



# Interventions to support parents and children in the Early Years

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# Overview



- Evidence for Action
- Outline of evidence review
- Overview of evidence findings
- Relevant Early Years evidence contributions
- Points for consideration

# Evidence for Action



- One of three teams within Public Health Science directorate at NHS Health Scotland
- Provides information, advice and expertise on effective evidence for improving health and reducing health inequalities (to assist internal and external partners)
- For example;
  - Provide reviews of highly processed evidence and evidence informed recommendations from high quality sources.

# Our Remit



- To develop an evidence-informed outcomes framework to inform and support the National Parenting Strategy
- To support drafted strategic logic model by producing evidence review, between June and September 2012
- Evidence considers interventions to support parents, their infants and children in the early years (pregnancy to 5 years)
- Reviewed evidence that considers the effectiveness of interventions to support parents of school-aged children and adolescents are being undertaken by NHS Health Scotland and The Scottish Collaboration for Public Health Research and Policy.

# Factors related to social, emotional and cognitive difficulties (0-5 years)



- Positive (protective) factors:
  - High socio-economic status
  - High income
  - Early years education /childcare
  - Parental relationship: married, positive relationship at birth
  - Parenting: positive parenting style
  - Child factors: girl, first born, higher birth weight, older in academic year, higher British Ability Scale Scores , ethnicity (white mother, English only language spoken)
  - Maternal factors: education, older, self-rated health, ever having been in employment, positive about pregnancy.

Blank et al., (2012a)

# Factors related to social, emotional and cognitive difficulties (0-5 years)



- Factors linked to increased risk:
  - Low socio-economic status
  - Low income (unemployment, workless household)
  - Housing (social housing, deprived area, housing difficulties)
  - Parental relationship: lone parent, unemployed lone parent, co-habiting, living with stepfather, disagreement between parents on parenting child, high level of conflict
  - Child factors: ethnicity (Indian, Pakistani, Bangladeshi, Black African)
  - Maternal factors: depression, psychopathology, alcohol misuse, smoking during pregnancy, living away from home prior to the age of 17

# Factors related to social, emotional and cognitive difficulties (0-5 years)



- The most prevalent risk factors are - low income linked to lone parent status and living in social housing.
- Less prevalent risk factors are ethnicity, maternal and child factors - but these are increased among those with low income or lower social and economic status.
- Lack of national data on the prevalence of parenting risk factors
- Absolute risk - maternal age, education and health and housing are the factors associated with the highest levels of absolute risk that a child will experience social, emotional and cognitive difficulties.

# Health-led parenting interventions (under 5s) (2008)



## **Prenatal**

- Antenatal Classes
- Breastfeeding Promotion
- Low birth weight
- Smoking cessation

## **Transition to Parenthood**

- **Identification of need**
- **Mental health**
- **At risk**
  - Alcohol
  - Drug addiction
  - Domestic abuse
  - Demographically

# Health-led parenting interventions cont...



## Postnatal

- **Debriefing**
- **Breastfeeding Promotion**
- **Promotion of bonding and attachment**
- **Supporting Fathers**
- **Supporting early parenting**
  - Media Based Parenting Programmes
  - Parents with increased needs
    - Learning Disability
    - Drug addiction
    - Severe mental health problems

# Health-led parenting interventions Cont...



- **Promoting early child development**
  - Book sharing
  - Early intervention
  - Anticipatory guidance
  - Maternal sensitivity and attachment
- **Preventing/addressing problems**
  - Depression
  - Smoking
- **At risk**
  - Teenage parents

# Postnatal parent education



- Cochrane (2010) review (of 25 trials), found;
  - Education regarding infant crying, sleeping, infant care was *ineffective*
  - Education was *effective* regarding infant safety (e.g. car seats and scalds)
  - *Inconsistent* evidence regarding parental confidence re care and parent-infant interaction
- *Caveat:* evidence dated and US-focused.

Bryanton and Beck (2010)

# Promoting early cognitive & social development



Environmental Scan (2010), 26 studies demonstrated that;

- Model infancy, targeted interventions, combined with home visits were *effective* in improving cognitive and academic outcomes
- Model preschool interventions were *most effective* among higher risk, regarding social competence, educational/financial success and aspects of family environment and parenting skills.

Geddes, Haw and Frank (2010)

# Large scale targeted early childhood interventions



- 3 reported few significant differences and another infancy-start project showed improved cog/lang devel, emotional engagement/sustained attention during play
- FNP – 3 RCTS demonstrated at 15 yr follow up improved cog/lang devel, behav adaptation
- fewer cases of verified child abuse/neglect, health care encounters, hospital days and fewer arrests
- Re adolescent mothers – fewer arrests/convictions, sexual partners, smoking and drinking
- *Caveat:* frequently suffered from methodological issues and premature evaluations before programmes established, except FNP.

# Large scale targeted preschool interventions



- Suffered from methodological problems
- For US-based Head Start insufficient to establish effectiveness, but
- Chicago Child Parent Centers *effective* re high school completion, full-time employment, insurance cover, fewer violent arrests, cases of child abuse and depression.

# Universal interventions-child development & parenting



- Outcomes promising despite short-term follow up
- Parents as Teacher *effective* re cognitive-language development and social-emotional outcomes
- Despite numerous RCT evaluations Triple P's effectiveness in <3 yr olds *uncertain* re social-emotional outcomes.

# General early childhood education



- Preschool education shown to reduce disadvantage, especially among poorest families
- Quality of provision is key, including staff personal qualities, training, good management and valuing of social development
- Full day programmes most *effective* with most disadvantaged families.

# Promoting social and emotional development of vulnerable preschoolers – International evidence



- NICE review (2012) of 20 reviews demonstrated effectiveness of home visits;
- In pregnancy/post partum - related to maternal outcomes (well-being, QoL, contraception etc) especially if delivered by nurse practitioner
  - In wider population regarding family (environment and well-being) and child outcomes (cognitive social/emotional development).

Baxter, Blank et al., (2012)

# Promoting social and emotional development of vulnerable preschoolers



Demonstrated effectiveness to economically disadvantaged, of programmes delivered in educational settings;

- Sustained cognitive benefits to child, reduced delinquency, improved mother-child interactions
- Cognitive development, social integration and adolescent educational success, when combined with home visiting (pooled findings).

# Promoting social and emotional development of vulnerable preschoolers – UK evidence



## Effectiveness

- **Home visiting**
  - Good quality evidence to suggest that home visiting interventions improve social and emotional wellbeing
  - Structure and intensity is linked to effectiveness. Structured, intensive interventions delivered by specialist nurses over first 18 months of life most effective (e.g. family nurse partnership)
  - Lower intensity, peer or lay provider less effective

Blank et al., (2012b)

# Promoting social and emotional development of vulnerable preschoolers – UK evidence cont...



- **Early Years education**
  - Lack of consistent evidence demonstrating improvement in outcomes.
- **Sure Start**
  - Effectively improve social behaviour, child independence, parenting, home learning environment.
  - Initial findings suggested it increased inequalities, subsequent evaluations reversed these findings.
  - Association between implementation fidelity and improved outcomes. High proficiency in implementation linked to better outcomes

# Promoting social and emotional development of vulnerable preschoolers – UK evidence



## Process and Programme evaluations

- **Engaging families**
  - mothers perception of benefits
  - personal circumstances
  - reputation of services
  - recruitment
  - perceptions about the quality of interventions
  - physical accessibility
- **Maintaining contact**
  - perceived benefits to children
  - parental involvement and personal reasons
  - perception of service quality
  - timing of programme
- **Home based interventions**
  - relationship with staff key
  - especially beneficial to parents lacking in emotional support

# Promoting social and emotional development of vulnerable preschoolers – UK evidence



## Process and Programme evaluations

- **Professional roles and practices**
  - positive beliefs about programme
  - skills of staff
  - flexible, supportive management
  - role clarity
  - higher stress and larger, more complex workloads
  - training and supervision
- **Organisation and management issues**
  - Positive: partnership working, well run centres, clear purpose
  - Negative: financial insecurity
  - Implementation fidelity linked to effectiveness

# Group-based parenting programmes to improve social and emotional wellbeing (3yrs and under)



- Group-based parenting programmes are effective in improving emotional and behavioural adjustment (as assessed by parent-report and independent observation)
  - Effective programmes included behavioural, cognitive behavioural and/or video-taped modelling interventions
  - Evidence of effectiveness in primary prevention (compare to secondary and tertiary) lacking
- Barlow et al.,(2012)

# Points for consideration



- Maternal factors and housing are factors associated with highest levels of absolute risk of difficulties
- Effective interventions to promote social, emotional and cognitive development include:
  - Pre - and postnatal home visiting for vulnerable children and their families led by suitably skilled professionals (e.g. FNP)
  - High quality early years childcare and education (e.g. children's centres – Sure Start)
  - Targeted specialist programmes - group-based parenting programmes effective for secondary and tertiary prevention (e.g. Triple P, Incredible Years).
- Implementation fidelity is key.
- Environmental factors, perception of benefits to families and children, perception of staff skills influence families engagement and maintenance of contact.
- Spacious, well maintained and pleasant facilities linked to good public transport are important.

# References



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