Parent Support and Education Programmes:
A Systematic Review

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Abstract

The goal of the review was to identify the components of parent education and support programmes that correlate with the most positive outcomes for parents, children and families. Systematic searches took place using the most common academic databases and publications of academic institutes and government agencies. Thirty nine out of 350 evaluation studies, published in 30 publications, that initially appeared in the search met the selection criteria and were included in the analyses. Major outcomes of the analyses suggest the following: effective programmes should include at least one meeting a week and, if addressing parents of preschool children, home visiting; parental teaching or tutoring skills have a positive impact on programme outcomes; expansion of the parents’ social network and provision of referral services increases the likelihood of parents becoming self-sufficient. It was noted that other components such as psychological support, concrete support, provision of information on children’s development and health monitoring had limited impact on the programmes’ outcomes. Recommendations for further research are made.

Introduction

Parenting is perceived as a natural role that most humans will take on sometime throughout their lives. In many societies it is assumed that children acquire knowledge and skills from their parents and exercise that knowledge when they become parents themselves. As western societies have developed parents have come to regard much of their children’s education to be the responsibility of schools, either because of the limited time they spend with their children or because they feel that professionals know better (Hoover-Dempsey & Sandler, 1997).

Parents may wish to improve their parenting skills and their families’ life outcomes but face difficulties in having sufficient or the right knowledge and skills to access what they need; and harsh personal life circumstances may prevent parents from overcoming educational disadvantage for their children. In many western societies, communities are seeking ways to remedy some of these difficulties and achieve a better future for families and children (Davis, Graham, Kosky, & O’Hanlon, 2000). Parent education and support programmes are commonly implemented to achieve these goals (Statham, 2000).
Only a few systematic reviews on parent education and support programmes have been published. These focus on particular issues such as mental health (Barlow, Parsons, & Stewart-Brown, 2002), a specific type of parent training (Gibson, 1994), home environment (Kendrick et al., 2000), teenage parents (Larson, 2000), home visiting (Roberts, Kramer, & Sussa, 1996), intellectual disability (Hur, 1997), family support programmes (Statham, 2000) and child behaviour (Dimond & Hyde, 2000). The goal of the systematic review reported in this paper was to identify the features of parent education and support programmes that can achieve the best outcomes for parents, children and families by predominantly addressing parents’ needs. Using the methodology of a systematic review (see Boaz, Ashby, & Young, 2002; The Cochrane Manual, 2003) this paper identifies and details the evidence on what works best and what can be expected from parent education and support programmes.

A Brief Overview Programmes Internationally

Family support and education programmes have been implemented by societies to remedy some of the disadvantages low-income and/or at-risk families and children experience (for example see Layzer, Goodson, Bernstein, & Price, 2001) as well as to address a range of needs of families across all socioeconomic strata (examples include: Carmen, 2001; Rueter, Conger, & Ramisetty-Mikler, 1999; Tresch & Mulvihill, 1994). There are thousands of various programmes worldwide (most engage only some tens of participants), which aim to support families, namely parents and children (Layzer et al., 2001). Most families in programmes present more than one risk factor, though many factors are linked to poverty (Guo & Harris, 2000). Parental practices appear to have a major influence on children’s outcomes, including but not restricted to, educational attainment, emotional states, delinquency, and a variety of school performances (Dobow & Ippolito, 1994; Eamon, 2000; Flouri & Buchanan, 2002; Guo, 1998; Korenman, Miller, & Sjaastad, 1995; Wylie, Thompson, & Lythe, 2001).

Internationally, various strategies have been developed and implemented to try to break the cycle of disadvantage experienced by families across generations. The strategies may be classified as:

1. Concrete support for poor families such as financial aid, housing and food (Bloom, Farrell, & Fink, 2002; Gennetian & Morris, 2003; Kim, 2000; Mincy & Dupree, 2001; Ripple & Zigler, 2003). Programmes of this kind include some parent training so it is not possible to determine the effect of welfare alone. The literature however suggests financial welfare support alone, either has no effect, or may have some negative effect on children (Kim, 2000; Ku, 2001).

2. Educational and support programmes/interventions targeting children directly by providing resources which they cannot receive in their regular life environment, for example, special educational assistance, and mental and general health support (Nelson, Westhues, & MacLeod, 2003). Nelson et al. report that when there is a direct teaching component included in the interventions, children’s academic success at school is higher. The longer and
the more intense the programmes are, the greater their positive effects on children.

3. Educational and support programmes for parents who are at risk. These programmes aim to assist parents by improving their parenting as well as their general life skills. It is believed that, by empowering parents and improving their skills, outcomes for their children would be improved as well. For example, in their review Todres and Bunston (1993) suggested that only mixed results or an insufficient level of significance for positive outcomes for children and parents could be found in parent education programmes. Further, a critique of the methodology employed in the evaluation of those programmes increased the concern relating to the effect of parent education programmes (Rogers Wiese, 1992; Todres & Bunston, 1993).

4. Multi-target programmes which comprise more than one of the above. This cluster comprises probably the largest number of programmes as most of the family support programmes include components that address parents as well as children (Layzer et al., 2001; MacLeod & Nelson, 2000). MacLeod et al found that the average weighted effect size for families participating in family support programmes was 0.41 – meaning outcomes for participants were 16 percent better than for non-participants.

Having overviewed the purposes and strategies employed in parent education and support programmes, this paper systematically reviews programme evaluations and identifies programme components that have the highest positive correlations with parent, child, and family outcomes.

Method

Methodology

A systematic review is different from a descriptive literature review. A descriptive literature review may include many more programme evaluations than is possible in a systematic review, but it provides no tools for controlling possible biases relating to what literature is selected and the emphases given to the various studies reviewed. The major methodological features of systematic reviews, which have also been used in this paper, are: (a) Using protocols to guide the process; (b) Focusing on answering a specific question(s); (c) Seeking to identify as much of the relevant research as possible; (d) Appraising the quality of the research included in the review; (e) Synthesising the research findings in the studies included; and (f) Aiming to be as objective as possible about research to remove bias (Boaz, Ashby, & Young, 2002; The Cochrane Manual, 2003).

Search Strategy

The recommendations of the ESRC UK centre for Evidence Based Policy and Practice for doing a systematic review (Boaz et al., 2002) and for meta-analysis reviews (Hunter, Schmidt, & Jackson, 1982) were followed. The key recommendations relevant to this review were: (a) Literature search that includes peer review as well as non peer review
sources; (b) Setting up a definitive list of key words; (c) Limit the search to specific publication dates; and (d) Setting up a clear definition of search tools and resources.

The following academic databases were searched: PsycINFO, ERIC, Expand Academic, ProQuests and ProQuest Digital Dissertations. Studies reported in peer review journals, books, as well as PhD dissertations and evaluation reports provided by academic research institutes and government agencies were included in the search.

The search included studies that were published in the last decade only, namely, from 1994 to 2004. An initial 350 studies were located. Further decisions on study inclusion were made on the basis that the study:

- Looked at a programme(s) specifically targeting parents for parent education and support. Studies omitted were those that focused on family-oriented programmes, namely studies whose main focus was family development as opposed to targeted parent education and support.
- Was not of a programme designed for parents with children who had disabilities. These studies were excluded.
- Met criteria for being an evaluation study, namely: information on empirical measures of outcomes was available.
- Included quantitative data. Qualitative-only data studies were excluded as qualitative data is not comparable to quantitative data.
- Was available in published form in full-text.

Thirty publications covering 39 different programme evaluations met the criteria and were selected for analysis. The 30 selected studies are indicated in the Reference list at the end this paper. Most of the programmes, 35 out of 39, were based in the United States of America, the remaining two in Australia, one in Hong Kong and one in New Zealand. The evaluations included programmes for parents of children from birth to late adolescence, though most of the programmes targeted parents of young children only.

The distinction between programmes that viewed parents primarily as agents for their children’s care, and programmes that primarily addressed parents’ needs, with the assumption that their children’s outcomes will consequently be better, is important. Making this distinction enables a focus on parents rather than the whole family and it determines the nature of the programmes. This approach to parenting is new as the vast majority of the literature perceives parents as educational agents and caregivers but very little attention has been given to the parents as people in their own rights. Parents have their own needs and this paper focuses on this particular issue; how addressing parents’ needs through parent education and support programmes affect their and their children’s lives.

**Analysis Strategy**

The reported characteristics and outcomes of the 39 programmes evaluated in the studies were examined, and variables similar across the programmes were clustered. It
was found that few studies measured long-term outcomes; therefore it is possible only to suggest possible effect rather than draw definite conclusions from the studies.

The characteristics of the programmes examined were:

- Concrete support (e.g. transport and financial support).
- Provision of training (parent-child communication skills, behaviour management, anger management, teaching methods, knowledge of child development, social network, psychological support for parents, and programmes for children as a secondary service).
- The methods of provision (settings: home, centre or both), length of programme and sessions, and frequency of meetings.

The outcomes measured by one or more the studies and reviewed here were changes in:

- The home environment.
- Parents’ knowledge, practices, attitudes, life-skills, social networks and behaviour.
- Children’s developmental and educational outcomes. Namely, cognitive development at preschool age and educational outcomes at school age. Although the range is wide all those domains (cognitive development and educational outcomes are associated with each other (Cicchetti & Toth, 2000; Skinner & Edge, 2002).
- Social skills (e.g. child behaviours within the family, at school and in the community).

Due to the small number of evaluations (39) it was not possible to draw comparisons between different studies that had used the same outcome measures. To address this limitation the measures were clustered by domains as mentioned above. This method, although it somewhat weakens the quantitative component of the analysis of the studies, should not undermine the findings of this review which aims to identify gaps in knowledge and pinpoint needs for further research.

The criterion for deciding whether a certain outcome had been achieved was a significant (p<.05) difference reported between treatment and control groups, or between two measures (before and after) of the same group that could be related to the programme evaluated. Note that findings of statistical significance do not provide an indication of effect sizes, namely the extent to which the participants were affected by the programmes.

The quality of the programme evaluations reported in the studies were examined on the basis of (a) use of pre-post measures, (b) whether a control group had been included in the evaluation, and (c) whether participants were randomly assigned to trial or control groups. As data for each domain (a range of similar but not identical outcomes) analysed in this review were limited (only summarised data is presented) it was possible to compare the quality of the studies only in part.
Demographic characteristics of the participants were taken into account in order to indicate what target groups may benefit the most from the parenting programmes.

**Limitations**

This systematic review relies on the data which was available to the reviewer. Therefore, sometimes data is missing and other times it might appear that certain evidence has been interpreted differently from interpretation by other scholars. The interpretation is, however, consistent within the definitions as determined above.

A second limitation of the methodology used here is that it does not include meta-analysis, which could have provided comprehensive statistical analysis of the important variables discussed in this paper. Instead, limited descriptive statistics were used, which enabled the drawing of meaningful conclusions, though without statistical controls for sample size and types of measurement tool because of the relatively small number of studies included in this review. A further meta-analysis would provide a valuable extension to this systematic review.

**Results**

**Characteristics of Programme Participants**

Ten out of 39 programmes evaluated in the studies catered for families of the lowest income strata; more than 66 percent of the families in these programmes relied on a government benefit or had income below poverty level. Eight programmes addressed populations where 33 to 66 percent of families belonged to low income strata and another 10 addressed populations where only 33 percent were defined as poor. Family income data was not provided in 11 of the evaluation reports.

A third of the studies reported on the employment status of the participant parents. Among those, only in five programmes were more than 50 percent of the participants unemployed.

Of the 27 studies which reported on the education level of the parents, 11 (40%) of the studies focused on parents with no secondary school qualification and in five programmes no parents held a secondary school-level qualification.

Out of 32 programmes which provided data on marital status, 12 (38%) comprised mostly single parents. Nevertheless, there was not any particular pattern discernible in relation to this characteristic. The rate of single parents among the programmes was between zero to 100 percent.

Five (13%) programmes comprised mothers only and one programme was for fathers only. In all other programmes the majority of the participants were mothers with the exception of one programme only (Shifflett & Cummings, 1999) that particularly targeted divorced parents.
Twenty six studies reported on the participants’ age. Out of these six (23%) programmes addressed teen parents only, 18 (69%) programmes addressed adults only and two (8%) programmes addressed parents of all ages.

These distributions of target populations were similar to those found by Layzer and colleagues in their meta-analysis (Layzer et al., 2001) which reviewed 260 programmes. Sixty three percent of the programmes in their review targeted low income families and a quarter targeted teen parents.

Of the 31 evaluations which provided data on ethnicity, the majority of families were reported to be of European decent (52%). Eleven evaluations catered predominately for families from minority ethnic groups (i.e. 75% or more families were from a minority ethnic group).

Some programmes (n=3) accepted prenatal enrolments (i.e. before the baby was born). The range of children’s ages was from pre-birth to 24 years. Sixteen (41%) programmes targeted parents of children younger than five years and 14 (36%) programmes targeted children age five years or older. Five programmes targeted both children older and younger than five years.

**Programme Duration, Length and Intensity**

Eighteen programmes (46%) ran for 7 ½ months or less, whereas 12 (30%) ran for 12 or more months. The majority of programmes offered a once weekly meeting session with only nine programmes offering only once monthly meetings. Meetings generally were between one to three hours in length, with the majority of programmes having two hour meetings. Most of the programmes operated for eight hours a month, with the range between one to 15 hours a month.

**Setting for Programme Delivery**

Information on the settings for programme delivery was available for 34 of the 39 programmes. Of these programmes 20 (59%) programmes were based in community centres such as health centres or from the programme operator’s facilities, two (6%) were home based (in families own homes) and ten (29%) operated in both centres and homes. Two programmes were based on newsletters where the facilitators and families did not regularly meet (Bogenschneider & Stone, 1997; Walker & Riley, 2001).

**Programme Content and Educational Methods**

The programmes differed in the educational and support activities they provided. The most frequent educational activity was training parents in methods of improving their relationships with their children (n=19), focusing on communication skills, namely: listening, understanding, affection and verbal expression. Tutoring and teaching skills were taught in 15 programmes and knowledge of child development was taught in 13 programmes. Thirteen programmes provided training in children’s behaviour
management and non-abusive discipline methods. Six programmes provided stress management training. In contrast to educational services, social support services were provided by only seven programmes and this was in the form of psychological support to parents, which was provided by trained personnel.

Helping/encouraging parents to expand or strengthen their social networks occurred in seven programmes. Five programmes provided physical or financial support including grants, transport to childcare or to the parenting programme (Comer, 1998; Wagner & Clayton, 1999). Seven of the 39 programmes provided child health screening and referral services.

Programmes utilised various educational methods and resources. These included the provision of books, handouts and videos (e.g. Larson, 2000; Nicholson, Anderson, Fox, & Brenner, 2002; Nicholson et al., 1999; Whipple, 1999), lectures, discussion groups and role-plays (e.g. Thompson et al., 1993), courses in toy making, language skills and cultural activities (e.g. Comer, 1998), and tasks to practise at home (e.g. Toumbourou, Blyth, Bamberg, & Forer, 2001).

**Evaluation Outcomes**

**Measured Outcomes**

Different strategies and measures were used in the 39 evaluation studies. Twenty-six employed pre-post measurement methods and seven employed only post-intervention measures. Follow-up measures were taken in eight evaluations with a time range between one month (Larson, 2000; Nicholson, Anderson, Fox, & Brenner, 2002) to ten years after the programme had finished (Comer, 1998). Twenty-four evaluations used case-control methods with 17 of these being randomised.

Table 1 on the following page presents the outcomes as reported by the evaluation studies. Most of the outcomes were positive, though it seems that the greatest success of the programmes is in the domain of parent-child relationships, children’s behaviour and social skills, child development and parents’ attitudes. It is noted that no negative effects were reported, but it is unknown whether negative effects did not occur or merely have not been reported.
Table 1. Measured outcomes reported in the evaluations

<table>
<thead>
<tr>
<th>Measure</th>
<th>Positive</th>
<th>%</th>
<th>No effect</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child behaviour &amp; social skills</td>
<td>7</td>
<td>78%</td>
<td>2</td>
<td>22%</td>
<td>9</td>
</tr>
<tr>
<td>Child development</td>
<td>5</td>
<td>63%</td>
<td>3</td>
<td>38%</td>
<td>8</td>
</tr>
<tr>
<td>Child health</td>
<td>1</td>
<td>33%</td>
<td>2</td>
<td>67%</td>
<td>3</td>
</tr>
<tr>
<td>Reduction in child abuse</td>
<td>1</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Parent knowledge</td>
<td>3</td>
<td>50%</td>
<td>3</td>
<td>50%</td>
<td>6</td>
</tr>
<tr>
<td>Parent stress &amp; anger management</td>
<td>6</td>
<td>50%</td>
<td>6</td>
<td>50%</td>
<td>12</td>
</tr>
<tr>
<td>Parent life skills &amp; employability</td>
<td>4</td>
<td>80%</td>
<td>1</td>
<td>20%</td>
<td>5</td>
</tr>
<tr>
<td>Parents’ social network/support</td>
<td>2</td>
<td>67%</td>
<td>1</td>
<td>33%</td>
<td>3</td>
</tr>
<tr>
<td>Parent attitudes</td>
<td>12</td>
<td>67%</td>
<td>6</td>
<td>33%</td>
<td>18</td>
</tr>
<tr>
<td>Parent-child relationships</td>
<td>14</td>
<td>82%</td>
<td>3</td>
<td>18%</td>
<td>17</td>
</tr>
<tr>
<td>HOME: Home environment</td>
<td>5</td>
<td>56%</td>
<td>4</td>
<td>44%</td>
<td>9</td>
</tr>
</tbody>
</table>

Only a few evaluations carried out follow-up measures so caution should be exercised in generalising from those data (see Table 2). It appeared, however, that an improvement in children’s behaviour and social skills was maintained beyond the end of the intervention, throughout the follow-up span.

Table 2. Follow-up outcomes for parents and children

<table>
<thead>
<tr>
<th>Measure</th>
<th>Positive</th>
<th>%</th>
<th>No effect</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child behaviour &amp; social skills</td>
<td>4</td>
<td>80%</td>
<td>1</td>
<td>20%</td>
<td>5</td>
</tr>
<tr>
<td>Child development</td>
<td>1</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Child health/substance use</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>100%</td>
<td>2</td>
</tr>
<tr>
<td>Parent stress &amp; anger management</td>
<td>2</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Parent life skills &amp; employability</td>
<td>1</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Parents’ social network/support</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>Parent attitudes</td>
<td>1</td>
<td>33%</td>
<td>2</td>
<td>67%</td>
<td>3</td>
</tr>
<tr>
<td>Parent-child relationships</td>
<td>2</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>HOME: Home environment</td>
<td>1</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Children’s Development**

Five of the seven studies, which provided information both on the targeted population (parents/children) and on children’s development effects reported positive effects on children’s development. But only one of two programmes that targeted children had positive effects on children’s development while four out of five of the programmes that targeted both parents and children achieved positive effects (Comer, 1998; Wagner &
Clayton, 1999). This finding is noteworthy because it indicates that when parents are targeted alongside children, children are more likely to benefit in their early development, and have better language skills, richer vocabulary and better school achievements (Comer, 1998; Wagner & Clayton, 1999). The four most successful programmes targeted parents with children in the birth to age-three range.

All programmes reviewed under this category operated between 32 weeks to three years but no association was found between duration and programme outcomes in relation to child development. Among the eight evaluations providing information on programme setting and effects on children’s development, only one programme which was centre-based, demonstrated no child development outcomes.

In fifteen programmes parents were taught/tutored on how to teach their children, however, data on the effects of this on children’s development was reported in the evaluation studies for only four programmes. Three programmes (Comer, 1998; Wagner & Clayton, 1999) indicated that children’s development had improved at the end of the intervention and one programme (Tresch & Mulvihill, 1994) had not achieved this outcome. The three successful programmes targeted both parents, the children were in the birth to age-three range and the programmes ran between two years three months and three years. The evaluations included control groups, which in two out of three programmes were randomly assigned. The evaluation of the programme that failed to improve children’s development also used pre-post tests engaging a randomised control group, so the difference in findings is not likely to be a be due to an inadequate methodology, though no decisive conclusion can be drawn due to the small number of studies. It appears that the families in the unsuccessful programme were from higher socioeconomic strata than the participants in three successful programmes. They also had a higher education level and 92 percent were European-American majority, unlike the other programmes where the majority of families were from ethnic minority groups. Differences in the demographics of the families served by the programmes appear to be the chief explanation for differences in reported outcomes for children. The general research literature shows a strong positive association between children’s cognitive development and academic achievement with parents’ education and socio-economic status (Guo, 1998; Guo & Harris, 2000; Guang Guo & Stearns, 2002; McCulloch & Joshi, 2001). Therefore the children of the better financially and educationally resourced families are probably less influenced by parenting programmes targeting children’s cognitive development.

**Children’s Behaviour and Social Skills**

Children’s behaviour and social skills were measured by programme evaluators in a variety of ways, including questionnaires and interviews for parents and teachers.

Some components of behaviour management training were incorporated into most of the 39 programmes, for example, 83 percent provided behaviour management training for parents and number 66 percent focused on child-parent relationships and improving parents’ communication skills. All programmes ran for between eight to 11 weeks and were based on once weekly meetings.
The only two programmes that targeted children specifically, failed to achieve progress in children’s behaviour (Tresch & Mulvihill, 1994; Whipple & Wilson, 1996). In contrast, two programmes whose objectives did not refer to children (Nicholson, Brenner, & Fox, 1999; Thompson, Grow, Ruma, Daly, & Burke, 1993) and three out of four programmes (Larson, 2000; Nicholson et al., 2002; Process and Outcome Evaluation of the Positive Parenting Programme in Hong Kong, 2003) with objectives that targeted both parents and children, achieved improvement in children’s behaviour. The evaluations of all five programmes which achieved improvement in children’s behaviour used case-control methods of which six (83%) were randomised.

**Parent-Child Relationships**

Changes in parent-child relationships where measured in 17 of the programmes evaluated. Fourteen (82%) reported a positive change in the parent/child relationships, compared to three (18%) which reported no change. The programmes that reported a positive change featured an average of 3.7 meetings a month in comparison to other programmes in which an average of only two meetings took place a month. Interestingly, the inclusion of parent training in communication with children and/or child-parent relationships did not make any difference in relationship-related outcomes. However, behaviour management training and teaching effective (including non-violent) discipline methods made a difference (Ghosh & Chandra, 1999; Larson, 2000; Nicholson et al., 2002; Spoth, Redmond, Haggerty, & Ward, 1995). This finding is meaningful as all (n=11) these evaluations used pre-post measures and three employed randomised control groups. An improvement in parents’ stress and anger management was not associated with the provision of anger management training, as only half of the 12 programme evaluations reporting that they provided such training indicated a resulting positive improvement in parents’ stress and anger management.

**Parent Attitudes**

Parent attitudes were measured in 18 of the programme evaluations. Changes in parent attitudes were not associated with the provision of financial or social support, child behavioural training, parent stress/anger management training, tutoring parents on child education and provision of programmes (early education intervention) for children. In four of the five programmes that did not result in positive changes in parents’ attitudes the intensity of programme delivery was low (Brems, Baldwin, & Baxter, 1993; Tresch & Mulvihill, 1994; Wagner & Clayton, 1999). This suggests that attitude changes could more likely result when parents participate in programmes that involve more frequent contact and greater participation (or commitment) rather than less.

After participating in a parent education programme parents were less likely to believe in corporal punishment (Cowen, 2001; Fuscaldo, 1998; Ghosh Ippen, 1999); more likely to view children’s behaviour in positive ways (Mullis, 1999); more likely to feel happy in caring for their own children (Wagner, Spiker, & Linn, 2002); experience an increase in self esteem (Bogenschneider & Stone, 1997; Cairney, 1995; Comer, 1998; Process and Outcome Evaluation of the Positive Parenting Programme in Hong Kong, 2003) and become more affectionate toward their child (Johnson, Walker, & Rodriguez,
1996). Furthermore, it appears that parents’ attitudes towards their role as parents, as well as towards their children and their behaviours, became more positive.

**Long-term Outcomes**

Participation in a parent education and support programme seemed to have greatest long-term impact on children’s behaviour and social adjustment than on any of the other outcomes measured.

Unfortunately, only eight of the programme evaluations included some follow-up measures and children’s behaviour and social skills were the most investigated aspect. Five evaluations followed-up specifically the changes in children’s behaviour. Of the five, two reported no change after a three months follow-up though a reduction in parent depression had been maintained (Whipple & Wilson, 1996). A similar pattern of effects was seen in the evaluation of the STEP/TEEN programme (Larson, 2000). After a month’s follow-up, parents reported maintenance of better parenting practices but their children’s reports did not substantiate their claim. In addition, changes in children’s behaviour were not measured at the end of the follow-up.

These findings are supported by the reported effectiveness of ‘Even Start’ on children’s school achievements five years after the programme had finished (Gamse, Conger, Elson, & McCarthy, 1997). After five years follow-up only a reduction of tardiness was found which might imply that behaviour change was maintained though no impact on reading, English or mathematics had been detected.

Although different outcomes were found in the evaluation of the AVANCE programme, they suggest that behaviour changes could be sustained for a long time (Johnson et al., 1996). Johnson and colleagues carried out a one-year follow-up study on AVANCE, which focused on improvement in parenting skills. Though no changes were found in parents’ attitudes, the home environment had been improved and become more educative for the children (measured by HOME scale).

A ten year follow-up evaluation on a very intensive but small-scale programme, ‘Yale Child Welfare Research Program’ (Comer, 1998), found that provision of intensive social and emotional support to parents together with child healthcare and early childhood education for predominantly poor, under-educated, minority families can have effects that last for at least ten years. Children of parents participating in the programme achieved higher levels of social adjustment, higher rates of school attendance, had less need for special education programmes and achieved a higher IQ rating than the control group. In addition, the treated families reported a better child-mother relationship. Although these outcomes are very impressive it is noteworthy that the treatment group included 17 families only, so generalisation of the outcomes of this programme should be made with caution.
General Discussion and Conclusions

This paper aimed to identify what programme components work best for parents and children through a systematic review of programmes that predominantly targeted parents’ needs.

The demographic characteristics of families as well as the circumstances in which they live are changing in different communities. Nonetheless, most families share some major similarities: parents are responsible for their children; children’s outcomes correlate with the way in which they have been raised by their parents; parents’ life circumstances affect parenting practices (Bempechat, 1990; Guo & Harris, 2000).

Parent education and support programmes aim to improve life outcomes for parents and children. Generally, it appears that programmes reviewed in this paper can achieve those goals. However, the data reviewed here indicate that parent education and support programmes are more likely to improve children’s behaviour and social skills (n=10, 78% positive outcomes), improve child cognitive development (n=8, 63% positive outcomes), and improve parent/child relationships (n=17, 82% positive outcomes).

This general outcome of the current review is in line with previous reviews in this field, though no reviews known to the author focused on programmes aiming to support a wide range of parents with socioeconomic disadvantage. For example, a well-designed, systematic review of programmes for teenage parents showed that both individual and group-based parenting programmes produced results favouring the intervention group on a range of maternal and infant measures of outcome including mother-infant interaction, language development, parental attitudes, parental knowledge, maternal mealtime communication, maternal self-confidence and maternal identity (Coren & Barlow, 2004).

Similar findings were found in meta-analysis of family support programmes (Layzer et al., 2001), which indicated that small but statistically significant improvements were achieved due to the programmes in several domains: child cognitive development, child social and emotional development, child physical health and growth, parenting attitudes and knowledge, parental mental health and family economic self sufficiency.

Four meta–analyses of educational programmes for parents of children with behavioural problems also support the current findings. It appeared that those programmes achieved positive effects on children’s behaviours (Barlow et al., 2002; Cedar & Levant, 1990; Dimond & Hyde, 2000) as well as parent well-being (Barlow et al., 2002; Serketich & Dumas, 1996).

Data on long-term effects indicate that the programmes’ impact on children’s behaviour and social skills can be maintained. Four out of five follow-up evaluations indicated this. Unfortunately, all other measures were taken only in two studies each so no meaningful comparison was possible. It appears that there is still a lack of evidence on the extent to which programmes affect children’s behaviour in the long-term (Serketich & Dumas, 1996; Todres & Bunston, 1993).
The impact of the parenting programmes on children’s behaviour is very significant as children’s behaviour is a very significant predictor for juvenile delinquency (Farrington, 1987), though it is cumulative with other risk factors such as marital discord and low SES (Rutter, 1979). Associated with that is the important finding indicating that parent education and support programmes improve parent-child relationships (14 out of 17 programmes). The only two follow-up evaluations, (though they were for one month only), have indicated the same (Larson, 2000; Nicholson et al., 2002). This robust finding is important in pointing to the strong correlation between parenting style and children’s outcomes. For example, an authoritative parenting style was found as a predictor for self-regulation skills (Morris, 2003) of young children and for academic achievements (in English-speaking countries) of school children (Leung, Lau, & Lam, 1998). Parent education and support programmes can make a difference. Even where programmes do not address children directly, they can significantly affect parenting style, namely, a more authoritative and less punitive style, which later translates to improvements in children’s social and cognitive outcomes. This finding is important in the light of the findings of a meta-analysis of 88 studies, which indicated that parental corporal punishment was associated with a wide range of child behaviours, including higher levels of immediate compliance and aggression and lower levels of moral internalization and mental health (Gershoff, 2002).

Improvement in children’s cognitive development was also a major outcome of some parent education and support programmes. It is noteworthy that all programmes that measured this outcome targeted families with children less than three years of age. In addition, these programmes used home visitation and operated over 32 weeks at least, while 80 percent of them took place over more than two years. These findings support previous reviews, which indicated that parents have an important role in their children’s academic achievement (Becher, 1984; Bempechat, 1990; Illig, 1998). Parents affect their children’s academic achievement through cognitive socialisation, development of basic intelligence and academic socialization, and the development of attitudes and motivation essential for further school learning (Bempechat, 1990). Thus, as cognitive stimulation in the home appeared to be by far the most influential factor in children’s intellectual development and could compensate for poverty-related disadvantages (Guo & Harris, 2000; Jacobsen et al., 2002), it is suggested that parent education and support programmes could be a useful tool to enhance children’s cognitive capacity.

It is noteworthy that parents’ management of stress and anger was associated with parent training to improve their communication with their children but was not associated with the provision of stress and anger management training. This finding is significant as it suggests that parents’ relationships with their children are linked both with children’s cognitive and social outcomes as well as with parents’ well being. Moreover, programmes that focus on parent-child relationships are more likely to achieve better outcomes in both domains.

In conclusion, the findings of the 39 evaluations show that parent education and support programmes can make a difference in parents’ and children’s lives. The most prominent impact is the positive behavioural changes that parents and children achieve. Children become more socially competent and parents become less stressed and communicate...
better with their children while the home environment becomes better resourced educationally. Consequently, parent-child relationships are improved and children achieve better scholastic outcomes while their parents become more economically self-sufficient. The effects can last years after the conclusion of the programmes, probably due to the sustained effect of the behavioural component.

Several components of parent education and support programmes have been found most effective. Programmes should include at least one meeting a week and, if addressing parents of preschool children, home visiting should also be included. Programmes should teach and train parents to improve their communication with their children as well as modifying their parenting style into a more authoritative style. Parental teaching or tutoring skills also have a positive impact on programme outcomes. Expansion of the parents’ social network and provision of referral services increases the likelihood of parents becoming more self-sufficient. Other components such as psychological support, concrete support, provision of information on children’s development and health monitoring had limited impact on the programmes’ outcomes.

**Directions for Further Research**

The method this systematic review has followed is a compromise between a descriptive literature review and a meta-analysis. A meta-analysis of the literature would provide more quantitative information of parent education and support programmes. In addition, there is a need to address programmes that have been omitted from this study such as parent education and support for parents of children with disabilities.

Although this study suggests that effective parent education and support programmes can make a difference in children’s life outcomes, mainly through behavioural change, only a small number of evaluations were robust enough to be included in the review. Consequently, there is a need for more empirical research using robust methodology to tease out what programme components are essential for these changes and the extent of change possible.

Very little is known about the quality of the implementation of the programmes, which is likely to affect the outcomes. It was impossible to find evaluations of parent education and support programmes that measured the effects of different practices of similar programmes on children and parents. It is important to explore this aspect and distinguish between the programme design and programme implementation, and the contribution to outcomes for children and their families.

This review introduced a new perspective to parent education and support services: the parents’ needs. This new perspective is important as it expands the understanding of the interactions between children’s needs and their parents’. Better understanding of all family members’ needs might improve future interventions for better outcomes for children and their parents.
References

*Evaluation Studies Reviewed are marked ( *)


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