



Public Health  
England



UCL Institute of Health Equity

Local action on health inequalities:  
**Good quality parenting  
programmes**



Health equity briefing 1a: September 2014

## About PHE

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

## About the UCL Institute of Health Equity

The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the 'Commission on Social Determinants of Health', 'Fair Society Healthy Lives' (The Marmot Review) and the 'Review of Social Determinants of Health and the Health Divide for the WHO European Region'. [www.instituteofhealthequity.org](http://www.instituteofhealthequity.org)

## About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

Angela Donkin wrote this briefing for IHE.

We would like to thank all those on our advisory group who commented on the drafts of this briefing.

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# Increasing access to good quality parenting programmes

## Summary

1. In 2013, 52% of all children reached a 'good level of development' at age five according to the Department for Education, compared to 36% of children who were eligible for free school meals.
2. The quality of parenting affects children's long-term physical, emotional, social and educational outcomes and therefore differences in parenting between social groups have implications for health inequalities.
3. Positive, warm parenting, with firm boundaries and routines, supports social and emotional development and reduces behavioural problems.
4. There is evidence that a range of parenting programmes designed for families with children of a particular age are effective.
5. To reduce health inequalities, commissioning of parenting programmes should be part of a wider local system of measures to support parents. Good financial and emotional resources make it easier for parents to take good parenting actions.

## Introduction

Parenting quality can have an important influence on children's physical and social development, with far reaching consequences for a range of outcomes in later life, including health. Positive, warm parenting, with firm boundaries and routines, supports social and emotional development and reduces behavioural problems. Parents who read to their children, take them to libraries, and talk to them, support the development of cognitive skills and language that are important for later achievement and economic security. Mothers who maintain a healthy weight, do not smoke or abuse drugs or alcohol in pregnancy, and who breastfeed are less likely to have children who become obese, have asthma, diabetes or heart disease in later life.<sup>1</sup>

Studies have described how parenting has a positive effect on children's outcomes even after taking into account factors such as social class, parental education, and income. The quality of parenting is itself affected by a range of factors. For example, positive parenting behaviour can be reduced if parents are stressed or depressed or they have concerns about their financial security.<sup>2</sup>

Differences in the quality of parenting between social groups can therefore have implications for health inequalities. Improving parenting and the impact that it has on children should be a public health endeavour as well as a goal for those working in education and child development services. Public health practitioners can work closely with other sectors and local organisations to improve parenting across the social class gradient. As the evidence review linked to this briefing outlines, there are many programmes and interventions that are designed to support parents and help them to develop parenting strategies. Many of these programmes can be commissioned by local authorities as can other broader programmes, which can make it easier for families to achieve good parenting by improving wider social and economic aspects of family lives.

## Interventions that support good parenting at a local level

Box A summarises the outcomes that parenting interventions should focus on if they are to reduce inequalities in health. This is based on the evidence review that underpins this briefing.

BOX A

### Outcomes that interventions should aim for to reduce health inequalities

Parenting interventions may reduce health inequalities across the social gradient if they result in:

#### Better living conditions for families

1. More parents economically secure, including in pregnancy.
2. More parents free from domestic violence.

#### Better wellbeing for mothers

3. More parents with good mental health, including in pregnancy.
4. Fewer women who smoke, drink and take drugs during pregnancy.
5. Fewer obese mothers.
6. More women breastfeeding.

#### Good parenting actions

7. More children with secure attachment – more parents engaging positively with, and actively listening to, their children.
8. An increase in the number and frequency of parents regularly talking to their children using a wide range of sentence structures and reading to their children every day.
9. More parents setting and reinforcing boundaries.

#### Improved outcomes for children

10. Improved cognitive, social and emotional, language and physical health outcomes.

Local authorities and policy makers are not new to taking action on these issues. Indeed there is much work that already addresses these issues, such as breastfeeding programmes, BookStart and smoking cessation programmes. Recognition of the links between these issues can support effective activities to improve outcomes for children.

## Delivering improvements to parenting at a local level

For those intending to improve provision of parenting support and looking for advice on how to do so, the Early Intervention Foundation provides advice and support.<sup>3</sup> It is currently working closely with 20 early intervention 'pioneering places' across the country, most of which are local authorities. Each area will have an early intervention plan which will encompass the need to embed early intervention in all local authority activity, from governance structures and commissioning to programmes and practice on the ground, with a commitment to learning and evaluation.

Some areas have been supporting early intervention for some time. For example, Tower Hamlets, Wandsworth and Kingston on Thames have had multi-agency systems in place for many years, which include health, and which decide on the programmes offered. Other areas have been implementing a range of activities: for example, Nottingham and Birmingham have been working

with health professionals across local authority areas for some time. There is therefore the opportunity to learn from the successes and challenges in these areas.

### Evidence on improving parenting at a local level

The evidence review suggests that a suite of actions may be needed to improve parenting, not all of which might be seen as 'parenting programmes'. Box B summarises some key literature.

#### BOX B

##### Focus for supporting good parenting

**Universal children's centres.** A range of research suggests that children's centres can have a positive impact on children's health and wellbeing by working effectively with parents. Following the 21 outcomes identified in An Equal Start,<sup>1</sup> which include positive parenting practices, ensuring effective outreach to as many parents as possible would provide the foundations for a reduction in health inequalities. The evaluation of Sure Start in the UK has shown mixed results, attributed to variations in the effectiveness of different centres. In the US longer term evaluations of this model have shown positive results.

**Promoting routine activity with children.** Evidence from the Millennium Cohort study showed inequalities in language development at age three. Researchers found that reading daily to a child, having a regular bedtime, regular visits to the library, and practising rhymes daily are all independently associated with an increased likelihood of an **advanced reading level at age three**. School readiness, reading daily, regular bedtimes, frequent library visits and practising the alphabet more than six times a week were significantly associated with high scores.<sup>4</sup>

### Choosing specific parenting programmes that could reduce health inequalities

A number of sources of information are set out in the evidence review. Commissioning locally appropriate parenting programmes can be difficult. An online tool on the Department of Education website<sup>5</sup> is particularly helpful because it enables commissioners to filter their search for a parenting programme by the outcomes they wish to achieve. Using such a tool, once gaps in provision have been identified, should aid decision-making on what action to take.

The full evidence review looked at parenting programmes that offered a good prospect for reducing health inequalities. Box C outlines some programmes that may help with this aim.

#### BOX C

##### Parenting interventions for early years and childhood

**The Family Nurse Partnership (FNP), ages 0-2 years.**<sup>6</sup> A home visiting programme in the UK for teenage mothers. Evidence from the US shows positive effects on breastfeeding, less smoking, mental health, fewer emergency visits, children's cognitive and language development, fewer arrests, fewer teenage pregnancies, households less likely to be on welfare and less child abuse.

FNP is currently supported by NHS England, which will continue to commission and expand coverage. Local authorities, clinical commissioning groups, acute trusts and other funding bodies can also fully fund or contribute to funding the FNP programme locally. The FNP national unit is working with NHS England to support commissioning decisions. Local authorities will take on the responsibility for commissioning the FNP programme in 2015. Benefit to cost ratios, based on studies in the US, fall in the range of 3:1 to 5:1, and in the UK at around 1.8:1.

**HIPPY, ages 3-5.** The HIPPY programme helps parents teach 3-5-year olds at home. It believes that parents play a critical role in their children's education, and supports those who may not feel sufficiently confident to prepare their children for 'school knowledge'.

Parents and children spend 15 minutes a day at the kitchen table with a storybook, a puzzle, or a learning game. This helps to prepare children for school, and encourages parents to support them throughout their education. HIPPY is delivered by parents who then train other parents and so has the advantage of not needing large numbers of trained staff. Seventeen evaluations of the programme carried out in seven different countries consistently report positive outcomes in children's higher achievement scores and cognitive development scores, parents' attitudes towards and involvement with education, and parent/child relationships. For more visit [www.hippy-international.org/](http://www.hippy-international.org/)

**Families and Schools Together (FAST), ages 3-11.**<sup>7</sup> Parents attend eight weekly sessions where they learn how to manage stress and reduce their isolation, become more involved in their children's school, develop warm and supportive relationships with their children and encourage their children's pro-social behaviour. After parents complete the programme, they continue to meet at monthly parents' sessions.

FAST can be universal, it is for any parents or carers of children aged 3-11 who are interested in supporting their children's development.

Strong evidence shows FAST improves children's social skills and reduces their aggression and anxiety. It also helps parents make friends and reduce social isolation. The 2012 aggregate evaluation report of 107 primary schools in England with FAST shows a wider range of outcomes, including reducing family conflict by 22%, conduct problems by 18%, hyperactivity by 13%, and emotional symptoms by 20%.

These examples are illustrative; more examples are provided in the evidence review that this briefing is based on. It is also important to note that it can be challenging to extend provision of specific parenting programmes because they tend to be highly structured, rely on strict adherence to the programme specification for successful delivery, and in many cases require highly trained staff. These issues are explored in more depth in the evidence review.

## Conclusion

With only 52% of children reaching a good level of development at age five, and 40% of children with insecure attachment,<sup>8</sup> there is considerable scope for more intensive action to support children and families across infancy, childhood and adolescence.

This briefing sets out the importance of early intervention and provides evidence on the contribution that good parenting can make to achieving better outcomes for children. The review gives examples of the types and range of programmes that support good parenting. Many parenting programmes, which have shown positive evaluation results, can be delivered at different stages of a child's development. These programmes are designed to involve work with parents, teachers and children.

But good parenting programmes cannot be seen in isolation from the wider conditions in which parents and carers live. Good mental health, freedom from domestic violence, services that reduce alcohol dependency and drug addiction all contribute to parents being able to engage with and support their children. Having access to sufficient financial resources and to good universal child health services are core parts of being able to support all children to achieve their potential.

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