savings Analysis of a Statewide Parenting Education Program in Child Welfare, <i>Research on Social Work Practice</i> 22(6) 615-625.</p> <p>Greeno, E.J., Cosgrove, J.A. and Lee, B.R. (2021) The evaluation of a Nurturing parenting program implemented by child welfare workers, <i>Child and Youth Services Review</i>, 127(5),</p>

Programme
28. Parents / Peers Early Education Partnership (PEEP)
Type
Parenting 0 - 5
Aims
To effect a positive change in the educational achievement of a community of children, especially in the field of literacy, by a series of interventions beginning at the time of the child's birth until his or her entry into school
Target group
0 - 5
Theoretical foundation
Uses the O pportunities, R ecognition, I nteraction, and M odeling (ORIM) framework developed by Hannon.
Process
Focuses on child development and regards listening, talking, and playing as essential to the development of emotional stability, good social skills, and satisfactory cognitive growth
Location
UK (originally developed in Oxford in 1995); since adapted in a range of contexts
Scale
International
Cost
No information found
Evaluation
Quasi-experimental
Effectiveness

Significant impact on children's literacy, numeracy, and self-esteem.
Supporting research
Evangelou, M., & Sylva, K. (2007). Evidence on effective early childhood interventions from the United Kingdom: An evaluation of the Peers Early Education Partnership (PEEP). <i>Early Childhood Research and Practice</i> , 9(1).
Programme
29. Parents Plus Early Years (PPEY)
Type
Parenting 0 - 7
Aims
One of a suite of evidence-based Parents Plus programmes targeting different age groups and specific issues with corresponding programmes for primary school children, adolescents and separated parents. It invites parents to foster child-centred, positive interactions with their children. Specifically, parents are encouraged to attend to and reward their children for good behaviour, while largely not attending to misbehaviour. The emphasis is not on didactic teaching, but on building on parents' strengths, empowering them to find their own positive way of communicating to their children and their own solutions to behavioural difficulties.
Target group
Parents of preschool children (and aged up to 7) who were referred to mental health services with behavioural, emotional and developmental difficulties.
Theoretical foundation
Interactions between parents and child/ren
Process
7 week programme
Location
Ireland and internationally
Scale
Applied internationally

Cost
Medium to low cost (Early Intervention Foundation)
Evaluation
Repeated-measures design
Effectiveness
Preliminary evidence of improving a child outcome (EI Foundation). Parents reported reduced parental stress and child difficulties as well as improved parenting satisfaction and parenting goal achievement after the programme
Supporting research
Gerber, S. et al (2016) Parent training: effectiveness of the Parents Plus Early Years programme in community preschool settings, <i>European Early Childhood Education Research Journal</i> , 24(4), 602-614,
Programme
30. Positive Parent Program
Type
Parenting 0 - 6
Aims
Improving parenting through personal learning environments (PLEs)
Target group
0 - 6
Theoretical foundation
Supportive, positive parenting
Process
The program is made up of 5 online modules: 1) The Internet: a resource for the whole family 2) Helping our family get along better 3) Understanding and guiding my young child's behaviour 4) Our child is different, let's help him / her grow 5) Healthy eating habits - a challenge for the whole family. A set of new learning materials was produced for the program in a range of formats, including 120 web-based activities, 40 original video-clips, and over 200 illustrations and animated stories. The

program also offers parents the possibility of joining online discussion forums to promote the exchange of experiences.
Location
Spain. Latin American countries (Chile, Colombia, Argentina, Mexico, Bolivia)
Scale
International
Cost
No information found
Evaluation
Quantitative
Effectiveness
Results showed significant pre-post differences in the program group in the positive parenting measures, especially in encouraging family involvement in the same goals, promoting positive communication among family members, better stress management, and the sharing of family activities. The findings evidenced the capacity of the 'Positive Parent' program to produce significant changes in the positive parenting role that are in line with those of face-to-face programs.
Supporting research
Suárez-Perdomo, A., Byrne, S., and Rodrigo, M.J. (2022) Evaluation of "The Positive Parent", a Spanish web-based program to promote positive parenting in a Personal Learning Environment, <i>Electronic Journal of Research in Educational Psychology</i> , 20 (1), 177-200.
Programme
31. Raising a Reader
Type
Parenting 0 - 5
Aims
Encourage shared reading
Target group

Parents of preschool children
Theoretical foundation
Child-led learning
Process
Weekly rotation over 4 months of four new books through children's homes and partnering preschool classrooms and families with neighbourhood libraries.
Location
USA
Scale
Large
Cost
No information found
Evaluation
39 independent evaluations to date. Standardised and unstandardized assessments of children's English language, cognitive, and English emergent literacy skills.
Effectiveness
Significantly more growth in phonological awareness and print awareness, expressive vocabulary, receptive vocabulary and complex oral language abilities
Supporting research
Powers, J.M. and Potterton A.U. (2017) Raising a Reader Program Evaluation, <i>Education Leadership Studies</i> .
Programme
32. Read to Your Child / Grandchild (RYCG)
Type
Parenting

Aims
Promoting literacy
Target group
Fathers in prison and their children
Theoretical foundation
Affordance theory
Process
Prison and home over 4 months
Location
USA
Scale
Small
Cost
Reduced costs (online)
Evaluation
Interview and observation
Effectiveness
The video enabled children to see their parents despite physical distance, captured a more 'lifelike' portrait of parents, was lasting and repeatable, and created another line of parent–child interaction. The perceived affordances of video reflected the restrictive prison setting and the desires of incarcerated fathers, including the desire to be recognised as a father and to show their children that they cared. Fathers' insights underscore the value of examining how people in marginalised educational sites use outmoded, receding technologies to forge new connections with loved ones.
Supporting research
Stickel, T. et al (2021) 'The video is an upgrade from them all': how incarcerated fathers view the affordances of video in a family literacy programme, <i>Learning, Media and Technology</i> , 46:2, 174-189,

Programme
33. Reinforcement of Parental Practices (RPP) program
Type
Parenting 0-3
Aims
The initial goals were to enable caregivers to engage more effectively in verbal interactions with their infants, providing richer cognitive stimulation, and thus to build a stronger foundation for their children's school learning.
Target group
Parents of children aged 4 - 31 months.
Theoretical foundation
Interactions between parents and children
Process
Focus on aspects including the human rights of the child, brain development in infancy, and scientific evidence on how parenting practices influence children's language and cognitive growth. 15 colourful children's books in three national languages developed for caregivers on how to share them with children. Later sessions focused on how parents could help their children succeed in school. During the sessions, participants joined in games, role play, and other group activities.
Location
Senegal
Scale
Small
Cost
No information found
Evaluation
Extensive survey, video, and audio data were collected for all participants
Effectiveness

Encouraged verbal engagement between caregivers and infants in Wolof-speaking villages in rural Senegal.
Supporting research
Weber, A., Fernald, A., and Diop, Y. (2017) When Cultural Norms Discourage Talking to Babies: Effectiveness of a Parenting Program in Rural Senegal, <i>Child Development</i> , 88(5).
Programme
34. SCRIPT (Screening and Intervention of Problem Behavior in Toddlerhood) study
Type
Aims
The SCRIPT study applied the video feedback method known as the video-feedback intervention to promote positive parenting. The VIPP program was extended to include information and advice regarding parental discipline, in addition to the focus on parental sensitivity, resulting in VIPP-sensitive discipline (VIPP-SD). The VIPP-SD program aims at enhancing maternal observation skills, knowledge of parenting and the development of young children, empathy for the child, sensitivity, and sensitive discipline strategies. Intervention sessions content was the same, video feedback sessions tailored to the needs of the families
Target group
Families with young children (aged 1 - 3) showing high levels of externalising behaviour.
Theoretical foundation
Prevention and positive parenting
Process
6 sessions lasting 1.5 hours
Location
Netherlands
Scale
Small
Cost

No information found
Evaluation
RCT
Effectiveness
Intervention succeeded in stimulating the use of positive discipline strategies, like induction and understanding. No evidence that the use of positive discipline strategies was predicted by variations in process. Higher quality of the relationship between intervener and mother resulted in an increased use of supportive presence.
Supporting research
Stolk, M.N. et al (2008) Early Parenting Intervention aimed at maternal sensitivity and discipline: A Process Evaluation, <i>Journal of Community Psychology</i> , 36(6), 780-797.
Programme
35. Sinovuyo Caring Families Program
Type
Parenting 3 - 8
Aims
Reduce the risk of child maltreatment in low-income families
Target group
Parents of children aged 3 - 8
Theoretical foundation
Social learning theory
Process
Delivered by community facilitators, each session is introduced using a traditional Southern African story related to the specific session's theme. 12 sessions each 2.5 hours long. The first six sessions of the program focus on areas such as establishing parent goals around child behavioural outcomes; (b) spending special time with children through child-led play; communicating about emotions. The program also addresses local issues identified by stakeholders regarding supervision of children in high-crime communities and developmentally appropriate ways to communicate with children about

HIV / AIDS and poverty. Finally, participants learn simple mindfulness exercises to reduce stress associated with parenting and other social factors.
Location
South Africa (Cape Town)
Scale
Small
Cost
Designed as low-cost intervention
Evaluation
Quantitative
Effectiveness
Program enrolment, attendance, and completion rates were high in spite of the multiple life stressors experienced by participants. With regard to implementation, community facilitators with limited professional qualifications and prior knowledge of evidence-based approaches were able to deliver the programme.
Supporting research
Lachman, J.M. et al (2018) Process Evaluation of a Parenting Program for Low-Income Families in South Africa, <i>Research on Social Work Practice</i> , 28(2), 188-202.
Programme
36. Supporting Parents on Kids Education in Schools (SPOKES)
Type
Parenting 5 - 6
Aims
Address the behavioural and literacy problems of children at the start of primary school, using behaviourally based techniques combined with a more cognitive literacy programme.
Target group

Children aged 5 - 6 in areas of disadvantage
Theoretical foundation
Low levels of literacy and high levels of behaviour problems in middle childhood often co-occur and pose a risk to academic and social development. Based on the Pause Prompt Praise approach to reading.
Process
Combines Incredible Years group parenting programme with a new programme designed to train parents to support their children's reading at home. Parents were offered 12 sessions on behaviour management in term 1; in the second term, 10 sessions of the literacy programme; and in term 3, 6 sessions combining elements from both. Each session lasted approximately 2.5 hours. The structure was similar throughout, combining centre training with home visits.
Location
England (London)
Scale
Small
Cost
Suggested as focus of further research
Evaluation
RCT with data collected on children's developmental outcomes both pre-intervention and post-programme.
Effectiveness
Programme was successful in increasing children's word reading and writing skills. Parents in the intervention group reported using significantly more strategies such as praise and prompt when they read at home with their children.
Supporting research
Sylva, K. et al (2008) Training parents to help their children read: A randomised control trial, <i>British Journal of Education Psychology</i> , 78(3),
Programme
37. The Essential Parenting Program

Type
Parenting 4 - 5
Aims
Supporting parents to respond supportively to children's emotional experiences through coaching them in ways of managing feelings.
Target group
Parents of children aged 4 - 5
Theoretical foundation
Children's styles of expressing emotions, the way they regulate emotions, and their knowledge about emotions are key aspects of emotional competence and provide some of the basic skills that assist children in behaviour regulation, prosocial behaviour and social relationships
Process
Main aim is to teach parents emotion coaching. Program involved components of psycho-education, group discussion and brainstorming, small group exercises, video examples, group leader demonstrations, and small group role-plays. Held in community centres and kindergartens. 6, 2 hours sessions in 1 week.
Location
Australia
Scale
Small (pilot programme)
Cost
No information found
Evaluation
Quantitative - various emotion / behaviour scales for parents and children
Effectiveness
The most notable changes were parent reports of improvements in their parenting around children's emotions and in reductions in children's difficult behaviour and improved emotional functioning.
Supporting research

Havighurst S.S., Harley,A., and Prior, M. (2004) Building Preschool Children's Emotional Competence: A Parenting Program, <i>Early Education & Development</i> , 15:4, 423-448.
Programme
38. Family Intervention Service (Isolated Rural Project)
Type
Parenting 1 - 11
Aims
Promotes the competence and confidence of parents experiencing early difficulties in their relationship with their children to acquire skills known to promote the development, health, safety and emotional wellbeing of children. Aims to increase parental confidence, competence and satisfaction in the parental role.
Target group
Parents of children aged 1 - 11 years in rural Victoria
Theoretical foundation
Self-directed version of Triple P - telephone supported, self-directed parenting program for isolated families.
Process
10 weeks
Location
Australia (Victoria)
Scale
Large
Cost
No information found
Evaluation
Quantitative

Effectiveness
Has the potential to reduce disruptive behaviour in children, reduce dysfunctional parenting practices, increase parental satisfaction and efficacy, reduce stress, anxiety, and depression. Also has the potential to reduce disruptive behaviour in children, reduce dysfunctional parenting practices, increase parental satisfaction and efficacy, reduce stress, anxiety, and depression.
Supporting research
Cann,W., Rogers, H. and Matthews, J. (2003) Family Intervention Services program evaluation: A brief report on initial outcomes for families, <i>Australian e-Journal for the Advancement of Mental Health</i> , 2:3, 208-215.
Programme
39. Mellow Parenting Programme
Type
Parenting 3 - 5
Aims
Improve the psychosocial functioning of very vulnerable babies and preschool children
Target group
Children aged 3 - 5 years
Theoretical foundation
Attachment theory
Process
Group support for mothers and a parenting workshop in family centres using video feedback. The children are in a children's group during these activities but join their mothers for lunch and a play activity which includes songs and games, and simple craft activities, cooking and outings. These outings aim to introduce parents and children to a range of enjoyable joint activities they may not have tried before but are cheap or free and therefore accessible to parents and children outside and after the group. The programme actively encourages 'Have a Go' activities to practise new skills and sharing at home. 14-week full-day programme delivered one day a week.
Location
Scotland

Scale
Small (initially)
Cost
No information found
Evaluation
Quantitative
Effectiveness
Resulted in a 7.89 point increase in verbal IQ by the target group, sustained over 18 months.
Supporting research
Allely, C. et al (2014) The impact of the Mellow Parenting programme on later measures of childhood verbal IQ, Educational & Child Psychology, 31(4), 30-39.
Programme
40. Nurturing Parent Program ⁵⁰
Type
Parenting 0 - 10
Aims
Family-centred, trauma-informed initiative to promote non-violent parenting practices
Target group
Vulnerable parents
Theoretical foundation
Social capital development; allied to Nurturing Parenting Program
Process

⁵⁰ Programme developed as an offshoot of the Nurturing Parenting Program but tailored to complement the norms, roles and characteristics of Mexican - American culture.

24 classes, 2.5 hours each, classes conducted weekly or bi-weekly in schools, health offices, community centres, family resource centres.
Location
USA, Mexico
Scale
Small
Cost
No information found
Evaluation
Greater knowledge of positive discipline techniques, increased empathy for children, decreasing belief in the value and use of corporal punishment, less likely to reverse parent-child roles, or to have inappropriate expectations of children.
Effectiveness
Greater knowledge of positive discipline techniques, increased empathy for children, decreasing belief in the value and use of corporal punishment. Parents are less likely to reverse parent-child roles, or to have inappropriate expectations of children.
Supporting research
Montanez, M., Devall, E., VanLeeuwen, D.M. (2010) Social Capital: Strengthening Mexican-American Families through Parenting Education, <i>Journal of Family and Consumer Sciences</i> , 102(3) 27-33.
Programme
41. Young Parents Program
Type
Parenting 0 - 3
Aims
Reduce feelings of isolation through peer support, provide education about children's growth and development and parenting, and promote the health and wellbeing of children and parents through education about healthy lifestyle choices.

Target group
Parents and expecting parents aged 15 - 25.
Theoretical foundation
Attachment
Process
The programme employed a midwife/community educator to facilitate a weekly education session, a one-on-one breastfeeding or parenting/counselling session and an outreach education programme in schools. 4, 12 week units over 1 year.
Location
Australia
Scale
Small
Cost
No information found
Evaluation
Qualitative
Effectiveness
Reduction in young parents' social isolation.
Supporting research
Wightman, L. and Moriarty, B. (2012) Lifelong learning and becoming a mother: evaluation of the Young Parents Program, <i>International Journal of Lifelong Education</i> , 31:5,555-567.
Programme
42. Family Fluency
Type
Family 7 - 8

Aims
Introduce parents whose children were in a fluency program at school to strategies for use at home that would engage their children in fluency development experiences.
Target group
7 - 8
Theoretical foundation
Fluency-oriented approaches to literacy
Process
Parenting workshops to develop strategies for use at home
Location
USA – 3 districts
Scale
376 children
Cost
“Negligible”
Evaluation
Quantitative
Effectiveness
Holistic family program driven by a clear understanding of the needs of the family and the local community; Equal emphasis placed on academic and language skills and social-emotional competencies. Reaching out to the family, including mothers and fathers, and engaging them in experiences with their children is an essential component of early childhood programs. These activities built strong family dynamics.
Supporting research
Mandel Morrow, L. et al (2007) The Family Fluency Program, <i>The Reading Teacher</i> 60(4), 322-333.
Programme

43. Holistic Family Literacy Programme (HFLP)
Type
Families 3 - 5
Aims
Create an educational bridge between the classroom and home, and to increase the confidence, capability, and literacy of parents; targets educational, linguistic, and social-emotional needs of immigrant families
Target group
Latino families who have immigrated to USA
Theoretical foundation
Whole family approach
Process
Four components: early childhood education; time to teach parents to positively guide children's learning; adult education in English language, literacy, and parenting; and quality time for parents to interact with their children in literacy activities.
Location
USA (Florida)
Scale
Established in 2004
Cost
No information found
Evaluation
Qualitative
Effectiveness
Positive effects on school readiness, belonging to the community, whole family dynamics, children's confidence and language skills, interactions between mother and child, nurturing children's academic and social skills, enriched parenting experiences.

Supporting research
Halpern, C. Gonzalez, D., Giambo, D., and Szecsi, T. (2019) Explorations on the Benefits of a Holistic Family Language and Literacy Program in a Latino Community: Multiple Perspectives, <i>International Journal of the Whole Child</i> 4(1), 33-43.
Programme
44. Food for Thought (FFT)
Type
Families 3 - 5
Aims
Promote parent–child narratives, authentic writing and reading, and maths talk in Latino families.
Target group
Kindergarten children of Latino families
Theoretical foundation
A unique ecocultural asset of Latino families is the frequency and type of parent–child interactions during food routines
Process
4-week school-based program that capitalises on family food routines to help Latino parents foster their kindergarten children's learning
Location
USA (South-East)
Scale
35 schools
Cost
No information found
Evaluation

RCT (3-year study)
Effectiveness
Parents perceived the intervention as doable (did not take much time or effort), enjoyable (did not feel like schoolwork), and closely aligned with their cultural values
Supporting research
Leyva, D. et al (2022) A strengths-based, culturally responsive family intervention improves Latino kindergarteners' vocabulary and approaches to learning, <i>Child Development</i> , 93, 451–467.
Programme
45. Strong African American Families Program (SAAF)
Type
Families 10 - 14
Aims
A universal preventive intervention designed to deter alcohol use among rural African American adolescents.
Target group
Children aged 10-14
Theoretical foundation
Developmental model; Informed by earlier interventions - fostering competence promoting parenting.
Process
7 session programme designed for children and their caregivers
Location
USA
Scale
Large

Cost
Varies but low cost
Evaluation
RCT
Effectiveness
Value and effectiveness of community partnerships established
Supporting research
Brody, G.H. et al (2006) The Strong African American Families Program: A Cluster-Randomized Prevention Trial of Long-Term Effects and a Mediational Model, <i>Journal of Consulting and Clinical Psychology</i> , 74(2), 356-366.
Programme
46. Troubled Families
Type
Families 0 - 16
Aims
'Turn around' the lives of families with multiple and complex needs
Target group
Families with multiple and complex needs
Theoretical foundation
Family intervention
Process
3 delivery models: dedicated team, hybrid model and embedded approach, but wide variations within these.
Location
England

Scale
120,000 families
Cost
£4000 per family
Evaluation
Quasi-experimental
Effectiveness
Wide variations in practice, profile-raising, little impact on health issues
Supporting research
Day, L. et al (2016) <i>National Evaluation of the Troubled Families Programme. Final Synthesis Report</i> . London: DfE.
Programme
47. The Abecedarian Early Intervention Project
Type
Influence longitudinal study (<u>not programme</u>)
Aims
To explore the potential benefits of early childhood education for poor children to enhance school readiness.
Target group
111 infants born between 1972 and 1977 with follow-ups after early childhood at ages 12, 15, 21, 30, 35
Theoretical foundation
Power of early intervention to overcome disadvantages of poverty
Process
Original study began in 1972 with follow-up studies

Location & scale
USA (North Carolina)
Cost
“Despite its high cost, the program passes a basic benefit–cost test at discount rates of 3–7%.” (Barnett & Masse 2007)
Evaluation
Series of RCT studies and re-analysis of data
Effectiveness
Suggestive Tier (SPTW); impact across a range of cognitive skills
Supporting research
Barnett, W.S. and Masse, L.N. (2007) Comparative benefit–cost analysis of the Abecedarian program and its policy implications, <i>Economics of Education Review</i> , 26(1), 113-125. Pages, R. et al (2022) The Breadth of Impacts from the Abecedarian Project Early Intervention on Cognitive Skills, <i>Journal of Research on Educational Effectiveness</i> , 15(2).
Programme
48. High / Scope Perry Preschool Project
Type
Longitudinal study (<u>not a programme</u>)
Aims
It began as a research study seeking the answer to whether access to high-quality education could have a positive impact on preschool children and the communities where they live
Target group
3 - 4
Theoretical foundation
Conducted 1962-1967, based on an active learning model that emphasises participants’ intellectual and social development.
Process

Children attended the pre-school Monday through Friday for 2.5 hours per day over a 2-year period. Teachers visited each child's family at home every week and parents participated in monthly small group meetings with other parents and programme staff.

Location & scale

Project involved 123 preschool children in Ypsilanti, Michigan

Cost

Return of \$7.16 for every dollar spent (Barnett 1993); similar results seen in Heckman et al (2010)

Evaluation

Longitudinal study ever since

Effectiveness

Juvenile delinquency significantly lower for the program group as compared with the control group; better academic performance; more successful in employment (Schweinhart & Weikart 1995)

Supporting research

Barnett, W.S (1993). Benefit-cost analysis of preschool education: Findings from a 25- year follow-up. *American Journal of Orthopsychiatry* 63(4):25–50.
Heckman, J.J. et al (2010) *The Rate of Return to the High/Scope Perry Preschool Program*. NBER Working paper Working Paper 15471.

Annex 3: Systematic reviews and meta-analyses of programmes consulted

This annex contains all the systematic reviews and meta-analyses of families and parenting programmes consulted for the review.

Barlow, J. and Coren, E. (2018). The Effectiveness of Parenting Programs: A Review of Campbell Reviews, *Research on Social Work Practice*, 28(1), 99-102.

Boddy, J., Smith M. and Statham, J. (2011). Understandings of Efficacy: Cross-National Perspectives on "What Works" in Supporting Parents and Families, *Ethics and Education*, 6(2), 181-196.

Bunting, L. (2004). Parenting Programmes: The Best Available Evidence, *Child Care in Practice* 10(4), 327-343.

Chrisler (2012). *What Works for Disadvantaged and Adolescent Parent Programs? Lessons from Experimental Evaluations of Social Programs and Interventions for Children. Fact Sheet. Publication #2012-19.*

Collins, C.L. and Fetsch, R.J. (2012). A Review and Critique of 16 Major Parent Education Programs, *Journal of Extension*, 50(4).

Cullen, S.M. (2021). Educational parenting programmes - examining the critique of a global, regional and national policy choice. *Research Papers in Education*, 36(4), 483-506.

Grindal, T., Bonnes Bowne, J., Yoshikawa, H., Schindler, H.S., Duncan, G.J., Magnuson, K. and Shonkoff, J.P. (2016). The Added Impact of Parenting Education in Early Childhood Education Programs: A Meta-Analysis, *Children and Youth Services Review* 70, 238–49.

Hallam, S., Rogers, L. and Shaw, J. (2007). The Provision of Educationally Focused Parenting Programmes in England, *British Journal of Special Education*, 33(3), 107-113

Hidalgo, V., Pérez-Padilla, J., Sánchez, J. Ayala-Nunes, L., Maya, J. Grimaldi. V. and Menéndez, S. (2018). An Analysis of Different Resources and Programmes Supporting At-Risk Families in Spain, *Early Child Development and Care* 188(11), 1528-1539.

Joo, Y.S., Magnuson, K., Duncan, G.J. Schindler, H.S. Yoshikawa, H. and Ziol-Guest, K.M. (2020). What Works in Early Childhood Education Programs? A Meta-Analysis of Preschool Enhancement Programs, *Early Education and Development*, 31(1), 1-26.

Layzer, J.I., Goodson, B.D., Bernstein, L. and Price, C. (2001). *National Evaluation of Family Support Programs. Final Report Volume A: The Meta-Analysis.* Report for DHHS/ACYF.

- Magee, P. (2017). The Potential of All the "P's"--Provision, Practice and Positioning of Parenting Programmes: Can Application of These Collectively Attain a P+ in Early Intervention for Families within Northern Ireland? *Child Care in Practice*, 23(1), 4-20.
- Magnuson, K. and Schindler, H.S. (2016). Parent Programs in Pre-K through Third Grade, *The Future of Children*, 26(2), 207-221.
- Mejia, A., Calam, R., and Sanders, M.R. (2012). A Review of Parenting Programs in Developing Countries: Opportunities and Challenges for Preventing Emotional and Behavioral Difficulties, *Clinical Child and Family Psychology Review*, 15, 163–175.
- Moran, P. and Ghatge, D. (2005). The Effectiveness of Parenting Support, *Children & Society*, 19, 329-336.
- Mytton, J., Ingram, J., Manns, S., and Thomas, J. (2014). Facilitators and Barriers to Engagement in Parenting Programs: A Qualitative Systematic Review Health, *Education & Behaviour*, 41(2) 127–137.
- Statham, J. (2000). Outcomes and Effectiveness of Family Support Services: A Research Review, in *Practice Issues*. London: Institute of Education
- West, A., Mitchell, L., and Murphy, T. (2013). Implementing Evidence-Based Parenting Programmes in a Small Sample of English Urban Local Authorities: Eligibility, Fidelity and Intensity, *Children & Society* 27, 471-283.
- Whittaker, K.A. and Cowley, S. (2012). An Effective Programme Is Not Enough: A Review of Factors Associated with Poor Attendance and Engagement with Parenting Support Programmes, *Children & Society*, 26, 138-149.

Annex 4: Primary studies of Sure Start

This annex contains the list of primary, empirical studies identified during this rapid evidence review. They are categorised according to the main focus of the study.

Outreach and engagement

Attree P. (2004). It was like my little acorn, and it's going to grow into a big tree': A qualitative study of a community support project. *Health and Social Care in the Community*.

Avis M.; Bulman D.; Leighton P. (2007). Factors affecting participation in Sure Start programmes: A qualitative investigation of parents' views. *Health and Social Care in the Community*.

Avis M.; Chaudhary S. (2008). Ethnic minority participation in an East Midlands Sure Start. *Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association*.

Bagley C.; Ackerley C.L. (2006). 'I am much more than just a mum'. Social capital, empowerment and Sure Start. *Journal of Education Policy*.

Batey P.; Brown P. (2007). The spatial targeting of urban policy initiatives: A geodemographic assessment tool. *Environment and Planning A*.

Campbell T.; Gambaro L.; Stewart K. (2018). 'Universal' early education: Who benefits? Patterns in take-up of the entitlement to free early education among three-year-olds in England. *British Educational Research Journal*.

Coe C.; Gibson A.; Spencer N.; Stuttaford M. (2008). Sure start: Voices of the 'hard-to-reach'. *Child: Care, Health and Development*.

Duddy E.K. (2022). Parental perspectives of involvement in a Sure Start programme in Northern Ireland: impact on wellbeing. *European Early Childhood Education Research Journal*.

Hannon P.; Pickstone C.; Suckling R.; Crofts D. (2008). The reach of early intervention: A case study of a sure start programme. *Evidence and Policy*.

Hey, V. and Bradford, S. (2006). Re-Engineering Motherhood? Sure Start in the Community. *Contemporary Issues in Early Childhood*, v7 n1 p53-67 2006.

Horton J.; Kraftl P. (2009). Small acts, kind words and "not too much fuss": Implicit activism. *Emotion, Space and Society*.

Hutchings J.; Gardner F.; Bywater T.; Daley D.; Whitaker C.; Jones K.; Eames C.; Edwards R.T. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *British Medical Journal*.

Hutchings J.; Griffith N.; Bywater T.; Williams M.E.; Baker-Henningham H. (2013). Targeted vs universal provision of support in high-risk communities: Comparison of characteristics in two populations recruited to parenting interventions. *Journal of Children's Services*.

Jenkins M.; Parylo C. (2011). Evaluation of health services received by homeless families in Leicester. *Community Practitioner: the Journal of the Community Practitioners' & Health Visitors' Association*.

Lavelle M. (2015). A Storm in a Tea-Cup? 'Making a Difference' in Two Sure Start Children's Centres. *Children and Society*.

Leese M. (2013). Zoe's Story: Exploring the Complexity of "Help-providing" and "Help-receiving" Relationships on the "Front-line" of Family Support. *Child Care in Practice*.

Leese M. (2017). Engaging on the 'front line': exploring how family support teams construct meaning in their work with young mothers. *Child and Family Social Work*.

MacNeill V. (2009). Forming partnerships with parents from a community development perspective: Lessons learnt from Sure Start. *Health and Social Care in the Community*.

Parks J. (2015). Children's Centres as spaces of interethnic encounter in North East England. *Social and Cultural Geography*.

Potter C.; Carpenter J. (2008). Something in it for dads': Getting fathers involved with sure start. *Early Child Development and Care*.

Tunstall J.; Allnock D.; Akhurst S.; Garbers C.; Anning A.; Ball M.; Barnes J.; Belsky J.; Botting B.; Frost M.; Kurtz Z.; Leyland A.; Meadows P.; Melhuish E. (2005). . *Children and Society*.

Willan, J. (2007). Delivering Sure Start in rural communities. *Early Years*.

Wiseman P.T.; Wakeman A. (2004). Parental review of service uptake during the preschool period. *Child: Care, Health and Development*.

Midwifery, antenatal and postnatal care (including support for young mothers)

Ahmed S.; Macfarlane A.; Naylor J.; Hastings J. (2006). Evaluating bilingual peer support for breastfeeding in a local sure start. *British Journal of Midwifery*.

Austerberry and Wiggins (2007). Taking a pro-choice perspective on promoting inclusion of teenage mothers: lessons from an evaluation of the Sure Start Plus programme. *Critical Public Health* 17 (1), 3–15.

Harris S.; Koukos C. (2007). Sure Start: delivering a needs-led service in Swansea introduction the focus on play and stimulation helps. *Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association*.

Leamon J.; Viccars R.M.A. (2010). An evaluation of a midwifery Service within a Sure Start Children's Centre. *Evidence Based Midwifery*.

Leese M. (2017). Engaging on the 'front line': exploring how family support teams construct meaning in their work with young mothers. *Child and Family Social Work*.

Malin N.; Morrow G. (2009). Evaluating the role of the Sure Start Plus Adviser in providing integrated support for pregnant teenagers and young parents. *Health and Social Care in the Community*.

Pearson C.; Thurston M. (2006). Understanding mothers' engagement with antenatal parent education services: A critical analysis of a local Sure Start service. *Children and Society*

Whelan S. (2010). A midwife in a Sure Start Children's Centre. *The Journal of Family Health care*.

Wiggins, M., Rosato, M., Austerberry, H., Sawtell, M., & Oliver, S. (2005). *Sure Start Plus National evaluation: Final report*. Social Science Research Unit, Institute of Education, University of London

Speech and language studies, childcare and educational outcomes

Boot A.; Macdonald G. (2006). Parents and sure start evaluation; Suggestions for partnership. *Child Care in Practice*.

Campbell T.; Gambaro L.; Stewart K. (2018). 'Universal' early education: Who benefits? Patterns in take-up of the entitlement to free early education among three-year-olds in England. *British Educational Research Journal*.

Fuller A. (2010). Speech and language therapy in Sure Start Local Programmes: A survey-based analysis of practice and innovation. *International Journal of Language and Communication Disorders*.

Giardiello P.; McNulty J.; Anderson B. (2013). Observation, Assessment and Planning Practices in a Children's Centre. *Child Care in Practice*.

Hastings S. (2004). Teachers and local sure start programmes — Their numbers, roles and some issues surrounding their appointment. *International Journal of Phytoremediation*.

Hey, V. and Bradford, S. (2006). Re-Engineering Motherhood? Sure Start in the Community. *Contemporary Issues in Early Childhood*, v7 n1 p53-67 2006.

Schneider J.; Ramsay A.; Lowerson S.A. (2006). Sure start graduates: Predictors of attainment on starting school. *Child: Care, Health and Development*.

Physical health of children (especially hospitalisations, healthy eating, and oral health)

Bower E.; Newton J.T. (2007). Oral health acculturation in Albanian speakers in south London. *Community Dental Health*.

Cattan, S., G. Conti, C. Farquharson, and R. Ginja. (2019). 2019. *The Health Effects of Sure Start*. . Institute for Fiscal Studies (IFS). .

Daly B.; Clarke W.; Mcevoy W.; Periam K.; Zoitopoulos L. (2010). Child oral health concerns amongst parents and primary care givers in a sure start local programme. *Community Dental Health*.

Lawrence W.; Keyte J.; Tinati T.; Haslam C.; Baird J.; Margetts B.; Swift J.; Cooper C.; Barker M. (2012). A mixed-methods investigation to explore how women living in disadvantaged areas might be supported to improve their diets. *Journal of Health Psychology*.

Mason K.E.; Alexiou A.; Bennett D.L.; Summerbell C.; Barr B.; Taylor-Robinson D. (2021). Impact of cuts to local government spending on Sure Start children's centres on childhood obesity in England: A longitudinal ecological study. *Journal of Epidemiology and Community Health*.

Melhuish E.; Belsky J.; Leyland A.H.; Barnes J. (2008). Effects of fully-established Sure Start Local Programmes on 3-year-old children and their families living in England: a quasi-experimental observational study. *The Lancet*.

Passalacqua A.; Reeves A.O.; Newton T.; Hughes R.; Dunne S.; Donaldson N.; Wilson N. (2012). An assessment of oral health promotion programmes in the United Kingdom. *European Journal of Dental Education*.

Rudolf M.C.J.; Hunt C.; George J.; Hajibagheri K.; Blair M. (2010). HENRY: Development, pilot and long-term evaluation of a programme to help practitioners work more effectively with parents of babies and pre-school children to prevent childhood obesity. *Child: Care, Health and Development*.

Social inclusion, empowerment, mental health and wellbeing of parents

Bagley C. (2011). From Sure Start to Children's Centres: Capturing the erosion of social capital. *Journal of Education Policy*.

Cattan, S., G. Conti, C. Farquharson, and R. Ginja. (2019). 2019. The Health Effects of Sure Start. . Institute for Fiscal Studies (IFS). .

Duddy E.K. (2022). Parental perspectives of involvement in a Sure Start programme in Northern Ireland: impact on wellbeing. *European Early Childhood Education Research Journal*.

Foster V. (2013). Pantomime and politics: The story of a performance ethnography. *Qualitative Research*.

Jupp E. (2022). Emotions, affect and social policy: austerity and Children's Centers in the UK. *Critical Policy Studies*.

Williams, F. and Churchill, H. (2006). Empowering Parents in Sure Start Local Programmes. HMSO 2006 by Fiona Williams and Harriet Churchill. Department for Education and Skills.

Parenting behaviours and home learning environments (including referrals to social services)

Carpenter J.; Brown S.; Griffin M. (2007). Prevention in integrated children's services: The impact of sure start on referrals to social services and child protection registrations. *Child Abuse Review*.

Evangelou M.; Goff J.; Sylva K.; Sammons P.; Smith T.; Hall J.; Eisenstadt N. (2017). Children's centres: An English intervention for families living in disadvantaged communities. *Handbook on Positive Development of Minority Children and Youth*.

Hall J.; Sammons P.; Smees R.; Sylva K.; Evangelou M.; Goff J.; Smith T.; Smith G. (2019). Relationships between families' use of Sure Start Children's Centres, changes in home learning environments, and preschool behavioural disorders. *Oxford Review of Education*.

Northrop M.; Pittam G.; Caan W. (2008). The expectations of families and patterns of participation in a Trailblazer Sure Start. *Community Practitioner : the Journal of the Community Practitioners' & Health Visitors' Association*.

Woolfson L.M.; Durkin K.; King J. (2010). Changing cognitions in parents of two-year-olds attending Scottish Sure Start centres. *International Journal of Early Years Education*.

Child behaviours

Brown E.A.; Dillenburger K. (2004). An evaluation of the effectiveness of intervention in families with children with behavioural problems within the context of a sure start programme. *International Journal of Phytoremediation*.

Hall J.; Malmberg L.-E.; Lindorff A.; Baumann N.; Sammons P. (2020). Airbag moderation: the definition and statistical implementation of a new methodological model. *International Journal of Research and Method in Education*.

Hall J.; Sammons P.; Smees R.; Sylva K.; Evangelou M.; Goff J.; Smith T.; Smith G. (2019). Relationships between families' use of Sure Start Children's Centres, changes in home learning environments, and preschool behavioural disorders. *Oxford Review of Education*.

Multi-agency and interprofessional working

Allnock D.; Akhurst S.; Tunstill J. (2006). Constructing and sustaining Sure Start Local Programme partnerships: Lessons for future inter-agency collaborations. *Journal of Children's Services*.

Bagley C.; Ackerley C.L.; Rattray J. (2004). Social exclusion, sure start and organisational social capital: Evaluating interdisciplinary multi-agency working in an education and health work programme. *Journal of Education Policy*.

Coleman A.; Sharp C.; Handscomb G. (2016). Leading highly performing children's centres: Supporting the development of the 'accidental leaders'. *Educational Management Administration and Leadership*.

Cottle M. (2011). Understanding and achieving quality in Sure Start Children's Centres: practitioners' perspectives. *International Journal of Early Years Education*.

Davenport H. (2012). Clipboards and cups of tea: Two women's narrative constructions of professional identity in Sure Start outreach work. *Early Years*.

Edgley A.; Avis M. (2007). The perceptions of statutory service providers of a local Sure Start programme: A shared agenda? *Health and Social Care in the Community*.

Hassan L.; Spencer J.; Hogard E. (2006). Managing Sure Start in partnership. *Community Practitioner: the Journal of the Community Practitioners' & Health Visitors' Association*.

Houston A.M. (2003). Partnership working in Sure Start: Rewards, obstacles and challenges in Hilldence and Gooshays programme. Report of Havering Primary Care trust.

Lewis J.; Cuthbert R.; Sarre S. (2011). What are children's centres? The development of CC services, 2004-2008. *Social Policy and Administration*.

Malin N.; Morrow G. (2007). Models of interprofessional working within a Sure Start "trailblazer" programme. *Journal of Interprofessional Care*.

Malin N.; Morrow G. (2009). Evaluating the role of the Sure Start Plus Adviser in providing integrated support for pregnant teenagers and young parents. *Health and Social Care in the Community*.

Morrow G.; Malin N.; Jennings T. (2005). Interprofessional teamworking for child and family referral in a Sure Start local programme. *Journal of Interprofessional Care*.

Smith C.; Prosser M.; Joomun L. (2007). A research evaluation of health support workers in a Sure Start project. *Community Practitioner: the Journal of the Community Practitioners' & Health Visitors' Association*.

Smith P.; Bryan K. (2005). Participatory evaluation: Navigating the emotions of partnerships. *Journal of Social Work Practice*.

Strelitz J. (2013). 'It sounds good but...': Children's Centre managers' views of evidence-based practice. *Journal of Children's Services*.

Tunstall J.; Allnock D.; Akhurst S.; Garbers C.; Anning A.; Ball M.; Barnes J.; Belsky J.; Botting B.; Frost M.; Kurtz Z.; Leyland A.; Meadows P.; Melhuish E. (2005). *Children and Society*.

About Sure Start (including publications with multiple themes)

Allen, B.L. (2008). Evaluating Sure Start, Head Start, and Early Head Start: Finding Their Signals Amidst Methodological Static. *NHSA Dialog*, v11 n2 p110-132.

Barnes J. (2007). How Sure Start Local Programme areas changed. *The National Evaluation of Sure Start: Does Area-Based Early Intervention Work?*

Barnes J.; Belsky J.; Broomfield K.A.; Dave S.; Frost M.; Melhuish E. (2005). Disadvantaged but different: Variation among deprived communities in relation to child and family well-being. *Journal of Child Psychology and Psychiatry and Allied Disciplines*.

Belsky J.; Melhuish E. (2007). Impact of Sure Start Local Programmes on children and families. *The National Evaluation of Sure Start: Does Area-Based Early Intervention Work?*

Belsky J.; Melhuish E.; Barnes J.; Leyland A.H. et al (). *The Impact of Sure Start on Five Year Olds and their Families*. Department for Education.

Belsky J.; Melhuish E.; Barnes J.; Leyland A.H.; Romaniuk H. (2006). Effects of Sure Start local programmes on children and families: Early findings from a quasi-experimental, cross sectional study. *British Medical Journal*.

Coote A, Allen J, Woodhead D (2004). *Finding Out What Works: Building knowledge about complex community-based initiatives*. King's Fund.

Hall J.; Eisenstadt N.; Sylva K.; Smith T.; Sammons P.; Smith G.; Evangelou M.; Goff J.; Tanner E.; Agur M.; Hussey D. (2015). A review of the services offered by English Sure Start Children's Centres in 2011 and 2012. *Oxford Review of Education*.

Jupp E. (2013). Enacting parenting policy? The hybrid spaces of Sure Start Children's Centres. *Children's Geographies*.

Melhuish E.; Belsky J.; Anning A.; Ball M. (2007). Variation in Sure Start Local Programmes: Consequences for children and families. *The National Evaluation of Sure Start: Does Area-Based Early Intervention Work?*

Melhuish E.; Belsky J.; Anning A.; Ball M.; Barnes J.; Romaniuk H.; Leyland A. (2007). Variation in community intervention programmes and consequences for children and families: The example of Sure Start Local Programmes. *Journal of Child Psychology and Psychiatry and Allied Disciplines*.

Melhuish E.; Belsky J.; Leyland A.H.; Barnes J. (2008). Effects of fully established Sure Start Local Programmes on 3-year-old children and their families living in England: a quasi-experimental observational study. *The Lancet*.

Pam Sammons, James Hall, Rebecca Smees, and Jenny Goff with Kathy Sylva, Teresa Smith, Maria Evangelou, Naomi Eisenstadt, and George Smith (2015). *The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families*. Department for Education.

Smith, G; Sylva, K; Smith, T; Sammons, P; Omonigho, A. (2018). *Stop Start: Survival, Decline or Closure? Children's Centres in England*. Sutton Trust Research Report.

Annex 5: Other studies regarding Sure Start

This annex lists publications that were identified during the rapid evidence assessment as key review articles (regarding Sure Start or the National Evaluation of Sure Start) or key setting studies (that took place in Sure Start centres but were not directly studies of Sure Start).

Key reviews regarding Sure Start

Anning A. (2007). Understanding Variations in Effectiveness amongst Sure Start Local Programmes: Lessons for Sure Start Children's Centres (National Evaluation of Sure Start, NESS).

Anning A. (2008). Early learning, play and childcare in sure start local programmes, in Improving Services for Young Children in Anning, A., & Ball, M. (Eds.) Improving services for young children: From sure start to children's centres. SAGE Publications Ltd.

Barnes J. (2007). Targeting deprived areas: The nature of the Sure Start Local Programme neighbourhoods, in Belsky, J., Barnes, J., & Melhuish, E. (Eds.). (2007). The National Evaluation of Sure Start: Does area-based early intervention work? (1st ed.). Bristol University Press.

Belsky J.; Melhuish E.; Barnes J. (2008). Research and Policy in Developing an Early Years' Initiative: The Case of Sure Start. International Journal of Child Care and Education Policy.

Camps L.; Long T. (2012). Origins, purpose and future of Sure Start children's centres. Nursing children and young people.

Carpenter B.; Campbell L. (2008). The changing landscape of early childhood intervention in the United Kingdom: Strategy, policy, and practice. Infants and Young Children.

Clark J.; Hall E. (2008). Will the lessons be learned? Reflections on local authority evaluations and the use of research evidence. Evidence and Policy.

Clarke K. (2006). Childhood, parenting and early intervention: A critical examination of the Sure Start national programme. Critical Social Policy.

Clarke, K., Blyth, M. (Ed.), & Soloman, E. (Ed.) (2008). Early intervention and prevention: lessons from the Sure Start programme. In Prevention and Youth Crime. Is early intervention working? (pp. 53-68). Policy Press.

Eisenstadt N. (2011). Providing a sure start: How government discovered early childhood. Providing a Sure Start: How Government Discovered Early Childhood. Bristol University Press.

Glass N. (1999). Sure Start: The development of an early intervention programme for young children in the United Kingdom. Children and Society.

Halliday J.; Asthana S. (2007). From evidence to practice: Addressing health inequalities through Sure Start. Evidence and Policy.

Leone T.; Plewis I. (2008). Who uses services for school age children: Evidence from the national evaluation of the children's fund. *Children and Society*.

Lewis J. (2011). From sure start to Children's centres: An analysis of policy change in English early years programmes. *Journal of Social Policy*.

Lloyd, N., & Harrington, L. (2012). The challenges to effective outcome evaluation of a national, multi-agency initiative: The experience of Sure Start. *Evaluation*, 18(1), 93–109.

Moss P. (2004). Renewed hopes and lost opportunities: early childhood in the early years of the Labour government. *Taking Education Really Seriously: Four Years' Hard Labour*, Cambridge Journal of Education, 29:2, 229-238,

Smith T. (2007). Early Years services in Britain 1997-2007: A quiet revolution? *Journal of Children's Services*.

Key reviews regarding the National Evaluation of Sure Start (NESS)

Anning A.; Ball M.; Belsky J.; Melhuish E. (2007). Predicting impact in an Early Years intervention: The design of a tool using qualitative and quantitative approaches. *Journal of Children's Services*.

Broadhurst K.; Mason C.; Grover C. (2007). Sure Start and the 're-authorization' of Section 47 child protection practices. *Critical Social Policy*.

Belsky J.; Leyland A.; Barnes J.; Melhuish E. (2009). Sure Start in England. *The Lancet*.

Melhuish E.; Belsky J.; Barnes J. (2010). Evaluation and value of Sure Start. *Archives of Disease in Childhood*

Belsky J.; Barnes J.; Melhuish E. (2007). *The National Evaluation of Sure Start: Does Area-Based Early Intervention Work?* Bristol University Press.

Mann J. (2012). Sure Start was bound to fail. *Nursing children and young people*.

Sammons P.; Sylva K.; Hall J.; Evangelou M.; Smees R. (2022). Challenges facing interventions to promote equity in the early years: exploring the 'impact'. *Legacy and lessons learned from a national evaluation of Children's Centres in England*. Oxford Review of Education.

Rutter M. (2006). Is sure start an effective prevention intervention? *Child and Adolescent Mental Health*

Anning A.; Ball M. (2008). Improving services for young children: From Sure Start to children's Centres

Joshi H.; Fitzsimons E. (2016). The UK millennium cohort study: The making of a multipurpose resource for social science and policy. *Longitudinal and Life Course Studies*.

Garbers C.; Tunstill J.; Allnock D.; Akhurst S. (2006). Facilitating access to services for children and families: Lessons from Sure Start Local Programmes. *Child and Family Social Work*.

Melhuish E.; Belsky J.; Anning A.; Ball M.; Barnes J.; Romaniuk H.; Leyland A. (2007). Variation in community intervention programmes and consequences for children and families: The example of Sure Start Local Programmes. *Journal of Child Psychology and Psychiatry and Allied Disciplines*.

Key studies set in Sure Start Centres

Barker M.; Baird J.; Lawrence W.; Jarman M.; Black C.; Barnard K.; Cradock S.; Davies J.; Margetts B.; Inskip H.; Cooper C. (2011). The Southampton initiative for health: A complex intervention to improve the diets and increase the physical activity levels of women from disadvantaged communities. *Journal of Health Psychology*.

Black C.; Lawrence W.; Cradock S.; Ntani G.; Tinati T.; Jarman M.; Begum R.; Inskip H.; Cooper C.; Barker M.; Baird J. (2014). Healthy conversation skills: Increasing competence and confidence in front-line staff. *Public Health Nutrition*.

Byrom S.; Downe S. (2007). Narratives from the Blackburn West Caseholding Team: Setting up. *British Journal of Midwifery*.

Condon L.; Ingram J. (2011). Increasing support for breastfeeding: What can Children's Centres do? *Health and Social Care in the Community*.

Cotterill S.; John P.; Moseley A. (2013). Does mobilisation increase family engagement with an early childhood intervention programme? A randomised controlled trial. *Policy and politics*.

Edwards R.T.; Céilleachair A.; Bywater T.; Hughes D.A.; Hutchings J. (2007). Parenting programme for parents of children at risk of developing conduct disorder: Cost effectiveness analysis. *British Medical Journal*.

Hutchings J.; Bywater T.; Daley D.; Gardner F.; Whitaker C.; Eames C.; Edwards R.T. (2017). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *Effective Interventions for Children in Need*.

Jones L. (2006). Developing everyone's learning and thinking abilities: A parenting programme the southern area experience—10 years on! *Child Care in Practice*.

Jopling M.; Whitmarsh J.; Hadfield M. (2013). The challenges of evaluation: assessing Early Talk's impact on speech language and communication practice in children's centres. *International Journal of Early Years Education*.

Lever M.; Moore J. (2005). Home visiting and child health surveillance attendance. *Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association*.

Malik A.; Godson J.; Tilford S. (2006). A qualitative pilot study to compare physiotherapy provision through sure start and hospital-based services. *Practice*.

Roff M. (2003). Levelling the playing fields of England: Promoting health in deprived communities. *Journal of The Royal Society for the Promotion of Health*.

Urwin C. (2018). A sure start rapid-response service for parents and their under fours. *Reflecting on Reality: Psychotherapists at Work in Primary Care*.

Vowles A.; Orchard L.; Hever T. (2007). A postnatal community social support group in Tipton, West Midlands. *Clinical Psychology Forum*.

Walmsley C.; Moyse K. (2006). Sure Start community children's nursing: Setting up a minor illness and injury service for children up to five years. *Paediatric nursing*.

Willis T.A.; Potrata B.; Hunt C.; Rudolf M.C.J. (2012). Training community practitioners to work more effectively with parents to prevent childhood obesity: The impact of HENRY upon Children's Centres and their staff. *Journal of Human Nutrition and Dietetics*.

Wolman J.; Skelly E.; Kolotourou M.; Lawson M.; Sacher P. (2008). Tackling toddler obesity through a pilot community-based family intervention. *Community Practitioner: the Journal of the Community Practitioners' & Health Visitors' Association*.

Wright D. (2020). Engaging Young Children and Families in Gallery Education at Tate Liverpool. *International Journal of Art and Design Education*.

Annex 6: Sure Start services

This annex lists Sure Start services that were discussed in the publications listed in Annexes 4 and 5. It is provided to indicate the breadth and depth of the Sure Start programme and to demonstrate one aspect of the challenge of summarising whether Sure Start worked.

Midwifery, antenatal and postnatal care

- Antenatal workshops
- Baby-weighing clinic
- Breastfeeding support
- Baby and infant massage

Childcare and early years education

- Nurseries and childcare
- Signposting to childcare
- Speech and language checks
- Services for children with special needs
- Stay and play group
- Advice about child development

Children's health

- Promotion of healthy eating
- Distribution of orthodontic feeder cups and dummies
- Signposting to dentists
- Advice about oral health
- Puppet shows about oral hygiene

Parental behaviours and wellbeing

- Smoking cessation support
- Cookery classes
- Weight loss support
- Book borrowing
- Access to parenting and family programmes
- Sleep clinic

- Substance abuse support group
- Parenting education classes
- Employment drop-in advice
- Gateway to housing support

Outreach services

- Home visiting
- Lone parents' support group
- Teenage mothers' support group
- New-to-area service

