

# PRACTICE GUIDE: PARENTING THROUGH ADVERSITY

Parents of children  
& Young People 11–18

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Practice Guides support the [Children's Social Care National Framework](#). They set out the best available evidence to support senior leaders and practitioners in local authorities to drive the conditions for effective practice and improve how services are commissioned, developed and delivered.

Senior leaders include but are not limited to directors of children's services, directors of public health, local authority chief executives, elected members (including lead members for children's services), children's services commissioners, heads of services, and others involved in developing and commissioning services.

This Practice Guide is also relevant to agencies that commission, fund and deliver parenting support in local areas, such as NHS Integrated Care Boards and voluntary, community and faith sector organisations.

This Practice Guide relates to all four outcomes of the [Children's Social Care National Framework](#):

- **Outcome 1:** children, young people and families stay together and get the help they need
- **Outcome 2:** children and young people are supported by their family network
- **Outcome 3:** children and young people are safe in and outside of their homes
- **Outcome 4:** children in care and care leavers have stable, loving homes.

The enablers of the Children's Social Care National Framework (leadership, workforce, multi-agency working) also support the delivery of this Practice Guide's key principles and recommendations.

This Guide should be considered alongside the [Parenting through Adversity \(0-10\) Practice Guide](#).

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# INTRODUCTION

This Practice Guide sets out key principles and recommendations for evidence-based parenting support for parents experiencing multiple adversities. The Guide is focused on parenting children and young people aged 11 to 18.

All children and young people need responsive and nurturing parenting, and the parent-child relationship is foundational to a child or young person's emotional, social, and cognitive development. However, for some, parenting can be a challenge. This is especially the case where there are additional adversities that undermine the skills, abilities, and/or resources parents have to offer support.

Effective parenting programmes can help strengthen a family's response and resilience when experiencing adversities and improve a range of both parent and child outcomes.

The support recommended in this Guide can improve parenting skills, family functioning and child behaviour, while also reducing parenting stress and improving parental mental health.

Interventions recommended in this Guide intend to work with either the wider family and peer network (family therapy interventions) or provide more structured approaches and/or teaching strategies for managing behaviour and communication (parent support programmes).

This Practice Guide is based on findings from a systematic review<sup>1</sup> which collates evidence on parenting programmes.

## Which families does this Practice Guide focus on?

This Practice Guide focuses on parenting support for **families experiencing adversities**, who have at least one child or young person aged 11–18 years old. The full scope of adversities searched for in the review underpinning this guide can be read in the extended definitions.<sup>2</sup>

Our review defined a range of adversities (synonymous throughout with multiple and complex needs) based on a range of established risk factors for child maltreatment. Some adversities were more common, such as child conduct problems, while others were less common, including low socioeconomic status and poor parental mental health. The

1 See: <https://foundations.org.uk/wp-content/uploads/2025/12/systematic-review-parenting-through-adversity-11-18-practice-guide.pdf>

2 See: <https://foundations.org.uk/toolkit/practice-guides/parenting-through-adversity-11-18-practice-guide/extended-definitions>



review included families where the presence of abuse was known to children's social care, but such populations were in the minority of evidence identified.

Families within scope of this Guide have a risk of maltreatment occurring within the family, are eligible for family help, or are otherwise involved with children's social care.

### Conduct disorders/behaviours that challenge

A common adversity identified in our evidence review was the presence of conduct disorders, and/or behaviours that challenge. This behaviour could at times be considered violent, aggressive, or antisocial. In some studies, children and young people were known to services due to disruptive behaviours in the home, at school or in the wider community (for example, some were known to police or had previously been through the youth justice system).

While parenting interventions can play a vital role in reducing behaviours that challenge, it is important to recognise their limits. For some children and young people, difficulties such as withdrawal, aggression, or changes in behaviour may also signal experiences of exploitation or harm outside the home.

Some families who are referred to parenting programmes as part of children's social care may be experiencing harm (either inside or outside of the home, or both). However, the research trials included in the review underpinning this Practice Guide did not exclusively focus on extra-familial harms.<sup>3</sup> Therefore, this Guide does not outline findings on the effect of parenting programmes on reducing extra-familial harms, or indeed, the impact of extra-familial harms on a family or parent-child relationship.

We know that parenting programmes alone are unlikely to resolve challenges related to extra-familial harms where they are part of the response. In such cases, parenting interventions should be embedded within a coordinated safeguarding response that brings together schools, youth services, health services, and specialist agencies such as youth justice if appropriate, to ensure that these harms are appropriately addressed.

### Age range of Children and Young People (11-18)

The age period (11-18) is one of rapid growth marked by significant cognitive, emotional, and social developmental change. During this time, young people experience complex changes that influence how they think, feel, and interact with others around them.

<sup>3</sup> Extra-familial harm - Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families (see glossary definition of extra-familial contexts). While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, online harm, sexual exploitation, abuse, and/or coercive control: [Working together to safeguard children 2023: statutory guidance](#)



While many parenting interventions focus on early childhood, there is increasing recognition of the need for a life-course approach to parenting support that extends into adolescence.

The children of the parents discussed throughout this Guide include those defined under [Section 17 of the Children Act 1989](#) as being unlikely to achieve or maintain a reasonable level of health or development without additional support, and/or under [Section 47](#) as someone who is 'suffering or likely to suffer significant harm'.

Although the systematic review underpinning this Guide included studies with participants up to age 19, much of the broader literature focuses on younger ages and recommendations within this Guide generally applying to groups with a mean age of 16 or below.

Throughout, where we refer to 'children and young people', this is inclusive of those up to the age of 18.

## What do we mean by parenting support?

We use the World Health Organization (WHO) definition of a parenting intervention<sup>4</sup> and refer to parenting interventions with defined eligibility criteria that have a clear structure and set of activities. Throughout the Guide, we use the terms 'parenting support' as synonymous with parenting interventions.

Although interventions with a flexible structure are included, as per the WHO definition used for this Guide, completely unstructured interventions are not included (for instance, home visits or therapies which do not have a structured approach). Parenting interventions of all durations are included.

This Guide does **not** cover interventions such as specialist adult mental health support for parents experiencing mental health problems, nor specialist support to parents for needs such as substance misuse. NICE guidelines on mental health and wellbeing<sup>5</sup> and on substance misuse<sup>6</sup> should be consulted for recommendations on evidence-based services.

A fuller explanation of what we mean by 'parenting support' is in the extended definitions.<sup>7</sup>

4 Parenting intervention: A structured set of activities or services with set eligibility requirements, aimed at improving how parents and caregivers approach and 'do' their role, specifically their parenting knowledge, attitudes, skills, behaviours, and practices (based on World Health Organization, 2022).

5 See: <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing>

6 See: <https://www.nice.org.uk/guidance/health-protection/drug-misuse> and <https://www.nice.org.uk/guidance/conditions-and-diseases/liver-conditions/alcohol-use-disorders>

7 See: <https://foundations.org.uk/toolkit/practice-guides/parenting-through-adversity-11-18-practice-guide/extended-definitions>



## Equality, Diversity, Inclusion, and Equity (EDIE)

As part of Foundations' commitment to promoting equality, diversity, inclusion, and equity, this review considered how parenting and whole-family interventions address the needs of different populations of parents, carers, children and young people (11–18). We examined both the characteristics of the populations included in the evidence base and whether interventions were effective and acceptable across different groups.

The characteristics of the populations included in the evidence base are summarised below.

### The different groups of parents and children and young people included in the evidence

Using the Progress-Plus<sup>8</sup> as a framework, our review included evidence involving different populations of parents and children and young people. The review explored factors that may impact access to parenting programmes and effectiveness of their outcomes, including:

- The parent and child or young person's place of residence
- Their race/ethnicity/language
- Their gender/sex
- The parent's occupation
- The age of the parent and the child/young person
- Any type of disability
- Religion
- The family's socioeconomic status
- Sexual orientation.

**Parent(s):** Our review found that most studies evaluating the impact of parenting programmes involved mothers as primary caregivers, with the population of studies being made up of single parents or male–female couples and biological birth parents. There was limited evidence that speaks to the experiences of individuals such as foster carers or residential children home staff. As such, we have used the term 'parent' throughout as opposed to other variations such as 'parent/carer'. This terminology is also in line with our [Parenting through Adversity 0–10 Practice Guide](#).

**Child age** typically ranged from 11 to 18 years, with slightly more studies including male adolescents than female.

<sup>8</sup> A tool used in health equity research to identify and analyse social determinants of health – place of residence, race, occupation, gender, religion, education, socioeconomic status, and social capital – along with additional context-specific factors (the 'plus') that influence health outcomes and inequalities.



**Socioeconomic status** was inferred through several different measures, such as household income, parent employment status, education levels, or self-reported financial difficulties. Several studies specifically recruited economically disadvantaged families. One study included parents who had/were experiencing homelessness or rough sleeping.

**Race and Ethnicity:** Around two-thirds of trials reported data on race/ethnicity. Families were most often described as White, Black, or Hispanic/Latino, with very few studies including Asian participants. Some trials included 'Other' or mixed categories. Reporting on cultural or linguistic background was limited.

## What the evidence tells us about the effectiveness of programmes for particular groups of parents and children and young people

Our evidence review assessed the effectiveness of parenting and whole-family interventions for particular groups of parents, carers, children and young people, and considered whether programme effectiveness varied across different population groups.

The evidence shows that parenting and whole-family programmes can support both parents and children and young people. However, there was little evidence that the effects differed between groups.

### Characteristics of parents and families

There was limited reporting on parenting and family characteristics. Three studies examined family socioeconomic status with only one study finding that parental education moderated intervention effects on youth conduct problems (in that study, there was greater reduction in youth conduct problems in families which had a higher educational level). One study examined stressful life events and found that children in the intervention group who experienced fewer negative life/familial events showed greater reductions in emotional problems at follow-up.

Five studies documented previous abuse within the family. This included abuse directed at children and young people by caregivers in four trials, while another described abuse directed at caregivers by children. Reported abuse types included physical abuse, verbal abuse, neglect, sexual abuse, and intrafamily violence. Two papers of one trial cited abuse as the reason for young people entering foster care.

### Characteristics of children and young people

A single study suggested that Multisystemic Therapy (MST) may be more beneficial for boys than girls with severe and persistent behavioural problems. In a Dutch trial, self-esteem declined across both MST and control groups. However, boys in MST experienced a less steep decline, suggesting a protective effect, while some girls in the intervention



group showed sharper drops in self-esteem than the control. These findings could suggest that while MST may help boys sustain self-esteem in the short term, it could be less responsive or even harmful for girls, highlighting the need for gender-sensitive adaptations in programme design and delivery. Similar effects were not identified in other studies of MST, limiting our confidence in the replicability of this finding. This finding should, therefore, not be generalised outside this study.

The average age across the studies tended to be on the lower end of the age spectrum (15 years or below) suggesting that many of the parenting interventions were targeted at children and young people still of school age. No clear trend emerged in relation to age and effectiveness.

In the Dutch trial of MST, therapy was found to be more effective for native Dutch young people compared to ethnic minority groups, particularly in reducing parent-reported externalising behaviours. However, effects varied by outcome type, with young people from ethnic minority groups showing greater improvements in violent behaviour. These findings suggest cultural tailoring of interventions may be necessary to optimise intervention effects across ethnic minority groups.

## What the evidence tells us about the experiences of different populations of parents with children aged 11–18

The qualitative evidence shows that the acceptability of parenting programmes was strongly influenced by the relationships families formed with programme facilitators.

Parents from a range of socioeconomic and ethnic backgrounds valued facilitators who were approachable, respectful, and open, as these qualities helped reduce feelings of shame and stigma often associated with complex family needs. Trust in facilitators was particularly important for parents from minoritised ethnic backgrounds who sometimes had previous negative experiences with statutory services or felt that cultural differences were not well understood by practitioners. Parents described how facilitators who shared or acknowledged their cultural background, or who adapted delivery to reflect their family's values and norms, enhanced engagement and improved feelings of safety within the programme (see [Key Principle 1](#) and [Key Principle 6](#)).

Parents living in socioeconomically disadvantaged households emphasised the importance of practical flexibility such as evening sessions, in-home visits, or hybrid formats that enabled them to balance competing work and caregiving demands. Without adjustments, work schedules and shift work often limited attendance, with responsibility sometimes falling disproportionately on one parent. For these parents, flexible scheduling was not just a convenience but a condition of being able to take part in parenting support (see [Key Principle 4](#)).



Parents reported that group-based programmes provided important peer support and solidarity. For some, particularly those from minoritised ethnic groups or families facing economic hardship, sharing experiences with peers reduced feelings of isolation and stigma. Peer connections were described as especially valuable when groups included others with similar cultural or life experiences. However, parents also noted risks of comparison and discouragement if their own progress did not match others in the group. Families of children with special educational needs and disabilities (SEND) sometimes reported that group settings were too generalised and did not adequately address the specific challenges they faced. This demonstrates how the benefits of peer support may depend on group composition and the sensitivity of facilitators in managing diverse needs (see [Key Principle 5](#)).

Taken together, the evidence suggests that acceptability of parenting programmes is shaped not only by the qualities of facilitators but also by the broader economic, cultural, and relational contexts of families. For families from lower socioeconomic backgrounds, structural barriers such as inflexible work schedules or lack of childcare should be addressed to enable participation. For families from minoritised ethnic groups, culturally attuned facilitation and peer support with similar families can help reduce stigma and enhance relevance. Across groups, programmes that balance professionalism with approachability, offer flexible delivery, and support the involvement of both caregivers are most likely to promote engagement and equitable outcomes (See [Key Principle 6](#)).



# UNDERSTANDING THIS PRACTICE GUIDE

This Guide contains two sections:

- **Key Principles:** These summarise the circumstances, experiences, and preferences of families in the UK, and evidence on how to engage and work with them. They also cover evidence on effective implementation and design of parenting interventions. They draw from quantitative and qualitative research, evaluations of implementation, and common features of effective parenting interventions. The principles help to ensure accessible, acceptable interventions can be effectively implemented.
- **Recommendations:** These summarise the best-evidenced interventions for improving a range of child and parent outcomes. We only make recommendations where at least one rigorous impact evaluation has evidenced that the intervention achieves positive outcomes for either parents or children and young people, either in the UK, or in countries similar to the UK. For Recommendations, the Guide identifies the strength of the evidence of interventions using the following scoring system:

## STRONG EVIDENCE

**This rating is given if:** the evidence is from a meta-analysis or a narrative synthesis of at least two randomised controlled trials or quasi-experimental studies that were conducted in the UK or comparable high-income country; and have scored low on risk of bias assessment, with a minimum sample size of 20 in each group (the intervention and comparison group); and demonstrates effectiveness of the intervention(s).

## GOOD EVIDENCE

**This rating is given if:** the evidence is from a meta-analysis or a narrative synthesis of at least two randomised controlled trials and/or quasi-experimental studies that were conducted in the UK or a comparable high-income country; and have scored at least some concerns on risk of bias assessment, with at least 20 participants in the intervention group and less or more than 20 participants in the comparison group; and demonstrates efficacy of the intervention(s).

## PROMISING EVIDENCE

**This rating is given if:** the evidence is from one randomised controlled trial or quasi-experimental study that was conducted in the UK or a comparable high-income country; and has scored low or some concerns on risk of bias assessment, with less or more than 20 participants in each group (the intervention and comparison group); and demonstrates efficacy of the intervention(s).

A case study is included as part of this Guide that draws from the quantitative systematic review. This references delivery models, workforce requirements, and how interventions can be implemented.

Please see the Evidence Annex<sup>9</sup> for this Practice Guide for technical information on the underlying evidence behind each recommendation. There is also a Technical Annex<sup>10</sup> detailing the approach taken to assessment of the strength of evidence on interventions.

<sup>9</sup> See: <https://foundations.org.uk/wp-content/uploads/2025/12/evidence-annex-parenting-through-adversity-11-18-practice-guide.pdf>

<sup>10</sup> See: <https://foundations.org.uk/wp-content/uploads/2025/12/technical-annex-parenting-through-adversity-11-18-practice-guide.pdf>

# KEY PRINCIPLES



These Principles should be used by senior leaders, practice supervisors, and practitioners. They have been grouped into three themes:

- Working with families
- Meeting families' needs
- Local system culture.

## WORKING WITH FAMILIES

**Key Principle 1: Increase engagement in parenting support by creating trusting, respectful, and anti-discriminatory environments for parents and families.**

From the perspective of parents and carers, their engagement in, and acceptance of parenting support is strongly linked to the quality of their relationships with the practitioner delivering support. Parents report that practitioners who engaged with them and/or their families with a respectful, trusting attitude created safe environments for emotional expression that reduced parental shame and stigma.

This trusting relationship resulted in improved communication between parents and their children and/or young people and parents also reported that they felt increased confidence in their parenting skills.

Practitioners who work with families in this way engage interest early on in the support process which plays an important role in sustaining and maintaining long-term engagement with families. In contrast, where practitioners were perceived as authoritative or strict, parents report that this could lead to feelings of judgement and discourage engagement.

To apply this evidence to practice:

**Everyone in the local area who works with families should develop a shared understanding that:**

- Families experiencing complex needs may face challenges associated with structural circumstances (such as poverty, inadequate housing, or racism and discrimination), which may affect their parenting skills and/or confidence.

## Working with families

## Meeting families' needs

## Local system culture



- A family's involvement with parenting support is not an indication of problematic parenting or a lack of parenting skills, but rather demonstrates a willingness to engage with support during challenging circumstances.
- Parents should be seen as experts on their own situation and active partners in their support. Fear of stigma can be a barrier for families seeking and responding to support.
- Collaborative approaches mitigate 'us and them' dynamics between professionals and families.
- Engagement with families should be approached with curiosity rather than judgement.

**Senior leaders should:**

- Identify and address barriers to support for children, young people, and families, and be proactive in improving areas of practice that may be stigmatising
- Provide their workforce with the training and support needed to build positive and encouraging relationships with families
- Ensure organisational policies and practices actively promote co-production
- Create learning cultures where practitioners feel safe to build authentic relationships and take time for relationship-building during support
- Address structural barriers (such as location of services, accessibility, and cultural responsiveness) that may prevent families from engaging with support.

**Practice supervisors and practitioners should:**

- Recognise that receiving help from children's social care can feel stigmatising for some parents, so practice should proactively address this – both within direct practice and in the supervision of practitioners
- Use strength-based approaches to empower parents, increase their confidence, and encourage sustained engagement in support
- Use strengths-based, collaborative language, avoiding terminology that could create barriers
- Acknowledge that creating a safe, trusted environment alone does not remove all barriers to engagement
- Recognise how social determinants of health and broader inequalities can impact family functioning and work to address these barriers
- Build strong consistent relationships with children, young people, and families, communicating clearly and effectively to maintain trusting relationships
- Ensure families understand and can contribute meaningfully to all discussions and decisions about their situation, and are seen as active partners in support.



## Key Principle 2: Approach family dynamics with curiosity, aiming to understand behaviours and build on family strengths.

The complexity of some family dynamics can pose a barrier to engagement or completion of programmes, but these dynamics should be understood rather than problematised.

Practitioners should approach these dynamics with curiosity and work with families to understand both group and individual strengths that can be promoted and built on.

In some cases, the experience of broader vulnerabilities, and/or the immediacy of other required support<sup>11</sup> made it difficult for families to complete the parenting support offered. Practitioners should stay engaged with families through challenges, tailoring support to their needs, managing safeguarding risks, and believing in their potential.

### Practitioner as a 'neutral ground' during difficult family dynamics

Parents report that trusted practitioners can play a valuable neutral role when family dynamics are challenging. The structured support and neutral ground provided by practitioners helped families to understand each other's perspectives and reflect on their family dynamics without fear of blame or criticism.

Programme facilitators who were able to engage and connect with all family members during whole-family interventions, and those who were also able to recognise and build on individual strengths within the family, were valued by parents. Effective practitioners approached family dynamics from a systemic perspective, understanding that all family members' behaviours exist within their relational context.

When adopted by practitioners, a curious and systemic approach improved parent-child relationships where communication was previously strained, as well as improving parents' self-perception and confidence in their parenting role. As a result, children and young people disclosed their emotions and needs to their parents more openly and parents felt more comfortable and less anxious in their role as a parent.

To apply this evidence to practice:

#### Senior leaders should:

- Where possible, consider how workload pressures may affect practitioners' ability to work with complex family dynamics in a way that promotes openness, and explore ways to support them within existing resources and/or supervision
- Prioritise supervision as a strategic tool to support practitioners working with complex family dynamics, recognising that it plays a critical role in reflection, decision-making, and managing risk

<sup>11</sup> For example, if other needs experienced by the family supersede engagement in parenting support.



- Provide training and support for practitioners to develop systemic thinking and curious approaches to family dynamics.

**Practice supervisors and practitioners should:**

- Remain open to, and work through any complex dynamics from a families' first interaction with services, approaching these dynamics with curiosity about what they might communicate about a family's experience(s)
- Remain alert to how family dynamics can change throughout engagement in parenting support and seek to understand any new information that may improve understanding of family relationships
- Identify complex family dynamics, and work sensitively and constructively to help families build on and manage these during support
- Engage with all family members and act as a balanced mediator to facilitate communication in challenging scenarios, helping family members understand each other's perspectives and experiences
- Support families to identify their own strengths and resources within their current ways of engaging with others, building on what is already working rather than only focusing on challenges.

## Key Principle 3: Build parental confidence through parenting support to respond effectively to behaviours that challenge.

Parents describe how parenting programmes helped to build their confidence in being able to support their child and/or young person when exhibiting behaviour(s) that challenge. This increased confidence was often linked to a clearer understanding of how to set and maintain appropriate boundaries.

This was particularly important in families dealing with adolescent behaviours that challenge, where parents had previously felt disempowered, blamed, or unsure of how to respond when faced with such behaviours. The interventions supported parents to feel more confident in managing this behaviour.

Parents described feeling empowered to consistently apply and persevere with the techniques they had learned during support, even when met with initial resistance from their child/young person.

The interventions reinforced the idea that changes in the family unit take time and that their efforts were worthwhile. Parents that reported their understanding that change took time was most evident within group interventions, where they received the encouragement of their peers and learned that other families faced similar challenges, reducing feelings of isolation and blame.



It is important to note that where behaviours that challenge might indicate further risks or needs, additional multi-agency support is required beyond what parenting interventions alone can achieve.

To apply this evidence to practice:

**Senior leaders should:**

- Promote join up across the partnership with education, health, schools, community services, and other relevant agencies such as youth justice where appropriate, to identify and subsequently support parents with children displaying behaviours that challenge
- Consider joint strategies for parenting programmes that serve families across multiple systems
- Coordinate support with relevant agencies including with schools and health services, and engage with a youth justice lead practitioner when a child is formally part of the youth justice system (e.g. having committed an offence or been sentenced/charged)
- Ensure multi-agency protocols recognise that some adolescent behaviours may reflect extra-familial risks requiring coordinated responses beyond parenting support
- Support workforce development that combines behaviour management skills with trauma-informed understanding of youth development.

**Practice supervisors and practitioners should:**

- Support parents to identify early signs of both internalising behaviours (such as withdrawal or anxiety) and externalising behaviours (such as conduct issues or antisocial behaviour)
- Respond confidently to situations where children are involved in behaviours that harm others, remembering they are young people needing help and protection while supporting parents to maintain appropriate boundaries and seek understanding of underlying causes
- Remain curious about what drives challenging behaviour to provide targeted support that meets individual needs and helps parents understand their young person's experiences
- Make timely referrals for onward support across the partnership (including youth services, mental health services, educational support) when parenting interventions alone are insufficient to address underlying causes or manage escalating behaviour
- Support parents to recognise signs of potential extra-familial risks (such as criminal exploitation, online harm, or peer pressure) and support them to understand how to seek further support beyond parenting programmes if needed.
- Track changes in both parental confidence and parental understanding over time to demonstrate impact, provide motivation for continued engagement, and evidence the effectiveness of holistic approaches.



# MEETING FAMILIES' NEEDS

**Key Principle 4: Implement a flexible local offer that responds to families' needs and preferences through a mix of support types, including options for intensive support when needed.**

For parents, flexibility was an important factor when it came to receiving parenting support. This includes flexibility during delivery, choices of delivery location, and flexibility in the intensity and frequency of support. These factors in combination were seen to be more important than there being a single mode of delivery that was overall 'better' for all participants.

Flexibility within an intervention – such as enabling families to choose session times, offering in-home visits, or providing intensive support when needed – was highlighted by some as a key factor in the success of their engagement. This gave parents a greater sense of control by ensuring support matched their circumstances and needs.

Overall, interventions that were delivered as group-based or in one-to-one models had a small to minimal difference in their comparative effectiveness in improving outcomes. Local leaders and commissioners should therefore have confidence in the benefits of a mixed local offer that includes both group and individual support, with flexibility to provide intensive support when needed. This offer should overall reflect identified local needs (e.g. geography, delivery site access, population need, and capacity for relationship-building).

Options for delivery should be decided in collaboration with families to identify the most appropriate setting and type for their needs.

Working with families  
 Meeting families' needs  
 Local system culture



There are a **range of delivery settings and intervention types** that parents reported as useful to facilitating engagement. Some of these also come with identified limitations. These are summarised in the table below:

		Findings	
Types		Benefits	Limitations
Delivery settings	<b>Community settings</b>	Community settings were identified by parents as accessible, safe, and non-stigmatising.	Engagement can be limited due to transport barriers Local implementation in these settings can be challenging due to administrative burdens and safeguarding responsibilities.
	<b>Online delivery</b>	Allows greater flexibility for parents and families taking part in programmes by bringing families together where there are barriers to in-person engagement Supports families joining from multiple locations (for example, where parents are separated) Increases privacy for young people if needed, enabling them to join from their bedrooms, for example.	Some evidence suggests that on-line delivery can make it harder for practitioners and participants to connect emotionally, which may affect how engaged parents and children are in support. Some evidence also suggests that this setting increases the time spent in a programme and increases risk aversion among practitioners.
	<b>Hybrid delivery (mix of both online, and in-person delivery)</b>	Some evidence of moderate confidence suggests hybrid delivery can improve engagement. Hybrid delivery can reduce drop-out rates from programmes, increase number of sessions delivered, and length of support provided which promotes improved outcomes compared to in-person delivery.	Our review did not find sufficient evidence on the limitations of hybrid delivery.
	<b>Home-based delivery</b>	Our review did not find sufficient evidence on the benefits of home-based delivery.	Some participants felt that the home environment was a distraction and reported that being in a separate neutral space may be more suitable in supporting concentration.

Working with families  
 Meeting families' needs  
 Local system culture



		Findings	
Types		Benefits	Limitations
Intervention Type	<b>Structured interventions</b> <sup>12</sup>	Our review did not find sufficient evidence on the benefits of home-based delivery.	Structured interventions with meetings scheduled on week-days created additional pressure due to work, and childcare responsibilities, sometimes leading to missed sessions or reduced engagement over time. At times, some structured programmes felt rushed or incomplete, leaving parents wanting more depth and continuity of programmes. Some parents identified the importance of ongoing support to maintain achieved progress. Without consistent follow-up or continued access to guidance, many parents found that the positive outcomes were hard to sustain over time, once more difficulties arose.
	<b>Manualised interventions</b> <sup>13</sup>	Having a manualised intervention made practitioners feel confident and secure to ask sensitive questions.	Time-consuming manualised elements of programmes, as well as a lack of flexibility to tailor interventions to family needs, were seen as a barrier to engagement for families with complex needs or low mental health functioning.

<sup>12</sup> Interventions that are delivered according to a clear framework or model but not always tied to a rigid manual.

<sup>13</sup> Interventions that are delivered according to specific guidelines, maximising the probability of support being conducted consistently across settings, therapists, and clients.



To apply this evidence to practice:

**Senior leaders should:**

- Ensure a mixed offer of parenting support is delivered locally, in line with local population need, to promote flexibility and greater choice for parents – this should include options for more intensive support or onward referral when needed
- Build multi-agency networks including with the community sector to use trusted local organisations and groups to deliver parenting support
- Ensure there is a shared understanding of the local support offer, including clear guidelines around use of community venues
- Address structural barriers such as transport, childcare, and accessibility within venues that may prevent families from engaging with flexible support options.

**Practice supervisors should:**

- Through effective supervision, enable practitioners to use the local offer flexibly to meet the needs of families
- Use local data to shape the offer and regularly review feedback and engagement data to understand preferred support types, and adjust individual delivery plans accordingly
- Build choice into service pathways by ensuring that referral and access processes allow families to choose between different types of support
- Work with other teams across the partnership to align offers and avoid duplication, making it easier for families to access the right support in the right way at the right time.

**Practitioners should:**

- Support parents to identify the most appropriate intervention type and delivery setting for their needs, preferences, and contextual circumstances
- Understand the local support offer and utilise it to enable parents to access support flexibility, adapting as needed to remove potential barriers to engagement
- Recognise that building trust and creating meaningful change often requires sustained engagement in support
- Communicate clearly with families about how they will continue to be supported once the parenting support comes to an end, and agree a wider package of ongoing support should families require it
- Work collaboratively with families to adjust the intensity and type of support if their circumstances and needs change over time
- Recognise when intensive support could be required, and enable onward referral.



## Key Principle 5: Group-based support encourages peer connection, providing parents with the opportunity to build reciprocal relationships.

Group settings can promote a relaxed and supportive environment. However, the success of group-based support depends significantly on practitioners creating environments where parents feel safe to share experiences without fear of blame or comparison.

Some parents report that group settings lessened feelings of isolation and stigma, facilitated social support, and encouraged emotional expression. Some parents expressed benefit in feeling they could add value to the group through their personal experiences and support others facing similar challenges.

While practitioners were key in coaching parenting skills and offering support, parents found peer support just as influential. Parents reported that peers would often provide insights, empathy, and practical strategies that facilitators, despite their expertise, could not replicate.

However, group settings can also be a barrier for some, and practitioners must be skilled in recognising and addressing these. Barriers exist due to:

- **Self-doubt** – Parents report comparing their progress to that of others in the group, which hindered motivation for sustained engagement. This can be mitigated through skilled facilitation that celebrates individual progress and emphasises that families have different starting points and circumstances.
- **Personal complexities** – Parents sometimes felt their family circumstances were too specific or challenging to be fully addressed in a group setting (e.g. parents of children with SEND). Specialised groups or combined group/individual approaches may be needed for these families.
- **Emotional challenges** – Some parents found sharing certain personal experiences within a group setting emotionally difficult or some worried it could be triggering for others. Skilled facilitation and clear group agreements are essential.

To apply this evidence to practice:

### Senior leaders should:

- Co-develop a local parenting offer with parents to reflect a range of support types that suit parental preferences and needs
- Consider the delivery of group-based interventions for targeted needs, including specialised groups for particular populations or circumstances
- Consider what local assets and spaces can be used to facilitate peer support alongside or outside of parenting support

Working with families

Meeting families' needs

Local system culture



- Provide their workforce with the relevant skills and experience to support parents with a range of preferences and needs within group settings, including training in group facilitation, managing complex dynamics, and cultural responsiveness – this should also enable groupwork sessions to be followed by timely and regular debriefs
- Upskill the workforce on the role of peer support in facilitating reciprocal learning
- Ensure funding and organisational arrangements support both group and individual options, recognising that some families may need a combination of approaches.

**Practice supervisors and practitioners should:**

- Have the relevant skills and knowledge to manage complex group dynamics in parenting support delivery where relevant
- Understand where challenges to engagement in group settings may emerge and work with families to identify relevant, flexible support to suit their needs and preferences
- Enable time during group support for relationship-building and peer support
- Develop and maintain clear group agreements about confidentiality, respect, and mutual support, revisiting regularly to ensure all participants feel able to engage
- Use supervision to reflect on group dynamics and seek support when managing any challenges within group settings
- Be sensitive to cultural, linguistic, and socioeconomic differences within groups.

## Key Principle 6: Implement a local parenting offer which is culturally responsive and addresses the cultural values, beliefs, and experiences of the local population.

Parents report challenges when interventions are not culturally matched to their experiences, values, and beliefs – leading to barriers in engagement.

Cultural responsiveness requires authentic partnership with communities, recognition of how structural inequalities affect different populations, and an understanding of families' cultural contexts.

Parent engagement in whole-family interventions is shaped not only by practitioner qualities but also by the broader contexts in which families interact with services. This includes how services are perceived within different communities, historical relationships between communities and statutory services, and the extent to which families feel their values and approaches to parenting, often shaped by their culture, are respected and understood.



Our findings highlight some ways in which parenting support itself can be adapted and remain effective for families where parenting support does not match cultural values and expectations. This includes:

- Sensitively using culturally relevant metaphors, imagery, and examples during the delivery of support
- Adapting programmes developed in different cultural contexts to align with the culture of delivery environment and the families served
- Tailoring intervention content to reflect parental experiences of trauma by incorporating mindfulness and emotional coaching into the intervention sessions.

The **delivery of parenting support** should also be adapted to fit the cultural needs and experiences of parents by:

- Recruiting delivery staff from the same linguistic and cultural backgrounds as participants – bilingual and bicultural staff improved accessibility and trust among families
- Translating intervention materials to suit the language needs of the local population, ensuring translations are culturally appropriate not just linguistically accurate
- Having well-respected community members from the same cultural background facilitating programmes – this increased parent understanding, and also prompted participants to take more active roles within their community long term
- Training practitioners in a way that encourages ongoing curiosity about cultural differences and supports them to reflect on and challenge their own assumptions, so they can provide more inclusive, respectful, and responsive support to families
- Considering the intersectionality between identities (for example ethnicity and sexuality, religion, and socioeconomic status) and actively involve parents and young people with lived experience in service design and delivery
- Working in partnership with by-and-for organisations that are already trusted within communities
- Addressing how racism, discrimination, and structural inequalities may affect families' experiences of parenting and their willingness to engage with services.

Cultural and linguistic differences between families and practitioners, and the content of the intervention being delivered, were also identified as barriers to engagement. In some cases, traditional gendered cultural roles led certain family members to refuse participation in programmes (often, programmes were attended more by mothers than fathers).

To apply this evidence to practice:

**Senior leaders should:**

- Work in authentic partnership with the voluntary and community sector to identify locations for delivery, and skilled facilitators that suit local need



- Consider supporting the development of local culturally specific co-facilitators, such as parent peer facilitators
- Consider the role of by-and-for organisations as partners in the local parenting offer
- Have strong networking skills with sufficient social and political capital across the multi-agency partnership to facilitate join up with community organisations and trusted partners
- Identify and address structural barriers that may affect different communities' access to and experience of parenting support
- Where families do not speak English as a first language and need support delivered in their first language, ensure they are matched with practitioners from similar backgrounds with relevant language competence – and invest in developing bilingual and bicultural workforce capacity to reflect population needs
- Ensure intervention materials are translated and culturally adapted in partnership with community members
- Examine and address how organisational policies, procedures, and cultures may inadvertently exclude or marginalise certain communities.

**Practice supervisors and practitioners should:**

- Adapt practice to overcome barriers for individual children, young people, and families, taking account of their needs and preferences for how they receive support in line with cultural contexts
- Use supervision to reflect on cultural dynamics in their work and seek guidance when working across cultural differences.



# LOCAL SYSTEM CULTURE

Key Principle 7: Promote an evidence-informed, integrated, and innovative culture to enable effective implementation and fidelity of parenting support.

Local areas that were evidence informed, willing to innovate, and work across the multi-agency had greater success with the implementation and fidelity of parenting support.

In order to deliver parenting support across a local system, local areas **should be delivery and system ready**. This includes having:

- Openness to using evidence-based practice
- Flexibility in their local offer that caters to local population need
- A willingness to engage with new practices
- A strong collaboration across agencies (health, police, education)
- A problem-solving culture and good alignment between parenting programme models and the organisation's strategy and processes
- A good understanding of local needs and communities, including recognition and responding to existing inequalities.

The evidence shows that local areas should consider the following strategies to **improve their readiness to deliver** evidence-based interventions:

- Requiring the delivery organisation of an intervention to complete a readiness assessment prior to local implementation
- Supporting a parenting programme model to fit with organisational policy, processes, and performance indicators, and consider adapting these policies and processes where necessary to accommodate the model
- Maintaining reflective consultation and feedback loops with both staff and families accessing interventions during implementation to embed continuous development.

## Information systems and family voice

Throughout delivery of an intervention, it is important to regularly collect information data<sup>14</sup> through existing monitoring systems that can be used to review the quality of the

<sup>14</sup> The types of information data collected shown in the evidence as an enabler includes therapist competence ratings, therapist note completion rate, frequency, duration, treatment completion rates, family progress indicators, and reasons for families not completing the programme.



support offer, promote continual development of services, and aid decision-making for future funding or commissioning.

This includes working across the multi-agency partnership (health, police, and education) to input and share intelligence where necessary, as well as embedding the voices and experiences of children, young people, and families taking part in parenting programmes to identify what barriers they face to engagement to feed into service development.

To apply this evidence to practice:

**Senior leaders should:**

- Promote the use of a range of evidence to inform and improve how services are commissioned and delivered
- Identify the needs of children and young people in a local area, through robust data and evidence to design services that meet local population needs
- Establish policies and processes for system-wide information sharing early in the delivery journey and in collaboration with partners
- Have sufficient knowledge and insight of delivered parenting programmes
- Oversee the range of stages to implementation of programmes (this could include being involved in recruitment, training, supervision, fidelity monitoring, and/or external and internal communications)
- Create organisational cultures that support innovation, reflection, and learning.

**Practice supervisors and practitioners should:**

- Support resolution of implementation barriers as a practice supervisor and support practitioners to have the resources to implement and deliver programmes effectively
- Act as a champion for chosen evidence-based parenting programmes at both supervisor and practitioner level
- Take ownership of selected parenting programmes, ensuring they have sufficient knowledge and experience of programmes and how they fit into the wider offer
- Use data and evidence to reflect on how children, young people, and families are responding to the support provided, and explore, with them, whether it is meeting intended aims
- Use professional curiosity to consider all relevant insights and assessments to understand and explore the circumstances of a child or young person's life
- Use supervision to reflect honestly on practice challenges and successes, and engage in conversations relating to local evidence use.



## Key Principle 8: Ensure effective multi-agency collaboration through defined organisational responsibilities, and strong place-based systems to enable seamless, family-centred coordination to improve referral pathways and family experience.

Implementing parenting programmes requires good multi-agency collaboration. Our findings show that high levels of collaboration between clinicians, children's social care professionals, and youth justice professionals<sup>15</sup> was associated with better risk-related outcomes for young people following release from detention.

Effective multi-agency collaboration (between health, education, and youth justice where appropriate) requires shared values, common language, and joint commitment to seamless support for families. As outlined in the Department for Education's Family First Partnership Programme Guide, partnerships are expected to remove the need for handovers, and Family Help teams should be multi-disciplinary and draw on the multi-agency child protection team (MACPTs).<sup>16</sup>

The requirement for strong multi-agency relationships can ensure effective referral of eligible families into parenting programmes, while avoiding families having to repeatedly tell their stories or face conflicting messages. This requires strong place-based systems that coordinate services across organisational boundaries.

Effective multi-agency working should recognise that some behaviours and family challenges may stem from risks outside the family, requiring coordinated responses that address internal and external risk factors. Some young people may experience external risks that affect their behaviour which cannot be addressed through parenting interventions alone.

Where there is a lack of clarity of responsibilities across the multi-agency, this acts as a barrier to implementation and success of parenting support.

To apply this evidence to practice:

### Senior leaders should:

- Establish and regularly review a shared multi-agency approach to parenting support, enabling seamless referrals from any point of access and work collaboratively with partners in health, police, education, and youth justice where appropriate to develop referral pathways

<sup>15</sup> Measured using the Interdisciplinary Index of Collaboration.

<sup>16</sup> See: [https://assets.publishing.service.gov.uk/media/6825b992a60aeba5ab34e006/The\\_families\\_first\\_partnership\\_programme\\_guide.pdf](https://assets.publishing.service.gov.uk/media/6825b992a60aeba5ab34e006/The_families_first_partnership_programme_guide.pdf), p. 23



- Coordinate the parenting offer with other therapeutic activities with clear communication to families about how different support interacts with each other
- Utilise knowledge and skills from across the partnership to support practitioners to work together and respond to families' needs
- Create the conditions for the workforce to build relationships with relevant partners to support service integration, including joint training and development opportunities
- Establish and maintain policies and processes early to promote consistency of messaging across the partnership
- Establish information-sharing agreements to support seamless data flow.

#### **Practice supervisors and practitioners should:**

- Coordinate the parenting support offer with other forms of support a family may be accessing, and ensure families understand how different support connects
- Work alongside and build strong relationships with colleagues across the partnership
- Communicate regularly with other professionals involved with families for consistent messaging and to avoid effort duplication or conflicting approaches
- Know when and how to make appropriate referrals for additional support if required (for example, for issues relating to extra-familial harm)<sup>17</sup>
- Seek guidance through supervision when navigating complex multi-agency situations or when agencies have different perspectives on families' needs.

## Key Principle 9: A consistent, supported, and skilled workforce is essential to the delivery of effective parenting support.

The Children's Social Care National Framework highlights that the workforce should be equipped and effective in order to transform the lives of children, young people, and families.<sup>18</sup>

High caseloads, understaffing and staff turnover were regularly identified in our review as barriers to delivery of parenting support. Training, reflective supervision, and manageable workloads were instead enablers of staff confidence and intervention effectiveness.

### Knowledge and skills

Parents found that having a balance between professionalism and approachability was a desirable quality in practitioners. When support was led by a knowledgeable and

<sup>17</sup> For relevant tools, see: <https://www.contextualsafeguarding.org.uk/toolkits/extra-familial-harm-toolkit/>

<sup>18</sup> See: <https://www.gov.uk/government/publications/childrens-social-care-national-framework>



confident practitioner, parents were reassured of both the legitimacy and reliability of the techniques being used in the intervention.

Findings show that staff who are experienced and open to learning new interventions, and well-connected leaders who take ownership and oversight, are needed to successfully implement parenting programmes locally.

Post-qualifying standards (PQS) are informed by evidence-based work, such as Practice Guides, and set out what newly qualified social workers should know and be able to do in relation to effective social work practice.<sup>19</sup>

### Training and supervision

Training and supervision were identified as enablers to successful parenting support. Our findings identified that training which moved beyond model concepts and taught staff how to implement training programmes in practice was important for increasing staff confidence.

Effective supervision provides space for practitioners to reflect on complex family dynamics, while also addressing practical staff needs, such as manageable caseloads and organisational conditions that enable effective practice.

Combining training and reflective supervision increased staff confidence. Delivering training that taught staff how to implement parenting support also improved confidence of practitioners. This training facilitated competence and adherence to parenting programmes – maintaining fidelity to the evidence-based model.

Ensuring sufficient time for practitioners to attend training is essential, particularly in services that were focused on reacting and responding to families in crisis or where staff were required to be trained in multiple evidence-based interventions.

## SUPPORTING THE WORKFORCE

Incorporating interactive elements into training sessions such as role play, video case studies, and adapting session content to focus on real-life scenarios were found to be effective in supporting the workforce.

Leaders can increase staff autonomy, improve accountability, and improve staff confidence in the impact they have on families' outcomes by providing ongoing support while staff gain practical experience of implementation:

This can include:

- Regular opportunities for reflective practice via supervision
- Coaching
- Consultation
- Peer support or communities of practice
- Reflexive monitoring of case files or videotaped sessions to monitor fidelity to identify adaptations where necessary.

<sup>19</sup> See: <https://www.gov.uk/government/publications/knowledge-and-skills-statements-for-child-and-family-social-work>



## Staff capacity

Staff capacity is key to effectiveness. Findings suggest high workloads, the intensive nature of required support, and the monitoring expected of some parenting programmes, alongside competing responsibilities, resulted in reduced amounts of quality time staff spent with families. Managing staff training and development with sustainability and turnover in mind can reduce stress for the wider delivery teams.

To apply this evidence to practice:

### Senior leaders should:

- Have a clear workforce strategy and recruit staff with the knowledge, skills, and experience to deliver the outcomes set out in the Children's Social Care National Framework
- Enable practitioners to have the knowledge and skills relevant to the delivery of specific interventions
- Oversee regular, consistent, reflective supervision to support their practice, development, and wellbeing
- Create the conditions and culture that supports innovation in practice, where challenge is welcome, practice supervisors and practitioners feel safe, and they are encouraged to regularly learn and develop
- Provide the workforce with suitable opportunities to deepen their knowledge, develop new skills, and put learning into practice
- Aim to protect staff time to attend training away from immediate workplace demands
- Develop strategies to avoid high staff turnover and identify challenges to staff retention
- Support practitioners to have manageable caseloads.

### Practice supervisors and practitioners should:

- Plan for and provide high-quality supervision to their teams so practitioners can reflect on their practice
- Use supervision to reflect on their practice and to prioritise their learning and development, so they have the knowledge, skills, and experience needed for their roles
- Address caseload challenges with practice supervisors during supervision
- Undertake provided training to further expand knowledge and skills.



# RECOMMENDATIONS



This Practice Guide recommends evidence-based parenting programmes that can be broadly split across two types.

## Family therapy interventions

Family therapy interventions are structured therapeutic approaches designed to support families in understanding and improving their relationships, communication, and patterns of interaction. They aim to strengthen family functioning by addressing dynamics that may contribute to difficulties experienced by one or more family members.

These interventions involve family members working collaboratively with a trained therapist to explore their roles, behaviours, and interactions, and to develop healthier ways of relating to one another. Family therapy interventions can be delivered through structured sessions that use techniques such as guided discussions, role-play, problem-solving exercises, and reflective practices. Sessions may take place in clinical settings, community environments, or the family home, and are tailored to meet the specific needs of the family.

## Parent support programmes

Parent support programmes are structured interventions aimed at supporting parents to develop specific skills and strategies to manage their child or young person's behaviour and promote positive development. They focus on enhancing parents' understanding of child development, behaviour management techniques, and consistent approaches to parenting.

Parent support programmes can be delivered through group sessions, workshops, role-play, modelling, and structured practice tasks in both clinical and home settings. They equip parents with the skills and confidence to support children and young people effectively.



## Recommendation 1: Make evidence-based interventions available to families where behaviours that challenge are present to improve and empower effective parenting practices.

### GOOD EVIDENCE

**There is good evidence to show that parenting interventions can improve parenting practices in families where behaviours that challenge<sup>20</sup> are present.**

Facing adversity increases the likelihood that parents may show patterns of harsh or inconsistent behaviour, heightened levels of emotional responses to challenging behaviour, and ineffective communication. Interventions that equip parents facing adversity with the skills and confidence to manage challenging behaviours within the home can lead to meaningful improvements in parenting practices in both the short term (six months post-intervention) and long term (up to two years post-intervention).

Interventions which show at least preliminary evidence of effectiveness address these challenges by equipping parents with practical strategies while strengthening the whole family system. Key areas of focus for these interventions include:

- Supporting families to establish clear and predictable expectations by aligning perspectives on rules and consequences to reduce conflict about what is, and not, acceptable behaviour
- Helping parents and young people to notice and reinforce supportive behaviours in each other, shifting engagement towards encouragement and recognition to strengthen family relationships and build parental confidence
- Facilitating constructive dialogue that reduces conflict and fosters mutual understanding – communication skills are central to building trust and ensuring that the child and/or young person feels heard and supported
- Coaching both parents and young people to regulate emotional responses during conflict – by practising calm and proportionate responses to poor behaviour, de-escalation, and collaborative problem-solving, families develop safer and more supportive ways of managing challenges together.

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<sup>20</sup> Persistent patterns of behaviour that violate societal norms, or those which could be considered aggressive, deceitful, or antisocial.



## MULTISYSTEMIC THERAPY (FAMILY THERAPY INTERVENTION)

### Intervention description

Multisystemic Therapy (MST) is a home-based intervention, enabling practitioners to observe interactions directly within the home and adapt strategies to fit family needs. It is aimed at young people aged 11 to 17 who are at risk of going into care or custody because of serious antisocial or offending behaviour. Real-time feedback provides parents with practical tools to manage communication and problem-solving in everyday situations. Intensive support, usually over several months, ensures that changes are embedded and sustained.

MST not only builds parental skills but also addresses the wider family system. This includes tackling patterns of conflict between family members, strengthening communication, and taking a multi-agency approach to problem solving (e.g. by working with schools or community-based services). By combining direct work with parents and coordinated support across the multi-agency, MST ensures that improvements in parenting are reinforced by the wider partnership. The coordinated, multi-agency design of MST means that parents are not left to make changes in isolation, and instead improvements in parenting practices are supported by and reinforced across the range of support present in the family's life.

### Target population

Families with a young person aged 11 to 17, who are at risk of going into care due to serious antisocial and/or offending behaviour.

### Intervention components

MST begins with an assessment of risk factors across domains such as family, school, peers, and the wider community. Therapists collaborate with families to establish shared goals and identify the root causes of difficulties. Support is then tailored to the needs of both parents and the young person. For parent(s), this may involve strengthening parenting practices, developing effective behaviour management strategies, improving monitoring and communication, and resolving conflict. For the young person, the focus may be on addressing issues such as impulsivity, anger management, or social skills. MST also engages with schools, youth justice services where appropriate, and community networks to reinforce progress. Safety planning and crisis support are provided throughout the intervention where required.

### Who can deliver the intervention

The model is delivered by therapists with a master's level qualification in social work, psychology, or a related discipline. All therapists are supported by structured

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supervision from experienced MST supervisors, which is a required element of the model to maintain fidelity. Therapists receive 40 hours of intervention training and booster training is required.

### Intervention duration

MST is normally delivered over a period of four to six months. The work is highly intensive at the outset, with therapists often visiting families multiple times per week or even daily where necessary. As families make progress, the frequency of sessions reduces, with intensity being flexible over time according to need.

### Delivery setting

The intervention is delivered primarily in the home of the young person and their family, but therapists also work flexibly within schools, community services, and neighbourhood settings where relevant.

### More information

<https://foundations.org.uk/toolkit/guidebook/multisystemic-therapy/>

For evidence specific to approaches on preventing children and young people becoming involved in violence, please see the YEF toolkit entry: <https://youthendowmentfund.org.uk/toolkit/>

## Recommendation 2: Make evidence-based parenting interventions available to families experiencing poor family functioning and child behavioural issues to reduce parenting stress.

### GOOD EVIDENCE

**There is good evidence to show that parenting interventions can reduce parenting stress in parents with children aged 11–18.**

Interventions that work to support parents to manage and reduce parenting stress can lead to meaningful improvements in how parents engage with and respond to their children.



Parenting stress often arises when the demands placed on parents due to external factors exceed their ability to cope. This stress can be further exacerbated when families face adversities or when children display heightened levels of behaviours that challenge. Without support, high levels of stress can be linked to more inconsistent parenting behaviour, reduced parental sensitivity, and increased risk of conflict in parent–child relationships.

Parenting interventions can help parents manage these pressures by equipping them with practical strategies. By reducing stress, parents can be enabled to engage positively with their child or young person, foster supportive relationships, and create more calming and predictable home environments which leads to improved outcomes for both the parent and child. Evidence shows that such interventions not only reduce parental strain but also improve parents' sense of competence and confidence in their parenting role.

Interventions which show at least preliminary evidence of effectiveness with these features include **Multisystemic Therapy** and **Boys Town In-Home Family Services**.

During intervention delivery, practice supervisors and practitioners should ensure that programmes designed to strengthen parenting skills also place emphasis on reducing stress. This can be achieved by:

- Creating space within sessions for parents to share experiences, reflect openly on challenges, and normalise the difficulties of parenting
- Teaching stress-management techniques, such as relaxation strategies, structured problem-solving, and emotional regulation exercise.
- Modelling positive coping strategies that parents can replicate in their daily lives
- Encouraging parents to reflect on how stress influences their parenting decisions and working with them to develop more constructive approaches.

For those experiencing acute stress or mental health difficulties, additional support may be needed. In such cases, a holistic package of care should be offered, combining parenting programmes with referral to specialist mental health services or wider support networks where required. This ensures that parents are not only developing skills and confidence but also receiving the emotional and psychological support required to sustain positive changes in their parenting. NICE guidelines provide evidence-based recommendations for the health sector.<sup>21</sup>

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<sup>21</sup> See: <https://www.nice.org.uk/guidance/indevelopment/gid-hub10005>



## BOYS TOWN IN-HOME (PARENT SUPPORT PROGRAMME)

### Intervention description

Boys Town In-Home Family Services is a skill-based, family-centred intervention provided in the home. It is designed to help parents strengthen their parenting and life skills, identify and build on their existing strengths, and access resources to address family difficulties. Its aim is to prevent children from entering out-of-home care or to support family reunification where children are already in care. The intervention draws on the Common-Sense Parenting curriculum\* alongside coaching, modelling, and practice assignments.

### Target population

The service is available to families with children aged from birth to 17 years who are at risk of entering children's social care or out-of-home placement. It is particularly relevant where caregivers are experiencing high levels of stress, have limited resources or parenting skills due to adversities being faced, or are raising children with emotional or behavioural difficulties. It is not yet available in the UK to the best of our knowledge.

### Intervention components

The intervention provides structured parenting skills training, teaching parents how to encourage positive behaviour, prevent problems, and manage challenging behaviour calmly and effectively. It also supports families with practical life skills such as budgeting, school attendance, and

helping keep children safe. Throughout, practitioners work to build strong and supportive relationships with parent(s), help families access community resources, and develop individualised support plans.

### Who can deliver the intervention

The programme is delivered by Family Consultants who generally hold a bachelor's degree in psychology/social work (considered behavioural sciences in a US context), although in some contexts, a master's degree may be required. Consultants are trained in the programme model and receive supervision from more senior staff, such as lead consultants or practice supervisors.

### Intervention duration

Support usually lasts between 10 and 20 weeks, with families receiving one or two face-to-face visits per week, equating to around two to six hours of contact time each week.

### Delivery setting

The intervention is delivered in the family home, whether that is the birth family home, a foster or kinship placement, or an adoptive home. Work is also coordinated with schools and other community services as appropriate.

### More information

<https://www.cebc4cw.org/program/boys-town-in-home-family-services/>

\* See: <https://www.parenting.org/classes>



## Recommendation 3: Make evidence-based parenting interventions available to reduce negative emotional behaviours.

### GOOD EVIDENCE

**There is good evidence to show that parenting interventions can lead to a significant reduction in emotional difficulties which challenge in children and young people.**

Behaviours such as withdrawal, anxiety, and low mood are closely linked with difficulties that can emerge later in childhood, including antisocial and disruptive behaviours. These are known as internalising behaviours.<sup>22</sup>

When young people withdraw or struggle with low confidence, they may become more vulnerable to peer influence, disengage from school, or seek belonging in groups where antisocial behaviours could be reinforced. Without early recognition and support, internal behaviours and external displays of antisocial behaviours can reinforce each other, creating more complex challenges for families.

Parenting interventions can play a vital role in responding to this by helping parents to notice early signs of withdrawal and respond with warmth and consistency. Parents should be supported to combine clear expectations with reassurance to help children and young people feel secure. Evidence from trials shows that strengthening parenting practices in this way leads to modest but meaningful reductions in these behaviours and can prevent the later emergence of antisocial behaviour.

Interventions which show at least preliminary evidence of effectiveness include programmes such as Connect, which equip parents to support both emotional engagement and behaviour management.

Where both internalising and antisocial behaviours are present, practice supervisors and practitioners should ensure that parenting programmes address these and recognise the connections between them. This can be achieved by:

- Encouraging parents to reflect on how withdrawal, anxiety, or low mood may contribute to conflict or antisocial behaviours
- Teaching strategies that support children's confidence and participation, reducing reliance on negative peer groups or risky behaviours for validation
- Modelling sensitive yet firm communication, so parents can respond constructively when presented with quiet distress or challenging behaviours
- Support parents to understand and manage behaviours through consistent routines, clear expectations, and responsive caregiving.

<sup>22</sup> Internalising behaviour refers to a pattern of emotional and behavioural responses directed inward, rather than outward. It relates to internalising distress, often resulting in symptoms that are less visible. These behaviours can manifest in various ways, from anxiety and depression to social withdrawal and physical complaints.



For young people showing behaviours that challenge, interventions should be embedded within a coordinated package of support that involves schools, youth services, and mental health providers. This ensures that parenting programmes not only reduce immediate difficulties but also help to prevent escalation into more serious or persistent behaviour problems.

## CONNECT (PARENT SUPPORT PROGRAMME)

### Intervention description

Connect is a structured, manualised group programme for parents and caregivers of children and young people. It is attachment-based and trauma-informed, aiming to decrease a child's emotional symptoms (e.g. anxiety and depression) and enhance parents' reflective response and sensitivity to the reasons behind a child's behaviours. The intervention uses methods such as role-play and reflective discussions to promote more supportive parenting, particularly during conflict or times of emotional distress.

### Target population

Connect is designed for caregivers of children aged 8 to 18 years who are experiencing aggressive or harmful emotional and behavioural problems. It is suitable for biological parents as well as foster or kinship carers. It is not yet available in the UK to the best of our knowledge.

### Intervention components

The programme consists of 10 weekly sessions, each lasting about 90 minutes. Sessions are delivered in small groups of parents or caregivers and focus on key attachment principles relevant to

adolescence. Parents are encouraged to reflect on their own and their child's internal states, develop greater emotional regulation, and foster cooperation and mutuality in their relationships. Role-play, reflective exercises, and between-session practice activities help parents apply these principles in real-life situations.

### Who can deliver the intervention

Connect is facilitated by two trained and certified group leaders, who are usually professionals from mental health, children's social care, or community service backgrounds with expertise in trauma-informed and attachment-based practice.

### Intervention duration

The programme runs for 10 weeks, with one 90-minute session each week.

### Delivery setting

Connect is delivered in group settings such as in schools, community agencies, or mental health centres, and in some areas may also be offered virtually.

### More information

<https://www.cebc4cw.org/program/connect-an-attachment-based-program-for-parents-and-caregivers/>



## Recommendation 4: Make evidence-based family therapy interventions available to reduce behaviours that challenge in children and young people.

### GOOD EVIDENCE

**There is good evidence to show that family therapy interventions can work to support both those at risk of challenging behaviour and those already involved in antisocial behaviour to improve behaviour.**

Programmes that work with the whole-family system can support young people to reduce antisocial behaviours, improve engagement with school, and build healthier long-term relationships.

Family therapy interventions are particularly valuable for families' experiencing difficulties such as poor communication, inconsistent parenting, or parental conflict – all of which can heighten the risk of antisocial behaviour and disengagement. Addressing these issues through family therapy helps young people develop in more stable and supportive environments that encourage positive behavioural change.

Family therapy actively involves parent(s), young people, and, where appropriate, extended family members. This broader approach recognises that behaviours are shaped by the wider family context and that improvements are more likely to be sustained when family relationships and communication patterns are strengthened. Evidence shows that interventions that increase parental authority, build emotional connections, and reduce conflict, can break cycles of antisocial behaviour and support young people to achieve more positive developmental outcomes.

Family therapy interventions which show at least preliminary evidence of effectiveness such as Multisystemic Therapy (MST) and Functional Family Therapy (FFT) provide structured approaches that equip families to address behaviours that challenge. These programmes guide parents and young people to work together to establish consistent rules and expectations, manage conflict constructively, and support the young person to make healthier choices about school, peers, and daily routines.

Multisystemic Therapy is rated level 4+ evidence in the Foundations Guidebook, our strongest evidence rating, at improving child behaviour,<sup>23</sup> while Functional Family Therapy is given a Level 3+ rating.<sup>24</sup>

<sup>23</sup> See: <https://foundations.org.uk/toolkit/guidebook/multisystemic-therapy/>

<sup>24</sup> See: <https://foundations.org.uk/toolkit/guidebook/functional-family-therapy/>



Practice supervisors and practitioners should deliver family therapy interventions that:

- Involve young people and parents together, with opportunities to practise new strategies during sessions
- Use role-play and in-the-moment coaching to help young people and parents replace confrontation with constructive problem-solving
- Guide young people to reflect on their behaviours (e.g. defiance, aggression, withdrawal) and practise alternative, positive responses (e.g. talking, calmness, resolution)
- Support families to set consistent expectations around routines, school attendance, and peer relationships.

As behaviour is also shaped by influences beyond the family, such as from peer groups and online spaces, family therapy is most effective when supported by wider systems. Practitioners should therefore coordinate across the multi-agency partnership such as with schools, health partners, children's social care, or youth justice where appropriate to promote coordination and streamline support for the young person.

## **FUNCTIONAL FAMILY THERAPY (FFT) (FAMILY THERAPY INTERVENTION)**

### **Intervention description**

Functional Family Therapy is a family-based therapeutic intervention for children and young people aged 10 to 18 who are engaged in antisocial behaviour, crime, or substance misuse. The aim is to reduce negative patterns of family interaction, improve communication, and reduce antisocial behaviour.

### **Target population**

The programme is designed for children and/or young people displaying serious behavioural problems and their families. It is often used in the context of youth justice or community referrals and can also include siblings and wider family members.

### **Intervention components**

FFT begins by building trust and engaging the family, before working to reduce blame and increase motivation. The relational assessment phase maps family interactions to identify the functions of behaviours. Behaviour change work then teaches and rehearses skills such as communication, problem-solving, and conflict

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management. Finally, families practise these new skills in wider contexts to consolidate and embed progress.

### **Who can deliver the intervention**

FFT is delivered by therapists with a master's level qualification in psychology, social work, family therapy, or a related field. Delivery is supported by structured clinical supervision and oversight to maintain fidelity to the model.

### **Intervention duration**

The programme typically involves between 12 and 14 sessions, although this can range from 8 sessions in less complex cases to up to 30 sessions where needs are higher. It is usually delivered over a period of three to six months.

### **Delivery setting**

FFT is most often delivered in the family home, but may also take place in outpatient clinics, schools, or community organisations.

### **More information**

<https://foundations.org.uk/toolkit/guidebook/functional-family-therapy/>

For evidence specific to approaches on preventing children and young people becoming involved in violence, please see the YEF toolkit entry: <https://youthendowmentfund.org.uk/toolkit/functional-family-therapy-fft/>



## Recommendation 5: Make evidence-based systemic family therapy models available to support improved family functioning where there are behaviours that challenge.

### GOOD EVIDENCE

**There is good evidence to show that family therapy interventions can lead to improved family functioning and parent-child relationships.**

Programmes that strengthen family functioning can support families to build healthier communication, reduce conflict, and improve the quality of parent-child relationships.

Family therapy interventions are particularly valuable where parents and young people experience ongoing tension, poor communication, or emotional distance, all of which can reduce the quality of parent-child relationships and leave young people feeling insecure or unsupported. By addressing these patterns, family therapy creates more nurturing environments that foster stronger bonds between parents and young people.

Unlike parent support programmes, which focus solely on parents as the agents of change, family therapy brings parents, children, and sometimes extended family members together. This approach recognises that the quality of parent-child relationships is shaped by wider family dynamics, and that attachment is best strengthened when the whole-family system works collectively. Evidence shows that family therapy can support families to adapt to stressors, improve parental sensitivity and attachment, and lead to healthier parent-adolescent relationships.

Family therapy interventions which show at least preliminary evidence of effectiveness such as Functional Family Therapy (FFT) and Brief Strategic Family Therapy (BSFT) provide structured approaches that focus directly on improving family communication and relationships. These programmes encourage parents to respond consistently to their young person's needs, while also helping them to feel more understood and supported. By improving attachment and the overall quality of relationships, families develop resilience and are equipped to adapt to future challenges.

Practice supervisors and practitioners should deliver family therapy interventions that:

- Bring parents and young people together to practise new ways of interacting
- Use role-play and live coaching to help parents demonstrate warmth and responsiveness, while guiding the young person to express their needs more openly

Working with families  
Meeting families' needs  
Local system culture



- Support families to replace cycles of conflict with constructive dialogue and problem-solving
- Encourage parents to balance clear authority with emotional sensitivity, creating relationships that are both structured and nurturing.

## BRIEF STRATEGIC FAMILY THERAPY (BSFT) (FAMILY THERAPY INTERVENTION)

### Intervention description

Brief Strategic Family Therapy (BSFT) is a time-limited intervention for children and young people with behavioural problems, including truancy and substance misuse. Based on a family-system approach (i.e. sees the family as a unit), it seeks to identify and change maladaptive family interaction patterns that maintain a young person's behaviours. The therapist plays an active role in observing family interactions, reframing communication, and coaching more constructive ways of relating.

### Target population

BSFT is aimed at those generally between the ages of 6 to 17, who present with behavioural difficulties and their families. It is particularly relevant in families where harmful interaction patterns play a significant role in sustaining problems.

### Intervention components

The therapy progresses through stages: first where the therapist builds trust and engages family members; then diagnosis, where repetitive negative interaction patterns are observed and

mapped; and restructuring, where those patterns are challenged and replaced with more adaptive interactions. Strategies include reframing, task assignments, and live coaching of family members during sessions.

### Who can deliver the intervention

BSFT is delivered by trained therapists, usually licensed mental health professionals such as psychologists or social workers. Adherence to the model and supervision are key to maintaining quality.

### Intervention duration

The programme usually consists of 12 to 16 sessions over a period of about three months, although duration may be extended in more severe cases.

### Delivery setting

BSFT can be delivered in a range of settings, including family homes, community clinics, and health or children's social care.

### More information

<https://www.cebc4cw.org/program/brief-strategic-family-therapy/>



## Recommendation 6: Make evidence-based parenting interventions available to families whose children have been identified as needing support from children's social care, to support parental mental health.

### GOOD EVIDENCE

**There is good evidence to show that for parents whose child or young person is in social care, making available evidence-based interventions can support parental mental health.**

Parenting interventions can play an important role in supporting the mental health of parents whose children or young people are known to children's social care services, including those in foster care or where known physical or emotional child abuse is occurring. Families in these circumstances often face a combination of emotional and practical pressures. Parents may experience feelings of guilt, shame, or failure, alongside challenges such as insecure housing, poverty, or ongoing involvement with statutory services. These pressures can heighten the risk of poor mental health and undermine parents' ability to provide the supportive and stable environments their children need.

Parenting interventions can help to reduce this burden by equipping parents with skills and strategies that build confidence, restore a sense of ownership, and enhance resilience in the face of adversity. Evidence shows that interventions designed for families in social care contexts can improve parental wellbeing by combining practical parenting tools with emotional and relational support. Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) is one such evidence-based programme which shows at least preliminary evidence of effectiveness.

Programmes for these families should combine skill development with sensitive support for parental wellbeing. These interventions:

- Provide parents with practical tools such as consistent routines, positive discipline, and clear communication strategies
- Validate parents' experiences and reduce feelings of isolation or shame through empathetic support
- Actively build parental self-esteem by highlighting progress and reinforcing successes in both parenting skills and child outcomes
- Model positive coping strategies and create opportunities for parents to practise stress management in real-life situations
- Tailor delivery to the additional pressures faced by families in or at risk of foster care, often using home-based sessions or flexible scheduling to maximise engagement.



By combining practical parenting support with attention paid to parental wellbeing, these interventions can reduce stress, improve confidence, and help parents sustain a more stable and supportive family environment. For these interventions to be successful, practitioners should be supported to respond to signs of a parental mental health need and refer parents to additional support where necessary. NICE guidelines provide evidence-based recommendations for the health sector.<sup>25</sup>

## MULTISYSTEMIC THERAPY FOR CHILD ABUSE AND NEGLECT (MST-CAN) (FAMILY THERAPY INTERVENTION)

### Intervention description

MST-CAN is a specialist adaptation of Multisystemic Therapy, designed for families, who have recently been reported to child protection services for physically abusing and/or neglecting a child aged 6 to 17. It is intensive and home-based, delivered over six to nine months by a multidisciplinary team. The intervention integrates trauma treatment, safety planning, parental support, and crisis intervention to prevent further maltreatment and enable children to remain safely at home.

### Target population

The programme is targeted at families with children aged 6 to 17 who have recently been reported to child protective services for physical abuse or neglect. It can be offered whether the child is still living at home or in foster care with the goal of reunification.

### Intervention components

MST-CAN provides comprehensive support that addresses both parental and child needs. For parents, this includes work on substance abuse, anger management, and neglectful parenting practices. For children, it addresses trauma symptoms

and mental health difficulties. Family communication and problem-solving skills are developed, and safety planning is prioritised. The model also ensures that families have access to 24/7 crisis support.

### Who can deliver the intervention

The intervention is delivered by therapists with a master's level qualification in counselling, psychology, social work, or related fields. They are supported by supervisors with expertise in child protection and trauma, as well as a crisis caseworker and a part-time psychiatrist.

### Intervention duration

MST-CAN typically lasts for six to nine months. It is highly intensive, with multiple sessions each week and additional support available on a 24/7 basis.

### Delivery setting

The intervention is delivered primarily in the family home, but practitioners work flexibly to support families in other community settings where required.

### More information

<https://foundations.org.uk/toolkit/guidebook/multisystemic-therapy-for-child-abuse-and-neglect/>



# CASE STUDY



## JORDAN AND AMIRA – FAMILY THERAPY IN PARENTING PRACTICE

This case study follows the experiences of two families – Jordan's and Amira's – involved in Family Therapy. It explores how delivery can affect the experiences of different families.

Jordan, aged 15, and Amira, aged 14, were both referred to a family therapy programme because of serious difficulties at home and at school. Jordan had been suspended from school several times and was spending more time with friends who often behaved in a way that professionals and other adults in the community found challenging. Amira was frequently absent from school and often argued with her parents.

Both families felt overwhelmed, experiencing high levels of parental stress, and had tried other services before but without lasting success.

### The support offered

#### Family therapy interventions

Both families were offered a family therapy programme designed to strengthen communication, reduce conflict and support parents in setting consistent boundaries. Sessions were facilitated by a therapist and brought together young people, parents and other family members to explore patterns of interaction and practise new skills in problem-solving and communication. The therapist worked to build trust, reduce blame, and help the families apply these skills to everyday challenges at home, in school, and with friends.

#### Parenting support programmes

The families were offered structured parenting programmes designed to strengthen parenting skills, support positive parent-child relationships, and reduce conflict at home. These programmes supported parents with strategies to set safe and consistent



boundaries, encourage positive behaviours, and navigate challenges collaboratively. Delivery focused primarily on parents, through structured sessions that included role-play, video examples, and guided practice. Parents were encouraged to try new approaches between sessions and reflect on what worked. Facilitators aimed to create a trusting, respectful and anti-discriminatory environment where parents could share experiences and learn from others.

### Family experiences

Jordan's family found things difficult to begin with. At first, the therapist was not able to engage Jordan in the sessions, and he often sat in silence. But the therapist invested time in building an honest, trusting relationship, which helped both Jordan and his parents to feel heard. Over time, they reported fewer explosive arguments and were able to practise more constructive ways of talking to one another. Jordan's mother Leanne described feeling more confident and less stressed, while Jordan returned to school and was better able to remain in the school environment.

Amira's family faced greater challenges. The sessions were scheduled at a time which clashed with Amira's father's work schedule. Amira's mother felt "talked at" and that she was negatively compared to others, leading her to miss several appointments. Cultural differences between the family and the therapist also created barriers to building trust. This included a lack of consideration of gendered cultural roles, which meant that some family members felt it was not appropriate to participate in the intervention. As a result, the family completed less than half the sessions and saw little improvement in behaviour or school attendance. Amira's mother described feeling "back to square one" when the programme ended.

## The results

These two journeys highlight the variation in how families experience intervention delivery. For Jordan's family, consistent support and a strong therapeutic alliance helped them reduce conflict and move forward together. For Amira's family, difficulties with engagement, cultural mismatch, and practical barriers such as work commitments meant the intervention had limited impact.

### Key learning for practice

- Building a **trusting therapeutic relationship** is central to engagement and change
- **Flexibility of delivery** – such as evening sessions, home visits, or online options – helps families with complex commitments take part in programmes
- **Cultural responsiveness** matters. Families are more likely to engage when they feel their values and experiences are respected
- **Sustaining support** after the structured programme ends can help families maintain progress and prevent challenges from creeping in again.



# RESOURCES

## Online summary Guide

This is a shorter summary version of this full guide: <https://foundations.org.uk/toolkit/practice-guides/parenting-through-adversity-11-18>



DOWNLOAD

## Summary for Elected Members

If you are a Councillor or Elected Member, you might find this summary helpful in understanding the Guide and how you can support your DCS/ Children's Services leadership team in meeting the recommendations: <https://foundations.org.uk/wp-content/uploads/2025/12/summary-elected-members-parenting-through-adversity-11-18-practice-guide.pdf>



DOWNLOAD

## Extended definitions

Find more information on the scope of this Practice Guide, including information on the population scope, and definition of parenting interventions: <https://foundations.org.uk/toolkit/practice-guides/parenting-through-adversity-11-18-practice-guide/extended-definitions>



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## Full systematic review

Read the full systematic review that underpins this Practice Guide. If you are an academic or a researcher, you might be particularly interested in this: <https://foundations.org.uk/wp-content/uploads/2025/12/systematic-review-parenting-through-adversity-11-18-practice-guide.pdf>



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## Evidence annex

Read more about the underpinning evidence for each principle and recommendation, and recommendations for future research and evaluation. This annex might be of most interest to researchers or academics: <https://foundations.org.uk/wp-content/uploads/2025/12/evidence-annex-parenting-through-adversity-11-18-practice-guide.pdf>



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## Technical annex on methodology

Find out more about the methodology we used in the creation of this Practice Guide. If you have an interest in the production of evidence-based guidance, or are a researcher or academic, you may find this helpful: <https://foundations.org.uk/wp-content/uploads/2025/12/technical-annex-parenting-through-adversity-11-18-practice-guide.pdf>



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# EVIDENCE SUMMARY

RECOMMENDATION	STRONG EVIDENCE	GOOD EVIDENCE	PROMISING EVIDENCE
1. Make evidence-based interventions available to families where behaviours that challenge are present to improve and empower effective parenting practices.		✓	
2. Make evidence-based parenting interventions available to families experiencing poor family functioning and child behavioural issues to reduce parenting stress.		✓	
3. Make evidence-based parenting interventions available to reduce negative emotional behaviours.		✓	
4. Make evidence-based family therapy interventions available to reduce challenging behaviours in adolescents.		✓	
5. Make evidence-based systemic family therapy models available to support improved family functioning where behaviours that challenge exist.		✓	
6. Make evidence-based parenting interventions available to families whose children are already known to children's social care, to support parental mental health.		✓	