

# Parents Plus Children's Programme

Review: September 2017

**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.

**The Parents Plus Children's Programme (PPCP) is for parents with a child between the ages of 6 and 11, with concerns about the child's behaviour, learning or emotional development.**

The programme is designed for delivery in both specialist clinical settings such as child mental health services, and in frontline community and primary care community settings where the emphasis is largely preventative.

Parents attend approximately nine group sessions where they learn skills for how to communicate better with their children, manage emotional and behaviour problems, as well as be less stressed, more relaxed and happier parents.

The programme involves reviewing DVD parenting and communication clips, as well as group discussion, amongst other activities, and it aims to improve positive family relationships and child behaviour.

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Evidence  
rating: **2+**

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Cost rating: **2**

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## EIF Programme Assessment

Parents Plus Children's Programme has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

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Evidence  
rating: **2+**

### What does the evidence rating mean?

**Level 2** indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

### What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

PPCP can be delivered in both clinical settings with higher-risk children (with significant behavioural problems), and school/community settings with lower-risk children. In this instance, the best evidenced implementation (with a 2+ rated study) was an instance of the clinical/higher-risk version. The school/community version of the programme has also been evaluated (with a 2 rated study) and is described here.

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## 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.

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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:

## Preventing crime, violence and antisocial behaviour

### Reduced behavioural difficulties

Based on study 1

Based on study 2

### Reduced conduct problems

Based on study 1

### Reduced hyperactivity

Based on study 2

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.

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## Key programme characteristics

### Who is it for?

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

- Primary school

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### How is it delivered?

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

- Group

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### Where is it delivered?

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

- Primary school
- Out-patient health setting

The programme may also be delivered in these settings:

- Children's centre or early-years setting
  - Primary school
  - Community centre
  - In-patient health setting
  - Out-patient health setting
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## How is it targeted?

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

- Targeted indicated
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## Where has it been implemented?

Netherlands, Singapore, United Kingdom, Ireland

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

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

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## Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes  
programmes for children with recognised or possible special education needs
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# About the programme

## What happens during delivery?

### How is it delivered?

- The main group work component of PPCP is delivered in nine sessions of 2.5 hours' duration each by two practitioners, to groups of 15 parents.
- In addition, individual one-to-one (one-hour) sessions are offered to parents prior to group work. Family sessions involving four individual sessions with the parent and teenager, are also offered.

NB: In the most robust study, only the main group work component was offered.

### What happens during the intervention?

- The main group work component involves reviewing DVD parenting clips, as well as engaging in group discussion, worksheets, role-play, homework and handouts.
- In the family sessions, parents are supported to play with and problem-solve with their children.

### What are the implementation requirements?

#### Who can deliver it?

- Two practitioners deliver this programme. Both are Parents Plus Facilitators with QCF-6 level qualifications.

#### What are the training requirements?

- The practitioners have 22.5 hours of programme training.
- Booster training of practitioners is recommended.

## **How are the practitioners supervised?**

- It is recommended that practitioners are supervised by one host-agency supervisor (qualified to QCF-6 level).
- It is recommended that practitioners are also supervised by one programme developer supervisor (qualified to QCF-6 level).

## **What are the systems for maintaining fidelity?**

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- Face-to-face training
- Fidelity monitoring
- Published quality protocol with monitoring checklist.

## **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?

- Developing and maintaining warm, positive, and enjoyable relationships with children is central to changing behaviour.
- Once parents 'tune in to' and understand their children, they are in a better position to learn more effective parenting strategies.
- Parents unintentionally reinforce unwanted child behaviours through ineffective parenting strategies.
- PPCP assumes that when parents have the opportunity to reflect on the reasons underpinning their child's behaviour, they will understand how they can encourage children's positive behaviours rather than unintentionally reinforce unwanted behaviours through ineffective parenting strategies.
- More effective parenting strategies lead to short-term improvements in children's behaviour as well as reduced parental stress.
- In the longer term, children will be less likely to engage in antisocial behaviour, have an improved sense of self and perform better in school.

### Intended outcomes

Supporting children's mental health and wellbeing  
Preventing child maltreatment  
Enhancing school achievement & employment  
Preventing crime, violence and antisocial behaviour  
Preventing substance abuse  
Preventing risky sexual behaviour & teen pregnancy  
Preventing obesity and promoting healthy physical development

### Contact details

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[www.parentsplus.ie](http://www.parentsplus.ie)



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## About the evidence

PPCP's most rigorous evidence comes from a comparison group study and an RCT, both of which were conducted in Ireland. These studies identified statistically significant positive impact on a number of child and parent outcomes. One study is rated as a level 2+ and the other as a level 2. A programme receives the same rating as its most robust study, and so PPCP receives a 2+ rating overall.

### Study 1

**Citation:** Coughlin et al., 2009

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**Design:** Comparison group study

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**Country:** Ireland

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**Sample:** 74 families with children between 6 and 11 years old (mean age approx 8 years old)

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**Timing:** Post-test

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**Child outcomes:**

- Reduced behavioural difficulties
  - Reduced conduct problems
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**Other outcomes:**

- Reduced parental stress
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**Study rating:** 2+

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Coughlin, M., Sharry, J., Fitzpatrick, C., Guerin, S., & Drumm, M. (2009). A controlled clinical evaluation of the parents plus children's programme: A video-based programme for parents of children aged 6 to 11 with behavioural and developmental problems. *Clinical Child Psychology and Psychiatry*, 14(4), 541-558.

**Available at** <http://www.parentsplus.ie/wp/wp-content/uploads/2015/06/Coughlan-PPCP.pdf>

### **Study design and sample**

This was a comparison group study, conducted in Ireland, with a sample of children between the ages of 6 and 11 (mean age approx 8 years old). Children were recruited from four different clinics, having been referred to a Child Mental Health Service. The study included children with significant behavioural problems, and in many cases associated developmental difficulties. The study involved a sequential block assignment of children to a PPCP group or a wait-list control group. Assignment to groups was therefore not random; instead, children were assigned to groups depending on the date of their referral – the first block of 12-15 children presenting to a clinic was assigned to the treatment, and further referrals were placed into the wait-list control group.

### **Measures**

Assessments were conducted at pre-test, post-test, and at a five-month follow-up (however, there was no control group at this five-month follow-up point). Participants were assessed on:

- Child behaviour (including emotional problems, conduct problems, hyperactivity, peer problems, pro-social behaviour, and total behavioural difficulties) was measured using the Strengths and Difficulties Questionnaire (parent report).
- Parenting stress (including difficult child, parent distress, and parent-child dysfunctional interaction dimensions) was measured using the Parenting Stress Index - Short Form (parent report).

### **Findings**

At post-test, this study identified statistically significant positive impact on a number of child and parent outcomes, including:

- Total behavioural difficulties (Strengths and Difficulties Questionnaire; parent report)
- Conduct problems (Strengths and Difficulties Questionnaire; parent report)
- Parental stress (Parenting Stress Index; parent report).

## Study 2

**Citation:** Hand et al., 2013

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**Design:** RCT

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**Country:** Ireland

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**Sample:** 75 parents with children aged between 6 and 11 years

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**Timing:** Post-test

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**Child outcomes:**

- Reduced behavioural difficulties
  - Reduced hyperactivity
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**Other outcomes:**

- Reduced parental stress  
Reduced parental distress  
Reduced parent-child interaction difficulties  
Reduced parental perception of child as difficult  
Improved overall parental satisfaction
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**Study rating:** 2

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Hand, A., McDonnell, E., Honari, B., & Sharry, J. (2013). A community led approach to delivery of the Parents Plus Children's Programme for the parents of children aged 6–11. *International Journal of Clinical and Health Psychology*, 13(2), 87-90.

Available at <http://www.sciencedirect.com/science/article/pii/S1697260013700115>

### **Study design and sample**

This was an RCT study, conducted in Ireland, with a sample of 75 parents who had a child aged between 6 and 11 years. Parents were recruited from three primary schools in an open invitation, but some families were specifically selected by school staff due to being considered 'most in need'. None of the target children were, however, in receipt of clinical services at the time of the study.

The study involved random assignment of children to the PPCP intervention group and a wait-list control group.

### **Measures**

- Child behaviour (including emotional problems, conduct problems, hyperactivity, peer problems, pro-social behaviour, and total behavioural difficulties) was measured using the Strengths and Difficulties Questionnaire (parent report).
- Parent stress (including difficult child, parent distress, and parent-child dysfunctional interaction dimensions) was measured using the Parenting Stress Index - Short Form (parent report).
- Parents' satisfaction with their children's behaviour, with themselves as parents, and with their parent-child relationship, was measured using the Kansas Parent Satisfaction Scale (parent report).

### **Findings**

This study identified statistically significant positive impact on a number of child and parent outcomes, including:

- Total behavioural difficulties (Strengths and Difficulties Questionnaire; parent report)
- Hyperactivity (Strengths and Difficulties Questionnaire; parent report)
- Parental stress (Parenting Stress Index; parent report)
- Parental distress (Parenting Stress Index; parent report)
- Parent-child interaction difficulties (Parenting Stress Index; parent report)
- Parental perception of child as difficult (Parenting Stress Index; parent report)
- Overall parental satisfaction (Kansas Parent Satisfaction Scale; parent report).

## 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.

Hand, A., Raghallaigh, C. N., Cuppage, J., Coyle, S., & Sharry, J. (2013). A controlled clinical evaluation of the Parents Plus Children's Programme for parents of children aged 6–12 with mild intellectual disability in a school setting. *Clinical Child Psychology and Psychiatry*, 18(4), 536-555 - **This reference refers to a randomised control trial, conducted in Ireland.**

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## 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.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## 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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[www.EIF.org.uk](http://www.EIF.org.uk) | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

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