What Works for Whom?

Promising Practices
in Parenting Education

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Table of Contents

Executive Summary

This report attempts to draw out the current knowledge about what is most effective when working with parents of young children living in circumstances with multiple challenges. Because ecological theories of child development seem to best fit the situation of these parents, a family support perspective has been emphasized. The focus has been on the implementation variables that make the most difference in how parents receive a program, as opposed to how program designers write it. This follows the principle that help is best defined by those who get it rather than by those who give it.

A wealth of articles in the literature report the positive effects that particular parenting education programs have had on groups of parents and their children. However, evidence about **what works for whom** is less plentiful. Experimental studies using randomized controlled trials (RCTs) tend to focus on the "dose" of a parenting program or intervention rather than the "how" and "why". Different research methodologies must be used to learn about the factors that contribute to effectiveness with diverse population groups. The analysis of systematic data about implementation variables, or how a program is delivered, can yield useful information. For example, there is evidence that when practitioners work in ways that adhere to relational and participatory family support principles, parents' confidence and competence are increased (Trivette & Dunst, 2005 http://www.child-encyclopedia.com/pages/PDF/Trivette-DunstANGxp.pdf).

When attempting to tease out "promising practices," it's important to recognize that findings of effectiveness depend upon many variables such as:

- Your **reasons** for offering parenting education (parents' lack of appropriate models, importance of the early years, prevention of neglect and abuse, social inclusion, etc.);
- What your underlying **theory** tells you is important (child development, attachment, social support, human ecology, family systems, etc.);
- What your underlying theory tells you about **how people learn** and **change** (behaviour modification, social learning, constructivism, andragogy, etc.);
- What particular **outcomes** you are aiming at (parent outcomes, child outcomes, parent-child outcomes, family outcomes, community outcomes);
- The **characteristics** of the population you are trying to affect.

Based on the literature, three general conclusions may be made regarding the above points:

- The evidence is very good that **parent outcomes are a mediating variable for achieving child outcomes**, for instance as regards school success, pro-social behaviour and the reduction of abuse and neglect.
- The most successful programs **choose content, format and implementation strategies that fit with their theoretical assumptions, with the participants with whom they work and with the desired outcomes**.

- Parenting programs work best when **parents' other needs are taken care of first**, or at least concurrently. For parents in disadvantaged circumstances, these needs may include specific help for a child's diagnosed condition, urgent material resources and instrumental support (housing, food, legal aid, etc.), and counselling for personal problems which may make parents psychologically unavailable to their children.

Because even the best designed program may not reach its objectives if it is poorly implemented, particular emphasis is paid here to studies that tell us about promising practices surrounding process variables. The principles underlying this analysis are rooted in the **ecological theory of human development** and in **adult education theory**. Sources are drawn from the parent education literature, from the family support literature and from the adult education and training literature. Specific suggestions are made as to how to:

- **Get participants to come** (reducing potential barriers, offering incentives, personal contact, persistence, familiar setting, non-stigmatizing advertising, content organized around age of children and interests, "taster" sessions, etc.);
- **Get participants to keep coming** (relaxed welcoming atmosphere, non-judgmental attitude, building on strengths, mutual goal setting, adapting topics to parents' concerns, building feelings of trust, respect and belonging, etc.);
- **Help participants to engage and learn** (asking for feedback, appealing to different learning styles, adapting to language and literacy levels, having fun together, etc.);
- **Help participants to use what they learn** (modelling skills, providing examples, relating new knowledge to daily life, offering a concurrent program for children, showing videos, using active learning techniques to practise new skills, asking participants to plan how they will use new skills, etc.);
- **Help participants to sustain learning** (building a support network in the community, encouraging links among participants, embedding the program in a larger context which allows for participants to continue with other activities in the same setting, offering "booster" sessions, etc.).

Since social learning takes place in the context of relationships, the role of program **facilitators** is key to effective implementation of a program. Good facilitators have:

- The requisite **personal characteristics** (warmth, integrity, humility, flexibility, optimism, etc.) to adhere to both the relational and the participatory principles of family support;
- **Reliable, up-to-date knowledge** of child development, of other relevant content areas, of available written and video resources, of other community services, of participants' cultures and of any other topic related to the parenting needs of participants;
- **Good skills** suited to the level of intervention, particularly skills of facilitation, of adult education, of networking and collaborating with colleagues, along with skills of self-care and boundary setting.

Studies show that in order to put their personal characteristics, knowledge and skills to best use, facilitators need:

- Training;
- Enough time for preparation, collaboration and reflective practice;
- Continuing monitoring and support from supervisors;
- Regular professional development opportunities and/or mentoring;
- Back-up resources from colleagues, supervisors or partners in other agencies in cases that may present special challenges.

A **national on-line survey of parenting educators** was conducted in the spring and summer of 2006 to determine whether the "practice wisdom" of facilitators across Canada supported the findings from the literature review. The input of 476 respondents confirmed much of the research, and added important information from the field about the most valued practices as well as challenges to their implementation.

This review suggests the need for further study to determine promising practices in the following areas:

- Working with parents from different cultures;
- Working with fathers;
- Helping parenting partners adopt compatible parenting styles, including in situations of separation and divorce;
- Finding out why people do not register for parenting education and why they drop out;
- Answering the question of whether outcomes are related to the number of times people attend and how actively they engage;
- Investigating interactive programs for use in home to reach people who won't or can't attend a group program;
- Reporting on what doesn't work;
- Determining adequate evaluation measures of long-term, latent and unintended results.

"Parents have told us that simply being accepted and trusted, and being given physical, emotional, intellectual and spiritual support in the daunting task of parenting alone, helped to give them strength at a time of crisis to move on with their life and make good long-term decisions for themselves and for their children."

FRP Canada survey of parenting group facilitators, 2006

"I have had the opportunity to work in the field for a long time and get to know several generations of some families. It is heartwarming when they come back and tell us the impact the programs have had. They really develop that sense of belonging like a family or a close knit community. It is great to be part of that."

FRP Canada survey of parenting group facilitators, 2006

Introduction

This work was undertaken as part of the project entitled "Ensuring Quality in Parenting Education" with funding from the Population Health Fund, Public Health Agency of Canada. The aim of the initiative was to identify strong evidence for promising practices that contribute to **effective programs for parents of young children**, **particularly parents facing multiple challenges**. The project partners were the Canadian Association of Family Resource Programs (FRP Canada), the BC Council *for* Families, the Saskatchewan Prevention Institute, Nobody's Perfect Manitoba, and the Community Action Committee for Southwestern Newfoundland. Funding for he preparation of this report for publication and for its distribution was provided by Human Resources Social Development Canada.

The **literature review** for this report was completed in March 2006. It draws upon articles and books that were consulted before January 2006. Selected recent documents have been added to the annotated bibliography in an Addendum to the annotated bibliography (pp. 69-70). The following methods were used to identify relevant literature:

- Keyword searches of relevant databases and peer-reviewed journals in the field (keywords: parent education, parent training, parenting courses, best practices);
- Searches in bibliographies of previously published reviews for articles relevant to parent education with the targeted group;
- Searches of family support literature on promising practices;
- Key informants, including members of the steering committee.

Since many authors and many studies make the same points, citations in the text are intended to illustrate points, rather than give an exhaustive list of sources. The accompanying annotated list of references (pp. 57 - 68) describes the most significant articles and books used.

Promising practices

The Public Health Agency of Canada notes that organizations involved in best practices work recognize that:

- Best practice approaches, models and evidence are dynamic and ever-changing;
- There is no single best practice approach/model, practice or theory;
- There is no single definition of a best practice;
- There are multi-disciplinary approaches to health promotion and disease prevention;
- Decisions about program and policy interventions/approaches most often include evidence-based criteria, but are also based upon values, beliefs and practical experience.

(IDM Best Practices Web site, www.idmbestpractices.ca/idm.php?content=resources-world, consulted Feb. 3, 2006)

These points are made in the context of health promotion, but they also apply to the area of parent education. In a spirit of reflective practice and continuous improvement, practitioners might usefully adopt the definition of the Nova Scotia Best Practices Initiative:

> Best practice is a continual process of reflecting on how to improve a systematic examination of health promotion work and uses a process of critical reflection to draw out our collective knowledge of what we know works well.
> (www.idmbestpractices.ca/idm.php?content=resources-world#NSbest, consulted Feb. 3, 2006)

Given these considerations about "what works," practitioners and researchers alike are often reluctant to talk about "best" practices. They also acknowledge that the definition of "best" may change, depending on both the aims of a program and the context in which the practices are taking place. The terms "promising" or "recommended" reflect more appropriate ambitions for the purposes of this report.

Focus on group programs

Parents learn about their parenting role in a wide variety of settings, from incidental and informal learning by observation of others (Fowler, 2002) to intensive individual counselling with a psychiatrist (e.g., Benoît et al., 2001). While acknowledging the contribution of both ends of this spectrum, this review focuses on the literature about **parenting programs designed for delivery to groups of parents**. Some of these programs are designed to have a **primary** prevention impact on parents or to build protective factors. Others are designed as **secondary** interventions, in cases where parents or children are deemed at serious risk, or as **tertiary** interventions, when families have already experienced serious problems with their health and well-being.

Focus on parents in challenging circumstances

The focus of the current project is on programs for **parents facing multiple challenges**. Such families are "at risk" because their challenging circumstances put them in a group associated with a higher rate of negative child outcomes. Parenting programs for this population are typically geared to primary prevention, with some overlap into secondary prevention in certain cases.

Contribution of family support literature

There is a large body of literature on the subject of **family and parent support** that is highly relevant, although largely beyond the scope of this review. The concept of family support is a much broader that parenting education and frequently encompasses child care, housing, food, parent respite, job skills, advocacy, etc. Often, the evaluation of the effects of the parent education component cannot be isolated from the more general family support intervention. The most informative aspect of studies on family support is what they say about the underlying principles of family support and how they apply to "process" issues in parent education.

National survey of parenting facilitators

Based upon the evidence that emerged from the literature review, a national survey was developed in spring of 2006 to tap into the "practice wisdom" of individuals who work with parents across Canada. The survey asked facilitators to identify practices which they considered most important in their work with parents. In addition, they were asked to identify practices which were difficult for them to implement and the factors that contributed to these challenges. In May 2006, a link to the on-line survey was distributed to family-serving organizations across Canada. Within a four-month period, the survey was completed by 476 practitioners located in every province and territory except Nunavut. Approximately 10% of the respondents were francophone. The survey responses reflect the experience and wisdom of many years of service working with families. Comments from survey responses are included in this report.

Evidence-based programs and practices

"It is short-sighted to limit access to programs because they don't offer 'evidence-based' cause-and-effect solutions for parenting concerns - it is universally intuitive that when adults feel supported they can better cope with stress and hence parent more effectively."

FRP Canada survey of parenting group facilitators, 2006

Looking for "evidence" of valued or promising practices raises questions about the kinds of evaluation that are appropriate when trying to learn about the effects of a time-limited intervention on anything as vast as the way a family functions in its role of raising children. A wealth of articles in the literature report the positive effects that various group parenting education programs have had on parents and their children. However, this large body of research provides less evidence about what works for whom. While funders and administrators look for "evidence-based" interventions, it is not an easy matter to find parenting programs which have "proven" successful over a wide range of applications. Numerous authors repeat that the field is characterized by a dearth of reliable research, due to both methodological challenges (see The Experimental Method below) and a lack of funding for evaluation activities (Goodson, 2005; Moran et al., 2004; Thomas et al., 1999; Gill, 1998; Gorman & Balter, 1997). Programs vary widely in their goals, theoretical orientation, methods and evaluation techniques. Even when studies show that parents' attitudes and behaviour have changed following a program, the strength of the evidence is usually limited to conclusions based on associative factors rather than direct cause and effect.

Moreover, "effective" programs are not effective for everyone. It is not uncommon, even in studies which show a "significant" post-intervention effect, for as many as a third of participants to show no measurable changes (Comfort, 2003; Moran et al., 2004; Bunting, 2004). Reports rarely take into account the often quite significant drop-out rate. Also, it is rare to find studies that analyse a "dose-response" effect, that is whether effects depended on how many sessions a parent attended (Moran et al., 2004).

Finally, the lack of commonly accepted measures makes it impossible to affirm that one "proven effective" program is definitively better than another. Researchers cannot say which aspects of programs make the most contribution to whatever positive effect is found, nor can they say definitively how to predict which individuals will benefit the most from a particular program.

The experimental method

In general, the Gold Standard of evidence for the effect of an intervention comes from the experimental approach which uses Randomized Control Trials (RCTs). RTCs are designed to compare the outcomes of two groups of individuals or "subjects" – one group which is randomly chosen to experience the intervention (such as participating in a parenting program) and one group, called the control group, which shares similar characteristics but does not receive the same intervention or treatment. Since it can be difficult or impossible to randomly assign parents to one group or the other, a control group is often formed from parents who are on a waiting list or from a different group of parents who share similar characteristics to the intervention group. This approach is referred to as quasi-experimental design or controlled clinical trial.

RCTs are designed to gather **quantitative** (numerical) data which can be statistically analysed. As authors Fogg and Gross point out (2002), the RCT approach works well when studying how to grow better bean plants, but is fraught with problems when applied to broad health promotion in humans. Their analysis is borne out by several studies in the field of parent education. For instance, Lipman and Boyle (2005) report problems such as differential drop-out rates in their intervention and control groups, low attendance, possible variation in the fidelity of program delivery between facilitators, and possible "contamination" from other community supports received during the same period. Other authors (Cowen, 2001; Gross et al., 1999) note that methodological problems are particularly prevalent in studies involving low-income populations who are facing concurrent life stresses and who may have to move during the course of the program.

RCT studies involve highly formalized designs which are difficult to implement properly. A recent comprehensive literature review of "what works" in parent support interventions (Moran et al., 2004) found that restricting evidence to results from RCT studies would eliminate all but a very small number of programs. In addition, most RCT studies on particular programs have been carried out in the United States. Moran and her colleagues, writing in the context of developing policy for the United Kingdom, questioned how generalizable findings from the U.S. population would be. The same question of relevance may be asked as regards Canada.

Large-scale RCT studies present other problems of relevance to the question of effective parent education. Many of them have been carried out on **multi-faceted interventions**, for instance *Head Start* preschool programs, that involve other components (children's programming, other family support activities) as well as parent education

groups. Under these conditions, it is impossible to tease out the effects of the parent education component alone (Thomas et al., 1999).

In addition, large-scale interventions raise the problem of **program fidelity**. It is difficult to maintain good control over how a program is actually delivered across many community sites and by a large number of workers (Trivette, personal communication, 2006). How does one know which part of the program received more emphasis in a particular group and whether that change made a difference? How does one control for the differences in personal characteristics and skill of program facilitators? And what happens when practical considerations (availability of child care, size of the room, breakdown in video equipment, etc.) require facilitators to modify the program in ways that researchers didn't anticipate? In one study, researchers had to drop *The Incredible Years* parenting program that had been an important aspect of the planned replication of a previous intervention (August et al., 2003). Despite "herculean" efforts, they were unable to attract enough parents; when recruitment threatened to turn into harassment or coercion, they dropped the component.

On the other end of the scale, some RCT studies are weak because they study the limited-time delivery of a program to a small number of parents with only short-term follow-up and no replication (e.g., Drapeau et al., 1995; Wolfe & Hirsch, 2003). Other RCT studies have restricted application because they involve secondary or even tertiary interventions targeting clinical populations, parents of children with identified special needs or behavioural disorders (e.g., Cunningham, 1999).

There are also practical problems with forming a **control group** when applying the scientific method to programs for families. To satisfy the need for a comparison group, some RCT studies randomly assign parents to a waiting list, which then becomes the control group (for example, *The Incredible Years*, Webster-Stratton & Hammond, 1997). Test scores on outcome variables are compared before the parenting course and after. As soon as the control group parents start taking the next course, their scores can no longer be used for comparison to measure the course's effectiveness over the longer term. This evaluation method cannot therefore measure latent, delayed or long-term effects, which may in fact constitute the most meaningful goals of the program. In their systematic review, Thomas et al. (1999) report only two studies that did follow-up measures one or two years later. While most of the positive results were maintained, the studies' authors did not include effect sizes, so it is difficult to evaluate the significance of their findings. Barlow and her colleagues (2005) found a similar lack of follow-up data that led them to conclude that no definitive answer can currently be given about the effectiveness of parenting programs for parents of children under age 3 as a way to prevent behavioural and emotional problems from occurring.

RCT studies lend themselves to certain kinds of parenting programs. The more specific, uniform, limited and measurable the content, the easier it is to make statistical comparisons across groups about what participants

have learned. Moran et al. conclude that evidence for "what works" in parenting programs emphasizes "interventions that have measurable, concrete objectives as well as overarching aims," and "interventions that have manualised programmes where the core programme ... is carefully structured and controlled to maintain 'programme integrity' (p. 122)." Since these characteristics are associated with the strongest results, it would be natural to conclude that they would be desirable in all parenting programs. Indeed, secondary prevention programs typically do meet the criteria of manualised programs and measurable outcomes; Barlow and her colleagues (2002) found sufficient evidence to support the effectiveness of parenting programs in secondary prevention of mental health problems. However, in contrast to these conclusions, many authors (e.g., Forehand & Kotchick, 2002; Gross, et al., 2003; August et al., 2003) insist that in primary prevention, effectiveness depends on the ability to adapt course content and delivery to participants' needs and circumstances. Although such flexibility may strengthen the experience for participants, it weakens the ability to use the experimental method to prove that the program is effective.

Despite the limitations of the experimental method for evaluating parenting programs which have been discussed above, there is still a strong tendency for researchers, policy makers and funders to refer to RCT studies when recommending parenting programs for implementation. This is unfortunate, since there are many reasons why promising programs may never be evaluated in this manner. RCT studies require a particular combination of elements including extensive research expertise (typically university-based), generous research grants, a commitment to the scientific paradigm and access to academic journals for publication of results. Seldom do developers of parenting programs which originate in the community have the required connections to granting agencies and academic journals, nor do they have the requisite commitment to the scientific method to learn about "what works" using experimental methods. They may place greater importance on the "how" than the "what" and rely primarily on participant feedback and their own observations to evaluate the impact of programs they offer. When only the strictest standards of experimental research are applied to the evaluation of parenting programs, there is a good chance that some worthy programs will be overlooked.

Qualitative evidence

Qualitative data include thoughts, opinions and reflections on experiences. Torjman (1999) describes the tension in community work between defining quantifiable outcomes and preserving project flexibility. The first quality satisfies the interests of accountability to funders and the second assures relevance to participants. Torjman suggests that new learnings may be lost and important changes in practice may not occur when the focus is too strictly on quantifiable targets. She is writing about the process of development in a community, but her argument can also be applied to the development of individual capacity: an obsession with outcomes-based evaluation may distract attention from the equal importance of process. Process variables, however, are more

difficult to quantify and use in a comparison with a control group; they therefore tend to be studied using qualitative evidence.

In their review, Moran et al. recognize the importance of qualitative evidence, even though it is considered less robust than evidence gathered from RCT studies. Qualitative evidence often comes from post-intervention self-report surveys by parents about their learning. It may also be collected from focus groups and satisfaction surveys. As Terrisse (2005) notes, one of the difficulties with satisfaction surveys is that they only ask parents to evaluate what was presented. They usually ask whether parents liked and used what they got, not whether what they got met their needs. Moreover, these surveys only collect information from parents who stay to the end of a program. Rarely does anyone ask the parents who dropped out or decided not to register for the program in the first place what they would have liked instead.

The kinds of changes in knowledge and attitudes that parents report in qualitative studies tend to be intuitively significant, but their significance may not show up in the statistical analysis of measurable behavioural outcomes. Even when parents report feeling "helped" or "more in control," there will not necessarily be any immediate measurable improvement in either their behaviour or that of their children (Moran et al., p. 78). It is entirely possible that changes in children's behaviour, contingent on changed parenting behaviours, will only show up some months or even years later (Peters, 2003). For example, Gottlieb et al. (1995) cite *increased* effect size on children at follow-up evaluation six months after their parents took *Parent Effectiveness Training* (*PET*).

In addition, as Gorman and Balter (1997) point out, when the aim of a program is to influence the parent-child interaction, it is the interaction among changes in parent behaviours and attitudes, along with child behaviour and emotional changes, that one needs to understand. They suggest that quantitative measures of this factor may be reductionist and that qualitative data would be more informative. Thomas (1996), who focuses on parent development, also raises the problem of not having appropriate measures to evaluate complex outcomes of family and human development.

Finally, qualitative measures allow for assessing the personal significance of outcomes. For instance, a parent might decide to enrol in an adult literacy class after taking a parenting program. This step could be extremely important for his or her children's future, but, as an unintended outcome, would probably not be picked up by a standardized measure of parenting behaviours (Ennis & Samson, 2002).

Qualitative evidence may also be gathered about implementation variables, that is how the program was delivered (recruitment, engagement, facilitation, additional supports, etc.). These factors tend to be either not measured or seen as confounding variables that have to be controlled for in RCT studies.

Practice wisdom

Because there is so little quality "hard" evidence of what generally works, Moran et al. suggest drawing on a particular type of qualitative evidence they call "practice wisdom" — the observations and opinions of experienced practitioners with years of front line work. This current project has elicited such evidence through a national survey which was distributed to practitioners in May 2006. Some quotes from their responses are included in this report.

It might also be important to look at the "practice wisdom" of families who use the programs. This information is often gathered by researchers in the form of "parent satisfaction" surveys immediately following a parenting course. (Moran et al. point out that little attention has been paid to the practice wisdom of children, to ask what effect the parenting education course has had on their day-to-day family experience [p. 22].) Recent work at Ryerson University has sought to systemize indicators that will allow measurement of what program participants value in family support programs and what keeps them coming back and referring their friends. (Silver et al., 2005). In some cases, for instance in the *Nobody's Perfect* program, parents and facilitators go beyond satisfaction to express "passionate commitment" (Vollmann, 2001, p. 4). In commerce, such commitment is called "brand loyalty," and certain researchers have suggested borrowing the concept from marketing to explore the meaning of this particular expression of "practice wisdom" (Trivette, 2006).

Family support principles

Family support researchers Dunst and Trivette have conducted extensive research over 14 years into a way of evaluating family-centred helpgiving practices based on adherence to family support principles (e.g., Dunst, 2005; Trivette and Dunst, 2005; Dunst and Trivette, 2006). Programs and practitioners are evaluated based on two types of indicators: **relational** family support practices (compassion, active listening, mutual trust, etc.) and **participatory** family support practices (the extent to which parents are involved in deciding what knowledge they need and how they want to acquire it). These measures offer a promising avenue to meaningful evaluation in programs that are not standardized, including those that are striving to maintain program integrity while also responding to participating families' distinctive strengths and needs. By measuring adherence to principles, these indicators allow researchers to gather relevant information even when the essence of the intervention is its ability to adapt to suit participants' needs and circumstances. The indicators also permit evaluation of the implementation variables that are crucial to the effectiveness of any program.

As we have shown, experimental research yields an important type of evidence; however, this method has limitations when applied to the study of parents, programs, and practices. This report, which is based on a review of the academic literature, is also informed by comments from facilitators who have years of experience working with parents and their children in their communities.

Effectiveness - what works?

To pose the question of effectiveness is basically to ask: "What works?" Moran et al. refine the question to ask: "What works for whom?" in recognition of the fact that one size does not fit all in parenting programs. It will prove useful to further refine the question of effectiveness. This review addresses the following questions:

- What are the reasons for offering parenting education?
- What theories inform parenting education?
- For whom are programs offered?
- What content works?
- When are parents most ready for programs?
- How should programs be implemented?

What are the reasons for offering parenting education?

The question of effectiveness requires us first to answer the question, "Effective to what end?" Why are organizations offering parent education, why are funders willing to pay for it and why do parents go looking for it? Answering the question "to what purpose?" defines the goals of a program, shapes its content and determines the outcomes that will be measured. You have to know where you want to go before you can know whether you have got there.

As the following section shows, the literature reveals many purposes for offering parenting education. What they all have in common is a desire to improve children's outcomes. It is assumed that by influencing parents' attitudes, knowledge and behaviour, children's lives will be affected for the better (Goodson, 2005). Definitions of "improvement" and "better lives" are, of course, highly dependent on cultural and political context and have changed over time (Moran et al., 2004).

The variety of underlying purposes leads to parent education programs which emphasize different aspects of the parent-child relationship and different parenting skills. All the purposes have merit; each will be valid for some parents at some point in their child's development. It is important that practitioners who are choosing a program clearly define and delimit their reasons for offering it. No program can, or should, try to accomplish everything.

In general, the **reasons that parenting education is considered necessary** are related to changes in Canadian society and families, new information coming from social and neuroscience research, and ideological concerns for social justice. Many, but not all, of these reasons are shared by parents, by funders and by the organizations that deliver programs. Some specific reasons for offering parenting education are listed below:

- Current family realities mean that new parents often **lack models for how to parent** in their present situation (Gill, 1998; Terrisse et al., 2005). There is an assumption that parents lack knowledge and skills and that if they do not have informal opportunities to learn about parenting, they need to learn in more formal settings (Russell, 2003).

  Families now tend to be small, people often live far from their relatives and many social activities are organized by age group. This means that many first-time parents haven't spent long periods of time with a baby since they were children themselves. They have little or no exposure to models of parenting behaviour in the course of their adult life. Unless they have taken courses in school, have babysitting or work experience with children, or come from a large extended family with whom they spend time, they have had few opportunities to build either knowledge of child development or skills for dealing with children.

Parent education programs which respond to this situation concentrate on information about practical skills (nutrition, routines, health care, safety, etc.) and child development.

- Even if new parents do have models for parenting, **family structure and organization have changed** in the last few decades. What parents grew up with may not apply to their current situation. This is particularly true of people who have left their place of origin (either their country or their region of Canada) to settle in other cultural surroundings (Mann, 2004; Vollmann, 2001). But even without such a move, blended families, lone-parent families, same-sex parents, shared custody arrangements —all have given rise to multiple and heterogeneous contexts for parenting. In Quebec, for instance, marriage appears to have become optional; over half of births occur to couples who are not married (Lemieux et al., 2005, p. 10).

  More and more, parents are sharing the work of raising their children between father and mother. They are also sharing the work with people from outside their family. In just the six years between 1994–95 and 2000–2001, the proportion of children under six who were in some kind of non-parental care grew from 42% to 53% (Statistics Canada, www.statcan.ca/Daily/English/050207/d050207b.htm). Balancing work and family has become a requisite skill for parents to learn.

  Parent education programs which respond to these changes in family structure often group parents who share the same issues so that they can discuss the challenges they have in common. Facilitators of such groups work to foster peer support and build social networks. They also strive to reinforce parents' confidence in the choices they make for their families, in spite of the fact that those choices may be different from the ones their parents made in the past or the ones their neighbours are making now. When they see such a wide variety of models for parenting, parents tend to question their own choices. They need support to define their values and apply them to the decisions they make for their family.

- The need to acquire knowledge and learn skills is particularly clear in the case of parents of **children with special needs**. It is common to offer specialized parenting groups, whether for support or for "training," as an adjunct to treatment of children's physical, intellectual or emotional problems.

- New **demands for performance** in the job market require that all children succeed in school. In particular, high literacy skills have been identified as a key to academic and future economic success (Pound, 2006). Public awareness campaigns urge parents to read to their babies, and many parenting programs focus on developing early language and literacy skills. In addition, good language skills have been linked to greater success in school and fewer behaviour problems in children.

- A large body of research now exists showing that **early brain development** makes the first years of life crucial to long-term outcomes. Informed of this research by public awareness campaigns and articles in the popular media, parents are eager to expose their children to the "right" stimulation early. They are motivated to learn about child development and ways they can enhance their children's chances for future success. Since this is new scientific information, they tend to turn to experts, rather than their own parents, to find out how to do this.

  Some parenting programs emphasize the importance of forming **healthy attachment** in the light of research on emotional development in the early years. Responsive care has been associated with children's later emotional control and intellectual development (Russell, 2003). Other programs, based on studies of **cognitive development**, stress early stimulation and teach ways to develop language and pre-literacy and pre-numeracy skills. Some programs aimed at parents and their young children use the opportunity to observe and screen the babies and children for problems that may require clinical intervention (e.g., *Parents as Teachers*).

- The **prevention of child abuse and neglect** is a major goal of public policy. Parent education programs which focus on the prevention of child abuse and neglect emphasize teaching realistic developmental expectations and alternatives to physical punishment as a means of discipline. Studies have shown the negative effects of corporal punishment on children's outcomes (Durrant et al., 2004). In particular, it is argued that overzealous punishment may lead to increased aggression in children, a breakdown of trust in the parent-child relationship and ultimately to physical abuse.

  Research has shown that parenting matters and that certain **parenting styles** work better than others to produce positive social and cognitive outcomes for children (Russell, 2003). Analysis of data from the National Longitudinal Study of Children and Youth (NLSCY) demonstrated an association between a lower likelihood of child vulnerability and the parenting style called "**authoritative**" (Chao & Willms, 2002). This democratic style is characterized by warmth, responsiveness, encouragement, monitoring and reasonable limit setting (Baumrind, 1967). Authoritarian, permissive and inconsistent parenting styles, on the other hand, were associated with poorer outcomes for children.

  Research using longitudinal data from the NLSCY has shown that changes in parenting practices over time are associated with changes in children's behaviour (Thomas, 2004). Aggressive behaviour in children was associated with harsh, punitive parenting practices, both in preschoolers and in school-aged children. However, when parenting practices became less harsh and punitive, children who were aggressive at age 2 and 3 did not score any higher in aggressivity than their peers at age 8 and 9. The inverse was also true: when parenting became more punitive, children became more aggressive.

Many parenting programs teach communication and discipline techniques that contribute to the "authoritative" style of parenting. Parents learn to engage positively with their children while setting reasonable limits on their behaviour and encouraging their independence.

However, it should be noted that several studies of authoritarian parenting in other cultures and social groups do not find the negative outcomes that this style produces in Anglo-European children (Russell, 2003). There is some suggestion that more authoritarian practices are indeed preferable in certain impoverished or dangerous neighbourhoods (Chao & Willms, 2002) or within certain cultures where they are associated with positive social values (Grusec et al., 1997).

- **Father involvement** has been demonstrated to have a positive effect on children's academic success, social behaviour and the absence of negative traits such as delinquency and depression (Marsiglio et al., 2000; Russell, 2003). Fathers are participating more and more in the care of their young children. For instance, after the introduction of new federal benefits in Canada in 2001, the number of fathers taking advantage of parental leave increased almost five-fold by 2003 (Canadian Press, 2003). However, men tend to be in a distinct minority in every parent education activity after the prenatal course. Projects such as the *Father Involvement Initiative* (www.cfii.ca) and *My Daddy Matters Because...* (www.mydad.ca) attempt to reach fathers to inform and educate them about the role they can play with their children. Research into programs that will attract fathers is in its infancy.

- Research based on the National Longitudinal Study of Children and Youth has shown that **parental mental health**, in particular the presence of maternal depression, has a strong effect on children's vulnerability and the likelihood of behaviour problems (Somers & Willms, 2002; Russell, 2003). The effect was found to be strongest on children under the age of five.

  Some interventions with parents are designed to build protective factors against depression. Research in the fields of mental health and resiliency has identified such protective factors as a sense of self-esteem and self-efficacy, strong problem solving skills, and supportive social networks (Health Canada, 1996). When parenting programs choose to reinforce these elements as part of their aims, they often assume that a lack of such characteristics prevents parents from applying their knowledge of child development and their skills of relationship building and child guidance.

- Studies show that children living in conditions of **poverty or other disadvantage** are more vulnerable to poor outcomes. For instance, Somers and Willms (2002) report that economic stress and instability is linked to maternal depression, unresponsive parenting styles and poor child outcomes. It is believed that intervention with parents in these circumstances will contribute to levelling the playing field by building

up protective factors against possible negative environmental effects. Positive parenting practices are one example of a protective factor for vulnerable children (Landy & Tam, 1998). The aim is to promote **social inclusion** and therefore health, for both parents and children (Garbarino, 1995; Comité ministériel, 2002; Ennis & Samson, 2002; Paquet, 2005). This perspective is consistent with ecological theories of development which situate children in their wider social context, as discussed below.

Programs that adopt the aims of social inclusion tend to be strengths-based and parent-centred. They build assets and reinforce optimism (see also Elliott et al., 2000). Their methods promote empowerment of participants; a sense of control over one's circumstances has been found to reduce the negative effects of stress in disadvantaged conditions (Paquet, 2005). They emphasize the importance of linking to community resources and may include an advocacy component (Ennis & Samson, 2002).

As the above discussion illustrates, the outcomes for parenting education can be defined at several levels. Programs can aim at **parent outcomes** (knowledge, skills, attitudes, behaviour, confidence, self-esteem, mental health, etc.); **child outcomes** (health, safety, freedom from neglect and abuse, social skills, language acquisition, appropriate behaviour, school success, etc.); **family outcomes** (strengthening family relationships, attachment); and **community and social outcomes** (building support networks, social capital). All of these outcomes are interrelated. In particular, studies indicate that **parent outcomes are a mediating variable for achieving child outcomes**, for instance as regards school success, pro-social behaviour and the reduction of abuse and neglect (Goodson, 2005; Trivette & Dunst, 2005; Chao & Willms, 2002; Somers & Willms, 2002; Miller et al., 2002; Horton, 2004; Russell, 2003).

What theories inform parenting education?

In his report on the status of parenting education in the U.S., Carter (1996) observes that the theoretical underpinnings of a program will direct its goals, its assumptions about what parents want and need, and the strategies it adopts in its design and implementation. He finds that programs tend to develop principles inductively, from practice, rather than deductively, from established theories. He also notes that many programs draw inspiration from a number of theories, though they do not always examine their premises thoroughly to ensure that they are all compatible.

Programs that have clear aims and clear theoretical underpinnings have been found to be more effective in achieving their goals (Moran et al., p. 122). It is neither desirable nor possible for a short-term parenting program to attempt to accomplish everything in the field of parent and child outcomes. It is true that parenting is a complex enterprise which draws on a wide range of knowledge, skills, attitudes and values. However, the most successful programs do not try to be all things to all parents. They choose content, format and implementation strategies that fit with their theoretical assumptions, with the participants with whom they work and with the desired outcomes. Here are a number of theories that are commonly reflected in parenting programs. The list is drawn from several sources, including Carter, 1996; Moran et al., 2004; Ives & Stoneson, 2005 and Lemieux et al., 2005.

- **Child development** - Many parenting programs draw on theories from the field of child development. The reasoning is that if parents understand typical child development, they will have more realistic expectations and will adjust their parenting to suit their child's abilities at a given stage (Carter, 1996). Child development theories also posit that the early years of a child's life set patterns for his or her future and that intervention with parents of young children is therefore more effective.

- **Attachment** - Taking inspiration from the original work of Bowlby (1969, 1982), attachment theory argues that secure attachment is a crucial part of child development with a pervasive effect on child outcomes. Parenting programs that are based on attachment theory teach parents of babies and young children the skills they need to follow and respond to their children's cues. They typically support breastfeeding.

- **Adult human development** - Some theorists suggest that parenting can be seen as a growth opportunity for adults (Thomas, 1996). In fact, some would argue that parents are not able to foster their child's healthy development (or benefit from parenting programs) until they have had their own developmental needs met (Bond & Burns, 1998). Parenting programs based on this theory recognize the issues that individual parents bring with them, depending on their life stage. By fostering the development of parents' sense of self-efficacy, their flexibility and their abilities to guide their children and advocate for them, such programs aim to have an enduring effect on families, well beyond the end of the program.

- **Humanistic, person-centred** - One theory of adult development follows the work of Carl Rogers, based on principles of empathy and unconditional positive regard. Programs based on this theory put the parent with his or her prior experience, knowledge, beliefs and attitudes at the centre of the learning. The group leader plays the role of facilitator rather than teacher and models the style recommended for parents: a democratic, mutually respectful style of parenting, using active listening, I-messages, problem solving and negotiation (Ives & Stoneson, 2005).

- **Family systems** - Family systems theory recognizes that parenting issues arise in a system where all family members, including older generations and extended family, interact, along with their attendant values, beliefs, traditions and taboos. Programs based on this theory recognize that parents bring their past relationships in their family of origin to their current relationships with their children (Grusec et al., 1997). They look at the way that the family functions as a system of parts which all influence each other. They also adapt program content to the context of the particular family.

- **Social support** - Theories about the importance of social support hold that when parents have good, supportive social networks, they and their children are buffered from the effects of environmental and psychological stresses. Support in this sense may include information, emotional support, instrumental support (money, in-kind services) and affirmation. Programs that follow this theory are usually delivered in a group setting to maximize the building of networks among parents. They also help families strengthen and mobilize their existing systems.

- **Ecological** - Urie Bronfenbrenner (1979) is most closely associated with the "ecological" approach which situates a child's development within ever widening contexts of family, neighbourhood, community and society. This theory recognizes all the direct and indirect influences from the surrounding environment on a child's growth and development (see also Health Canada, 2001; Smythe, 2005). The theory provides a rationale for targeting programs to parents in order to achieve child outcomes, since parents are the key elements in a child's environment. Parenting programs that take an ecological approach will also pay attention to a wide variety of other factors that have an impact on children, including other members of the family, characteristics of the neighbourhood, the family's cultural context and wider social networks. Carter (1996) observes that this ecological theory has been very important to the family support movement. However, he notes that "Some researchers and other observers of the field have expressed concern that few of these practitioners know much more than the general outline of the theory, and are particularly lax in their grasp of the child development dimensions inherent in it."

Learning theories

Parenting programs also use a variety of theories to inform their understanding of **how people learn and change**. The theories apply to both adults and children. The following are a few examples found in the literature.

- **Behaviour modification, operant conditioning** - A number of parenting programs are based on behaviour modification theories of learning. They teach parents skills such as the use of rewards and negative consequences. They also may use the same techniques with parents: successive approximation, sequencing, practice, feedback and review (e.g., Gill, 1998; *Effective Black Parenting Program*). These programs, at least in their original form, tend to be targeted to parents of children with identified behaviour problems, though they may later have been extended to all parents (Wood & Baker, 1999). They are often designed to teach a limited range of specific skills and may be associated with a child treatment program. They are often referred to as "parent training."

- **Social learning** - This theory posits that both adults and children learn new response patterns through observation and imitation (modelling) and that learning is maintained by social reinforcement (Knowles et al., 1998; Bandura, 1963). Programs using this approach tend to have well-defined goals and to emphasize behavioural rather than attitudinal change. They may use video vignettes to model desired behaviours and work with groups to provide the social reinforcement for learning new skills (Moran et al., 2004; Bunting, 2004). Social learning theory would predict that it will be easier for participants to follow the facilitator's model if they perceive that they share significant characteristics such as gender, ethnicity, language, social background, experience, etc. (Knowles et al., 1998).

- **Cognitive behavioural** - Following the popularity of cognitive behavioural therapy (CBT) in the treatment of adult disorders, some practitioners suggest applying this model to learning parenting skills. In general, the theory is based on the use of the "thoughts, feelings, behaviour" cycle (White et al., 2003). When applied to parenting, it can be used to challenge parental beliefs and attributions about children's behaviour—whether children misbehave intentionally and whether their behaviour is under their control. The assumption is that when parents have a more realistic understanding of child development and temperament, they will adopt the more appropriate strategies that are being taught (Russell, 2003).

- **Andragogy** - Theorists of adult learning (e.g., Knowles et al., 1998) propose that adults learn in a different way than children. When parenting programs use the principles of "andragogy" (as opposed to "pedagogy"), they recognize and value the experience adults bring to the learning situation. They provide opportunities for parents to set personal goals and see them as a resource to the process and to each other. Carter (1996) notes that programs may adopt an adult learning approach out of necessity

rather than for theoretical reasons, when they find that parents won't put up with approaches that do not respect them as partners.

- **Constructivism** - This theory of learning, originally put forward by John Dewey (Knowles et al., 1998), fits well with the ecological and human development theories discussed above. It holds that learners are active in taking in information and that they construct their own personal knowledge in the context of their past experience and cultural understandings. In constructivist theory, an adult's experience could be seen as a "funnel" of previous knowledge (Knowles et al., 1998, p. 142). New information that is poured in the top will fall out the bottom unless it sticks to some element of what the learner already knows. Programs following this theory do not adhere to a strict curriculum. They provide appropriate active learning situations that give parents the opportunity to develop their own conceptions of their role with their children. They are sensitive to cultural and other contextual factors that will influence how parents interpret and use new information.

- **Emotional context of learning** - Finding one's style as a parent is not the same as learning to drive a car. The emotions associated with being a parent influence what parents pay attention to and what they remember. Strong emotions may interfere with clear thinking and with the objective appraisal of new perspectives and possibilities (Russell, 2003). Alternatively, strong emotions may be powerful motivators for change. Parenting programs that recognize the influence of emotions on learning will take a non-judgmental attitude and provide opportunities for parents to explore their feelings about parenting practices.

In several reviews of the literature, a majority of the programs studied were based on social learning and or cognitive behavioural theories, with many using a combination of approaches (Bunting, 2004).

Change theory

Prochoska and Norcross (2002) propose a multi-stage theory of change. In the opinion of these authors, people go through several stages (pre-contemplation, contemplation and preparation) before they are ready to take action to change their behaviour. Once people have taken initial action to make changes, they then go through a stage of maintenance before they have completely integrated the change and no longer have to work at it. When parenting programs recognize this process, they adapt their contents and techniques to the stage of the participants (Reilly, 2004). A program will have more obvious positive outcomes (and therefore appear more effective) if all the participants were already in the "action" stage of the change process when they started the program. Since there is no guarantee that this will be the case, a skilled facilitator needs to understand what stage individual participants are at. When it comes time for evaluation, it may seem as if an intervention has had no effect when in

reality the participants may have moved from the contemplation stage to the preparation stage. The evaluation of programs should therefore recognize that a parent's interest in taking further programs is in fact a very positive and meaningful outcome. (For more discussion of the change process, see page 35.)

For whom are programs offered?

One of the principles of adult education is that adults want to learn things that will help them cope with their real-life situations. Adults are not subject-oriented (like children in school), but rather life-centred in their orientation to learning (Knowles et al., 1998). It follows from this that there should be a good fit between the parenting program that is offered and the family and personal characteristics of the intended participants. It is generally agreed that key participant characteristics include **age of child(ren), culture, gender, social circumstances, degree of specificity** (e.g., diagnosed medical conditions) and **urgency of needs** (e.g., domestic violence).

Universal needs

Some of the purposes served by parenting education apply to **all parents**.

- The information that research has brought to light concerning the importance of child development in the early years could benefit all new parents (Russell, 2003).

- Similarly, all fathers could benefit from learning about the importance of their role, along with skills that will give them more confidence in their ability to be an active parent (Russell, 2003).

- According to Chao and Willms (2002), only about one third of parents of preschool and school-aged children in Canada use the "authorititative" style of parenting which is associated with positive child outcomes. The remaining two thirds, the authors propose, could benefit from opportunities to learn about positive parenting practices. Given their finding that both positive and negative parenting practices occur in both rich and poor families, these authors favour a universal program rather than one targeted to "vulnerable" families.

High priority

The earlier section about the reasons for offering parenting education mentioned various purposes, including some that apply differentially to different sectors of the population. Depending on the aims of a program, the following groups might be considered as higher priority audiences.

- If the aim is to provide models for parenting behaviour for people who lack them, a high priority audience would be **parents who are socially or geographically isolated**.

"We try to 'target' parents who are at risk, but we don't always know who they are or where to find them. There is a ripple effect where one parent will tell something to another parent who will tell another. They spread information around the community and it gets into the cracks where we don't reach."

FRP Canada survey of parenting group facilitators, 2006

- Useful models for parenting may also be lacking for **parents whose family structure differs markedly from the one in which they grew up** and for those who are parenting in a different cultural or geographical environment from the one they knew as children.

- Another group which may lack suitable models would be **parents whose children have been diagnosed with special needs or specific behaviour problems**. They will benefit from specialized training to help them deal with their particular challenges.

- If the goal is to adequately prepare children for success in school, **parents who themselves have low educational achievement** may be considered in need of additional support from a parenting program to perform this role.

- **Parents who have been abused as children** may be a particular target population since research shows that are more likely to become abusers themselves (Horton, 2004; Cowen, 2001).

- **Maternal depression** is associated with **low income**, **low education**, **not working outside the home, having a spouse with a low-prestige occupation, being a lone parent** and **being a recent immigrant to Canada** (Somers & Willms, 2002). These correlations point to target populations for interventions that seek to improve child outcomes by building protective factors against depression.

- If the goal of a parenting program is social inclusion, the logical audience would be **parents living in disadvantaged circumstances**. They could benefit from a program that would build protective factors and encourage resilience.

Young, single parents are likely to experience many, if not all, of the above conditions (Lipman & Boyle, 2005) and thus are likely to benefit from a parenting program, whichever purpose underlies it.

Specific and urgent needs of participants

Parents may come to parenting programs for a number of reasons, some of which may not have been anticipated in the program design. The general purposes for parenting education outlined in pages 15-19 serve to guide the design of programs' content and methods. However, they do not exhaust the reasons that parents come to parenting programs. At least some parents who attend programs will have specific needs that they may want to have met by their general-focus parenting group; for instance, their child may have been diagnosed with a medical condition or behavioural disorder. Another common occurrence, particularly among parents living in disadvantaged circumstances, is that parents bring their urgent needs to their parenting group. They may be living in a shelter or trying to obtain legal help in a custody dispute. There is a risk that crises like these, by their urgency, will divert the focus from parenting questions.

These situations raise issues of the **level of intervention** appropriate to a parenting group. Primary prevention parenting programs are not designed as therapeutic or crisis interventions. Doherty (1995) proposes a **continuum between education and therapy** that sheds light on the dilemma faced by facilitators when participants have special needs and urgent issues outside the parameters of their program. Doherty situates most parent and family education groups at Level 3. This is the level where personal issues and feelings are discussed, however the facilitator maintains the focus on shared issues of parenting. Parents are helped to find the support they need for their other, more particular issues by appropriate referrals to Level 4 interventions (such as parent training for special needs or other secondary prevention programs), to Level 5 interventions (such as individual counselling) or to organizations offering practical assistance (such as a legal aid clinic) (Mann, 2004). If parents are very vulnerable, they may require an intervention that helps them deal with their own issues before they can benefit from a course that focuses on their children's needs. Parents who are mandated to take a parenting course, either by the courts or by child welfare agencies, tend to need intervention at Level 4 or Level 5.

What content works?

There are three groups of people who need to answer the question about what the content of a program should be: the people who are designing programs, the participants of these programs, and the staff in organizations which are offering programs. The criteria for the third group will be addressed in the sixth section, How should programs be implemented?, pages 36 – 52.

For program designers, the content will depend on their reasons for developing the program, their theoretical assumptions, the outcomes they wish to achieve and the participants they wish to reach.

A good fit

Simply put, the answer to the question "What content works?" is content that is clearly related to the theory and goals of the program and that appeals to the participants. As an example of how different ends are best served by different approaches, Moran and her co-authors (2004) conclude from their review of the literature that **behavioural programs are best suited to changing complex skills** like disciplining children and to thus **achieving child behavioural outcomes**. In their reviews of studies, Barlow (1999) and Thomas et al. (1999) both found that behavioural parenting programs which teach parents to use reinforcement with children are generally more successful in effecting positive changes in children's behaviour at least in the short term. **Cognitive programs** work to modify parents' **beliefs, attitudes and self-perceptions**, but show less impact on behaviours, at least as measured immediately following the program. **Knowledge-based interventions** are most effective in delivering simple, **health-promotion messages** such as those related to safety and nutrition (Moran et al., 2004, p. 121).

The job of choosing content is easiest when the program has a solid theoretical underpinning, along with clearly defined and reasonably limited aims. It is also helpful when designers know the needs and strengths of the parents who will participate. It is easier to achieve a close fit between precise goals and participant needs when interventions are clinical, either in one-to-one work or in "parent training" groups with parents of children who have similar behaviour problems or identified disorders (Barlow et al., 2002). Such programs tend to stress close adherence to curriculum and implementation protocols (Moran et al., 2004). They are thus more likely to produce quantifiable measures of effectiveness. It is more challenging to show the same kinds of outcomes if a program is designed to be flexible and is offered in a variety of community settings. However, as discussed in the Introduction, parenting programs that adapt to participants' needs may in fact be as effective or even more so.

Content designed for primary prevention

For programs aimed at a wide audience with goals of primary prevention, a recent publication by Invest in Kids (Russell, 2003) proposes a framework of content chosen for its usefulness to **parents of young children**. The topics, listed below, are intended to build parents' competence and their confidence in their own abilities:

- basics of typical infant **child development**, physical, social, cognitive and emotional, along with adaptation and application of this information to each unique parent-child combination and home situation;

- basics of **temperament**, particularly information about more "difficult" temperaments and the parent-child temperament fit;

- basics of **baby-parent communication**, including reading the child's cues and signals and responding warmly and appropriately;

- basics of **balancing nurture and supportiveness with limit setting**;

- very **practical parenting strategies** that apply these concepts to typical day-to-day parent-child interactions;

- **play** as a way that both child and parent can have fun together and enjoy their relationship.

An examination of the parenting programs listed by Moran et al. (2004) shows that different programs emphasize different content from this list. Almost all programs include information about the typical stages of child development; the stated goal is helping parents have realistic expectations. Empathy, communication techniques, shared fun, monitoring behaviour and positive discipline techniques for setting limits are also common program components. Programs designed to prepare children for success in school add specific activities for enhancing cognitive skills. Programs for parents of older children generally include the topics of negotiating, problem-solving and anger/stress management.

Parents facing multiple stressors

Primary prevention programs that are designed for parents who are **facing multiple stressors** need to include additional components:

- As noted in the previous section, studies have found higher rates of **maternal depression** associated with low income, low education, not working outside the home, having a spouse with a low-prestige occupation, being a lone parent and being a recent immigrant to Canada (Somers & Willms, 2002). Maternal depression is also associated with a higher risk of behaviour problems in children, so that in order to improve child outcomes, parenting programs for this group of parents need to address issues of **self-esteem** and **self-confidence.** Barlow (1999) found that **relationship-based programs** were more effective than behavioural programs when the goal was changing parents' attitudes and building their self-esteem. An emphasis on strengths, rather than deficits, will help participants feel confident about what they are already doing well. **Self-care** has been determined to be another important skill for parents prone to depression.

- Stressors on parents such as **unstable jobs**, **inadequate housing** and **uncertain financial security** have an impact on parenting (Somers & Willms, 2002). At the very least, one can say that stressed parents have less patience with their children. A parenting program can help these parents in two ways: it can reinforce the protective factors that are known to foster resilience in difficult circumstances and it can teach an **approach to problems** so that participants can feel equipped to meet their challenges. Referrals to other services may be an important part of this process. In some cases, the approach to problems may involve learning **advocacy skills** (Carter, 1996; Doherty, 2005). With each success parents will also build their sense of self-efficacy, the feeling that one's actions can have an effect on one's environment (Bond & Burns, 1998).

- **Social isolation** often forms part of the mix of stressors for parents in disadvantaged circumstances and may contribute to depression and to difficulties accessing support. Parenting programs for this group therefore generally aim at **creating relationships** and **strengthening positive social networks** (see also Ennis & Samson, 2002). This may be particularly important for young single parents who lose their former social networks when they have a baby, but do not have easy opportunities to form new relationships with other parents in their situation.

> "I believe that when you are dealing with multiple stressors at home it is difficult to see the positive effects of such things as educational events. Dragging yourself out of bed is difficult enough, let along going out to hear someone preach to you on what you should be doing with your children when they have no idea what your life is like. Dealing with other parents who judge your parenting skills, or the way you dress or talk or how your kids behave—who needs that? However, the free lunch sounds good, and if you want to take care of my kids for the day and I can bring my friend along, why not? What we teach them is always secondary to how they feel when they leave the event."
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> FRP Canada survey of parenting group facilitators, 2006

It is worth noting that the number and strength of social contacts is not correlated in a simple way with positive parenting behaviours and child outcomes. In fact, if a parent has strong social contacts with people who see abusive behaviour as minor, unimportant lapses in otherwise good parenting, the effects may be just the opposite (Korbin, J., 1998, cited in Horton, 2004). Furthermore, a parent may have lots of social contacts, but if all those people are criticizing his or her parenting, the effect will not be a positive.

- Recent studies of functional literacy rates in Canada report that 42% of the adult population do not attain the level of literacy necessary to function in today's knowledge-based society (Pound, 2006). Parenting programs for **parents with low literacy skills** have a special role to make available basic information

about child development, health and safety that other parents may get by reading books, magazine and newspaper articles, and public health pamphlets. Some studies have found that parents with low levels of education benefit more from information on child development, perhaps because they start from a lower level of knowledge than more highly educated parents (Moran et al., 2004). In a study of recipients of an age-paced newsletter distributed to Quebec parents in the early 1990s, readership was predictably lowest in parents with the least education. However, those in this group who did read the newsletters were most likely to report that this was their only source of information about child development and parenting (Russell, 2003). Lilley and Price (2005) report that such newsletters have been found to lead to better parenting outcomes when they are mailed a month at a time, rather than sending three issues all at once. In the light of these findings, the quality and readability of documents distributed in parenting programs for parents with low education and low literacy abilities take on a special importance.

The impact of content in parenting programs for vulnerable groups may be overshadowed by the urgency of providing instrumental **assistance with basic living and safety needs**. This was the finding of a home-visiting program with families living in a culturally diverse, urban neighbourhood in the U.S. (August et al., 2003).

Content related to culture

Child rearing practices are a core element of culture. As already noted, the meaning of authoritarian parenting practices is different in different cultures (Grusec et al., 1997). Parenting programs must therefore be aware of the cultural context of the parents who attend when choosing relevant content (Moran et al., 2004). Berman (2004) reports findings concerning a parenting program that was successful in one region, but not in another where parents of a different culture did not share the same goals for child rearing. Given such a finding, it is apparent that simply translating a parenting curriculum into another language, while a step on the way, is not an adequate response to cultural differences.

Beyond translation, responding to cultural differences may mean **adapting an established mainstream program** or it may mean **developing a culture-specific program** (Moran et al., 2004; Gorman & Balter, 1997). Two examples of the first option are *Effective Black Parenting* and *Los Niños Bien Educados*, cultural adaptations of the popular U.S. *Confident Parenting* course (more information at www.ciccparenting.org/TrioNationalModel.aspx).

An example of the second option is the culturally specific, *Positive Indian Parenting* program, developed in the U.S. (more information at www.sctca.net/pirc/pip_positive.html). In Canada, locally developed aboriginal parenting courses that call on traditional symbols and the wisdom of elders are sometimes offered in conjunction with Health Canada's *Aboriginal Head Start* program. In the considerable literature on how to respond to cultural differences, there are not yet any definitive answers about which option is preferable. Research is clear, however, that **pride in cultural identity** is a factor in positive child outcomes (Beiser et al., 1999).

August et al. (2003) report that an important learning from their research with an ethnically diverse urban neighbourhood is that cultural sensitivity is a complex dimension whose many facets are not immediately obvious. They list the following ingredients that require attention:

- program **endorsement** by schools, opinion leaders, child advocates;

- the use of **recruitment methods** that de-stigmatize and clarify the purpose of the program;

- procedures that maintain **confidentiality** and privacy;

- the **contextualization** of program activities and materials in the family's and community's structure of meanings, relationships, and language;

- **intervention agents** who are respectful of a family's values, customs, and beliefs; and

- **program settings** that have access to culturally diverse resources (pp. 14-15, bullets and emphasis added).

Forehand and Kotchick (2002) make similar points and add that practitioners need to avoid stereotyping. There can be as much variability in parenting beliefs and practices among families belonging to the same ethnic group as there is between families in different ethnic groups.

Another dynamic related to culture involves the issues faced by immigrant parents whose children are growing up in a cultural context which is unfamiliar to them. Studies show that parents experience "**acculturative stress**" related to their parenting role, in addition to all the other areas of their lives where they must adapt to a new country (Health Canada, 1999). A parenting program which includes immigrant parents must be prepared to include content related to this acculturative stress.

Content for fathers

Russell (2003) looks at factors that influence fathers' involvement with their children and makes suggestions as to the content that would be appropriate for a program for fathers. She proposes that information about child development and temperament would give fathers (and mothers) more confidence in their skills in relating to children and thus would increase interaction. In addition, fathers would have more realistic expectations and would therefore be more responsive to their children, thus having a more positive impact on them. Some research shows that fathers' boisterous play with their children helps children to learn to regulate their emotions. It would therefore be useful for a parenting program to teach men to read the cues that their babies have had enough stimulation.

Russell goes on to note that the kind of group discussion that is typical among mothers does not tend to appeal to men. In addition, building social networks may not be as effective a strategy with fathers, since men are less likely than women to use social support to deal with stress and adversity (Walker & Sage, 2006). Other authors have noted the differences between men and women as regards help-seeking behaviour, leading to a lower rate of male participation in health promotion interventions in general (Dulac, 1996).

> "In a program with fathers, they began to realize how important their role was as a parent and how important it was to get together with other men to 'just talk' about their children and family issues. It brought culture groups together and they went on to hold their own programs with culturally sensitive materials which was awesome. They knew more than they thought."
>
> FRP Canada survey of parenting group facilitators, 2006

As to what approaches do work with fathers, there is "practice wisdom" (see, for instance, Beauregard & Brown, 2000) but almost no hard evidence from comparative studies of what practices lead to better outcomes for fathers and their children. Moran et al. (2004) note that offering "hooks" like trips and outings, computer training, sports activities, etc. to encourage parents to use services may be an especially important technique to attract fathers. A report produced for Health Canada, now the Public Health Agency of Canada (1998), found that the majority of activities for fathers were organized for men alone or for men with their children, apart from women. Generally, programs for fathers were found to prefer using a male facilitator.

Evaluation measures as content

Finally, when planning the content of a program, designers should include evaluation measures and techniques in the design from the beginning (Normand et al., 2000). As Powell (1998) points out in his review of issues in evaluating parenting curricula, on-going evaluation can make parenting programs more sensitive to the needs and characteristics of the population they serve.

When are parents most ready for programs?

Transition points

This question is about the **timing of intervention** in terms of **parents' openness to learning**. Again, this issue relates to adult education principles (Knowles et al., 1998). Parents want to get answers when they have questions. There are predictable points in a child's life when parents have questions, the first one being prenatally when they are focussed on preparing for the birth and for their transition to parenthood (Russell, 2003). Later transition points—the rapid physical changes in the first year of life, the emotional and social changes in the second year, starting child care, school entry, puberty— are also times when parents typically seek information and support. When programs are designed to be delivered at these transition points to parents who share the concerns in question, they are more likely to attract participants and to succeed in responding to their needs (Normand et al., 2000). In other words, they are more likely to be judged effective.

In addition, parents often demonstrate their openness to learning by seeking information and support **when they encounter challenges** in their relationship with their child. Such challenges range from typical toddler tantrums, to issues of difficult temperament, to identified conditions of special needs. Challenges may also occur because of changes in family circumstances, for instance recent immigration, moving to a new region, separation, divorce or death in the family. Parents who face such challenges will be more comfortable in groups where they encounter other parents who share their situation (Mann, 2004). "Targeted" programs have the potential of stigmatizing parents, but as Normand, Vitaro and Charlebois (2000) point out, they also have the potential of **"**normalizing" a difficult situation when parents find out that they are not alone. The difference in perspective may depend on the skill of the facilitator (see below in the next section on implementation variables).

Another implication of the "openness to learning" concept is that parents need to receive support **when they come looking** for it. Being put on a waiting list for six months constitutes another barrier (Normand et al., 2000; Health Canada, 2000). If a group program is not available immediately, practitioners need to take advantage of this window of opportunity by giving parents some other options.

There is an inherent tension between the notion of "openness to learning" and the concept of prevention. Ideally, people engage in preventive programs before they have problems. But most parents in the real world don't take time to attend a program until they have a clear reason to do so and usually this means they are already feeling some discomfort in their parenting role (Drummond, 2005; Bunting, 2004; Russell, 2003). This makes it all the more important for programs to take advantage of common transition points to increase parents' motivation to attend, hopefully before the need is overwhelming (Normand et al., 2000)

Stages in the change process

The concept of timing also relates to theories of the **change process** (Prochoska and Norcross, 2002). Some writers in the field of adult education feel that the learner's readiness to learn is the greatest factor in success (Knowles et al., 1998). Therefore, to be effective, a program should fit with the participant's openness to the content and methods that it proposes. Many program designs assume that parents arrive at a parenting program in the **action stage**, ready to change their attitudes and behaviours and ready to learn new skills. Or perhaps they would be in the **maintenance stage**, looking for support to consolidate newly acquired ways of relating to their children. These two stages in the change process are commonly the situation for clinical interventions: parents are motivated to participate in a "parent training" group because it is part of their child's treatment for a diagnosed problem. However, in other situations, it cannot be assumed that parents will arrive "ready to learn." As discussed earlier (see p. 23), there are several stages that occur in the change process *before* the action stage, namely pre-contemplation, contemplation and preparation. For parents who come to a program when they are in the contemplation or preparation stages, parenting education can provide an opportunity to test the waters and check things out. Discussion with other parents in the group can help these participants move toward the action stage (Reilly, 2004).

There is some question, however, whether parenting programs are suitable for parents in the pre-contemplation stage of the change process. In fact, if parents in this stage come to a parenting program, it is probably because they have been mandated or referred. Since they may not see any reason to change what they are doing, they are less likely to be open to learn. A skilled facilitator will be able to provide opportunities for these participants to reflect on their parenting and perhaps move to the contemplation or preparation stage, but this will be difficult to do in a program designed for parents already in the action stage. Some programs have been specifically developed to meet the needs of this population (e.g., *Beyond the Basics Parenting Group*, Aisling Discoveries Child and Family Centre, Toronto). Moran et al. (2004) point out that in many cases, parents who came to a program reluctantly have, in the end, been glad to take advantage of what was offered (p. 95).

> "Several of our clients are mandated by CAS [Children's Aid] to attend and they don't have access to their children, so it is difficult for them to apply what they have learned. This is an issue that we are trying to address with CAS."
>
> FRP Canada survey of parenting group facilitators, 2006

How should programs be implemented?

> "Parents are more willing to participate in a parenting program when it is facilitated by someone who also advocates and supports them around meat-and-potatoes issues that are more pressing, e.g. child welfare challenges, income assistance, food security."
>
> FRP Canada survey of parenting group facilitators, 2006

Links with other supports

The question of context is particularly important for parents living in challenging circumstances (Gottlieb et al., 1995). Studies clearly show that these parents face multiple stressors that interfere with attending and learning from a parenting program (Drummond, 2005). Moran et al. (2004) put it this way: "families under multiple stresses will not be able to benefit fully from parenting support interventions unless their other needs are met as well." (p. 118). In these cases, the most successful programs are given in a context where parents have access to other supports. Here are some examples from the literature of ways parenting programs have provided the following supports:

- The supports may form part of the activities of the parenting program (for instance, giving toys to participants' children, organizing a clothing exchange among participants);

- The supports may be offered by the organization that is offering the parenting program, so that parents can access them at the same time as they attend the program (for instance, food bank, laundry facilities, help to find housing);

- The organization offering the parenting program may collaborate with other organizations to provide these services ("wraparound" services);

- Facilitators may link parents to other organizations in the community, which can provide the services required (for instance, counselling, legal aid, education and training).

> "Higher risk parents/families do better with a multi-dimensional support approach. One parenting education class or series is not going to have a huge impact. But having that series as well as a parent-child drop in, one-to-one support, and concrete resources such as food, clothing, etc., over a longer period of time, as well as a relationship with staff that can be flexible over time, makes for a large impact."
>
> FRP Canada survey of parenting group facilitators, 2006

Complementary programming for children

There is evidence that both parent and child outcomes are enhanced when parenting programs are given in contexts that also offer programs to children (Moran et al., 2004; Webster-Stratton, 1997; Washington et al., 2006). Children's activities can be organized in several ways.

- Children may participate in at least part of the program with their parent. This format is used in attachment-based programs such as *Parent-Child Mother Goose* and *Make the Connection*. Russell (2003) notes that **hands-on interactive sessions** with babies are important learning situations for parents who may not have prior experience using the interaction skills of touch, massage, rhythm and music (p. 82).

- Before and after a parent group session, the program may provide **informal parent-child activities** where parents can apply some of the concepts they learned. This also gives staff members the opportunity to model the behaviours being promoted.

- If children are being cared for on-site while their parents attend a group session, child care staff can plan **activities related to the topic parents are discussing**. For instance, games and crafts may be planned around the theme of safety, nutrition or naming emotions.

- **Formal programs on related topics** can be offered to children's groups, either during the time their parents are in a group or at another time of day. For instance, the Incredible Years parenting program offers a children's program called "Dinosaur Years." Studies showed that outcomes were better when both children and parents had participated in their respective programs (Webster-Stratton & Hammond, 1997)

- Webster-Stratton (1997) argues that **linking parent training programs with children's schools and with the community context** is particularly important in the case of low-income families. The purpose is to improve child outcomes by reducing families' social isolation and by strengthening social networks.

- Programs that are primarily conceived as early childhood education programs (e.g., Head Start, High/Scope Perry Preschool Project, Chicago Child Parent Centers) show **better child outcomes when they include a parent support component** (Drummond, 2005; Washington et al., 2006).

Ecological theories of child development predict that when parenting programs are linked to a wider context they will have a synergistic effect on improving both parent and child outcomes. The better results from multi-component programs are thus hardly surprising, but they do pose problems for evaluation. Exactly which variables lead to what outcomes and in what combination are they the most effective? The *Better Beginnings, Better Futures* project, which was implemented in eight sites across Ontario in the 1990s, is an example of a multi-faceted, community-based program rooted in ecological theory (Peters, 2003). Participants were families with children either aged four and under or four to eight, depending on the site. The mix of programming depended

on the age group and on community input, but could include home visiting, child care enrichment, in-class or in-school supports, parenting workshops, parent-child drop-ins, material resources, parent support groups, community events, family outings, and safety initiatives in the neighbourhood. To what components, or combination of components, can one attribute the improved child outcomes found in the first six years of the program? The researchers note that the best results, at this juncture, were obtained when programs were directed to children or to children and parents together, and when they were intensive and continuous over the four years of the project. Though projects that concentrated their efforts on parental supports and community development did not show significant improvement in measured child outcomes, the researchers suggest that positive effects may show up in future analysis of longitudinal data.

Process variables

How a program is offered may be the most important element in its success or failure. More effort may go into designing the content of programs, but "Even the best designed services may fail at any one of a number of key implementation hurdles" (Moran et al, p. 95). Carter and Harvey (1996) contend that the content of a program is less important for success than the quality of interpersonal relationships and the interaction in the group. There is a good deal of information about valued and promising practices as relates to process variables; however, much of this evidence is in the realm of "practice wisdom," mostly because research studies have concentrated on reporting outcomes rather than program characteristics (Bunting, 2004).

An exception is found in the work of Dunst and Trivette. They specifically choose to concentrate their research efforts on how support is provided. In the ecological framework underlying their work, helpgiving practices are considered one of the environmental variables that influence child, parent and family functioning (Dunst et al., 2005). In their research, these authors and their associates have found that **family-centred helpgiving practices have a beneficial impact on family outcomes**. They distinguish two clusters of practices, the one relational and the other participatory. Relational practices include behaviours like active listening, compassion and empathy that strengthen mutual trust and interpersonal relationships. Participatory practices involve giving choice, supporting participants' life goals, focussing on the family's view of their needs and experience, and including participants in decision-making and evaluation. (See also Elliott et al., 2000 and BC Association of Family Resource Programs, 2004.) Since the family support movement is also based in the ecological theory of development, it is not surprising to find that these practices adhere to the principles of family support (Dunst, 2005). If programs choose to work with ecological theory as their underpinning, Dunst and Trivette's perspective on implementation variables can be very useful to guide practice.

While implementation and process details are important to success with any population, the following section will focus on what has proven effective with parents of young children whose circumstances expose them to multiple challenges. It will be organized chronologically around the steps in the life of a program:

- Getting participants to come

- Getting them to keep coming

- Making it easy for participants to engage and learn

- Helping them to use what they learn

- Helping them to sustain and to continue their learning

At each step, evidence from the literature will be provided for what works and what doesn't. The principles underlying this analysis of implementation variables are rooted in the ecological theory of human development and in adult education theory. Sources are drawn from the parent education literature, from the family support literature and from the adult education and training literature.

Getting participants to come

Organizations that offered the *Nobody's Perfect* program reported to program reviewers that their staff spent considerable time on recruitment of parents from the population for which that program is designed (Vollmann, 2001). A research study of a program in the U.K. shows that getting parents to come is a widespread challenge in parenting education. The U.K. program targeted parents whose children had been identified as having serious behaviour problems. "Although the results showed a significant improvement in child behaviour for those who attended the programme, only 30% of those invited to join actually participated, while 57% in the intervention group attended 50% or more of the sessions. Thus while the survey findings appeared to show a considerable interest in parenting programmes this did not appear to translate into action for many of the families." (Bunting, 2004, p. 338).

Here are some suggestions from the literature about ways to attract parents of young children living in situations where they face multiple stressors:

- Do a **needs assessment**. It is important for organizations to understand the needs of the parents they are serving. A good fit between program and participants will increase program effectiveness. Since the same program will not benefit all families, organizations also need to clarify the goals of their programs so that they can refer participants either to their own program or to services in other organizations (Moran et al., 2004, p. 121). Cunningham (1999 & 2003) makes the additional point that it is important to be aware of where people are in the change process so that the program can also be adapted to that characteristic of participants.

- Offer a **range of programs**. One size does not fit all. If one program does not appeal to a parent, another one may (Normand et al., 2000). Offering choice honours the diversity of interests and learning styles of adults (Heath, 1998).

- Organize programs by **age of children** and **parenting topics**. As noted earlier in the section on timing, adults are motivated to learn things that they can use in their daily life. A group that focuses on the ages of their children will be most likely to attract their interest. Topics related to transition points or to particular behaviours will also be most likely to motivate registration (Buchanan, 2004). Normand et al. (2000) suggest that "preparation for school" is a non-stigmatizing way to describe the topic of a parenting program; it is an umbrella big enough to cover a wide range of parenting skills and knowledge.

- Plan **advertising** carefully, keeping in mind potential participants' interests, language and literacy skills. Effective advertising piques people's curiosity, makes the subject sound relevant to them personally and offers enticements for attendance (Barer-Stein & Connolly, 1993). In small communities and some ethnic groups, word of mouth from former participants is more effective than posters and flyers (Health Canada, 2000). The recommendation of respected community leaders can also play a big role in the success of a program (Health Canada, 1998).

- **Personal contact** works. A number of authors point out that personal contact frequently works to attract hesitant parents (Normand et al., 2000; Vollmann, 2001). A study of ways to recruit fathers mentioned canvassing in specific environments (home, work, recreational areas, pubs, etc.) and asking fathers to offer services, such as handyman skills, as ways to raise interest in project activities (Health Canada, 1998).

- **Persistence** pays off. Phone calls and letters to remind participants of meeting times have been shown to reduce "no-shows" at first meetings. Follow-up phone calls also provide an opportunity to clarify parent expectations and reduce anxiety, other factors that lead to higher participation (Moran et al., 2004).

- Recruitment is easier when participants have at least **met the facilitator** beforehand. When the facilitator makes personal contact before the program, participants can ask questions about any concerns they have. The reassurance may help to overcome any apprehensions that would prevent them from registering (Health Canada, 1998).

- Offer the program at a **convenient time and place** for participants. Cunningham (2003) reports on studies that show that single, unemployed parents with low income and low education levels are more flexible about the time of the day of a program than two-parent, employed families who prefer evenings or Saturdays. The time must nonetheless fit with children's routines and transportation schedules. The location of programs must be convenient for participants to get to with minimal travel time (Buchanan, 2004).

- Consider the right **length for the program**. According to McLennan and his coauthors (2004), most proven prevention programs are intensive and are provided over a relatively long period. Gottlieb et al. (1995) argue that, since people do not change attitudes and beliefs easily, primary and secondary prevention programs need to last long enough to have an effect. Moran et al. (2004) found that parents with complex problems and multiple challenges did better with programs that were more intense and of longer duration. In line with this position, many community programs for disadvantaged populations last for years, particularly if they involve early childhood education components (Thomas et al., 1999). On the other hand, parents generally hesitate to commit themselves to a program that lasts more than six to eight weeks. For instance, facilitators of the Early Learning Canada program found that the eight-week format of the course was a barrier to participation in some communities (Ellis, 2003). Only half of the parents interviewed for the program's evaluation had attended all eight sessions. Organizations need to know the habits of their potential participants to strike the balance between effectiveness and acceptability of the program's duration.

- **Reduce potential barriers**. Programs for parents in challenging circumstances often offer child care and assistance with transportation, to make it as easy as possible for people to attend (Forehand & Kotchick, 2002; Vollmann, 2001; Health Canada, 2000; Thomas et al., 1999). Multicultural interpretation may be necessary for parents if language is an issue (Normand et al., 2000).

- Offer **incentives**. Programs frequently use snacks and meals as a drawing card. Some also offer prizes. In some large-scale American programs, parent assistants receive payment for their participation (Normand et al., 2000).

- Choose a **non-threatening environment**. The principles of adult learning tell us that adults learn better in settings in which they feel comfortable, both physically and emotionally (Knowles, 1998). Since anxiety interferes with being open to learn, the environment needs to be non-threatening in the eyes of the partici-

> "Parents often comment that our Family Place and its programs are a safe place that they can come to. 'You create a feeling of family for us' is a comment that we often hear."
>
> FRP Canada survey of parenting group facilitators, 2006

pants (Health Canada, 2000). This requires organizers to look at their location through the eyes of potential participants. Forehand and Kotchick (2002) point out that families may have had negative experiences in their dealings with social service agencies. As has been found in the case of adult literacy programs, better results are achieved when activities take place in familiar settings where people already live, work, study and meet (Smythe & Weinstein, 2000).

- Publicity for the program should be **non-stigmatizing**. People are unlikely to register for a program if they think it is only for parents with problems (Normand et al., 2000).

- Encourage **referrals** from other community organizations. It is important for organizations offering parenting programs to inform their community partners of the nature of the program offered (Health Canada, 2001). Vollman (2001) found that for *Nobody's Perfect* programs, referrals were one of the two most frequently used means of recruitment.

> "Parents feel empowered when accessing services they need without feeling 'labeled' as ineffective for doing so. Parents who attend 'non-traditional' parent programs (such as creative or physical activity programs for adults) are more likely to be open to reflect on their parenting challenges than parents who are referred to these services because of specific childrearing concerns."
>
> FRP Canada survey of parenting group facilitators, 2006

- Offer a **"taster" session**. If parents are unfamiliar with the facilitator, the location or the concept of parenting education, they may be willing to come to a drop-in information session or a one-time workshop (Moran et al., 2004). If they are in the "contemplation" stage of the change process, this may be sufficient to move them to the preparation and eventually the action stage.

Getting participants to keep coming

A number of studies mention a significant **drop-out rate** from parenting programs. For instance, *Right from the Start* groups typically drop from 20 to 25 participants down to 15 by the end of eight weeks (Russell, 2003). Bunting (2004) mentions drop-out rates that range from 6% to 44%. Gross et al. (2003), working with a low-income urban population, reported that about 15% of parents dropped out before the end of the program. Moran et al. (2004) note that a drop-out rate of 40% is not uncommon.

There are several practical reasons that parents may leave a program: they lacked time, their work schedules changed, their children got ill, they moved unexpectedly, they were under too much stress, etc. (August, 2003; Gross et al., 2003). Even when parents complete the program, all these factors can contribute to poor attendance. It is also possible, of course, that parents decided they didn't like the facilitator, the other members of the group, the content of the program or the methods being used.

Learning theorists propose other possibilities. Knowles et al. (1998) suggest that if the learning situation creates feelings of dependency, adults may be reminded of when they were children in school. This sets up a conflict with their sense of autonomy as adults, and the resulting discomfort leads them to leave the situation by dropping out (p. 65). Barer-Stein & Connolly (1993) point out that learning is a process of experiencing the unfamiliar. The unfamiliar always evokes some anxiety since it may mean giving up old habits. Whether the unfamiliar will be seen as risk or opportunity for growth will depend on, among other factors, the participant's personal characteristics and prior experience and on the facilitator's ability to frame the new material positively. If participants perceive the new information or perspective as too risky, they may exit the process.

Here are some suggestions from the literature about **ways to maintain the attendance** of parents of young children living in situations where they face multiple stressors:

- Continue to **offer incentives** and **reduce barriers** with instrumental assistance. McLennan and his coauthors (2004) point out that it is short-sighted policy to save money by reducing funding for the kind of supports that maintain participation. When participants don't immediately see how a program will help them and when their low sense of self-efficacy makes them think that they can't do anything about their situation anyway, logistical obstacles may be enough to make them decide to stop coming to a program (Cunningham, 2003).

- Be **persistent**. Follow-up phone calls and reminders can bring non-attenders back to the program, perhaps because they provide an opportunity for one-to-one contact (Moran et al., 2004).

- Create a **relaxed, welcoming atmosphere**. Informality and a "homey" atmosphere will increase participants' comfort. They should feel that they belong in this place (Health Canada, 2000).

- Adopt a **non-judgmental attitude**. People don't stay in situations where they feel judged as inadequate or as lacking some essential qualities. Parents who live in disadvantaged circumstances often feel this way in their relations with formal systems and service providers (Forehand & Kotchick, 2002).

- **Build on strengths**. It is essential that parents feel that their experience and expertise is acknowledged (Moran et al., 2004). Recognizing participants' strengths is the foundation of building resilience and optimism in the face of difficult circumstances (Silliman, 1998).

- Increase **feelings of self-efficacy**. Self-efficacy is the feeling that one's actions have an influence on what happens. Cunningham (2003) points out that since low self-efficacy makes people feel there's no point in attending a learning activity, increasing self-efficacy should increase participation. Recent commentaries

on social support suggest that one way to help people experience the positive effect of their actions is to encourage reciprocity in giving and receiving help. When participants offer support to others, they increase their feelings of self-efficacy and competence while building feelings of belonging that buffer against conditions of social isolation (Walker & Sage, 2006). A feeling of self-efficacy is fostered by providing opportunities for participants to contribute to the program (bringing a children's book to share, demonstrating a craft to others, contributing used clothes to an exchange) (Normand et al., 2000).

- Use **mutual goal setting**. Involving participants in setting goals for the program is a particularly potent way of building feelings of self-efficacy and of ownership of the program that will motivate them to keep attending (Moran et al., 2004). (See also Health Canada, *Nobody's Perfect Training Manual*, 2003).

- Be **flexible** and **adapt** topics and material to participants. Parents need to feel they're learning something relevant and worthwhile to them. Gottlieb et al. (1995) found that community-based organizations often adapted standardized programs like *Systematic Training for Effective Parenting* (STEP) and *Parent Effectiveness Training* (PET); Ellis (2001) found a similar situation when she reviewed facilitators' practice with the *Early Learning Canada* curriculum. Particularly among facilitators working with parents with lower education and literacy skills, the "practice wisdom" was that the structure and/or content of these manualized programs did not resonate closely enough with participants' needs and interests. If facilitators didn't modify them, they felt that parents would drop out of the program. The Hanen Centre, in recognition of the fact that their programs' specific strategies will be adapted for each particular family, expects that even very experienced facilitators will spend hours planning their sessions. ([www.hanen.org/Hanen2002/pages/LearningResourceCentre/ResearchAndPublications/ResearchAnd PublicationsTheManyBenefitsOfHanenPrograms.htm](www.hanen.org/Hanen2002/pages/LearningResourceCentre/ResearchAndPublications/ResearchAndPublicationsTheManyBenefitsOfHanenPrograms.htm)).

- Link participants to other services that can **satisfy their urgent practical needs**. As noted above, many authors insist that participants' basic needs must be satisfied before they can fully engage in a parenting program (e.g., Moran et al.).

- Foster a relationship of **mutual trust and respect** between participants and the facilitator. All learning takes place in the context of personal relationships. Participants are more likely to keep attending if they feel they have a good relationship with the program's facilitator. Given the negative contact many parents living in disadvantaged circumstances have had with service providers, building a good rapport is essential to a successful program (Forehand & Kotchick, 2002). It will often be necessary to address issues of confidentiality (Health Canada, 2000).

- Be responsive to **cultural issues** surrounding parenting. Sensitivity to cultural issues goes a long way to building trust and confidence (August et al., 2003).

- Build a **feeling of belonging**. Social support from other members of the group can help relieve stress and maintain motivation for learning new parenting approaches (Gill, 1998). Bonds of attachment can keep participants coming back (Normand et al., 2000).

> "Doing weekly 'success stories' helped some participants to acknowledge that they do actually have many successes in a week, and that they made them happen, rather than always focusing on the problems we face."
>
> FRP Canada survey of parenting group facilitators, 2006

> "I believe the social component is what draws them out more than the opportunity to learn something; however, once you get them out they are usually pleased (sometimes surprised) by what they have learned."
>
> FRP Canada survey of parenting group facilitators, 2006

> "Developing a trusting relationship with me often allows the parent to go on to develop another positive relationship with another professional, in particular with high-risk populations who have had negative experiences with other professionals."
>
> FRP Canada survey of parenting group facilitators, 2006

> "We have supported families in very difficult situations and on occasions the family that is the most stressed is able to provide support to another family."
>
> FRP Canada survey of parenting group facilitators, 2006

> "Feeling small success and working from a strength-based model has given the parents the recognition that they can be good parents."
>
> FRP Canada survey of parenting group facilitators, 2006

> "I believe it's true that 'No one cares how much you know until they know how much you care.'"
>
> FRP Canada survey of parenting group facilitators, 2006

Helping participants to engage and learn

Attendance is not enough. Participants need to be actively engaged in the process for a program to be effective. To be able to engage, people need to feel comfortable and able to learn, not defensive and isolated. The methods facilitators use to present content can create a good learning climate, but the situation is complicated by the fact that what makes one parent feel comfortable may cause discomfort for another. One person may want to listen to a lecture about scientific research results, another may prefer to participate in a discussion about personal experiences. It is important to suit the methods to the participants and offer a variety of options. There is some evidence that people's ethnic backgrounds influence which methods of presentation they will feel more comfortable with and which they can use most effectively (Heath, 1998).

Here are some suggestions, particularly from the adult education literature, on **how to engage parents** of young children living in situations where they face multiple stressors:

- Continue to implement **mutual goal setting** and ask participants for **feedback** on whether the program is meeting their needs. These practices will continue to support a sense of ownership and self-efficacy (Health Canada, 2000). They will also ensure that the choice of content fits with participants' immediate concerns. According to the principles of andragogy, adults learn what they need to know and what they can put to immediate use (Knowles et al., 1998).

- Set participants up for **early success**. When working with a population with low self-efficacy and low self-esteem, it will be helpful to choose and organize content so that participants experience early success in areas that are important to them (Knowles, 1998). This may mean offering, and asking participants to share, simple, practical tips that make life with children easier.

- Use methods that appeal to a **variety of learning styles**. Considerable research in the field of adult education has demonstrated that people have different styles of both taking in and processing information. Participants will be most engaged when facilitators use many avenues to presenting information (Mann, 2004). The techniques of social learning have proved successful with a wide variety of participants in programs such as *The Incredible Years*, *COPE* and *Triple P* parenting courses (Cunningham, 2003; Webster-Stratton, C., 1997).

- Ensure that written materials suit the **literacy level** of participants. As noted above, 42% of the adult population in Canada has difficulty extracting meaning from written text of medium complexity (Pound, 2006). It will be difficult for participants to engage in a program if they have difficulty reading the documents provided.

- Use **pictures and videos** that portray people that participants can identify with. Social learning theory predicts that people will more likely follow the model of someone they can identify with. They must see the model as applicable to their situation (Moran et al., 2004). It is also important that these images be of professional quality, since people will compare them to what they see on their TV set at home.

- **Have fun** and keep it lively. Many authors emphasize the importance of creating a fun atmosphere, especially for young parents and for families who might not have much access to entertainment (Normand et al., 2000; Health Canada, 1998; Health Canada, 2000). The learning atmosphere should not feel like a classroom.

- Ensure that the facilitator has the **personal qualities** to build a relationship with participants. The personal qualities required for the relational practices associated with family-centred practices include empathy, warmth, caring, and commitment (Dunst, Trivette & Snyder, 2005; Normand et al., 2000). The personal characteristics required to adhere to participatory practices include humility, respect for differences and an ability to share power. Moran et al. (2004) found that the ability to build a sense of partnership with participants was an essential factor for effectiveness. They also report that studies show that practitioners' ability to form constructive relationships generally matters more than their personal attributes, such as gender, age and ethnicity when it comes to effectiveness. Nonetheless, in minority communities, many programs prefer to hire a facilitator from the same cultural group or with similar life experiences as participants, as a way to establish rapport more quickly (Moran et al., 2004).

> "Number One has to be a positive relationship of trust between the parent and the facilitator. This can take time and isn't easily developed unless the program continues for several consecutive sessions."
>
> FRP Canada survey of parenting group facilitators, 2006

- Ensure that the facilitator has up-to-date, **reliable knowledge** in relevant areas. In order for parents to be able to make informed choices for their families, facilitators need to present relevant content in a variety of areas, including child development, child guidance, nutrition, safety, problem solving techniques and community resources (Mann, 2004). Knowledge of other subjects may be required, depending on the topics raised by parents. Facilitators also need knowledge about family systems, family stress and group process to support them in their work (Mann, 2004).

- Ensure that the facilitator has the **required skills** to work with the parents in the program. Doherty (1995) applies his concept of a continuum of levels of intervention from education to therapy by outlining the training that facilitators require at each level (Mann, 2004). At level 3, facilitators should have advanced facilitation skills that follow both relational and participatory practices. Barer-Stein & Connolly (1993)

refer to the process as "nurturing" learning in accordance with learner-centred principles of adult education. Forehand and Kotchick (2002) note that directive behaviour from the group leader tends to evoke resistance in participants. As noted above, overly didactic and instructional methods may cause discomfort in participants by reminding them of school and cause them to drop out. Recognition of where participants are in the change process will also help facilitators engage participants at each stage (Reilly, 2004).

- Provide **ongoing training** for facilitators. Facilitators require frequent opportunities to keep their knowledge up to date and to hone their facilitation skills (Vollmann, 2001; Normand et al., 2000). Doherty (2005), reporting on a community engaged parent education project, found that mentoring of facilitators gave the best results.

- Provide **support and supervision** for facilitators. Normand et al. (2000) found that primary prevention programs have the most impact when facilitators receive good support. Even experienced facilitators need time for preparation, since each group is different. Carter & Harvey (1996) mention the benefits of regular supportive supervision: encouragement of reflective practice, including awareness of principles and theories; quality assurance to ensure that adherence to program goals is maintained when adjustments are made; opportunities to increase collaboration; and a clearer awareness of boundaries for front line practitioners. Working with parents who face multiple challenges can be exhausting; facilitators need an opportunity to debrief and obtain additional resources when required (Health Canada, 1998; Forehand & Kotchick, 2002). They need to know how to set boundaries and take care of their own needs. In particular, they need to know they can refer parents whose situation demands more intensive interventions to secondary prevention programs or to individual counselling (Doherty, 1995). Normand and his co-authors also emphasize that such support, along with adequate pay, will reduce staff turnover. Stability in personnel is essential to maintain the personal, trusting and collaborative relationships that are the foundation of work with parents living with multiple challenges (Health Canada, 2000).

Helping participants to apply what they learn

Moving knowledge and insights from the group setting into use in parents' homes must be a goal of any prevention program. It is not enough to say things; for children's lives to be improved, parents have to put them into practice. Skilled facilitators use techniques that help parents do that.

Here are some suggestions, particularly from the adult education literature, on how to make it easy to **move learning from classroom to kitchen** for parents of young children living in situations where they face multiple stressors:

- Engage learning on the level of **attitudes and values**. Barer-Stein & Connolly (1993) point out that there is an emotional component to learning new health-related behaviours. Attitudes, beliefs and values cannot

be ignored. Interactive techniques, especially **role-playing and demonstrations**, are best suited to engaging emotions. One of the most powerful techniques uses videotaping of the participant with his or her child. Some examples of programs that use this last technique are *You Make the Difference* (Hanen Centre), *Make the Connection* and *Circle of Security* (Marvin et al., 2002).

- Instil **confidence and hope**. If parents start from a position of low self-esteem and low self-efficacy, the fact that the facilitator believes in their abilities can go a long way to helping them succeed (Ives & Stoneson, 2005). In fact, research into efficacy in early intervention leads to the conclusion that the degree to which parents feel supported in their own development as confident and competent caregivers can have an enormous impact on the success of the intervention (McCollum and Hemmeter, 1997). On the other hand, it has been suggested that a low sense of self-efficacy in parenting "leads to inconsistent and non-authoritative parenting styles including ineffective discipline" with negative

> "Once they begin to experience success at parenting, their confidence increases and they are able to pursue training or employment opportunities."
>
> FRP Canada survey of parenting group facilitators, 2006

> "People realize they know a lot more than they thought and develop confidence in dealing with their children and that can carry over as the child enters the school system. People realize they are not alone in what and how they think about parenting and that everybody feels a bit crazy at times."
>
> FRP Canada survey of parenting group facilitators, 2006

consequences for child outcomes (Moran et al., 2004, p. 65). To reinforce a strengths-based approach, facilitators can recall participants' past successes meeting challenges, make new ways of doing things seem possible by breaking them down into small steps, encourage participants to decide on their priorities and support them to imagine solutions (Barer-Stein & Connolly, 1993).

- Make learning **personal**. By giving many examples and applying new ideas to participants' personal situation, facilitators can help participants transform acquired knowledge into something that is personally meaningful and useful (Barer-Stein & Connolly, 1993). The personal experiences of other group members will be most powerful in making this transformation real.

> "Parents often obtain more support through sharing their experiences than from the program content."
>
> FRP Canada survey of parenting group facilitators, 2006

- Use **active learning** techniques. Learning comes alive when it is active. Facilitators can illustrate concepts using live or video demonstrations, as well as scripted and unscripted role plays. Several authors note the

effectiveness of videotaped vignettes, followed by discussion of the skills that were modelled, for example as used in *The Incredible Years* program (e.g., Barlow, 1999). In their review of the effectiveness of parenting groups with professional involvement, Thomas and her coauthors (1999) specifically recommend that "videotaped vignettes of parent-child interaction, and discussion using empowerment strategies should be investigated for consideration for implementation (p. 5)."

- **Model** in interactions with the participants the skills they can use with their children. When facilitators use active listening, empathy, problem-solving techniques, etc. in the group process, they are modelling ways that parents can interact with their children.

- Set up a related **program for children**. As seen above, multi-component programs allow for synergy between formal and informal methods of learning (Moran et al., 2004). If children and parents gather together after the end of the adult part of the program, "teachable moments" may arise when staff can model new material in context.

- Provide **practice opportunities**. Practice is the key to moving learning into daily life and building up new habits (Barer-Stein & Connolly, 1993). This can be done either through role plays among adult participants or by actual practice with children. Russell notes that when parents have not had much experience relating to babies, it is important for the baby to actually be in the program so they can, for instance, practice responding to cues on the spot, rather than later at home. Several programs use videos of parent and baby interacting to provide feedback and coaching.

- Ask participants to **choose something they would like to apply** at home. "Homework" is part of many parenting programs, particularly those based on social learning theory (Cunningham, 2003). Clearly this helps parents put into practice the concepts they have discussed. However, parents under stress may find it difficult to complete practice assignments outside the session (Forehand & Kotchick, 2002). In one study, 50% of parents said they had difficulty finding time to do the homework assignments (Gross et al., 2003). Family-centred participatory practices would suggest that collaboration would be higher if participants could choose for themselves what they wish to use in their family. They are more likely to do what they have themselves committed to. In either case, the results are normally discussed at the next group meeting.

Helping participants to sustain learning

When evaluations are carried out six months or a year after a parenting program, it is common for evaluators to find that intervention effects have diminished, as compared to the results of evaluations done immediately after the program's end. (e.g., Wolfe & Hirsch, 2003; Lipman & Boyle, 2005). For instance, in their random controlled study of a parenting program providing education and social support for single mothers living in poverty, Lipman and Boyle (2005) found that initial positive effects from a 10-week course attenuated over time. They conclude that a focused, time-limited group program is not sufficient to make a long-term difference for these disadvantaged families. Gross et al. (2003) found what they called "backsliding" into coercive discipline strategies at 6-month follow-up with parents in a low-income urban community.

Research in the area of adult education and training has shown that while people may remember knowledge that they have acquired in a program, any **behaviour change will require ongoing support** if it is to be maintained. Changes in attitudes and beliefs are even harder to make and maintain. Grusec (2006) has written about the influence of parents' attitudes and beliefs on the way they parent and thus on outcomes for their children.

Here are some ways suggested in the literature to maintain the positive effects of participation in a parenting program for parents of young children living in situations where they face multiple stressors:

- Build a **support network** for participants to access after the end of the program. Participants can be linked to other organizations from whom they can continue to receive support and information about the topics covered in the parenting program.

> "Parents started their own parenting group after the program and continued to meet and support each other."
>
> FRP Canada survey of parenting group facilitators, 2006

- Encourage **links among participants**. This may range from suggesting an exchange of contact information among participants to offering a place for participants to meet informally after the end of the program.

- **Embed the parenting program in a larger context of continuing support**. It will be easier for parents to maintain their learning if the parenting program takes place in an organization that offers other activities, such as a collective kitchen, early childhood education and care, a parent-child drop-in or family outings. Participants will thus have easy opportunities to see each other again, to see staff members model skills and to ask questions that may arise after the program finishes. They may also take advantage of other parenting programs offered by the organization.

- Offer **"booster" sessions**. While long duration may be a barrier to recruitment, once parents have completed a program, it is common to hear that they wish it lasted longer. Bonds have formed, schedules have been adjusted and people now look forward to getting together (Normand et al., 2000). Vollmann (2001) noted this reaction in the comments of parents who had finished the six-week *Nobody's Perfect* program, and she observed that this program is flexible enough to respond, providing up to 12 sessions in special circumstances. Booster sessions, where a group continues to meet at more infrequent intervals, are another way for parents to maintain social support for new attitudes and behaviours (Gill, 1998). Gross et al. (2003) suggest that the supportive group format of their program helped low-income participants deal with their stress and put new strategies into practice. Without the support of the group, they tended to fall back on old habits. The authors therefore suggest booster sessions in the first six months after the initial program to continue support for these parents. Similarly, one year follow up showed "slippage" in skills acquired during the *Effective Black Parenting Program* (www.ciccparenting.org/cicc_ebpp_1112.asp), and course designers recommend booster sessions to "help parents stay on the path." Some policy-makers appear to believe that "a little is better than nothing," when in fact "a little" may result in minimal impact and no long-term change.

> "I'm amazed at parents' willingness to go 'above and beyond' to help another parent in need when they themselves are struggling."
>
> FRP Canada survey of parenting group facilitators, 2006

> "In my singles group, the parents wanted to continue meeting after the series was finished so one of the participants became the 'volunteer facilitator' for the group and since has been hired on by our organization."
>
> FRP Canada survey of parenting group facilitators, 2006

- Offer "part two" for the **next stage of development**. *Entraide-Parents* is an organization in Quebec City which has developed three courses for parents: one for parents of preschoolers, one for parents of children aged 6–12, and one for parents of teens. It was parents who had taken one level of the course who asked the program's designers for the next level.

> "We have witnessed very tight groups and have had to create a new program for them as their children get older so they can continue to come."
>
> FRP Canada survey of parenting group facilitators, 2006

- **Distribute a newsletter**. Some organizations keep in touch with former participants through a newsletter which can contain short articles about topics related to the parenting program, handy parenting tips and news of parent-child activities in the community (Normand et al., 2000). It can also encourage former participants to refer their friends to an upcoming program.

- Model **methods for approaching challenges**. One aim of parenting education is to give parents the tools to make choices for their own families. Learning an approach to problems will help participants find their own answers when the age-specific techniques they learned in a program for young children are no longer adequate. McCollum and Hemmeter (1997) suggest that this ability to use strategies flexibly and to adapt to changes as children get older should be specified as a desired outcome of any program.

- Link participants with **significant institutions in their child's life**. Webster-Stratton (1997) has found that results are better for low-income families when parents' social support networks are strengthened and they make connections with the schools and the community.

- Model techniques for finding and obtaining **sources of help in the community**. Forehand & Kotchick (2002) note that when parents face multiple stressors, attendance at a parenting group will not answer all their needs. It is essential to connect them with a continuing network of supports.

Recommendations for further research

In the course of reviewing the literature, several gaps were identified. It would be useful to have more information about promising practices in the following areas:

- **Working with parents from different cultures.** More studies are required to determine how best to respond to cultural differences in parenting practices in the context of Canadian culture.

- **Working with fathers.** More controlled studies are required to find out what methods and content will attract and engage fathers in parenting programs (Moran et al., 2004; Health Canada, 1998; Saskatchewan Institute on Prevention of Handicaps, 1997).

- **Helping parenting partners adopt compatible parenting styles, including in situations of separation and divorce.** Family systems theory would predict that the strength and health of the relationship between parents will have an important effect on child outcomes (Gottlieb et al., 1995). In particular, Russell (2003) reports that parenting satisfaction is higher when the marital relationship is good and that marital conflict has been found to be associated with negative outcomes for children. However, few parenting programs address this relationship, not even as it concerns parents' ability to agree on parenting style and limit setting. Researchers studying the effect of parenting style on child outcomes usually interview only one parent, as if they assumed that the child is exposed to only one parenting style. In fact, especially in situations of divorce or separation, this cannot be automatically assumed. Marital discord and lack of partner support are cited as two factors that interfere with getting the most out of a parenting program (Gill, 1998). There is even some suggestion that in certain cases, participation in a parenting course by one parent has in fact increased conflict between partners (Moran et al., 2004). While Moran and her colleagues report that the literature concurs that effects are enhanced when both parents participate, they also observe that practitioners are divided about whether both parents should attend the same group program at the same time. On the plus side, parents would then receive the same information and skills training at the same time, with the potential for more agreement on implementation in the home. On the negative side, the group dynamic could be negatively affected by the airing of conjugal conflict in the group setting. More studies are required to explore how parenting programs can respond to this dynamic and its effect on child outcomes.

- **Finding out why people do not register for parenting education and why they drop out; answering the question of whether outcomes are related to the number of times people attend and how actively they engage.** More studies are required about the reasons people do not register for parenting programs and why they drop out, beyond the reasons of time, convenience and financial barriers. Answers to these questions would provide important information about how programs could respond to the needs of

people who are currently not reached. Moran et al. (2004) point out that there is an assumption that people who drop out of a program or attend sporadically will have poorer outcomes than those who attend regularly and participate actively. Until data is collected and analysed on a "dose-response" effect, this cannot be affirmed.

- **Investigating interactive programs for use in home to reach people who won't or can't attend a group program.** One solution to reaching parents who will not or cannot attend a group parenting program is to offer parenting education in their own home, the preference expressed by many parents in Quebec, as reported by Terrisse et al. (2005). Home visiting is one way to respond to this preference, but since it is an expensive intervention, it is generally available only to families considered at high risk. Interactive primary prevention programs that can be used in the home are now available on CD-ROM and on the Internet (e.g., the Saskatchewan Prevention Institute's on-line parenting course, (www.healthyparenting.sk.ca). Such a program would be particularly useful in rural and remote areas where it is impossible to assemble a group. (Unfortunately, these are also the regions with the lowest percentage of homes connected to the Internet.) Obviously, a home program like this would not be adequate to accomplish the aims of building social support and strengthening self-esteem through group feedback. However, it might be effective to teach some basic information and to build communication and child guidance skills. It might serve as a first step that would move a parent towards participation in a group.

  One CD-ROM program (*Parenting Wisely*) has been named as a model program by the U.S. Substance Abuse and Mental Health Services Administration (http://modelprograms.samhsa.gov) and has also been adapted for use in Québec (Pithon et al., 2001). Parents watch vignettes of common parenting situations and make choices among a selection of responses. All text is geared to a basic literacy level. In Quebec, families who participated in the evaluation study received the loan of a computer during the time they participated in the course. It would be interesting to see whether a similar program could be developed for use with parents of young children who live in situations where they face multiple challenges.

- **Reporting on what doesn't work.** Negative results need to be reported so that practitioners can learn what doesn't work (Moran et al., 2004). Even in studies that show significant positive outcomes for some parents, as many as a third to a half of parents may still report significant problems with their children after completing a program. Gill (1998) refers to several personal characteristics that have been found to be associated with lack of improvement, including depression, marital discord, unsupportive partner, poor problem-solving, lack of social support and environmental stress. More studies on this topic would help organizations predict who is most likely to benefit from a particular type of program.

- **Determining adequate evaluation measures of long-term, latent and unintended results**. Evaluation measures need to be developed to capture long-term, latent, unintended and intangible outcomes of parenting programs that are reflected in the "practice wisdom" of both practitioners and participants.

Annotated Bibliography

Barer-Stein, T. & Connolly, C. (1993). The health educator: Nurturing the learning link. In Barer-Stein, T. & Draper, J. (Eds., 2nd ed.) *The Craft of Teaching Adults*. **Toronto: Culture Concepts Publishers. 87–103**
The authors of this chapter use the term "nurturing learning," rather than "facilitating" when referring to adult health education. They prefer the holistic, supportive and growth connotations of the word "nurturing," implying that each individual has the potential to develop and shift towards taking control of his or her own health decisions. They see learning as a process of experiencing the unfamiliar, moving through the steps of being aware, observing, participating, rote internalizing, confronting perceived risk or perceived challenge and reflective internalizing. Their article examines this process from the perspectives of both the learner and the professional. They also discuss how this change process occurs and the implications for the health educator. They address the question of motivation, which they see as composed of curiosity, relevance and enticement.

Barlow, J. (1999). *Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years: A review of the literature on parent-training programmes and child behaviour outcome measures*. **Oxford: University of Oxford, Health Services Research Unit, 1-40. www.rip.org.uk/evidencebank/fulldetail.asp?id=30 consulted February 2, 2006.**
This article reviewed the research related to group parent training for parents of children aged 3 to 10 who had behaviour problems. It followed strict inclusion criteria (overviews or first order evidence from random controlled trials with standardised child behaviour outcomes) so that only 18 out of a total of 255 studies were included. The authors report that videotape modelling combined with group discussion produced good results when compared with other interventions and with the control group. Changes in children's behaviour were sustained over time, and group-based programs produced more change than individual interventions. While programs with individual parents were effective compared with a control group, none achieved the level of change produced by group-based programs. Overall, while all group-based parent training programs produced changes, the behavioural parenting skills programs had more effect than other parent training approaches as regards improved behaviour in children with behaviour problems. The authors note a number of methodological problems with assessing meaningful outcomes. The small proportion of potential studies that were included in the review points to the inadequacies of the present literature, as well as to areas for further research.

BC Association of Family Resource Programs (2004). *Working to Make a Difference: Guidelines for Best Practices in Family Resource Programs*. **Vancouver: BC Association of Family Resource Programs.**
This publication establishes guidelines for best practices to help family resource programs provide quality services to families and children. Best practices are defined as "methods that have been proven by current research to be most effective in promoting healthy families." The analysis begins with a definition of the desired short- and long-term outcomes of family resource programs, answering the necessary first question: "for what purpose are we doing this?" While the best practices apply to all components of a family resource program, they can also be applied more specifically to parenting programs. The book also includes sections dealing with, among other topics:

- reflective practice
- the link between best practices and outcomes for families
- keeping best practice considerations in mind when planning programs
- the relationship between best practices, values and principles
- the benefits of best practices for family resource programs

Also highlighted are practical tips for action, such as organizing fun recreational activities and outings, as a positive way to build supportive relationships both within and between families.

Bond, L. & Burns, C. (1998). Investing in parents' development as an investment in primary prevention. *Journal of Mental Health* **7, (5), 493–503.**

The authors posit a continuum of programs for parents ranging from "parent training" on one end, to parent development on the other, with education programs in the middle. Parent training refers to programs that focus on specific, concrete behaviours defined as "parenting skills." Education programs involve more generalized parenting skills and information about child behaviour. Finally, on the end of the continuum, there are initiatives that foster parents' own cognitive, social, emotional growth, interpersonal, political or work-related skills and networks, and may not even specifically address the parenting role per se. Basing their perspective on Bronfenbrenner's ecological theory and Bandura's theories of efficacy and efficacious dyads, the authors contend that enduring prevention effects will only come through enduring interventions that touch the multiple systems in which child and parent are embedded. They note that parents' cognitive development will influence their conception of their children's behaviour and that parents' social support has been found to be associated with positive parenting. Furthermore, they argue that parents need certain developmental capacities themselves to most effectively foster the development of their children. Indeed, they need certain capacities to be able to benefit from parenting programs. In support of their position, the authors cite a parent development program used in Vermont with marginalised and isolated parents. Using peer dialogue and narrative, this program succeeded in increasing both social support and cognitive development, with improved outcomes for participants' young children as well. Facilitators moved away from assuming that everyone is the same and telling parents how to behave, and began using empowering practices. In this way, parents were better able to translate knowledge into parenting practices that were more culturally relevant to them.

Bunting, L. (2004). Parenting programmes: The best available evidence. In *Child Care in Practice*, 10 (4), 327–343.

This article examines a number of systematic reviews that summarize the best available research evidence on the impact of parenting programs on a range of parental and child outcomes. It also looks at the uptake of parenting programs in the United Kingdom, the evidence for effectiveness and the efficacy of adopting a population-based approach to parent education. The author concludes that parenting programs have a beneficial effect, although she notes that the characteristics of programs are often not extensively described in research reports that concentrate on outcomes. The bias to random controlled trial studies in systematic reviews means that effects seem most significant in groups identified with problems, for instance mothers suffering from depression or children with behavioural problems. The author notes that participation in such programs is far from universal and that while parents may express an interest in learning more about parenting, this interest does not reliably translate into action in the form of attendance at a group.

Chao, R. & Willms, J.D. (2002) The effects of parenting practices on child outcomes. In Willms, D. (ed.) *Vulnerable Children.* **Edmonton: University of Alberta Press.**

Using figures from the National Longitudinal Survey of Children and Youth, authors Chao and Willms look at the relationship between the parenting practices that parents use with their children aged 2 to 11 and the parents' own educational achievements and income. They use a classification of parenting styles into categories of authoritative, authoritarian, permissive and permissive-irrational or irresponsible. They note that in the past, the literature has tended to associate authoritarian and permissive styles with families with fewer educational and economic resources. They also investigate whether the different parenting approaches have a differential effect onchildren's outcomes, noting that in the past authors have tended to explain children's negative school results with their parents' style. The authors' analysis of the data shows that behaviour problems in children are much more closely related to parenting styles than to socio-economic status (SES) or to family structure. They found that about a third of Canadian parents favour an authoritative style (as measured by the questions in the study). One quarter could be characterized as authoritarian and another quarter as permissive. About 15 % had inconsistent styles and were classified as permissive-irrational or irresponsible. There were strong positive effects of positive parenting practices (i.e., the authoritative style) on child outcomes, particularly on pro-social behaviour. The authors conclude that an association between negative child outcomes and low SES is not due to parenting styles but rather to other aspects of living in poverty. Furthermore, any policies aimed at improving

parenting practices should be aimed at all levels of society since both negative and positive styles are found in rich and poor families alike.

Cowen, P. S. (2001). Effectiveness of parent education intervention for at-risk families. *Journal of the Society of Pediatric Nurses.* **6, (2) 73–83.**
The author presents an overview of the influence that parenting education is assumed to have on the reduction of child abuse and neglect, including a discussion of the theoretical underpinnings and mechanisms. Her study explored whether parents who completed the Bavolek Nurturing Program improved their parenting attitudes. Skills taught to the parents during the program include handling feelings, communicating needs, developing empathy, taking charge of one's own behaviour, having warm interactions and fun within the family, establishing nurturing routines, handling stress and anger, gaining self-esteem, learning effective discipline, and giving and receiving healthy touch. This could be considered a secondary or even tertiary prevention program, since the sample included self-referred families, families in crisis, and families who had been court referred for mandatory attendance and who were receiving services from their local child-abuse prevention agencies. About half the sample demonstrated at-risk sociodemographic characteristics. At post-test, parents showed an increased knowledge and expectations about developmentally appropriate child behaviour. This study demonstrates some of the limitations of research in the field. As the authors point out, there was no control group and it was impossible to obtain measurements from a substantial percentage of the participating families due to the stressful and transient nature of their lifestyle. Many parents were reluctant to provide sociodemographic data. Finally, it was beyond the scope of the study to investigate the possible confounding effect of participants' use of additional services or referrals that may have affected parents' childrearing attitudes.

Ennis, F. & Samson, Y. (2002). At the Heart of Our Work: The Theoretical Framework and Core Elements of a Reporting and Evaluation System for the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) in Atlantic Canada. Halifax: Health Canada.
This report identifies four main bodies of knowledge underlying the theoretical framework behind CAPC/CPNP programs in Atlantic Canada:

- a social ecological approach
- a population health promotion focus
- an empowerment approach
- a goal of social and economic inclusion

The authors also examine the factors in programs that lead to positive change. They note that it is usually impossible to predict when or what changes a particular individual or group will undergo. This is because people come to programs for their own reasons, bringing their different strengths, goals and capacities for learning. The authors conclude that change (outcomes) must be assessed according to each person's starting point and personal objectives. This means that many outcomes will be positive, but unintended and therefore not necessarily captured by evaluations. The second section of the report describes the values, beliefs and philosophies, along with the core elements, that are key to the success of the projects under discussion. Finally, the report includes a glossary and a list of supporting documents.

Fogg, L. & Gross, D. (2002). Threats to validity in randomized clinical trials. *Research in Nursing & Health,* **2000, 23, 79–87.**
As authors Fogg and Gross point out (2002), the RCT approach works well when studying how to grow better bean plants, but is fraught with problems when applied to broad health promotion in humans. They identify five threats to the validity of RCTs which increase the likelihood of false conclusions about an intervention's efficacy:

• People drop out at rates that are not random, and that are in fact correlated with personal factors that may be significant to the intervention's purpose.
• Subjects refuse to cooperate so that some who are randomly assigned to treatment don't want to participate and some who are assigned to the control group look for treatment elsewhere.
• It may be hard to define and maintain an adequate control condition or placebo group.
• It is difficult to monitor and enforce the extent to which participants actually do what the intervention requires them to do.
• Many extraneous factors may interfere with the measurement of meaningful change.

The authors recommend three strategies for addressing these problems:

• Adding a dose-response model to RCTs so that non-adherence (for instance, absenteeism) becomes a variable that can be studied. The theory underlying the intervention will point the way to what factors need to be operationalized when determining dose;
• Adding qualitative measures to get at changes that are meaningful to participants;
• Developing participant-centred research methodologies that are more consistent with participants' daily activities and valued outcomes.

Forehand, R., & Kotchick, B.A. (2002). Behavioral parent training: Current challenges and potential solutions. *Journal of Child and Family Studies,* **11, 377–384.**
In this article, the authors observe that behavioural parent training has emerged as one of the most successful and well-researched interventions to date in the treatment and prevention of child and adolescent externalizing problem behaviours, for example, aggression and non-compliance. They discuss challenges that practitioners encounter when implementing this approach to secondary and tertiary prevention with families who have identified problems. In particular, they discuss:

• the selection of an age appropriate, empirically validated program;
• the accommodation of families' different levels of need through varying levels of intensity in the intervention;
• the concurrent presence of other family processes, such as parent depressive symptoms and marital conflict;
• the presence of stressors in the families' broader social context which interfere with treatment or maintenance of treatment gains, a challenge that is particularly relevant for families of low socioeconomic status;
• the need to build trust and rapport to overcome the negative nature of many of the contacts families have previously had with social service agencies;
• the possible inappropriateness of the content and methods of programs developed for Caucasian families when working with families of other ethnic origins;
• the existence of parental expectations of child behaviour and of the therapy process which may interfere with their ability to adhere to the treatment regimen;
• the stress of dealing with children's problem behaviours which may interfere with parents' ability to comply in applying learned skills in the home;
• the possible discouragement of group facilitators with parents facing multiple stressors that are not addressed by the parenting intervention but require collaboration among a number of community supports.

Goodson, B. D. (2005). Parent support programs and outcomes for children. In Tremblay, R., Barr, R. & Peters, R. DeV., eds. *Encyclopedia on Early Childhood Development* **[online]. Montréal, Québec: Centre of Excellence for Early Childhood Development.** http://www.child-encyclopedia.com/Pages/PDF/GoodsonANGxp.pdf **consulted February 27, 2006.**

The author raises the problem of evaluating the effectiveness of parent support programs, due not to the lack of studies but to the lack of quality in the research. She finds that the strongest evidence regards the effect of parent support on children's cognitive development, particularly at preschool age. Looking at the question of which parent support programs have the strongest effect on measures of children's social and emotional development outcomes, the author of this article finds that effective programs share three characteristics:

- they target parents whose children have been identified with a behaviour problem or developmental delay
- they use professional or paraprofessional staff
- they provide opportunities for parents to meet and provide peer support
- they combine parent support and early childhood education services

She notes that recent reports on longitudinal research have provided evidence of long-term social outcomes. She urges more and better research to improve our understanding of whether and how working with parents can lead to better child outcomes.

Gorman, J.C. & Balter (1997). Culturally sensitive parent education: A critical review of quantitative research. *Review of Educational Research.* **67 (3), 339–369.**
The authors of this article review the quantitative research in the area of culturally sensitive parent education in the U.S., describing in detail programs designed for Afro-American parents and Hispanic parents. They find methodological flaws in the studies on the effectiveness of these programs which may explain why the programs appear to be less effective than comparable standard programs. Even though no quantitative studies were found on the effectiveness of programs for Asian American and Native American parents, such programs are described. The authors note that qualitative data show that these programs work well for at least some segment of the population. Moreover, they note that restricting evidence to quantitative data may be reductionist when dealing with such a complex human relationship. They suggest that it is important to consider the interaction among parent outcomes, child outcomes and parent-child outcomes.

Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W. & Grady, J. (2003). Parent Training of Toddlers in Day Care in Low-Income Urban Communities. Journal of Consulting and Clinical Psychology, Vol. 71, No. 2, 261–278.
The authors tested a 12-week parent training program with parents and teachers of two to three year olds in child care centres serving low-income families of colour in Chicago. Subjects were randomly assigned to one of four conditions:

a) parent and teacher training,
b) parent training,
c) teacher training, and
d) waiting list control.

After controlling for parent stress, researchers found that parents in conditions (a) and (b) reported higher self-efficacy and less coercive discipline and were observed to have more positive behaviours than parents in groups (c) and (d). Among toddlers in high-risk behaviour problem groups, toddlers in the experimental conditions showed greater improvement than controls. Follow-up showed that most effects were retained one year later. Benefits were greatest when parents directly received training. In spite of these positive results, the authors note many of the challenges of working with this population. Over the course of the study, just over a quarter of the sample dropped out, and the drop-out rate was higher (30%) in the two conditions that required parent participation. The reasons given for dropping out were lack of time, changes in job schedules, too much stress and child leaving child care centre. Other causes were unknown because of an inability to contact parents.

Another limitation of the study was that many parents who were assigned to the participation conditions did not enrol; the reasons were not reported. Of those who did participate, a third said it was difficult to attend and a half said it was hard to complete assignments.

Grusec, J. (2006). Parents' attitudes and beliefs: Their impact on children's development. In Tremblay, R., Barr, R. & Peters, R. DeV., eds. *Encyclopedia on Early Childhood Development* **[online]. Montréal, Québec: Centre of Excellence for Early Childhood Development.**
http://www.child-encyclopedia.com/Pages/PDF/GrusecANGxp.pdf, consulted February 27, 2006.

The author of this article examines parenting attitudes, cognitions and the emotions to which they give rise because, she argues, they guide parenting behaviour and therefore affect children's socio-emotional and cognitive development. She notes the difficulty of determining parents' beliefs and attitudes, given that they may be unconscious. Even when parents are aware of their beliefs, they may be reluctant to divulge them to researchers, for fear of being judged negatively. She also points to new research that emphasizes the bidirectional nature of parent-child relations: children influence their parents' behaviour as well as being influenced by it. She cites research that shows that parents act more positively towards their children when they have made more accurate and complete assessments of their child's abilities and mental states. The implication for practice is that parents may choose ineffective parenting practices not because they lack strategies but because they hold maladaptive attitudes and beliefs about their children and the parent-child relationship.

Health Canada (1998). *On Fathers' Ground: A Portrait of Projects to Support and Promote Fathering.* **Published online at www.phac-aspc.gc.ca/dca-dea/publications/father_e.html consulted February 23, 2006.**
This document reports on a project that surveyed organizations across Canada that offered programs and activities for fathers. Fifteen projects were selected for examination of their "success factors," what made for effective programs for fathers. The introduction also contains information about the changing role of fathers, along with research concerning the effects of father involvement on child outcomes. It discusses ways to encourage fathers' participation in parenting and other programs.

Health Canada (2000). The CAPC/CPNP Think Tank: Reaching and Maintaining the Focus Population, Literature Review. Ottawa: Health Canada.
www.phac-aspc.gc.ca/dca-dea/publications/pdf/focus_population_e.pdf consulted February 2, 2006.
This document reports on a two-day meeting which brought together practitioners from 38 CAPC and CPNP projects with community-based participatory researchers. The role of researchers was to link the experience-based "practice wisdom" of practitioners with broader-based research findings drawn from national and international sources. The topics discussed were grouped around four important issues of common interest: maximizing parental involvement; reaching and maintaining the focus population; increasing the breastfeeding rate; and partnership and intervention in child abuse prevention. For each topic, a section is devoted to practitioners' observations and comments, a literature review and an extensive bibliography. Project representatives stressed that flexibility and adaptability to local needs and participants' life experiences were key to the success of their work. Nonetheless, common themes emerged and are summarized in a final section: parental involvement, adequate funding for all phases (including evaluation) and flexibility.

Health Canada (2001). An ecological systems model of development. *In Community Action Program for Children (CAPC) Toolkit.* **Ottawa: Health Canada. 9–11.**
These pages provide a useful diagram of the ecological model of human development, adapted from Bronfenbrenner's work and accompanied by short explanations of how the concept of levels applies to families. For instance, in the microsystems level, the principle of bidirectional interactivity means that parents' behaviour and temperament have an effect on children, but also that children's behaviour and temperament have an effect on parents. Moreover, these effects continue and develop over time. Children also are influenced by their mesosystems (school, child care, community centre, neighbours, etc.) and by the interaction among different parts of this level. The mesosystem contains both risk and protective factors for children's development. For instance, a relationship with a nurturing adult may buffer a child against the effects of a poor parent-child attachment. The exosystems level includes settings that have an indirect influence on children by the influence they have on

elements in the two previous levels. This third level includes both formal systems (parents' work place, health and welfare services, community support organizations) and informal systems (parents' social networks and work colleagues). Finally, at the macrosystems level, we find the legislative framework and the societal attitudes and values associated with families and raising children. For instance, children's development will be affected by the funding available for child care and by society's attitudes to having children cared for outside their home. The value of the ecological model is that it reminds all concerned—program planners, policy makers, administrators, evaluators and practitioners—of the complex nature of interventions to improve outcomes for children. It points the way beyond working with children themselves to possibly fruitful areas of intervention and collaboration.

Heath, H. (1998). Choosing Parenting Curricula Based on the Interests, Needs, and Preferences of the Parents Who Will Use It. Proceedings of the Parenthood in America Conference. http://parenthood.library.wisc.edu consulted January 7, 2006.
The author of this article takes the position that the diversity of parenting programs is an advantage and that one program can not possibly meet the needs and interests of all parents. The challenge, therefore, is to find the curriculum that will best suit a specific parent or group of parents. To meet that challenge the author developed a questionnaire that parents and/or professionals can use to analyse what a curriculum has to offer and to compare that analysis with the strengths, interests and preferences of potential users. The approach was first to identify and then describe characteristics of curricula that are relevant when seeking to select a curriculum for a specific group. Criteria selected were:

- the objective or purpose of curriculum;
- its content;
- suggested methods for presenting content;
- emotional support emanating from the curriculum;
- kind of leadership;
- format of sessions, cost and availability.

The author expands on three of the more complex of these criteria. First, she uses an analysis of the parenting process to identify competencies parents use as they nurture their children. These competencies provide a means of describing the content of a curriculum:

- attitudes that motivate parents to work on an issue;
- observational skills that allow parents to identify and describe issues;
- a body of knowledge about children and parenting, including general information and information specific to their child, but also cultural beliefs and attitudes;
- thinking skills so that parents can make a plan to deal with issues;
- practical skills and behaviours that put their plan into action.

The author then examines a variety of methods that can be used to present content and focuses attention on how presentation methods will influence the way participants relate to a program's content. Lastly, she considers the potential emotional support the content and methods of delivery could give to recipients. The appendix of the article contains a three-part questionnaire to aid in selection of a curriculum. The first part is about the curriculum being reviewed. The second part is for parents to use to identify their strengths, interests and preferences. The third part resembles the second, but it aims to help professionals fit the curriculum to a specific group of parents. By comparing the answers to the various parts of the questionnaire, answers will emerge as to the potential benefits of a curriculum for a particular audience.

Horton, C. (2004). Protective Factors Literature Review: Early care and education programs and the prevention of child abuse and neglect. Washington, D.C.: Centre for the Study of Social Policy www.cssp.org.
This literature review was carried out by the "Strengthening Families through Early Education and Care" initiative of the Center for the Study of Social Policy (CSSP) in Washington, D.C. The Strengthening Families approach links research knowledge about child abuse and neglect prevention to similar knowledge about quality

in early care and education. This review looks at what the literature has to say about how existing early childhood programs can be modified in small but significant ways so that they can build protective factors and reduce child abuse and neglect. The review identifies six primary protective factors for the prevention of child abuse and neglect: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence in children. These protective factors will be reinforced when existing early childhood programs put in place strategies that: facilitate friendships and mutual support, strengthen parenting, respond to family crises, link families to services and opportunities, facilitate children's social and emotional development, observe and respond to early warning signs of child abuse and neglect, and value and support parents.

Lipman, E. & Boyle, M. (2005). Social support and education groups for single mothers: a randomized controlled trial of a community-based program. *Canadian Medical Association Journal.* **173 (12).**
This article reports on the effect of a community-based program of social support and education groups for low-income single mothers of young children on maternal well-being and parenting. Over a period of three years, nine sessions of a ten-week program provided group meetings for parents and a parallel children's activity group. Content included both child-related topics (development, discipline, etc.) and issues related to the mothers (self-care, self-esteem, grief, relationships, etc.). A manual was used, but topics were covered in no specific order, to allow participants to bring their concerns up as needed. Trained facilitators used group counselling and cognitive behavioural techniques. Participants received weekly reminder phone calls, money for transportation and snacks or a meal. A waiting list control group was used for comparison purposes. Post intervention tests showed positive short-term effects on mood and self-esteem but not on social support and parenting. Longer follow-up (at an average of 13 and 20 months) showed attenuation of these effects. At 18 months follow-up, there was no difference between participants in the two conditions who could be contacted for interviews. The authors conclude that focused, time-limited, group-based support programs, on their own, have limited potential to improve the quality of life of low-income single mothers over the longer term. "Alternative approaches, such as more intensive non-financial programs and increased financial support, should be rigorously evaluated."

Mann, B. (2004) *Working with Parent Groups: A Handbook for Facilitators.* **Ottawa: Canadian Association of Family Resource Programs.**
This tool for parent educators looks at "parent education" in the widest sense of strengthening parents' ability to fill their parenting role. The concepts presented can be widely applied, but put special emphasis on the issues that arise working with parents in facilitated groups that meet over several weeks or months. Topics covered include research about why parenting education matters, the continuum from education to therapy, the role of beliefs, values and ethics in parenting education, a checklist for planning a parent education program, criteria for choosing a program and ways to determine content, and how to work with parents in particular situations (divorce, mandated parents). Rosemary Reilly, Ph.D., contributed sections on skills for working with adult learners and facilitating groups, and on the dynamics of the change process.

Moran, P. Ghate, D., van der Merwe, A. (2004). *What Works in Parenting Support? A Review of the International Evidence.* **U.K.: Policy Research Bureau, Department for Education and Skills.**
This is a very comprehensive review of the international evidence regarding the effectiveness of a wide range of interventions to support parents, including group parent education. The authors review findings, both qualitative and quantitative, for their implications for policy making and evaluation research, as well as for practice. They look for what definitely works, what looks promising, what is unknown and what definitely doesn't work. They note that since no one intervention works for all families, the question must be also, what works for whom. They look at:

- child outcomes (reduced anti-social behaviour and improved educational results);
- parent outcomes (specific parenting skills, parenting attitudes and beliefs, parenting knowledge, parent emotional and mental health, parents' social support);
- parent-child outcomes (communication, interaction and attachment).

They also emphasize the importance of process and implementation issues, the "critical but sometimes hidden backdrop" to assessing effectiveness (p. 94). These issues include:

- practical factors (time, location, transportation, etc.);
- relational factors (staff characteristics and training; delivery style);
- cultural, contextual and situational factors;
- strategic factors;
- structural factors.

Key findings about "what works" in practice, as related to parenting education groups include the following (p. 122):

- early intervention is better, but late intervention is better than none;
- interventions with a strong theory base and a model for the mechanism of change; knowing both where they want to go and how they propose to get there;
- interventions that have measurable, concrete objectives as well as overarching aims;
- targeted interventions for specific populations or families deemed to dealing with more complex types of parenting difficulties;
- interventions that pay attention to implementation factors;
- group work, when issues are suitable to be aired in public and when participants can benefit from social support;
- manualised programs with a core program to maintain integrity;
- appropriately trained and skilled staff, backed up by good management, support and supervision;
- longer duration or follow-up and booster sessions when problems are more complex or severe;
- short interventions for factual information and simple skills;
- behavioural interventions focussing on specific skills and "tips" to change more complex parenting behaviours;
- cognitive-based interventions for changing beliefs, attitudes and self-perceptions;
- interventions that work with parents, families and children, though not necessarily at the same time.

The report also includes a list of parent support programs deemed to be supported by credible evidence, as well as an extensive bibliography of the international literature in the field.

Normand, C. L., Vitaro, F. & Charlebois, P. (2000). Involving parents in early prevention. *ISUMA*. 1, (2), 45–50.
The authors of this article enumerate a range of concrete and proven strategies aimed at getting parents to participate in early prevention programs. They concentrate on the issues of program planning, parent recruitment and retaining participants. They suggest many practical ways to capitalize on parents' desire to enhance their children's well-being, while also being conscious of the importance of reducing common obstacles to parent participation due to the nature of family life. They insist on the importance of a strong theoretical and empirical base to ensure that a program will be worthwhile, and are also attentive to the necessity of including evaluation measures in order to improve and adjust a program to increase effectiveness. They also recognize that there will be a necessary interaction between the characteristics of participants and their milieu, on the one hand, and the characteristics of the program on the other.

Powell, D. (1998). Issues in Evaluating Parenting Curricula. Proceedings of the Parenthood in America Conference. http://parenthood.library.wisc.edu
The author notes that comprehensive and credible evaluation of parenting programs can be a tall order for community organizations that are struggling to implement programs with chronic under-funding. He concentrates on three recommendations for good practice in program evaluation work and illustrates how they have been followed in a program called Links to Learning. The program for parents of elementary school-aged children was developed and implemented over five years in several locations in Indiana and Ohio. The three good practices were:

- incorporating evaluation into all phases of program development and implementation, including program design decisions - The Links to Learning program was developed in consultation with focus groups of parents from the target population. Developers had more confidence in the ecological validity of the final program.
- employing a theoretical or conceptual model of the anticipated mechanisms of change in parenting programs - A three-step process was envisioned, starting with parents' beliefs about their ability to influence their child's education. The second step was helping parents' recognize opportunities for learning. The final step was helping parents use questions to make the most of these teachable moments.
- systematically examining for differential program effects in analyses of program outcomes – While parents at all levels of SES reported positive outcomes in both their own and children's behaviour, the outcomes were not the same for each group. Systematic evaluation allowed researchers to show that parents of different SES levels seem to have taken different messages from the program's curriculum.

The author argues that implementation of these practices holds good potential of helping parenting curriculum designers and implementers strengthen the responsiveness of programs to particular populations.

Russell, C. C. (2003). Parent Education: What is Required to Build the Skills Parents Need To Raise Healthy Children? Toronto: Invest in Kids.
This report provides an overview of the literature on infants, parents and parent education programs so that parent educators can help parents build the skills they need to raise healthy children. The author starts with research into what babies need from parents. She concludes that sensitive, responsive, warm parenting has been shown to result in the best outcomes for children. Because most parents in Canadian society have little experience with children when they start their parenting, she argues that they may not have the knowledge or skills to play their role with confidence. She therefore proposes the need for a program that would provide comprehensive, structured parenting education for ordinary parents during their child's first two years. She discusses in detail issues of objectives, leadership, program design, and timing and content, citing research evidence for all points. The document includes an extensive bibliography.

Terrisse, B., Larose, F., Lefebvre, M.-L. & Bédard, J. (2005). Étude des besoins d'information et de formation à l'exercice des rôles éducatifs des parents québécois ayant de jeunes enfants (naissance à 12 ans) et adéquation avec les services offerts par les organismes de soutien à la famille. Université du Québec à Montréal.
This document reports on research, carried out with questionnaires and interviews, into the wishes and the needs of parents of young children in Quebec as regards the information and the training they would like so that they can fulfill their parenting role. Parallel research was done into the family support services that are offered, mostly by community organizations. The researchers then examined the fit between what organizations provide and what parents want. They found that while parents want mostly "how-to" training, organizations provide mostly access to information. They suggest that one of the problems is the lack of continuity in community organizations, due to both turn-over in staff and to programs ending because of unstable funding. They also found that staff assigned to parent support tended to lack adequate training; over a third of the personnel were volunteers without specific training and only half of staff members had related academic education or training.

The authors point out that in Quebec, there is no university degree program in family education, such as exists in some other countries. It is understandable that staff who lack specialized training would prefer to offer straight information, rather than facilitate a parenting program. They also suggest that this lack of training leads to an absence of adequate evaluation of programs. Another aspect of lack of fit between supply and demand occurs because organizations in Quebec generally offer centre-based group information sessions, whereas parents express a preference for training in their home. This preference may be for reasons of convenience, time pressures, privacy, the possibility of personalizing information... or for other reasons.

The authors go on to note that parents' expressed desire for parent education may come from the fact that they are increasingly called on to get involved in their children's schooling and community life, but may feel inadequately prepared to do so. The authors also point out that parents' concerns and needs vary greatly with the age of their children. The vast majority of support programs are offered for parents of very young children,

largely because of funding for preventive interventions. However, at the teenage years, when parents must shift their parenting techniques, the courses available address almost exclusively the needs of parents whose teens are in crisis.

Another imbalance that the authors found is between the quantity of services offered in various regions of Quebec. Parents' access to services is also limited by the lack of coordination among the various community and public agencies in offering and advertising their programs. Put simply, it is hard for parents to find out what is available to them. Having found that Quebec parents' expectations and needs for parenting education and information are not currently being met adequately, the authors make a number of suggestions for improving the situation.

Thomas, E. (2004). Aggressive Behaviour Outcomes for Young Children: Change in Parenting Environment Predicts Change in Behaviour. Ottawa: Statistics Canada.
This study used data from the National Longitudinal Survey of Children and Youth (NLSCY) to examine change in punitive parenting and child aggression. The study confirmed previous research by finding links between harsh, punitive parenting and child aggressive behaviour, both at age 2 to 3 years and at age 8 to 9 years. Children living in punitive environments scored higher in aggressive behaviour than those living in less punitive environments at both ages. This relationship appeared for both genders, for low-income and higher-income families, and for all regions of Canada. The study found that some children experienced parenting practices at age two to three years that were different from the parenting practices they experienced six years later, at age eight to nine years, and that these parenting changes were associated with behaviour changes. Children whose early parenting environment had been punitive but whose environment became less so scored as low in aggressive behaviour as those whose parenting environment was non-punitive at both ages. Likewise, children whose early parenting environment had been non-punitive but whose environment became more punitive over the course of the six years scored just as high in aggressive behaviour as those whose parenting environment was punitive at both ages.

Thomas, H., Camiletti, Y., Cava, M., Feldman, L., Underwood, J. & Wade, K. (1999). *The Effectiveness of Parenting Groups with Professional Involvement in Improving Parent and Child Health Outcomes*. **Effective Public Health Practice Project. Toronto: Public Health Branch, Ontario Ministry of Health.**
http://old.hamilton.ca/phcs/ephpp/Research/Summary/1999/ProfLedParent.pdf - consulted January 26, 2006.

The authors of this report reviewed published studies of professionally led parenting groups for parents of children under six. Of 238 articles reviewed, they identify four strong, ten moderate and 17 weak quality studies. Groups were facilitated by nurses, social workers and psychologists. None were carried out in rural areas. In cases where interventions were multi-faceted, the effects of parenting groups could not be calculated. Noting the difficulty of obtaining reliable evidence, they nonetheless observe that all the programs resulted in improvement in some parent, child and/or parent-child outcome measures. They find that:

- Behavioural programs based on parental empowerment models are effective over time.
- Group programs are more cost-effective than individual family training programs.
- Programs using interactive approaches including videotaped vignettes of parent-child interaction, and discussion using empowerment strategies should be investigated for possible implementation.
- Use of role play or discussion of videotaped interactions is more effective than discussion alone.
- Public health practitioners should collaborate with other relevant community agencies to provide programs for families at risk for poor child developmental outcomes.
- Some effective programs provided handouts for reinforcement at home.
- Most of the programs had a specific time-limited curriculum directed at improving parent-child relationships and child behaviour through changing parental behaviour.
- Incentives such as child care and reimbursing transportation costs increase program accessibility for all parents.

Trivette, C. & Dunst, C. (2005). **Community-based parent support programs. In** Tremblay, R., Barr, R. & Peters, R. DeV., eds. *Encyclopedia on Early Childhood Development* [online]. Montréal, Québec: Centre of Excellence for Early Childhood Development.
http://www.child-encyclopedia.com/pages/PDF/Trivette-DunstANGxp.pdf

In this article, the authors write about family support programs in general, which they define as "community-based initiatives designed to promote the flow of resources and supports to parents that strengthen functioning and enhance the growth and development of individual family members." Their research can be usefully applied to the field of parenting education, insofar as it is one component of family support. The authors argue that the way programs provide help makes a difference in how competent and confident parents become. The more competent and confident parents are, the more likely they are to interact with their children in ways that enhance social and emotional development. Their research shows that family-centred, as opposed to professionally-centred, practices are the key to effectiveness.

They group family-centred practices into two dimensions that each contribute differentially to parent and family benefits. Relational practices include behaviours that express compassion, active listening, etc., as well as positive attributions by staff about participants, such as mutual trust and collaboration. Participatory practices include giving choices, encouraging families to participate in decision-making, and involving participants in actively obtaining the help they want. Participatory practices have been shown to have more impact on parent functioning than relational practices, but they are also more difficult to implement and sustain. In their examination of effective programs, the authors find that parent support programs that focus on parent development have a positive influence on children's social and emotional development. They also discuss the advantages of multi-faceted interventions over single activity interventions and of group interventions over one-to-one interventions.

Webster-Stratton, C. (1997). From parent training to community building. *Families in Society*, 78, 156–171.
The author, who is the originator of the *Incredible Years* parenting program, argues that for low-income families, parent-training programs need to be broadened and offered in communities in order to reduce isolation and strengthen support networks of families. She suggests that such an approach will lead not only to better parenting and fewer child-behaviour problems, but also to greater collaboration with schools and more community building on the part of parents and teachers. The author describes a parent-training program's evolution from an initial goal of improving parenting skills in order to reduce children's conduct problems and promote their social competence to the broader goals of strengthening parents' social support and increasing their school and community involvement. She highlights community-building strategies and processes embedded in the program that are designed to promote group cohesiveness and support networks.

Addendum to annotated bibliography

The previous literature review was completed in March 2006. The following articles, papers and reports of interest have come to our attention since that date.

Caspe, M. & Lopez, M.E. (2006). Lessons from family-strengthening interventions: learning from evidence-based practice. Harvard Family Research Project.
www.gse.harvard.edu/hfrp/projects/fine/resources/research/lessons.html
This research brief examines several intervention programs and seeks to provide evidence on which to base practice in this field. The authors chose 13 high-quality, evidence-based programs which include a family-strengthening component. They found that all were theory driven and developed for a culturally diverse population. All the programs employed multiple strategies to influence children's outcomes, including elements for children, families, schools and communities. They were often part of a wider intervention. Effective practices within the programs included providing opportunities for parent-child bonding; focusing on recruitment and retention; and preparing staff adequately to work with families and implement the program. Encouraging reflective practice was a part of this last factor. The brief also discusses evaluation practices.

Kerslake Hendricks, A. & Radha Balakrishnan (2005). Review of parenting programs. Families Commission, Kominana a whanau. www.familiescommission.govt.nz/download/parenting-programmes.pdf
This report was written for the New Zealand Families Commission to review both government-funded parenting programs and those offered in the community/voluntary sector. The authors also looked at parent support and development programs. They found that a broad range of support was available to people who were parenting and that it came from many different sources. They stress that there is no one approach that will work for all families. They identify engagement as one of the key factors in ensuring the impact of a program on parenting practices. In this regard, they recognize the need to tend to families' basic needs (accommodation, income security, etc.) before it is possible to engage them and successfully retain them in parenting programs. In the New Zealand situation, high levels of mobility amongst vulnerable families present an additional challenge to program delivery. The authors also mention the personal qualities of staff as a crucial factor in recruitment and retention. Finally, they note that a barrier to engagement exists when cultural norms do not support asking for help. They cite research that emphasizes building on universal services to normalize access to support. Results of a New Zealand survey suggest that at any one time, about one-fifth of parents are having difficulties with their children's behaviour, making the need for a universal program evident. The optimal time for provision of such a program was when the first child was aged three or less. More targeted interventions could follow based on risk factors and clinical identification.

Scott, S., O'Connor, T. & Futh, A (2006). What makes parenting programmes work in disadvantaged areas? The PALS trial. Joseph Rowntree Foundation.
www.jrf.org.uk/bookshop/eBooks/9781859354636.pdf.
This study from the U.K. reports on a randomized controlled trial to examine the impact of an intervention program for parents of five and six year olds living in a highly disadvantaged area. It attributed the relatively high take-up rate of the program to a number of factors: the endorsement of the program by the school; the appeal to parents of aspects that addressed children's success in school (reading skills and social behaviour); the friendly, approachable intervention staff that maintained an assiduous outreach approach and offered regular, informal coffee mornings at the school. Other factors included a positive approach based on giving children a good start in life (rather than a negative one of preventing delinquency and failure); providing strong supervision and support for staff; choosing staff with characteristics that evoked trust from participants; and location in a

familiar and convenient place (the school). This study also found a strong dose-response relationship with a substantial effect being seen when parents attended more than five sessions.

This suggests that increasing attendance will increase the impact of a program. The authors also followed up with parents who did not sign up for the program and who did not complete it. The principle reason given was lack of time. Interviewers noted that these parents were often parenting alone and were extremely busy with work and studies, as well as family duties.

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Items marked by asterisk (*) are described in the Annotated Bibliography

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