

GUIDEBOOK

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ParentCorps

Reviews: [Foundations for Life](#), July 2016; February 2018

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

ParentCorps is a group-based programme for families with a four-year-old child living in disadvantaged, urban communities.

It aims to help parents support their child's social, emotional and self-regulatory skills in order to encourage healthy development and school success.

The programme consists of 14 weekly sessions (each of a two-hour duration) with adjunctive components, depending on the participating families' individual needs. It is delivered by mental health professionals, who lead the parent groups and school staff co-facilitating the pre-Kindergarten (pre-K) student sessions.

Evidence
rating: **3+**

Cost rating: **2**

EIF Programme Assessment

ParentCorps has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence
rating: **3+**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Enhancing school achievement & employment

Improved kindergarten achievement test scores

Based on study 2

2.64-point improvement on the Kaufman Test of Educational Achievement (KTEA) Brief Form Second Edition

Improvement index: **+7**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 57% and worse outcomes than 43% of their peers, if they had received the intervention.

Immediately after the intervention

Improved academic performance

Based on study 2

5.65-point improvement on the New York Teacher Rating Scale for disruptive and antisocial behaviour

Improvement index: **+10**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 60% and worse outcomes than 40% of their peers, if they had received the intervention.

Immediately after the intervention

Preventing crime, violence and antisocial behaviour

Reductions in behavioural problems

Based on study 1

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting

The programme may also be delivered in these settings:

- Children's centre or early-years setting
- Primary school

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective
-

Where has it been implemented?

United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

- ParentCorps has two group components – one delivered to groups of between 12 and 15 parents (the Parenting Programme), and the other delivered to groups of 18 to 20 children (the Programme for Pre-K Students). Each component is 14 sessions of two hours' duration.
- ParentCorps is delivered by seven practitioners in total. The component delivered to parents is delivered by one mental health practitioner. Three pre-kindergarten teachers and three assistant teachers deliver the programme for children.

What happens during the intervention?

- Both the component delivered to parents and the component delivered to children are held in adjacent classrooms. There are also some group activities designed to bring children and parents together to practise new skills.
- In the parent component, each session begins with a five-minute video clip which illustrates behaviour management principles and concepts.
- Didactics, discussion, group activities, role playing, homework assignments and problem-solving discussions are all used to teach parenting practices such as: establishing structure and routines for children, positive reinforcement (star charts), providing consistent, non-physical consequences for misbehaviour (time out) etc.
- In the child groups, leaders use behaviour management practices to promote children's positive behaviours and reduce or prevent problem behaviours. Children are exposed to the skills parents are learning, so as to increase their familiarity and acceptance of the practices when parents attempt them at home.

What are the implementation requirements?

Who can deliver it?

- ParentCorps is delivered by seven practitioners. The component delivered to parents is delivered by one mental health practitioner (QCF-7/8). Three pre-kindergarten teachers (QCF-7/8) and three assistant teachers (QCF-6) deliver the programme for children.

What are the training requirements?

- The mental health practitioner receives 56 hours of training, the pre-kindergarten teachers and the assistant teachers receive 42 hours of training.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host agency supervisor qualified to QCF-7/8 with 14 hours of training and two programme developer supervisors with no required training.

What are the systems for maintaining fidelity?

- Training manual
- Other online material
- Face-to-face training
- Supervision
- Fidelity monitoring
- Self-paced e-learning modules

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- ParentCorps assumes that some parenting practices can inadvertently cause child conduct problems and reduce their educational attainment.
- Parents learn how to use positive reinforcement and effective behaviour management strategies. These techniques are also directly introduced to the children by teachers.
- In the short term, parents are more involved in parenting their children. They employ more effective parenting strategies allowing them to more effectively manage their children's behaviour.
- In the long term, children have less behavioural problems and perform better academically.

Intended outcomes

Contact details

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About the evidence

ParentCorps has evidence from one rigorously conducted RCT, along with evidence from an additional comparison group study.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme has evidence from at least one rigorously conducted RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

Study 1

Citation: Brotman et al (2011)

Design: RCT (Cluster)

Country: United States

Sample: 8 schools, 171 families

Timing: Post-test

Child outcomes:

- Reductions in behavioural problems
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Other outcomes:

- Improved parenting practices
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Study rating: 2+

Brotman, L. M., Calzada, E., Huang, K. Y., Kingston, S., Dawson-McClure, S., Kamboukos, D., & Petkova, E. (2011). Promoting effective parenting practices and preventing child behaviour problems in school among ethnically diverse families from underserved, urban communities. *Child Development, 82*, 258–276.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/21291441>

Study design and sample

The first study is an RCT (cluster).

This study involved random assignment of schools/families to a ParentCorps treatment group and a 'pre-kindergarten services-as-usual' control group.

This study was conducted in the US, with a sample of eight participating NYC elementary schools with Pre-K programmes, encompassing 171 ethnically diverse families.

Measures

Child behaviour problems were measured using the Behaviour Assessment System for Children – Preschool Version (teacher report) and the New York Teacher Rating Scales (direct assessment). Child school readiness as a predictor of academic achievement was measured using the Developmental Indicators for the Assessment of Learning-3 (achievement test).

Parents' knowledge and use of appropriate parenting practices were measured using the Parenting Practices Interview (parent report) and the Effective Parenting Test (parent report).

Observed effective parenting was measured using the Global Impressions of Parent Child Interactions Revised (direct assessment). Parent involvement as a predictor of academic achievement was measured using the Involvement Questionnaire (teacher report).

Findings

This study identified statistically significant positive impact on one child and parent outcome, respectively.

Child outcomes include:

- Reductions in behavioural problems

The conclusions that can be drawn from this study are limited by methodological issues pertaining to non-blind data collection, hence why a higher rating is not achieved.

Study 2

Citation: Brotman et al (2013) and Dawson-McClure et al (2014)

Design: RCT (Cluster)

Country: United States

Sample: 10 schools, 1,050 children/families

Timing: Post-test

Child outcomes:

- Improved kindergarten achievement test scores
 - Improved academic performance
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Other outcomes:

- Improved parent involvement Improved parent knowledge Improved positive behaviour support
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Study rating: 3

Brotman, L. M., Dawson-McClure, S., Calzada, E. J., Huang, K.-Y., Kamboukos, D., Palamar, J. J., & Petkova, E. (2013). Cluster (school) RCT of ParentCorps: Impact on kindergarten academic achievement. *Pediatrics*, 131(5), e1521-e1529.

Dawson-McClure, S., Calzada, E., Huang, K. Y., Kamboukos, D., Rhule, D., Kolawole, B., ... & Brotman, L. M. (2014). A population-level approach to promoting healthy child development and school success in low-income, urban neighborhoods: impact on parenting and child conduct problems. *Prevention Science*, 1-12.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/23589806> <https://www.ncbi.nlm.nih.gov/pubmed/24590412>

Study design and sample

The second study is a rigorously conducted RCT (cluster)

This study involved random assignment of schools/families to a ParentCorps after-school group series treatment group and an 'education-as-usual' control group.

This study was conducted in the US, with a sample involving 1,050 children aged four years and their parents in 10 schools in deprived areas serving a largely black, low-income population.

Measures

Child school readiness and achievement were measured using the Kindergarten Kaufman Test of Educational Achievement test score (Reading, Writing, Math) (direct assessment) and the Diagnostic Indicators for Assessment of Learning (direct assessment). Child academic performance was measured using the 6-item subscale of Involve (teacher report). Child conduct problems were measured using the New York Rating Scale (parent report).

Knowledge of positive parenting was measured using the Effective Practices Test (parent report). Positive behaviour support and harsh and inconsistent behaviour management were measured using the Parenting Practices Interview (parent report). Parent involvement was measured using the 6-item subscale of Involve (teacher report), 12-item Commitment to Education subscale of Involve (parent report), and the Parent Perceptions of Parent Efficacy (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Improved kindergarten achievement test scores
- Improved academic performance

Note that there is a follow-up report to this study (Brotman et al., 2016). In this study, only a subgroup of the initially randomised sample (i.e. children enrolled after the first year of programme implementation) were selected for the follow-up analyses, which included 792 children representing 3 of the 4 original cohorts. The Brotman et al., (2016) paper describes the 3-year follow-up assessments which were taken at the end of the second grade, and found statistically significant positive impact on child outcomes, including:

- Reduced mental health problems over time (assessed using the Behaviour Assessment System for Children; teacher report)
- Improved academic performance (based on teacher ratings; teacher report)

Due to concerns around potential attrition bias, these follow-up findings are not considered as robust as those highlighted above.

Brotman, L. M., Dawson-McClure, S., Kamboukos, D., Huang, K. Y., Calzada, E. J., Goldfeld, K., Petkova, E. (2016). Effects of ParentCorps in Prekindergarten on Child Mental Health and Academic Performance: Follow-up of a Randomized Clinical Trial Through 8 Years of Age. *JAMA Pediatrics*, 170(12): 1149-1155.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/27695851>

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Brotman, L. M., Dawson-McClure, S., Huang, K. Y., Theise, R., Kamboukos, D., Wang, J., ... & Ogedegbe, G. (2012). Early childhood family intervention and long-term obesity prevention among high-risk minority youth. *Pediatrics*, 129(3), e621-e628 - **This reference refers to a randomised control trial, conducted in the USA.**

Hajizadeh, N., Stevens, E. R., Applegate, M., Huang, K. Y., Kamboukos, D., Braithwaite, R. S., Brotman, L. M. (2017). Potential return on investment of a family-centered early childhood intervention: a cost-effectiveness analysis. *BMC Public Health*, 17(1): 796 - **This reference refers to a cost-benefit analysis study, conducted in the USA.**

Huang, K. Y., Nakigudde, J., Rhule, D., Gumikiriza-Onoria, J. L., Abura, G., Kolawole, B., Ndyabangi, S., Kim, S., Seidman, E., Ogedegbe, G., Brotman, L. M. (2017). Transportability of an Evidence-Based Early Childhood Intervention in a Low-Income African Country: Results of a Cluster Randomized Controlled Study. *Prevention Science*, 18(8): 964-975 - **This reference refers to a randomised control trial, conducted in Uganda.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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