

Group-based parenting programmes and reducing children's behaviour problems

Key messages

- Most children experience and grow out of behaviour problems as a normal part of their development.
- Behaviour problems in early childhood have been associated with later difficulties including criminal behaviour, drug and alcohol misuse, mental health problems, relationship breakdowns and poor work histories.
- Group-based parenting programmes have been shown to reduce behaviour problems in children aged between three and 10 years.
- Some parenting programmes have been found to work effectively in a routine NHS context, with standard referrals to child mental health services and regular clinic staff carrying out the interventions.

Introduction

Group-based parenting programmes aim to support, educate and train carers to fulfil effectively their parenting role. Programmes range from those that aim to support parents in general to cope better with raising a child, to those that work with parents facing specific difficulties. Different types of parenting programmes are available from health, community education, probation and social services, and from voluntary and private sector organisations. They are delivered both by salaried staff and volunteers.¹⁻⁵

There are two main types of parenting programme:

Behavioural approaches aim to teach parents how to change events leading up to the problem behaviour, using social learning techniques such as positive reinforcement, negotiation and finding alternatives to punishment. During group sessions parents see how these techniques are implemented and practise newly acquired skills.^{1,6}

Relationship approaches aim to provide parents with new skills in listening to and communicating with their children and teach an understanding of behaviour in the context of relationships.⁷

Common features of both are that they encourage parents to:

- engage with their children in problem situations
- help their children to deal with their feelings
- listen more effectively
- provide children with clear, descriptive and positive feedback
- negotiate with their children and find alternatives to punishment
- encourage their children to be autonomous and take responsibility
- reflect on their own experience of being parented.

Behaviour problems

The term 'behaviour problems' generally refers to a range of behaviours, from those which can be considered part of the expected developmental process, through to those diagnosed as 'conduct disorders' that affect a minority of children whose severe behaviour problems significantly interfere with their ability to learn and develop.^{6,8} In this *Highlight* 'behaviour problems' refers to at least one outwardly directed behaviour problem such as temper tantrums or aggression. Inwardly directed problems such as anxiety disorders or depression are not included.

Parenting and family interaction factors account for 30 to 40 per cent of the variation in children's antisocial behaviour.^{1,7,9} Parenting practices found to have a negative impact on children's emotional and behavioural adjustment include harsh and inconsistent discipline, high levels of criticism, poor supervision, low involvement, and a lack of warmth in the parent-child relationship.^{1,10-13} Conversely, children who have other warm relationships (for example, with siblings, relations, teachers and peers) but live in stressful home environments, have been found to have comparable levels of problem behaviour to children living in low-risk environments.¹⁴

Behaviour problems are the most commonly reported reason for children's difficulties with social relationships and learning.¹⁵ The prevalence in pre-school children has been estimated at 10 to 15 per cent but it could be higher.^{7,16} At the severe end of the spectrum, it is suggested that the prevalence of conduct disorders is 6 per cent for boys and 3 per cent for girls aged between five and 10 years.¹⁷

Associations have been found between behaviour problems and negative outcomes that can cause distress to the child, family and community and incur high levels of public expenditure. Interruptions may occur in the child's social development and in the education of the child and their classmates. Longer-term problems may include criminal behaviour, drug and alcohol misuse, mental health difficulties, relationship breakdown and poor work history. The likelihood of these outcomes is higher for people whose behaviour problems start in early childhood than for those whose problems begin in adolescence.^{18,19}

If early interventions such as parenting programmes have good outcomes for children and parents the benefits may accrue over the longer term. It becomes harder to intervene successfully with older children and adolescents because their behaviour can result in further problems, such as rejection by peers or failing at school.¹⁸

Group-based parenting programmes

There is research evidence that group-based programmes can be effective in improving the behaviour of children from higher-risk backgrounds. Participation in programmes by teenage parents, single parents in receipt of benefits, mothers reporting depression, alcoholism or drug abuse, and parents with previous involvement with child protection services has resulted in improvements to their children's behaviour.^{7,20-22} However, many of these parents are likely to drop out of programmes.

A systematic review found that group-based parenting programmes are effective in changing parenting practices and improving behaviour problems in young children.²³ All studies focused on parent training programmes for three- to 10-year-olds whose primary problem was behavioural. The review found that parenting programmes produced improvements in parent-reported child behaviour, compared with no treatment or waiting-list control groups. Furthermore, improvements were maintained at six months and at one, two and three years. Independent observations of children's behaviour also showed evidence of change, although the improvement was slightly less than suggested by parent reports.⁷ This is thought to be because parent training programmes improve parents' tolerance of children's behaviour.

While the effects of programmes were found to endure over time, in a number of studies between a quarter and a half of parents continued to experience problems with their children's behaviour. One study found that the families who continued to have problems were more likely to be single parents, to be families where the mother was depressed, to be disadvantaged or to have a family history of alcoholism and drug abuse.³

Behavioural programmes consistently produce the largest changes in children's behaviour. The structure, processes and teaching techniques of the programmes varied between the studies and it is therefore difficult to know which combination is most effective with which groups. Of the behavioural programmes, Webster-Stratton's videotape modelling programme has been the most rigorously evaluated, and consistently shows good results.^{4,5,24} Research by Miller²⁷ suggests that it is the quality of the relationship with the provider that determines the efficacy of parenting programmes.

There is a lack of rigorous studies of *relationship* programmes, with the exception of Parent Effectiveness Training (PET).²⁵ The available research tends to focus on changes in parental attitudes and behaviour rather than their effectiveness in producing behavioural changes in children. One study comparing a programme described as client-centred parent counselling (classified as a relationship programme) with a behavioural programme, found

that parents attending the behavioural programme were more likely to report improved child behaviour, but this was not supported by observational reports in the two-year follow-up.²⁶

A qualitative study has indicated that parents may view parenting programmes across three dimensions: how to deal with the child; how to be a better parent; and how to improve the parent-child relationship.²⁷ Barlow and Stewart-Brown suggest that a combination programme, using both behaviour and relationship approaches, may better meet the needs of parents.²⁸

Policy and practice implications

There are costs to children and families arising from behavioural problems, as well as social costs such as public spending on courts, youth justice, mental health, residential care and social services.²⁹ In the UK, at 1998 prices, the identification of a young offender cost the police £1,200 and a successful prosecution a further £2,500, while a week in a local authority secure unit cost £3,450.²⁹

A study by Scott and others²⁹ following 142 10-year-old children into adulthood, identified the long-term costs of conduct problems. Children were grouped in terms of 'no problem', 'conduct problems' and 'conduct disorders'. Data was gathered across six domains: special educational provision; foster and residential care; relationship breakdown (domestic violence and divorce); health; crime; and state benefits in adulthood. The mean costs by the age of 28 years were: £7,423 for children with no problems; £24,324 for those with conduct problems; and £70,019 for those with conduct disorders.²⁹

Another study, implementing Webster-Stratton's parenting programme in a clinical setting to see whether a behavioural approach group-based parenting programme is an effective treatment for antisocial behaviour, found the cost to be about £600 per child. This is about the same price as conventional treatment for behavioural problems in childhood.⁴ An Ontario study that compared the costs of community-based programmes and clinic-based individual parenting programmes indicated that group programmes based in the community were more than six times as cost-effective as the individual programmes.³⁰ In the UK, the cost of effective group-based parenting programmes ranges from £300 to £800 per child.⁴

Delivery and take-up

Although there has been a rapid expansion in the number of group-based parenting programmes there is no framework for systematic provision, nor for a quality-assurance structure.² There is a range of approaches delivered through a myriad of organisations across different sectors. Currently, there are no standards for parent educators. Consequently, little evidence is available about the role of parent educators' attitudes and competencies in determining the outcomes of particular programmes.

The average drop-out rate for parenting programmes is about 28 per cent.³¹ Drop-out rates are higher among mothers reporting high levels of stress, and poorer families. Parents of children who have more severe conduct disorder symptoms and more delinquent behaviour, and parents from ethnic minorities are less likely to complete parenting programmes.^{32,33}

Conclusion

Children's relationship with their parents is an important factor in their development. Behaviour problems can disrupt family, school and peer relations and in the longer term may be associated with a range of problems, including criminal behaviour or poor work history. Group-based parenting programmes are not only cost-effective but may also have a long-term impact if they are offered as a preventive measure before children are diagnosed as having a conduct disorder.³⁴

Kristin Liabo, Julia Gibbs and Angela Underdown

City University

September 2004

Further information

www.incredibleyears.com for Carolyn Webster-Stratton approaches

www.newpin.org.uk National Newpin, 020 7358 5900

www.nfpi.org National Family and Parenting Institute, 020 7424 3460

www.parenting-forum.org.uk Parenting Education & Support Forum, 0207 7284 8370

www.parentlineplus.org.uk Parentline Plus, 0808 800 2222

www.nice.org.uk/page.aspx?o=63312 The National Institute for Clinical Excellence will be issuing a Health Technology Appraisal on parent-training/education programmes for children with conduct disorders, due in December 2004.

This Highlight has been produced from What Works for Children? evidence nugget on parenting programmes, which is a longer, more detailed document, available at www.whatworksforchildren.org.uk

What Works for Children is a collaboration between Barnardo's, University of York and the Child Health Research and Policy Unit, City University, funded by the UK Economic and Social Research Council.

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