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# Research to understand the merits and challenges of online parenting courses and to support the future planning and development of services

Starks Consulting Ltd with Leeds Beckett University  
June 2022



## Acknowledgement

The authors of this report wish to thank the Early Help practitioners, service leads and partners across West Yorkshire for their time and input into this research.

We would also like to thank the parents who gave up their time to speak with us so candidly about their experiences with online parenting programmes.

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**Baby Steps Programme:** a perinatal educational programme. It is designed to help prepare people for becoming parents, and not just for the birth itself.

**Caring Dads:** a structured, multi-agency approach to addressing men's abusive behaviours within families. The intervention helps men to examine and address their behaviour and improve their relationships with their children. This evidence-based programme is informed by research that indicates that men are more likely to engage with services to address their behaviour if they think it will benefit their relationship with their children.

**Cygnets:** a parenting support programme for parents and carers of children and young people aged 5-18 with an autistic spectrum.

**Early Bird and Early Bird Plus:** are support programmes for parents and carers, offering advice and guidance on strategies and approaches for dealing with young autistic children.

**Early help practitioner:** includes early intervention worker, family support worker, health practitioner, and health visitor.

**Henry:** the HENRY approach is an effective way of working with parents which supports them to change family lifestyle habits and behaviours and provides a healthy start in life for their children.

**Incredible Toddlers and Incredible Years:** are evidenced-based online 13-week programmes which aim to promote a positive attachment between parents and their young children so that they feel loved, safe and secure.

**Mellow Parenting:** is a programme designed to promote sensitive parenting. It aims to improve parental-child attachment and address parental mental health as well as develop better relationships between parent and child.

**Nurturing Programme (Family Links):** The Nurturing Programme is a 10-week parenting programme that improves the emotional health of both adults and children and strengthens family relationships.

**Online learning:** the use of technology and digital resources accessed via the internet. Online learning referred to in this report includes both self-directed learning programmes and virtual learning programmes. These terms both refer to an online learning experience but are quite different.

**Positive Choices:** a programme that aims to support young people and provide early, intensive interventions throughout pregnancy and early years.

**Preparation for Parenthood:** A free six-week course aiming to help parents prepare for the birth of their baby and for parenthood (Solihull).

**Restorative Parenting Programme:** a Wakefield City Council Early Help parenting programme based on the principles of restorative practice to improve communication, confidence and parenting practices.

**Remind Yourself (Family Action):** is a six-week group suitable for parents/carers of children aged 2-9 years created to remind parents/carers of all the brilliant parenting techniques they already have. During this course, facilitators hope to 'remind' parents/carers about a range of different strategies that can help their family.

**Self-directed online learning programmes:** this is learning which is completed by the learner independently by working through content that is held on the internet. It allows learners to take charge of their own learning. Triple-P and the Solihull Programmes fall into these categories.

**SEND:** special educational needs and disabilities.

**Solihull** parenting classes offer a range of peri and postnatal classes; Understanding your Child (6 months-18 years) Understanding Your Teenager's Brain; Children with Additional Needs.

**Step-Up:** is a nationally recognised adolescent family violence intervention program designed to address youth violence toward family members.

**Strengthening Families Strengthening Communities programme (SFSC):** SFSC is a 13-week parenting programme designed to support parents to raise children effectively. It provides information and strategies for bringing up their children, gives opportunities to meet other parents, and share their experiences.

**Take 3 Parenting:** a programme that provides comprehensive evidence-based training and resources for supporting parents to deal with challenging teenagers.

**Talking Teens (Family Links):** the programme focuses on teenager behaviour, family relationships, communication, negotiating, decision-making and reducing conflict.

**Time Out for Dads:** A six-week course focussing on building health relationships between father and child/ren and become better Dads.

**Triple P online parenting:** this is an evidenced-based collection of parenting programmes offering self-directed programmes of learning. It includes parental support for children aged 0-12 yrs; for teenagers 10-16yrs, and for children experiencing anxiety<sup>1</sup>. They are designed to be delivered with additional one-to-one support from an early help practitioner.

**Virtual learning delivery:** virtual learning can include digital resources (accessed from the internet) but also includes real-time communication including live video conferencing or audio conferencing, and is more interactive. Examples of the virtual learning offer included in this report are Restorative Parenting delivered in Wakefield and Caring Dads delivered in Leeds. These courses have been delivered live via Zoom or Microsoft Teams and have been led by a practitioner.

<sup>1</sup> According to the Triple P CEO for UK and Ireland, Triple P, a fourth offer Baby Triple P is about to come online soon.

**Webster Stratton:** a parenting program that offers support to parents and carers of children aged 2-12 years with conduct disorder or behavioural problems.

**Welcome to the World (Family Links):** an 8-week group for parents expecting a baby. Parents attend the group from approximately 24 weeks of pregnancy.

**Who's in Charge:** is a nine-week child to parent violence programme aimed at parents whose children are being abusive or violent toward them or who appear out of parental control.

# Executive Summary



## Introduction and Context

In 2021, Starks Consulting Ltd, in partnership with Leeds Beckett University, was commissioned by the West Yorkshire Health and Care Partnership (WYHCP) to report on the merits and challenges of delivering online courses for parents across West Yorkshire. This report provides the WYHCP with the findings from the research, which was conducted over four months from October 2021 to January 2022.

The need to provide support with parenting has long been acknowledged by health and family support services as a valuable offer<sup>2</sup>. Parenting programmes have the potential to prevent future mental health problems and promote child health and wellbeing, and development<sup>3</sup>, a major public health priority<sup>4</sup>.

The Covid-19 pandemic that began in March 2020 presented significant challenges for Early Help practitioners whose role was to provide targeted support to parents and their families to prevent needs from escalating. Services, recognising the need to continue to support families, moved to deliver support online.

## Aims of the Study

The key aims of the study were to understand how and to what extent services in West Yorkshire delivered online parenting programmes. The study sort to capture the value and merits of such delivery, as well as the impact of online learning on parenting, and ultimately on the quality of their relationships with their children.

Online parenting programmes (virtual and self-directed programmes) included in this study were those programmes that were aimed at improving parenting competencies to support a positive nurturing relationship, improve the quality of parent-child interactions and reduce child behaviour problems.

<sup>2</sup> Patterson J, Mockford C, Barlow J, et al. Need and demand for parenting programmes in general practice. *Archives of Disease in Childhood* 2002;87:468-471.

<sup>3</sup> Bayer, J. K., Hiscock, H., Morton-Allen, E., Ukoumunne, O. C., & Wake, M. (2007). Prevention of mental health problems: rationale for a universal approach. *Archives of disease in childhood*, 92(1), 34-38

<sup>4</sup> Public Health England (2020) *Best start in life and beyond: Improving public health outcomes for children, young people and families.*



## Method

The research method included a multi-modal approach that generated a range of qualitative and quantitative data from Early Help practitioners, partners and parents across West Yorkshire. This included interviews and focus groups with Early Help practitioners across West Yorkshire, a workforce survey, a parent survey and interviews with parents who had completed online parenting programmes. A literature review was completed to place the findings into context with the prevailing evidence around the merits and challenges of delivering online parenting support and training.

There were some challenges in delivering the research due to constraints on practitioner and professional time and the difficult circumstances in which they were working. In particular, engaging health professionals in the research was very difficult. This may have impacted the extent to which we have fully captured the range of programmes delivered online across West Yorkshire, particularly with regards to peri- and ante-natal support for parents.

# Key Findings



## Literature Review - Key Findings

Evidence from previous research studies that examined the value and merits of online parenting programmes indicates positive impacts on parents and their children. Positive impacts included improved positive parenting capacity, decreased parental stress, lower levels of anxiety and depression, and increased levels of parent confidence. The evidence showed that these factors, in turn, have positive benefits in terms of improved parent-child relationships, child behaviour and child wellbeing. The literature review also evidenced the challenges in online delivery including access to the internet and inclusivity which may result in some populations continuing to be underserved. Furthermore, online delivery may limit the extent to which practitioners can develop trusted relationships with parents; an important factor in the effectiveness of interventions involving vulnerable families, in particular.

## Development of an online parenting offer in West Yorkshire

Local authorities adapted some of their programmes to offer an online service to parents. Leeds and Bradford appear to have offered a greater range of online programmes. Some notable differences in delivery included online support for parents with SEND, online support for fathers, online support for teens, access to Triple-P programmes and access to the Solihull short courses.

Just less than two-thirds of practitioners reported they could meet the level of demand for online learning in their areas, although it was evident that more needed to be done to raise awareness of the online offer in their area. Evidence from the parent survey and interviews with parents suggested a lack of awareness and understanding of available parenting courses.

In terms of the skills and capacity to deliver online, practitioners reported being on a steep learning curve with online delivery and most had not received any formal training to equip them to deliver online, but had learned from each other. Nevertheless, practitioners had gradually familiarised themselves with online learning and most practitioners reported they were confident in delivering online parenting courses.

## Benefits and Challenges of Online Parenting Programmes

The benefits of delivering online parenting programmes included increased accessibility, flexibility around delivery and increased efficiencies. Practitioners noted that delivering the programmes online had helped to engage some parts of the communities that would otherwise not have engaged, including rural communities, lower-income families and fathers, due to reduced travel and travel costs, the lack of need for childcare and the ability to maintain anonymity. The benefits associated with enabling access for communities who may not typically engage in parenting programmes are perhaps the most significant considerations in planning future delivery of parenting programmes, whether they are online, in-person, or a mix of delivery modes.

Delivery online was not without its challenges. Digital inclusion remains a key issue, with some families not having access to appropriate technology such as computers or iPads, or mobile data/broadband. A question was raised about the suitability of smartphones and the appropriateness of accessing the course-related activities while out of the home in busy places. Arrangements had been made for some families to loan iPads but with mixed success due to items being damaged or going missing. Certain parts of the community were more disadvantaged due to technology than others (e.g. older parents, kinship carers, low-income families and gypsy Roma travellers).

Relationship-building virtually was also reported to be a challenge for practitioners, particularly where families were dealing with a range of complex needs, and where practitioners needed to provide high levels of emotional support to parents. Further still, safeguarding was highlighted as a

key issue for both children and adults when operating online/remotely. There was some indication that children were not being fully supervised while parents were taking part in online courses, and for some parents, practitioners did not feel they could adequately control the learning environment and provide sufficient emotional support.

## What does good online support look like?

A good deal of learning has been extracted from the interviews and focus groups with practitioners to understand effective delivery. Practitioners reported working closely with partners to ensure that referrals for online parenting courses were appropriate and that early engagement of parents to manage their expectations of online learning was crucial. Practitioners spoke of the importance of ground rules and some had developed a system of contracting with parents to ensure they understood the commitment to the course so they were able to fully and safely participate.

Several practitioners reported the importance of delivering virtual learning in pairs, in order to provide additional support when parents became upset or agitated. Practitioners reported developing a range of engaging resources including quizzes, and video clips, utilising social media and providing one-to-one support and coaching to ensure the experience was stimulating and that learning opportunities were maximised.

Where additional support was provided to parents outside of the formal sessions on a one-to-one basis and/or via groups, this helped to place learning into context and allowed for more intensive input from the participating parents.

## Parents' Perceptions of the value of online parenting support

The majority of parents had positive experiences with online learning. Parents reported the benefits of the flexibility afforded by online learning as well as the useful information accessed.

*"Had it been face-to-face, I would have not been able to attend due to child care issues. Virtual training was so flexible and worked perfectly with my children."*  
(Parent)

Parents gave examples of how they had put into practice what they had learned and how communication and relationships with their children had improved. They also reported an increased sense of confidence and a reduction in stress levels as a result of improved child behaviour.

*"We were starting to introduce discipline and...consequences for his behaviour. It [the Triple-P course] has really useful tips such as parents need not to shout [at their child], and to stay calm"* (Parent).

For a few parents, the content of the course was insufficient or not stimulating enough. Two parents interviewed expressed more limited an impact due to not having sufficient Early Help support whilst completing the programme. For parents with children with additional needs, a greater level of support was required for them to feel they were progressing with managing their children's behaviour and development.

## Conclusions and Recommendations

Local authorities moved towards online delivery in response to the national lockdown and its associated restrictions as a result of the Covid-19 pandemic. It is, therefore, important to acknowledge that online support was not necessarily a planned and well-thought-out process with significant lead time; rather it was a reactive response in order to continue to meet the support needs of many families in difficult circumstances. The online parenting offer that evolved was a somewhat uneven offer across West Yorkshire; some areas provided a higher level of online support than others, and gaps in provision included parents with children with additional needs, fathers, and parents of adolescents in particular. Access to Triple-P, the validated online programme, was only available in two local authorities although staff in a third local authority were about to be trained. Access to the online shorter courses provided through Solihull was only available in one authority, with a limited offer reported to be extended to a second.

To support the review and development of a more comprehensive offer across West Yorkshire, the following recommendations are provided.

**Recommendation One:** Review the online provision identified in this report including the potential gaps in support in each authority to help plan future delivery.

**Recommendation Two:** Local authorities should consider the current inequalities of the online offer across the sub-region, in particular, the uneven access to online Triple-P. Due to the high levels of testing and validation of this programme, this is one programme that should be prioritised.

**Recommendation Three:** Improve access to information for partners and parents on the availability of online parenting programmes in each authority.

**Recommendation Four:** Local authorities should ensure that the referral process for parenting support routinely includes assessing parents' suitability and capacity to take part in parenting programmes.

**Recommendation Five:** Review arrangements for promoting the online programmes and the referral process to ensure that the online offer is reaching those parents who may benefit from it the most.

**Recommendation Six:** Review the six key components of effective online delivery detailed in this report, and ensure there are opportunities to share good practice and learning within and across the geographic areas.

**Recommendation Seven:** Consider how robust outcome data can be captured from parents and children to inform future development and delivery of parenting programmes.

**Recommendation Eight:** Review regularly the profile of parent participation and ensure that the online delivery of the programmes does not preclude any particular individuals or groups from taking part.

**Recommendation Nine:** Continue to invest in online parenting support as part of a blended offer for parents who prefer to learn remotely. Maintain a face-to-face programme offer for those that prefer to learn face-to-face and where models of programme delivery major on peer-to-peer support (e.g. SFSC or Caring Dads).

**Recommendation Ten:** Consider how digital exclusion can be addressed strategically by working with partners across local authorities (e.g. schools, libraries, voluntary and community groups).

# 1. Introduction, context and aims of the study



- 1.1 Due to the introduction of public health measures as a result of the Covid-19 pandemic in 2020, family support services across West Yorkshire were compelled to move their support for parents online. In 2021, Starks Consulting Ltd, in partnership with Leeds Beckett University, was commissioned by the West Yorkshire Health and Care Partnership (WYHCP) to report on the merits and challenges of delivering online courses for parents across West Yorkshire.
- 1.2 This report provides the WHCP with the findings from the research, which was conducted over a four-months from October 2021 to January 2022.
- 1.3 This section of the report outlines the context for the study and introduces the key research aims, method employed and the challenges associated with the study.

## Context to the Study

### The need for parental support programmes

- 1.4 Current research provides evidence of the challenges facing parents today in forming effective parent-child relationships. The increased use of social media and the internet among young children, and the availability of televisions (now in most children's bedrooms), tablets and computer games, have resulted in children spending more time alone in their rooms and less time interacting with others<sup>5</sup>. This change, according to researchers and academics, is leading to increased levels of depression and loneliness both in children and parents<sup>6</sup>. Consequently, children spend less time developing communication skills, display lower levels of social competence and problem-solving skills and are less able to think creatively<sup>7</sup>.
- 1.5 Other lifestyle changes that pose challenges for families include increasing rates of divorce or parental separation, and an increase in single parenthood; all factors associated with higher rates of parenting difficulties<sup>8</sup>. In addition, a broad range of risk factors is more likely to affect those from low-income homes, including maternal mental health problems, low levels of parental education, lower cognitive ability

<sup>5</sup> Sălceanu, C. (2014) The Influence of Computer Games on Children's Development. Exploratory Study on the Attitudes of Parents. *Social and Behavioural Sciences* 149 ( 2014 ) 837 – 841.

<sup>6</sup> Gentile, D. A., & Walsh, D. A. (2002). A normative study of family media habits. *Journal of Applied Developmental Psychology*, 23(2), 157-178.

<sup>7</sup> Clements, R. (2004). An investigation of the status of outdoor play. *Contemporary issues in early childhood*, 5 (1), 68-80.

<sup>8</sup> Clarke-Stewart, K. A., Vandell, D. L., McCartney, K., Owen, M. T., & Booth, C. (2000). Effects of parental separation and divorce on very young children. *Journal of Family Psychology*, 14 (2), 304.

and special educational needs; all of which, in turn, affect the quality of parenting and parent-child relationships<sup>9</sup>. Furthermore, poor parent-child relationships contribute to disruptive child behaviour, putting additional strain on children and their families<sup>10</sup>.

- 1.6 The need to provide support with parenting has long been acknowledged by health and family support services as a valuable offer<sup>11</sup>. Parenting programmes have the potential to prevent future mental health problems and promote positive child wellbeing and development<sup>12</sup>, a major public health priority<sup>13</sup>.
- 1.7 The positive parenting practices that support children's development are well established and these include:
  - relationship-building strategies through time spent in play or joint activities with children;
  - positive reinforcement to encourage positive child behaviour, and
  - positive parental role modelling<sup>14</sup>.

## Impact of the Covid-19 pandemic on demand for early help

- 1.8 The Covid-19 pandemic, which resulted in the introduction of several public health measures in 2020 and included a national lockdown, exacerbated inequalities more generally. It impacted issues related to health and wellbeing, employment, and food and fuel costs, hitting the low-income families hardest.
- 1.9 Since the impact of Covid-19 in March 2020, there has been a reduction in access to universal services including parenting programmes across the UK. A House of Lords Public Services Committee report<sup>15</sup> was published in November 2020 which found five key weaknesses in the delivery of public services during the pandemic. Two of those weaknesses included insufficient support for prevention and early intervention services and inequality of access to public health services. The COVID-19 pandemic also brought dramatic and rapid changes to midwifery, and the health visitor service was scaled down; impacting care continuity and support for women, children and families<sup>16</sup>.

<sup>9</sup> Joseph Rowntree Foundation (2016) Poverty and children's personal and social relationships.

<sup>10</sup> Koerting, J., Smith, E., Knowles, M. M., Latter, S., Elsey, H., McCann, D. C. and Sonuga-Barke, E. J. (2013). Barriers to, and facilitators of, parenting programmes for childhood behaviour problems: a qualitative synthesis of studies of parents' and professionals' perceptions. *European child & adolescent psychiatry*, 22 (11), 653-670.

<sup>11</sup> Patterson J, Mockford C, Barlow J, et al. Need and demand for parenting programmes in general practice. *Archives of Disease in Childhood* 2002;87:468-471.

<sup>12</sup> Bayer, J. K., Hiscock, H., Morton-Allen, E., Ukoumunne, O. C., & Wake, M. (2007). Prevention of mental health problems: rationale for a universal approach. *Archives of disease in childhood*, 92(1), 34-38

<sup>13</sup> Public Health England (2020) Best start in life and beyond: Improving public health outcomes for children, young people and families.

<sup>14</sup> Hutchings, J. (2013) *The Little Parent Handbook*. Children's Early Intervention Trust;

<sup>15</sup> House of Lords: Public Services Committee 1st Report of Session 2019–21. A critical juncture for public services: lessons from COVID-19

<sup>16</sup> Public Health England (2019) Care continuity between midwifery and health visiting services: principles for practice

1.10 The deleterious effect of Covid-19 on the wellbeing of children and young people was evidenced in a qualitative study conducted in Bradford. Responses showed that many children were experiencing social anxiety particularly around not being able to see their family and friends during lockdown periods, and two out of every five parents reported they had depression or/and anxiety<sup>17</sup>. Having a baby during the COVID-19 pandemic brought additional stress and challenges for families, including anxiety about COVID-19 itself and reduced access to informal support from family and friends<sup>18</sup>.

1.11 Increased levels of anxiety and depression affected family wellbeing which in turn led to an increased demand for support from Early Help services. This placed significant strains on an already depleted service offer nationally. According to the National Children's Funding Bureau, many councils have been forced to halve spending on Early Help services for vulnerable children. Families in the poorest parts of England are suffering the most, with some councils reducing spending on early intervention services by over 80 per cent<sup>19</sup>.

1.12 As a consequence of the rise in need and reduction in universal services, the Covid-19 pandemic that began in March 2020 presented significant challenges for Early Help practitioners whose role was to provide targeted support to parents and their families to prevent needs from escalating. Services, recognising the need to continue to support families, moved to deliver support online.

<sup>17</sup> Lockyer, B., Sheard, L., Smith, H., Dickerson, J., Kelly, B., McEachan, R., Pickett, K., Sheldon, T. and Wright, J. 'Her whole little life has changed dramatically' Findings of a qualitative study into children's mental wellbeing in Bradford during Covid-19. Bradford Institute for Health Research.

<sup>18</sup> NSPCC Learning (2020) Learning from adapting the Baby Steps programme in response to COVID-19

<sup>19</sup> See <https://www.ncb.org.uk/about-us/media-centre/news-opinion/councils-forced-halve-spending-early-help>



## The use of technology to provide parenting programmes

1.13 Online digital technology has the potential to provide knowledge about key parenting skills, and to reduce pressures on services; particularly those delivered by family support workers, health visitors and school nurses, and offers flexible access to information and support.

1.14 Offering services online has the added benefits of reducing some of the barriers to accessing support. According to the most recent statistical release by the Office for National Statistics (2020), 96% of households have access to the internet<sup>20</sup>. With the development of smartphone and tablet technology, more parents can access the internet throughout the day<sup>21</sup>. A recent study completed by Ofcom in 2021 into adults' attitudes to the use of online technology found that the pandemic had been a catalyst for a step-change and that people have become much more confident in using online platforms<sup>22</sup>. Dworkin et al. (2013)<sup>23</sup> argued that parents are more connected to and enthusiastic about, technology than non-parents due to wanting information about parenting and social support. The implications

for policy and practice can be seen in the increase in online services for parents, and the importance of parenting websites such as Netmums<sup>24</sup>, which have become more widely recognised.

1.15 However, according to a report by the Early Intervention Foundation<sup>25</sup>, the way in which local delivery sites responded to the lockdown period varied: staff capacity and skills, and IT access, were key in how quickly services adapted to online provision.

<sup>20</sup> Office for National Statistics (2020) Internet access – households and individuals, Great Britain: 2020

<sup>21</sup> Pedersen S, Smithson J. 2013. Mothers with attitude - How the Mumsnet parenting forum offers space for new forms of femininity to emerge online. *Women's Studies International Forum* 38: 97-106. 4

<sup>22</sup> Ofcom (2021) Adults' Media Use and Attitudes Report 2020/21

<sup>23</sup> Dworkin J, Connell J, Doty J. 2013. A literature review of parents' online behaviour. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace* 7(2): 1. 2

<sup>24</sup> <https://www.netmums.com/>

<sup>25</sup> Martin, J., McBride, T., Masterman, T., Dr Pote, I., Dr Mokhtar, N., Oprea, E. and Sorgenfrei, M. (2020) Covid-19 and early intervention Evidence, challenges and risks relating to virtual and digital delivery. Early Intervention Foundation

## Aims of the Study

The key aims of the study were to understand how services in West Yorkshire moved to deliver online parenting programmes, to capture the value and merits of such delivery and the impact on parents. Specific objectives of the study are listed in **Figure 1.1**.

**Figure 1.1:** Key Objectives of the Study

1. To evidence the mode of delivery in each area, and any barriers to delivering online parenting courses across the authorities.
2. Identify the areas which need to be further developed.
3. Consider the future of online parenting provision.
4. Establish comparisons between local authorities and highlight any gaps.
5. Understand what has changed for parents and the development of staff.
6. Highlight successes and what has worked well.
7. Understand the wrap-around provision and the impact of the provision.

1.17 A research framework was agreed upon which guided the method and analysis of data. This is shown in **Annex A**.

## Online parenting programmes included in the study

1.18 Online parenting programmes (virtual and self-directed programmes) included in this study were those programmes that were aimed at improving parenting competencies to support a positive nurturing relationship, improve the quality of parent-child interactions and reduce child behaviour problems.

1.19 The range of programmes included in the study was:

- peri- and post-natal programmes
- baby and toddler/early years programme
- managing child and teen behaviour programmes
- support for fathers, and
- programmes for parents with children with additional needs.

1.20 Other programmes were also offered online (and spoken about among practitioners interviewed) but were not included in the study (e.g. Freedom Programme, Liberty and Silvercloud). Although these online programmes were delivered to parents, improving parenting skills was not central to the programme's aims.

## Method

1.21 The research method included a multi-modal approach that generated a range of qualitative and quantitative data from Early Help practitioners, partners and parents across West Yorkshire. Data was generated from:

- interviews with local authority Early Help service leads
- interviews and focus groups with Early Help practitioners
- interviews with partner services including health, voluntary and community organisations, youth justice and programme delivery organisations
- interviews with, and a survey of parents
- Early Help practitioner workforce survey.

1.22 A literature review was completed to place the findings into context with the prevailing evidence around the merits and challenges of delivering online parenting support and training.

1.23 **Table 1.1.** shows the extent of engagement of participants across the various methods.

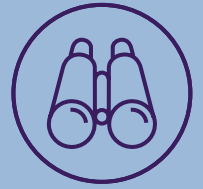
**Table 1.1:** Research activities completed

Local Authority	Leeds	Wakefield	Bradford	Kirklees	Calderdale
<b>Participant</b>					
Early Help Lead	1	1	1	1	1
Early Help Services	Caring Dads Team Ante-natal/Baby Steps Team Early Start Manager Family Hub Manager Families First Team/ GRT Team Triple P coordinator School	Children First FACT YOT	Early Help and Prevention Team Better Start BEAT Family Hub	Locala Health Public Health Homestart Parenting Support Team	Family Intervention Team Children's Centre
Practitioners	8	6	6	7	4
Practitioner Survey (95 responses)	49	16	14	5	11
Parents	16				
Parents Survey (45 responses)	See Section Six for details of the programmes completed by parents				
Voluntary and Community Organisations	5 (One Adoption, Kinship (support for kinship carers), Shantona (A domestic abuse support organisation), Family Action, Aware)				
Triple P CEO					
Solihull Approach Development Manager					

## Challenges with the Research

- 1.24 Delivery of the research study during the pandemic was challenging due to constraints on practitioner and professional time and the difficult circumstances in which they were working. In particular, engaging health professionals in the research was very difficult. The research was conducted during very stretched times for health professionals and few contacts were provided through Early Help leads. Where leads were provided and contact sort, health professionals, understandably, were not able to respond to calls for an interview.
- 1.25 **Table 1.1** shows an uneven level of engagement in the study across the range of services in each local authority. In particular, there was a higher level of engagement from services across Leeds, and a lower response from Kirklees. This limits the extent to which the study can report, with confidence, on the full range of online parenting programmes offered across West Yorkshire. As such, understanding gaps in delivery across West Yorkshire is also difficult. However, leads were followed regarding what online provision was known about by Early help leads and practitioners and therefore, practitioner/service's engagement in the research can be considered indicative of online provision offered at the time of the study.
- 1.26 Establishing the impact of the online parenting programmes across the region was challenging due to services not capturing consistent evidence of outcomes for parents and their children. Findings presented here were generated from case studies and a short online survey of parents and as such should be used with some caution due to sample size. The impact was not considered in terms of the value of the programme content but was more related to whether parents benefited from the programme being available online.

# 2. Current research evidencing the value of online parenting programmes



## Introduction

2.1 A focussed literature review was completed to draw together existing evidence on the impact, benefits and challenges of online parenting programmes.

## Key Findings from the Literature Review

### Positive impacts of online parenting programmes

2.2 An emerging body of research supports the efficacy of online self-directed parenting support in dealing with disruptive child behaviours. Two previously published meta-analytic reviews regarding the effectiveness of a wide range of online parenting programs (Baumel, A., Pawar, A., Kane, J. M., & Correll, C. U. (2016) and Nieuwboer, C. C., Fukkink, R. G., & Hermanns, J. M. A. (2013)<sup>26</sup> have enhanced our understanding of the impact that online parenting programs can have on parenting skills. The online parenting programmes included in the studies were extensive and included Triple P online and Incredible Years (Webster-Stratton), among others. Baumel et al. (2016) meta-analysed seven studies examining the effects of online parenting programs on four outcome measures: child behaviour,

parent behaviour, parental confidence and parental conflict. Nieuwboer et al. (2013) included 12 studies and examined the effect of online parenting programs on two variables: parent outcomes and child outcomes.

2.3 A further meta-analysis of studies by Spencer, M.C. et al. (2020)<sup>27</sup> examined a broader set of outcome variables related to the effectiveness of online parenting programs and compared outcomes between programmes with and without clinical support, as well as programs provided to targeted populations versus general populations.

<sup>26</sup> Baumel, A., Pawar, A., Kane, J. M., & Correll, C. U. (2016). Digital parent training for children with disruptive behaviours: Systematic review and meta-analysis of randomized trials. *Journal of Child and Adolescent Psychopharmacology*, 26, 740–749 and Nieuwboer, C. C., Fukkink, R. G., & Hermanns, J. M. A. (2013). Online programs as tools to improve parenting: A meta-analytic review. *Children and Youth Services Review*, 35, 1823–1829;

<sup>27</sup> Spencer, M.C., Topham, G.L. and King, E.L (2020) Do Online Parenting Programs Create Change?: A Meta-Analysis

2.4 Collectively, these studies evidenced that online parenting programmes significantly reduce negative parent-child interactions, child problem behaviours, negative discipline strategies, parenting conflicts, parent stress, child anxiety, parent anger, and parent depression. In addition, online parenting programmes significantly increased parent confidence, positive child behaviour, and parenting satisfaction. Online programmes did not have a significant effect on increasing relationship satisfaction between parents.

2.5 Furthermore, other studies have demonstrated that participation in an online parenting programme can reduce parental stress and parental depression which in turn increases positive parenting practices and parenting confidence. Past studies have found a link between problematic parenting practices and poor parental psychological health, including depression (Lovejoy, et al., 2000),<sup>28</sup> heightened stress (Sturge-Apple et al., 2011),<sup>29</sup> and low parental confidence (Martin et al., 2000)<sup>30</sup>.

2.6 In another study, (Baggett et al., 2010)<sup>31</sup> evaluated the effectiveness of an online parenting programme (Infant-Net) in promoting social-emotional development in infants. The study hypothesised that engagement with the programme would increase sensitive and responsive interactions between mothers and infants.

Participants were randomly assigned to either a treatment group (Infant-Net group) or a control group.

2.7 Parents in the control group received a computer and an internet connection for six months. The computer had links to infant development websites and resources for parents to utilise if they wished. The Infant-Net group also received a computer and an internet connection, but additionally received the Infant-Net programme which included: instructional content on engaging with your infant, video clips, daily homework; opportunities for peer-to-peer sharing and the option to upload video clips, and weekly coach calls. Measures were collected pre-and post-intervention (six-month follow-up) and included maternal and infant functioning and a 30-minute observation of parent-infant interaction. At post-intervention, infants in the treatment group demonstrated more social engagement and more engagement with the environment during interactions with their mothers compared with infants in the control condition (as measured by the 30-minute behavioural observation of parent-child interaction). In addition, parental self-report measures also demonstrated improvements in maternal depressive symptoms for parents in the treatment group.

<sup>28</sup> M C Lovejoy 1, P A Graczyk, E O'Hare, G Neuman (2000) Maternal depression and parenting behaviour: a meta-analytic review. *Clin Psychology Review*. 2000 Aug;20(5):561-92

<sup>29</sup> Cited in M C Lovejoy 1, P A Graczyk, E O'Hare, G Neuman (2000)

<sup>30</sup> Cited in M C Lovejoy 1, P A Graczyk, E O'Hare, G Neuman (2000)

<sup>31</sup> Baggett, K, M., Davis, B., Feil, E, G., Sheeber, L, L., Landry, S, H., Carta, J, J., & Leve, C. (2010). Technologies for expanding the research of evidence-based interventions: Preliminary results for promoting social-emotional development in early childhood. *Topics in Early Childhood Special Education*

## The significance of a practitioner or clinical support with online parenting programmes

2.8 In addition to the value of self-directed parenting programmes, there is also consideration of the significance of one-to-one practitioner support to help parents place parenting learning and skills into context. One research study (Sanders, 2018)<sup>32</sup> focussed on the role and added-value of additional practitioner/clinical support coupled with self-directed learning on the Triple P parenting programme. The study concluded that those parents who had received one interaction a week from a clinical support worker alongside the self-directed learning achieved 95% of their outcomes; whereas, a group of parents who were entirely self-directed, achieved 50% of their outcomes. Outcomes compared across the two groups of parents and their children included: a reduction in child behaviour problems; a decrease in parents' use of dysfunctional parenting, and an increase in parent confidence).

2.9 In addition, those parents who had received the additional clinical support once a week, had higher satisfaction ratings. This was most likely related to the fact that these parents showed a greater level of engagement in the programme and were more likely to finish the programme. Other studies evaluating Triple P online<sup>33</sup>, conclude that the programme is an extremely valuable and important resource for families seeking evidenced-based treatment for child behaviour programmes.

<sup>32</sup> Sanders, M. (2018) Do Parents Benefit From Help When Completing a Self-Guided Parenting Program Online? A Randomized Controlled Trial Comparing Triple P Online With and Without Telephone Support. *Behaviour Therapy* 49 (2018) 1020–1038

<sup>33</sup> See Baumel A. and Faber, K. (2018) Evaluating Triple P Online: A Digital Parent Training Program for Child Behaviour Problems. *Journal of Cognitive and Behavioural Practice* 25 (2018) 538-543

## Benefits of online parenting support

2.10 Services offering parental support programmes are becoming more aware of the benefits of providing web-based parenting interventions. The benefits include discretion and anonymity, retention, reducing barriers to participation, delivery flexibility, and scalability, reduced costs and increased reach.

- **Discretion and anonymity:**

Online delivery has the potential to remove some of the perceived stigma associated with visiting a family practitioner or therapist<sup>34</sup>. By offering a sense of privacy and anonymity, virtual and digital services act as a helpful alternative for those who may be less comfortable opening up and being honest with a professional in a face-to-face situation.

- **Retention:** According to some research, several factors inhibit the success of traditional (face-to-face) parenting programmes. The most severe and prevalent problem is attrition.<sup>35</sup> One study found that attrition rates in parenting programs can be as high as 48%, which means that nearly one in every two people leaves before the end of the programme. One reason given for high levels of attrition is the inconvenience of scheduling and the need for weekly

attendance. Low socioeconomic status is also a predictor of attrition due to the costs of attending programmes (e.g. travel and childcare)<sup>36</sup>.

- **Reducing barriers to participation:** Practitioners nor participants need to travel, therefore reducing some of the practical barriers to participation. This may be of particular benefit to individuals with mobility impairments or other health complications. Intervention is also not limited to office hours. On the practitioner side, it may increase the reach of an intervention by ensuring skilled practitioners can access participants regardless of geographical distance. There is some evidence that virtual and digital, and self-directed interventions, have been successful in reaching target subgroups that may not ordinarily participate and address a so-called 'treatment gap' in traditional delivery. This may include, for example, reaching rural communities or areas where there is a shortage of the necessary professionals<sup>37</sup>. Moreover, removing travel time potentially increases the number of participants that programmes can be delivered to in any given period.<sup>38</sup>

<sup>34</sup> Ibid

<sup>35</sup> Michael, B. (2018) Attrition in Behavioral Parent Training Programs in Clinical and Community Settings: A Meta-analytic Review. . UNF Graduate Theses and Dissertations. 780.

<sup>36</sup> Ibid

<sup>37</sup> Abuwalla, Z., Clark, M. D., Burke, B., Tannenbaum, V., Patel, S., Mitacek, R., Gladstone, T., & Van Voorhees, B. (2018). Long-term telemental health prevention interventions for youth: A rapid review. *Internet Interventions*, 11, 20–29.

<sup>38</sup> Vigerland, S., Lenhard, F., Bonnert, M., Lalouni, M., Hedman, E., Ahlen, J., Olén, O., Serlachius, E., & Ljótsson, B. (2016). Internet-delivered cognitive behaviour therapy for children and adolescents: A systematic review and meta-analysis. *Clinical Psychology Review*, 50, 1–10



- **Delivery flexibility:** Content may be delivered and accessed more flexibly, fitting more conveniently around the participant's day. This is especially the case for apps and other forms of self-directed training that don't require a practitioner. Theoretically, remote support could be provided 24/7, meaning that if a crisis occurs individuals may be able to access services at crucial times.
- **Lower cost, greater scalability and increased reach:** For interventions that rely on a one-to-one or group work with a practitioner, digital delivery removes some of the potential costs associated with providing a physical venue. Moreover, for self-directed training courses, the marginal cost of providing services to additional participants is extremely low. This means that, in theory, interventions can be delivered at scale in a very cost-effective way. Participants can often self-refer to online programmes, which can also expand their reach.

## Challenges of delivering support through a virtual and digital platform during a pandemic

2.11 Despite the significant advantages of online parenting programmes, several remaining challenges need to be considered when considering the move to offer online delivery. These include addressing the digital divide, inclusivity and working with a strengths-based approach.

- **Digital divide:** the Covid-19 pandemic placed a spotlight on the digital divide as children and young people were forced into home-school. Efforts by the government to reduce the inequality with regards to access to the internet for home-schooling had some success (although not all children in need were reached<sup>39</sup>). According to an Ofcom survey, the percentage of families in the UK without access to computers or tablets dropped from 11 per cent in 2019 to 9 per cent in 2021<sup>40</sup>. Although this signifies a positive move towards connectivity for all, the quality of the IT equipment, speed of connectivity and skills required to use the software varies across the UK population, with older people and low-income families experiencing a lower quality service or no service at all.<sup>41</sup> This is an important consideration when ensuring that online programmes are equally accessible to all.

<sup>39</sup> Children's Commissioner (2020) Children without internet access during lockdown.

<sup>40</sup> Ofcom (2021) Online Nation (2021)

<sup>41</sup> Tackling the digital divide - House of Commons 4 November 4, 2021

- **Inclusivity:** In a systematic review of 25 web-based interventions for behavioural parent training, the authors (Corralejo et al., 2018)<sup>42</sup> concluded that technology-based parenting interventions had successfully improved parenting skills and self-efficacy. However, they drew attention to the fact that the vast majority of interventions engaged white families and lacked adaptations that may make them more accessible to underserved populations. As the burgeoning area of technology-based interventions continues to grow, they suggested that consideration should be given to underserved populations with appropriate cultural adaptations that could increase the engagement of minority groups and ultimately increase access to appropriate knowledge and skills for parents. Minority ethnic parents, according to Corralejo (2018), are likely to be disproportionately affected by barriers such as lack of time, distance to travel and cost. In addition, some minority ethnic parents face significant barriers where language needs exist. As a result, services should consider affordability (where relevant), delivery times, location (where possible), and ensuring that information is communicated in several languages.
- **Working with a strengths-based approach:** building a trusted relationship between practitioner and participant is an essential element of effective delivery for a wide range of interventions, including one-to-one counselling and therapeutic services delivered remotely, as well as self-guided courses which include some contact with a practitioner by phone or email. Research with vulnerable families suggests that the more adverse a person's circumstances and the fewer resources they have, the more important it is for them to have a secure and supportive relationship with others, including trusted practitioners<sup>43</sup>. However, these qualities may be more difficult to achieve when services are working remotely with these individuals<sup>44</sup>.

<sup>42</sup> Corralejo, S. (2018) Technology in Parenting Programs: A Systematic Review of Existing Interventions. *Journal of Child and Family Studies* 27 (1)

<sup>43</sup> Moore, T. G. (2017, June 7). Authentic engagement: The nature and role of the relationship at the heart of effective practice. Keynote address at ARACY Parent Engagement Conference – Maximising every child's potential, Melbourne. h

<sup>44</sup> Ibid.

## Summary

- 2.12 Evidence from previous research studies that examined the value and merits of online parenting programmes indicates positive impacts on parents and their children. Positive impacts included improved positive parenting capacity, decreased parental stress, lower levels of anxiety and depression, and increased levels of parent confidence. The evidence also showed that these factors, in turn, have positive benefits in terms of improved parent-child relationships, child behaviour and child wellbeing.
- 2.13 On a practical level, online parenting programmes brought some further benefits (in comparison to traditional in-person delivery) such as flexibility (e.g. removing time constraints) and the potential for reduced costs of delivery, and increased reach. In addition, they have the potential to reduce some of the practical barriers that prevented parents from previously engaging in parenting programmes, such as eliminating the need to travel, thus allowing a broader group of people to access the programmes. Furthermore, there are potential benefits to participants of the programmes in terms of discretion and anonymity.
- 2.14 However, delivering online parenting programmes is not without its challenges. Access to the internet and inclusivity may result in some populations continuing to be underserved in relation to their access to parenting support. Furthermore, online delivery may limit the extent to which practitioners can develop trusted relationships with parents; an important factor in the effectiveness of interventions involving vulnerable families, in particular. It is important to consider the impact that these challenges may have on the impact and effectiveness of online parenting programmes.
- 2.15 While the literature review did not focus specifically on other aspects of delivery, it is important to be mindful that online parenting programmes are not generic and that there will be variability in other aspects of delivery such as content, duration, nature of delivery, frequency of interactions and staffing, which may also affect the impact and effectiveness. The qualitative and quantitative methods in this study seek to explore some of these factors.

# 3. The development of an online parenting offer across West Yorkshire



## Introduction

3.1 This section of the report considers how, and to what extent, the Early Help services across West Yorkshire offered online parenting programmes to parents within their local areas. It begins with a brief introduction outlining the perceived need to offer an online service before detailing which programmes were made available online. It then offers a critique of potential gaps in delivery including how well the online offer was communicated to referring partners and parents. It finishes with a review of how confident practitioners were in providing parenting programmes online.

## The Need for Online Support

3.2 Early Help leads and practitioners across all the authorities in West Yorkshire recognised that the disruption in normal services caused by the pandemic was putting parents and their children at a greater risk of harm. Practitioners mentioned receiving referrals for stress, anxiety and increased levels of depression among their families.

*“Some parents have three, four or five children in their house and find it very difficult to cope. As their children have been at home more, this has thrown up a whole set of challenges.” (Service Lead)*

*“I’ve had more referrals for parents who are just worn out with the stress of it all...this comes out in tensions and arguments in the home.” (Early Help practitioner)*

3.3 Pockets of high-level need were described in each of the areas across West Yorkshire. In each of these areas, parents were identified as being vulnerable as a result of low income, high-stress levels and a lack of a familial support network. There was a strong consensus on the need to provide online support with three quarters 76% (n=72) of practitioners agreeing there was a need to move to offer courses online.

*“Some families are single mums or are families where parents live quite isolated lives with no real support. These are the parents that really struggle to access services during the pandemic. They have no transport and no real means of getting help.” (Practitioner)*

3.4 Local authorities reported the challenges in trying to ensure that the underserved communities, and communities where deprivation levels were higher, were able to access early help support. Leads were also talking

about the desire to provide a universal offer to parents but that funding issues and capacity to deliver were significant barriers. Coupled with the reduction in the number of children's centres across West Yorkshire, this meant that accessing services for certain families was costly, time-consuming and difficult when using public transport with children.

- 3.5 According to one NHS Trust, the need to continue to provide online parenting courses increased significantly at the start of the Covid-19 pandemic, and people were self-referring to the Solihull Approach courses as a way of accessing information: 941 learners registered in 18 months and during the same period 459 completed a learning course.

- 3.6 In addition, service leaders and practitioners reported that many parents with whom they were already working had lost the confidence to come to face-to-face groups, and therefore, moving things online was essential.

*"Many [parents] didn't want to use public transport and meet other people for any length of time indoors. We had to do our best to make sure we provided as good a service as possible to parents, to let them know we were still here to support them." (Service lead)*

## Online Parenting Courses available across West Yorkshire

3.7 In West Yorkshire, all local authorities' family support services delivering preventative and targeted support (e.g. family hubs, family intervention teams, Families First teams) adapted some of their delivery to include an online offer to parents. A summary of online parenting programmes that were made available (self-directed and virtual) is provided in **Table 3.1**.

**Table 3.1:** Evidence of Online Parenting Programmes by Local Authority

Programme Offer	Focus/age	Leeds	Wakefield	Calderdale	Bradford	Kirklees
Additional Needs (Family Links)	SEND				x	x
<b>Awareness Raising and Self Help Support for Parent/Carers</b>	Mental wellbeing					
Baby Steps	Pre-natal	x				
Caring Dads	Father/relations	x		x		
<b>CHEWs</b>	Emotional wellbeing in children					x
Cygnets	5-18 yrs ASD		x		x	
Early Bird and Early Bird Plus	0-5, 4-9 yrs ASD				x	
Henry	0-12 yrs	x			x	
Incredible Toddlers	0-3 yrs	x			x	
Incredible Years	5-11 yrs	x			x	
Mellow Babies	0-5 yrs			x		
Nurturing Programme (Family Links)	0-18 yrs				x	x
Restorative Parenting	0-5yrs		x			
Preparation for Parenthood (Birth and Beyond)	Prebirth-3 months			x		x
Positive Choices	Young mothers			x		
Remind Yourself (Family Action)	2-9 yrs	x				
Step-Up	Teenage Behaviour					x
SFSC*	11-18 yrs			x		
Solihull parenting classes	0-18 yrs					x
Take 3 Parenting	10-18 yrs	x				
Talking Teens (Family Links)	12-18 yrs				x	
Teenage brain and understanding behaviour as communication	12-18 yrs					x
Time Out For Dads	Father/child relationship				x	
Triple-P	0-18yrs	x				x
Webster Stratton Parenting Programme	2-11 yrs		x			
Wellbeing and resilience workshops			x			
Welcome to the World (Family Links)	Prebirth-3 months				x	
Who's in Charge			x		x	

3.8 The list shows a somewhat disparate and uneven online parenting offer that has developed across the sub-region. In terms of providing online parenting programmes that support families with different needs, **Table 3.1** indicates that:

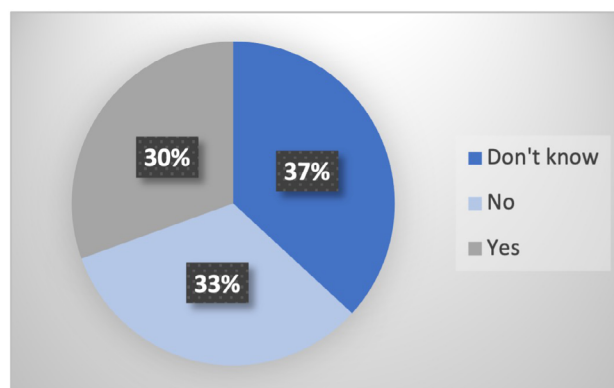
- **Bradford** offered 11 parenting programmes online including: post-natal/nurturing support (Family Links, Welcome to the World); provision for early years (Incredible Toddlers; Incredible Years); support with teens (Family Links); support with challenging behaviour (Who's in Charge); support for fathers (Time Out for Dads), and three support programmes for parents with children with additional needs (Family Links, Cygnet and Early Bird).
- **Kirklees** offered 10 parenting programmes online (including five provided through the Solihull Approach and two with Triple P) including: preparation for parenthood and post-natal support (Solihull Approach); support for young mothers (Step-Up); support for managing behaviour in teens (Solihull and Triple P), and support for parents with children with additional needs (Family Links). Kirklees is also planning to offer Caring Dads online.
- **Leeds** offered 10 parenting programmes online including: preparing for parenting (Baby Steps); support with nurturing (Henry); support with early years (Incredible Toddlers); support with managing behaviour in younger children and teen (Triple P); support with challenging behaviour (Take 3), and support for fathers (Caring Dads).
- **Calderdale** offered five parenting programmes online including support for newborn babies (Mellow Babies); preparation for parenting (LA); a nurturing programme (Family Links); and support for younger mothers (Positive Choices).
- **Wakefield** offered three parenting programmes online delivering support for managing challenging behaviour (Restorative Parenting, Webster Stratton and Who's in Charge). Northorpe Hall also provides a range of online workshops to support children's wellbeing and resilience.

**Figure 3.1:** Potential gaps in online parenting courses across West Yorkshire

1. **SEND:** Parents resident in Bradford whose children have special educational needs or disabilities (SEND) appear to have more access to courses (Cygnets, Early Bird and Family Links). According to a service lead in Bradford there has been an increase in the number of early diagnosis of autism as parents opt to pay for a diagnosis in order to get support in early.
2. **Solihull online parenting classes:** only accessible for residents in Kirklees. These courses have had a good level of uptake among underserved communities according to Locala.
3. **Triple-P parenting:** only accessible for residents in Leeds and Kirklees.
4. **Strengthening Families, Strengthening Communities (SFSC):** only accessible online for parents in Calderdale (evidence suggests delivering online is a challenge).
5. **Teens:** No evidence of online provision directly related to coping with teenagers in Calderdale. Who's in Charge and Take 3 parenting are only accessible for parents in Leeds and Wakefield.
6. **Peri and Post Natal:** No evidence of online provision in Wakefield.
7. **Courses for fathers - Time Out for Dads and Caring Dads:** No evidence of provision in Wakefield or Kirklees.

3.9 One-third of practitioners reported that online parenting offers should be extended, in response to a question about whether there was a need to offer more online parenting courses (**Figure 3.2**), with the remainder stating they didn't think there was a need (also a third, n=32), or that they didn't know (just over a third).

**Figure 3.2:** Do you feel there is a need for your organisation to offer more online parenting courses?



Source: Workforce Survey (n=95)



3.10 When asked which courses should be provided online, practitioners gave a range of responses. The most frequent response was for support for families with children with additional needs (n=7).

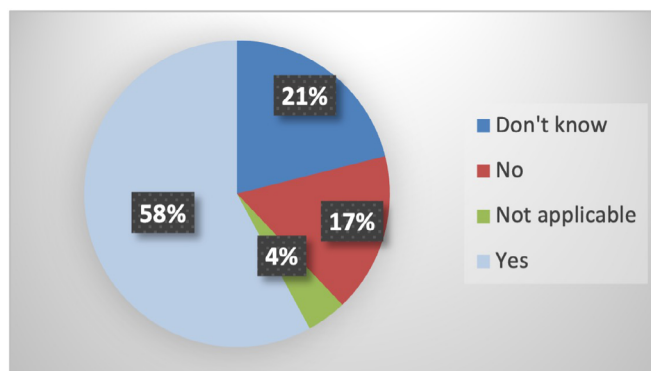
**Table 3.2:** Courses that should be offered

Programme (local authority)	Frequency
Courses to support children with additional needs/autism (Bradford, Wakefield and Leeds)	7
5-15 Parenting	2
HENRY (Leeds)	2
0-5 Parenting programmes (Calderdale)	1
A 0-19 age range of courses (Wakefield)	1
Awareness course around child exploitation and the dangers on the streets (Leeds)	1
Behaviour management (Leeds, Children’s Centre)	1
Communication and language (Leeds)	1
Courses specifically for fathers (Leeds)	1
Foster Carers’ mandatory courses (Leeds)	1
Take 3 (Leeds)	1
Triple P (Cluster Leeds)	1
Understanding Early Trauma, Brain Development, Parenting Traumatized children (Kirklees)	1

Source: Workforce Survey (n=95)

3.11 Practitioners were also asked whether they felt they could meet the current demand from parents for online parenting support. **Figure 3.4** shows that nearly three-fifths of practitioners (58%; n=56) reported they could currently meet the demand.

**Figure 3.4:** Do you feel you can currently meet the level of demand for parenting courses (online or face to face)?



Source: Workforce Survey (n=95)

3.12 In contrast, 17% (n=16) of practitioners felt they could not meet the current demand for parenting courses. These findings were reflected in the interviews across the authorities; there was an acknowledgement that progress had been made, but that more could be achieved to secure better support for parents who had to or preferred to, learn online.

*“ For those parents that will engage in self-care, and you know, engage well with that sort of virtual online...Is there a really broad offer? Is there a really great offer? We could do better.” (Service lead)*

## Promoting the Online Parenting Offer in Local Areas

3.13 Evidence from the parent survey and interviews with parents showed that the majority of parents accessed online parenting courses through referral via an early help practitioner, rather than self-referral. Communicating the online offer effectively to partners, therefore, was essential.

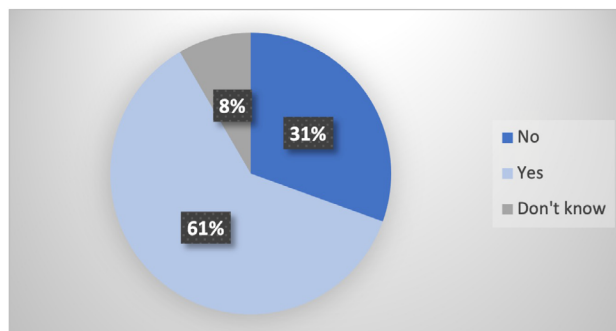
3.14 However, many local practitioners talked about a lack of clear information being available for partner services about what support was available. This was thought to have been compounded by the pandemic when some face-to-face courses and services were withdrawn or suspended due to capacity or practical constraints.

*“ It must be a nightmare for parents to find the right kind of support. Where would they start? It’s all so complex.” (Early Help Practitioner)*

*“ Well, we absolutely acknowledge in [name of city] that it is dire. You know, just putting in Google ‘parenting courses in [name of city]’ and you end up with all sorts of weird and wonderful sites. So we’re doing something about that.” (Service Lead)*

3.15 This was supported by information generated from the workforce survey which showed that around one-third of the Early Help Workforce were not sufficiently aware of parenting courses that were offered in their area.

**Figure 3.5:** Do you feel sufficiently aware of parenting courses on offer that could support parents with a range of needs?



Source: Workforce survey (n=95)

3.16 Some parents self-referred, particularly for preparation for birth and parenting. With the gradual demise of Family Information Services across local councils, providing clear and accessible information on the range of parenting offers available in local areas is a good way of engaging parents in parenting programmes. Evidence from the parent survey and interviews with parents suggested a lack of awareness and understanding of available parenting courses: 18% (n=8) of parents were unaware of parenting courses, but would have been interested in engaging in a course. Some comments revealed that parents did not know about parenting courses before being recommended to take part in a course.

*“ I had never heard of this course before; I didn’t know they existed but it was brilliant.” (Parent)*

3.17 Evidence from a small number of voluntary and community organisations working with families in communities also showed a lack of understanding of the parenting offer within a local authority.

*“ I wouldn’t know how or when to make a referral for parenting support to my local authority.” (Voluntary and Community support worker)*

3.18 A search on the internet for parenting programmes revealed a somewhat mixed picture with regards to information on parenting courses, with less information regarding online parenting offers. Some local offers were more clearly communicated, for example, Thriving Kirklees Parents<sup>45</sup> advertised free online courses for pregnancy, birth and parenting for parents in Kirklees. In Bradford, a Quick Guide to Parenting in Bradford<sup>46</sup> was developed which helped parents to understand the range of courses on offer, including whether courses had moved online. Although this would be difficult to keep-to-date, contact details were provided which could allow parents to call or email for further information. In Leeds, the Family Information Service provided information on services in local areas, but no specific information on parenting courses that were available and whether these were available online.

## Developing the Skills and Capacity to Deliver Online

3.19 Most practitioners acknowledged they had been on a ‘speedy journey’ in terms of learning how to deliver parenting courses online. Several practitioners, particularly those delivering the virtual learning courses, admitted to feeling daunted at the start of the Covid-19 pandemic in March 2020.

*“ I remember when being told that we had to put our course online, I thought oh dear... I felt unsure about how it was going to work and whether I could do it. And I remember thinking ‘if I feel like this, what will our parents be feeling?’.... but we’ve come a long way, things are getting easier and we’re all getting more used to it.” (Family Intervention Worker)*

3.20 One practitioner described how their team had faced challenges with the technology when trying to engage with parents and each other over the internet.

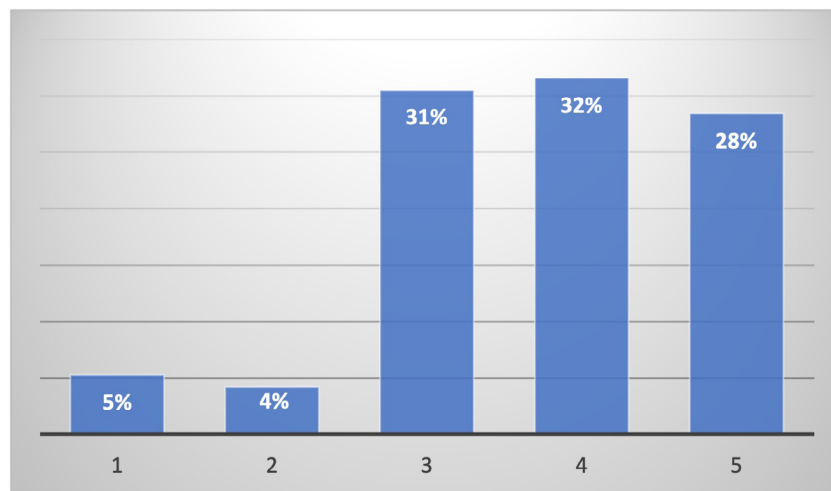
*“ We started using Zoom and I was given a Zoom license...but then if I was on annual leave, I would have to log on, then hand over to the facilitator...there was only me that had the license, so that was the first stumbling block. Staff also had challenges using [Microsoft] Teams which ate into the training time...we struggled sharing screens and showing slides and things.. struggling on and off for 20 minutes...to share screen and stuff... Yeah we really did struggle.” (Early Help practitioner)*

<sup>45</sup> See <https://www.kirkleeslocaloffer.org.uk/information-and-advice/specialist-wellbeing-and-mental-health-services/thriving-kirklees-parents-free-online-courses/>

<sup>46</sup> See <https://safeguardingsupport.com/wp-content/uploads/2020/09/Quick-Guide-to-Parenting.docx>

3.21 In the early help workforce survey, practitioners were asked about their confidence levels in delivering online parenting support. **Figure 3.6** shows that most practitioners (60%, n=58) reported a high level of confidence (indicated by a confidence rating of '4' or '5'). However, 9% (n=9) were not confident (rating of '1' or '2') and 31% (n=30) were just moderately confident (a rating of '3').

**Figure 3.6:** How confident are you in working with parents through an online parenting course?



Source: Workforce Survey (n=95)

3.22 The practitioner survey showed that just over two-fifths (41%, n=39) had received some training from their local authority to help them to deliver support online. This was for a number of programmes including Triple P, Henry, Webster Stratton, Who's in Charge and Cygnet. A few practitioners had received general training on the use of virtual platforms including Microsoft Teams or Zoom.

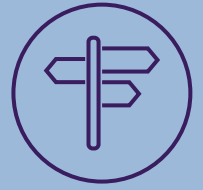
3.23 However, most practitioners (59%, n=57) had not received any formal training to support online delivery but worked within their teams to share learning and resources that could be used online. Practitioners reported familiarising themselves with Zoom and Microsoft Teams and learning how to manage virtual break-out rooms to facilitate peer-to-peer and one-to-one support when required.

## Summary

3.24 Local authorities adapted some of their programmes to offer an online service to parents. Leeds and Bradford appear to have offered a greater range of online programmes. Some notable differences in delivery included online support for parents with SEND, online support for fathers, online support for teens and access to Triple-P programmes and Solihull short courses. However, just less than two-thirds of practitioners reported they could meet the level of demand for online learning in their areas, although it was evident that more needed to be done to raise awareness of the online offer in their area.

3.25 In terms of the skills and capacity to deliver online, practitioners reported being on a steep learning curve with online delivery and most had not received any formal training to equip them to deliver online, but had learned from each other. Nevertheless, practitioners had gradually familiarised themselves with online learning and most practitioners reported they were confident in delivering online parenting courses.

# 4. Benefits and challenges of online parenting programmes



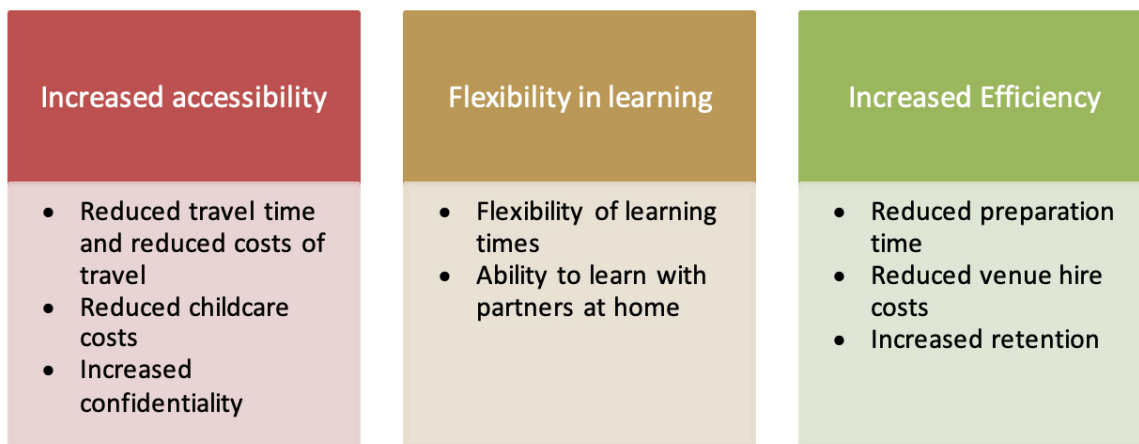
## Introduction

4.1 This section of the report summarises the benefits and challenges of delivering online parenting courses as reported by practitioners across West Yorkshire. Evidence is drawn from interviews with practitioners as well as from the workforce survey.

## Benefits of Delivering Online Parenting Programmes

4.2 The range of benefits reported by Early Help practitioners is shown in **Figure 4.1**.

**Figure 4.1:** Benefits of delivering online parenting programmes



## Increased Accessibility

4.3 Many practitioners reported an increased level of take-up onto online programmes, in particular among some communities where take-up was typically lower such as rural communities, lower-income families and fathers. Responses from the workforce survey showed that 40% (n=38) of practitioners reported that online programmes had helped to engage communities that otherwise would not have engaged with support. This was thought to be due to a range of factors including reduced travel and travel costs (e.g. not having to get multiple buses to the venue), no need to arrange childcare, maintaining a level of anonymity, and reduced levels of anxiety related to face-to-face delivery.

*“ We’ve definitely seen an uptake in programmes from areas where we would typically struggle to engage like in Keighley. This is because it’s easier to go online and sit in the comfort of your own home, than get on a bus and organise child care.”*

*(Early Help Practitioner, Bradford)*

*“For us it’s been great for various reasons because more parents have been able to access it than ever before. So, our retention rates are higher. Our completion rates are higher.”*

*(Early Help Practitioner, Calderdale)*

*“ We have been able to reach more people and previously have gone to communities where we wouldn’t have been able to engage them... so men like in Boston Spa, they have engaged. So bus routes etc. are no longer a problem and the ability to rock-up (online) is an advantage.”*

*(Project Worker, Leeds)*

4.4 Additionally, it was reported by a targeted service lead in a Leeds School Cluster that some parents found the stigma of accessing services from a family support worker too difficult, and that this prevented parents who needed help from accessing services. In contrast online opportunities, and in particular, self-directed learning courses (e.g. Triple P), can break through these barriers due to the privacy of the learning environment.

*“We had a family whose parent was a doctor who was really struggling with [his/her] child’s behaviour. [He/she] completed the Triple P for teenagers and [he/she] said that it had made such a positive impact on her parenting that every parent should be able to access it... [he/she] wouldn’t have accessed this if she had to come to see a family support worker.” (Cluster lead)*

4.5 The increased level of accessibility was corroborated by a few parents who agreed that they would have not been able to participate in the course if it wasn’t online.

*“ Had it been face to face I would have not been able to attend due to child care issues. Virtual training was so flexible and worked perfectly with my children.” (Parent)*

*“ I didn’t have to travel to the venue so it was so much easier!” (Parent)*

## Flexibility of provision

4.6 The flexibility that online learning afforded to parents was considered a positive asset of online learning, for both virtual and self-directed programme delivery. From the workforce survey, 44% (N=42) agreed that online provision offered parents a high level of flexibility to learn at their own pace. In particular, for self-directed learning, parents could choose the most convenient time to engage in the sessions. This in turn aided their ability to concentrate by setting aside sufficient time and space to be able to engage in the content.

*"It was really good, I could plan when I was going to do the sessions...after work when my son had gone to bed." (Parent)*

4.7 A few parents mentioned the convenience of sitting at home with their partner and going through the content together. This had the added benefit that both parents were working through the content together, therefore, aiding the development of consistency in parenting practices.

4.8 For some practitioners, the flexibility of the offer was a positive aspect of delivery for both parents and practitioners. Practitioners felt able to move the sessions to times that most suited parents and therefore were likely to increase the likelihood of engagement. However, a few mentioned that some parents only engaged because the offer was so flexible and that when delivery returned to face-to-face, engagement dropped off, suggesting there was a limited level of engagement in the actual programme.

## Delivery Efficiencies and Cost Savings

4.9 Practitioners reported that they were working to higher levels of efficiency due to the courses being run online. This allowed them to catch up on paperwork and other case-work-related activities.

*"I have received some amazing feedback from parents who have attended my [online] programmes, and for myself, I have more time to make wellbeing calls [to parents]. If I was running them face-to-face I wouldn't have time as there would be setting up and tidying away from each session." (Early Help Practitioner)*

*"I'm not having to travel to deliver the courses, so I can spend more time at my desk writing up notes or preparing for visits." (Early Help Practitioner)*

4.10 Some practitioners reported a reduction in waiting lists for parents who accessed the self-directed online learning due to the fact they can start their learning at any time and there is less dependency on practitioners to schedule the courses.

*"This is a better offer for parents. If they are pre-disposed to online learning they can access the support at a time when they most need it." (Service Lead)*



4.11 Local authorities also reported the potential cost-savings from online delivery from reduced worker involvement in course delivery, reduced venue hire costs, reduced travel time and reduced childcare costs for participants (some of which were borne by the local authority). There is a charge attached to using online courses, however, which needs to be factored into the equation. For example, Triple-P has a cost per user of £60, and there are additional costs for training the practitioners and engaging and supporting the parent through the course. Leeds has put considerable investment into purchasing Triple-P licences (over 400 licences) and has developed a clear practice framework to support consistency of practice. Since the beginning of the Covid-19 pandemic, their Clusters have bought more licences since schools have recognised the benefits of Triple-P for their parents and children. Very recently, Kirklees extended their investment in purchasing more access to Solihull Approach online courses. Calderdale is shortly to invest in training more staff in Triple P. Therefore, ensuring that maximum benefit is gained from this investment is crucial.

## Challenges in Delivering Online Parenting Programmes

4.12 Several challenges of delivering online learning were reported by practitioners and are summarised in **Figure 4.2**.

**Figure 4.2:** Challenges of delivering online parenting programmes

Digital Exclusion	Building Positive relationships	Safeguarding	Peer to Peer support
<ul style="list-style-type: none"> <li>• Inappropriate use of Smartphones</li> <li>• Access to online learning</li> <li>• Skills required to engage</li> <li>• Language barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Building trust between practitioner and parent</li> <li>• Strength-based working</li> <li>• Pathway planning</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping children and adults safe</li> <li>• Supporting families with complex needs</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitating online groups</li> <li>• Group interactions</li> </ul>

### Digital Inclusion

4.13 Although practitioners reported that most people had Smartphones and therefore, could access the support, there was a debate as to whether Smartphones were an appropriate medium for engaging in all online content. For some of the programmes where content was pre-loaded, such as Triple P and Solihull programmes, Smartphones were considered to be adequate. However, for the live/virtual interactions, Smartphones were not considered to be wholly appropriate. Practitioners reported some parents being in parks or out shopping when the calls were taken.

4.14 There was also a perception that certain community groups did not or could not engage with content online. Barriers faced included the costs of mobile data, the quality of the computer or access to a computer and/or the skills needed to engage with online learning.

*“The people that need to access it...the people who are most disadvantaged do not access this.” (Service Lead)*

4.15 Some services anticipated there would be parts of the community for whom access to online parenting programmes would be a barrier due to the need for computers or iPads. Practitioners reported how they developed links with organisations in the community that had agreed to loan computers to families.

*“For those people [without access to technology] we’ve had to work differently...be more creative. So sometimes, depending on who refers them in, if a school might refer them in, we would say to the school, “can you give them a computer?” (Early Help Practitioner)*

4.16 A few services reported developing arrangements with local libraries to try to access more laptops and iPads. Although this worked for some families, it was not without challenges and risks.

*" We organised a loan scheme for 40 iPads, and public health gave the funding. This has been a challenge. We had to collect the iPads, and get them back, and it's very difficult to keep track of the iPads. Some have damaged them and taken the batteries out. This was very time consuming and we are still trying to collect iPads back [from families] now... The idea was that we could loan them for the duration of the course and the library gave us a quick introduction as to how it worked. In theory, it was a good idea but it has proved a challenge....Lessons learned? The price of equipment and charges that we have to find when things go missing. We have learned that we ask the parents to go to the library and loan them themselves if they want to do the course." (Early Help practitioner)*

4.17 The community groups that practitioners perceived to be disadvantaged due to technology were older parents, kinship carers, disadvantaged/low-income families and gipsy Roma travellers (GRT). Some of the issues faced related to skills and confidence in using computers and engaging with content online. Other issues were due to a lack of engagement and trust in services.

*" Issues with GRT communities can be numerous. Many have English as a second language, many have a mistrust of services...have experienced children being removed due to issues with parenting... lots of children are left alone...many families live in poverty and don't have the infrastructure...." (Service Lead)*

4.18 Practitioners had tried to improve access to computers/laptop/iPads through the use of library loan schemes or via a school, but this had not always been successful with equipment being broken or not returned. It was accepted that for some community groups, face-to-face support needed to resume after the pandemic and to continue to be a core part of the offer.

4.19 There were also concerns regarding language barriers for certain participants. Although there had been progress with the self-directed programmes including Triple P and Solihull Approach being offered in several alternative languages, the content was not available in all required languages. Translations were required for some parents to enable them to engage in the content.

## Building Positive Practitioner/Parent Relationships

4.20 A few practitioners reported that building positive relationships with parents was much more challenging online, particularly where practitioners had not had the chance to meet a parent face-to-face before commencing an online programme.

*“ Sometimes you have to challenge parents and this is more difficult to do online... relationships have not been built in the same way and you are at risk of disengaging them if you are critical too soon.” (Early Help Practitioner)*

4.21 Several reported that because they were not going into homes during the pandemic, it was difficult to get a good sense of how parents were coping with parenting and domestic life.

*“ You realise how important it is to your work that you can sit alongside someone in their home...you get to know them more easily, and to understand what they need help with.” (Early Help Practitioner)*

4.22 Several practitioners reported how it was difficult to provide emotional support to parents online.

*“ It’s difficult when you have to manage emotions online. How do you manage this when people are feeling low? When you are with them face-to-face you can give that reassurance and it was very hard when people are feeling so low and you are online. You’re just a face on a screen, we have to learn how we can be as empathetic as possible.” (Early Help Practitioner)*

4.23 A few practitioners reported how it was more difficult to build friendships online, and therefore, there was less movement of parents on to other programmes.

*“ Pre-pandemic, some parents had really forged good relationships and there were some really good travel lines on to other programmes. Parents have been more isolated on the PBB (pregnancy, birth and beyond).” (Early Help Practitioner)*

## Safeguarding Concerns

4.24 According to practitioners, delivering virtual courses online presented some safeguarding concerns and situations needed to be carefully coordinated and managed. For example, one practitioner reported that children were potentially being put at risk due to being unsupervised during the period of the Zoom call.

*“ We have to be mindful that we’re not encouraging parents to neglect their children or that it’s alright for their children to be upstairs on iPads for hours...sometimes children were strapped in things and we think some of the children were being put in a compromised position.”  
(Early Help Practitioner)*

4.25 There were also concerns regarding the safeguarding of adults. According to facilitators, group discussions could become very emotional and sometimes parents may disclose past abuse or become very emotional about a situation. As courses were delivered virtually, there was limited opportunity to provide effective emotional support and advice.

*“ I had a situation where a man had opened up about something really personal and another participant on the course spun his camera around and there were others in the room.” (Facilitator)*

4.26 Some of the challenges in engaging parents with online learning were around the levels of complexity and needs among some parents. Practitioners reported that where risks within families were greater, for example where a child was on a Child Protection Plan or subject to Pre-Proceedings, practitioners reported that the family dynamics and relationships prevented the parent from engaging in a structured online course. Where referrals for a parenting programme were received, delivering these online was considered to be too challenging for some families.

*“ It’s a commitment to the family to make sure they don’t fail. They may be able to dip in and out to look at the effects of food, or sleep, but a parenting course in its entirety? I’m not sure. (Service Lead)*

*“ Some of these parents are terrified of their children...to ask them to do this [online independent learning] is a tall order and it requires a certain amount of discipline and parents need to be in a certain place to take the challenge.”  
(Family Support Worker)*

## Peer-to-Peer Support Online

4.27 One of the challenges facing local authorities in relation to maintaining continuity of support was the transferability of current programme offers to online/virtual delivery. In particular, local authorities whose core offer to parents included Strengthening Families Strengthening Communities (SFSC), struggled to put this programme online.

*“The parents that come on this course, some have lost their children, they need the interaction, they need to discuss with others their experiences. They build a sense of their community. They didn’t want to do it online...it’s not going to work”. (Early Help Practitioner)*

4.28 Calderdale was the only authority who delivered the course online. According to the practitioner, the course content was significantly reduced to make it manageable online, yet still, parents found it too difficult to engage online.

### Figure 4.3: Adapting Strengthening Families, Strengthening Communities to virtual delivery

During the first lockdown, at first Early Help practitioners in Calderdale did not deliver SFSC online. Instead, practitioners offered one-to-one support via telephone, Zoom or on doorsteps. They explored getting some specialist training to develop their skills for online delivery but found this too expensive as there was no budget for it internally. *“So for the first major lockdown, we weren’t running any courses”*. Subsequently, some in-house training was provided and the family intervention team moved to deliver some of the content online.

The course was redesigned and delivered over a six-week period for one hour per week to provide some level of support to parents. *“I pulled out the bits that were most useful as a way of condensing the course to content to make it more accessible”*. However, this was still a challenge to deliver online. Many parents had complex issues and parents were either on a Child in Need register or a Child Protection Plan. Attendance and completion varied over the three courses with no one completing the first course, but 12 in total completing two courses.

The practitioner described lots of challenging issues in the virtual online delivery of this programme including the quality of the internet connections of participants and the quality of the conversations. Despite each interaction being reduced to one hour, the practitioner encountered lots of parental resistance and a *“lack of response...people not putting the camera on, not joining in...it was like getting blood from a stone getting conversation flowing and stuff...it is a lot easier when you are in person, and you can make direct eye contact...”*

4.29 Although parents may have had shared experiences, the online environment made it too difficult to have natural conversations and disrupted the key tenant of the programme's model of delivery.

*"I feel in online courses parents lose the opportunity to make connections with other families and gain support that way - it isn't as easy to form friendships online and they can't have conversations with each other in breaks."  
(Early Help Practitioner)*

4.30 Moving groups back to face-to-face after restrictions were lifted was also reported to be a challenge due to concerns over the vaccination status of participants.

*"There is a group who are definitely not going to have the vaccine, and there is a group who are not going to come to a group if people have not had the vaccine. So we have gone back to doing stuff online as some people are really scared not to meet...we can't ask people if they had the vaccine...so this is a really difficult thing."  
(Early Help Practitioner)*

## Summary

4.31 The benefits of delivering online parenting programmes included increased accessibility, flexibility around delivery and increased efficiencies. Practitioners noted that delivering the programmes online had helped to engage some parts of the communities that would otherwise not have engaged, including rural communities, lower-income families and fathers, due to reduced travel and travel costs, the lack of need for childcare and the ability to maintain anonymity. The benefits associated with enabling access for communities who may not typically engage in parenting programmes are perhaps the most significant and important considerations in planning future delivery of parenting programmes, whether they are online, in-person, or a mix of delivery modes. Ensuring that the mode of delivery does not exclude any particular communities, or parts of the community, should be taken into account during the planning process, whilst considering which communities the programmes are targeted at.

4.32 Online learning allowed parents to access self-directed courses at times that best suited them, and for some families, this meant that both parents could access the course content together thus contributing to consistency in parenting practices. There was some concern amongst practitioners that the flexibility enabled some parents to access the course who had perhaps not fully engaged with the actual programme.

4.33 Practitioners gained benefits in terms of delivery efficiencies which meant they freed up time for paperwork and other case-work-related activities due to time savings associated with not needing to travel or set up. Practitioners were also able to refer families to access the courses without the need for waiting lists, thus providing support in a time-critical manner as required.

- 4.34 Delivery online was not without its challenges. Digital inclusion is a key issue, with some families not having access to appropriate technology such as computers or iPads, or mobile data/broadband. A question was raised about the suitability of smartphones and the appropriateness of accessing the course-related activities while out of the home in busy places. Arrangements had been made for some families to loan iPads but with mixed success due to items being damaged or missing. Certain parts of the community were more disadvantaged due to technology than others (e.g. older parents, kinship carers, low-income families and gipsy Roma travellers). The charges associated with licences for the services also mean that maximum benefits need to be gained from the associated investment.
- 4.35 Relationship-building virtually was also reported to be a challenge for practitioners, particularly where there were families in different circumstances and where practitioners need to provide emotional support to parents. Further still, safeguarding was highlighted as a key issue for both children and adults. There was some indication that children were not being fully supervised while parents were taking part in online courses, and for some parents, practitioners did not feel they could provide adequate emotional support and advice virtually. These safeguarding issues have potentially serious consequences and should be a key consideration for the future design and delivery of the programmes, with adequate measures put in place to eliminate and/or minimise any potential issues.
- 4.36 Online delivery also affected the attendance and completion of some particular courses, suggesting that not all parenting courses were suitable for online delivery.
- 4.37 The potential return to face-to-face delivery was complicated by vaccination status with some parents uneasy about attending if not all participants were vaccinated and practitioners unable to ascertain the vaccination status of participants for ethical reasons.



# 5. What does good online parenting support look like?



## Introduction

5.1 This section brings together the evidence from the research to inform a discussion about what effective practice looks like when delivering parenting support through an online offer. Practitioners spoke about the lessons they had learned whilst developing and delivering online learning, which can be categorised under the six broad areas below (**Figure 5.1**) and are discussed in more detail in the paragraphs that follow.

**Figure 5.1:** Key Components of Effective Online Parenting Support

<b>Appropriate Referrals</b> <ul style="list-style-type: none"><li>• Understanding the family context and needs</li></ul>	<b>Initial Engagement</b> <ul style="list-style-type: none"><li>• Ensuring access</li><li>• Managing expectations</li></ul>	<b>Using a range of resources</b> <ul style="list-style-type: none"><li>• Liveonline</li><li>• Video clips</li><li>• Social Media</li><li>• Quizzes</li></ul>	<b>Coaching /Support</b> <ul style="list-style-type: none"><li>• One to one</li><li>• Pathway planning</li><li>• Peer Support</li></ul>	<b>Managing risk</b> <ul style="list-style-type: none"><li>• Managing the online environment to keep participants safe</li></ul>	<b>Evidencing Outcomes</b> <ul style="list-style-type: none"><li>• Pre-and post evaluations</li></ul>
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## Ensuring Appropriate Referrals for Online Parenting Support

5.2 Most parents in the survey (81%, n=23) accessed their online parenting course via a referral from an early help practitioner. This highlights the importance of an effective referral procedure. Specific challenges related to the Covid-19 pandemic included a disruption in referral pathways as well as the delivery of training which resulted in fewer parents accessing support across the UK<sup>47</sup>.

5.3 However, in addition, several practitioners reported frustrations with receiving referrals for families whose needs were too complex and would prevent them from engaging effectively with an online course.

*“ We get any number of referrals for parents who are just not ready for a parenting course, let alone an online parenting course. I think a lot of work needs to be done with our partner services so that they understand what our parenting courses are about...what is required of the parent”.*  
(Early Intervention Worker)

<sup>47</sup> For example, the NSPCC evidenced a 50 per cent reduction in referrals for Baby Steps over the first half of 2020 (April to July 2020).

5.4 Where referrals were inappropriate, early help practitioners reported having to spend more time with the parent to get them to a point where they could successfully engage with the online parenting offer. Sometimes, the offer of online support had to be withdrawn due to the complexity and volatility of the family situation.

*“It can really disappoint parents when they think they’re going to receive support and then this is withdrawn. It can be damaging for their confidence and adds more delays getting the right support.” (Early Help Practitioner)*

5.5 Practitioners reported it was more effective where early help practitioners contacted the referring agency to understand why a referral had been made and to ensure the suitability of the online offer. Consequently, this meant that where parents were appropriately referred for an online parenting course, there were positive levels of engagement and a positive experience of Early Help support.

*“I feel really fortunate to have accessed this support during the pandemic. Whereas it would have been great to do this face-to-face, the fact that we were offered this support is really good.” (Parent)*

## Initial Engagement

5.6 The Early Intervention Foundation<sup>48</sup> raised the importance of effective engagement practices with online programmes to maximise intended outcomes (e.g. improvements in positive parenting styles). This was reflected in the experiences of the Early Help Practitioners in this study. Practitioners were mindful of laying down the necessary foundations to support effective engagement which included:

- understanding parents’ access to, and confidence with engaging in, online platforms, and addressing any potential barriers;
- managing expectations of the course content and style;
- how motivated and organised parents are to complete a course independently;
- ensuring parents understood the protocols of safe and respectful engagement when participating in virtual parenting courses.

5.7 Several practitioners highlighted the importance of one-to-one engagement before the commencement of the course to build rapport and trust between parents and themselves and to understand their motivations to change.

<sup>48</sup> Covid-19 and early intervention Evidence, challenges and risks relating to virtual and digital delivery

*“Engagement work is important in delivery to explain the courses, to build trust. We have something called a Parent Journey Booklet...and we have a pre-group discussion where the booklet is started... and the parents identify three goals that they want to achieve by coming on the program...so that means we get a good hour’s session with the parent before they come on and have an opportunity to build a relationship.”*  
(Early Help Practitioner)

- 5.8 Some practitioners offered a short taster session at the start of each course to ensure that parents understood how the online provision would work and could get a feel for the style of delivery and engagement.

*“We start with something we call Week Zero to minimise dropouts and...I could have twelve parents in week zero, then the following week I might just have eight but those eight will then stay with me, and those who thought it wasn’t for them have left the group.”* (Early Help Practitioner)

*“Sometimes if you are too quick to offer it [online independent course] without maybe doing some work with them first to see how motivated they are to want to change, you can be wasting your money and time...so those conversations right at the start are really important.”*  
(Early Help Practitioner)

- 5.9 Where local authorities offered both virtual and online independent learning, practitioners reported there was a need to determine which will be more suitable for the parent. They stated that some parents needed to be talking with, and hearing from, other parents’ accounts of their challenges.

*“For some parents, you can tell that they will benefit from being in a group. I can see that by working with some families they need to talk to parents going through similar things.”*  
(Parent Support Worker)

- 5.10 Several practitioners spoke about the need to develop contracts and clear protocols regarding participation

## Figure 5.2: Effective initial engagement practice

Family Action developed their parenting course called Remind Yourself which was an evidence-informed programme to help parents develop skills and confidence in looking after their children. Remind Yourself was a six-week peer-to-peer support group suitable for parents/carers of children aged 2-9 years created to remind parents/carers of all the parenting techniques they already had. It was delivered virtually over Zoom for six weeks and the family support worker contacted each parent before the course started via Zoom to make sure they could use the software. She talked about the programme content and the expectations from parents of their participation. She then talked through, in brief, the terms and conditions of the programme offer.

*“ This is just so everyone is respectful of each other and mindful of the things that do and don’t work when you’re doing programmes at home...so things like moving around in the house when you’re online is a no-no.” (Family Support Worker)*

The terms and conditions explained things about being appropriately dressed, using appropriate language, and controlling the environment by not using the washing machine, for example, not having the television on and not having other people in the same room. This was emailed or sent to the parent to be signed by the parent to encourage them to read and understand the content.

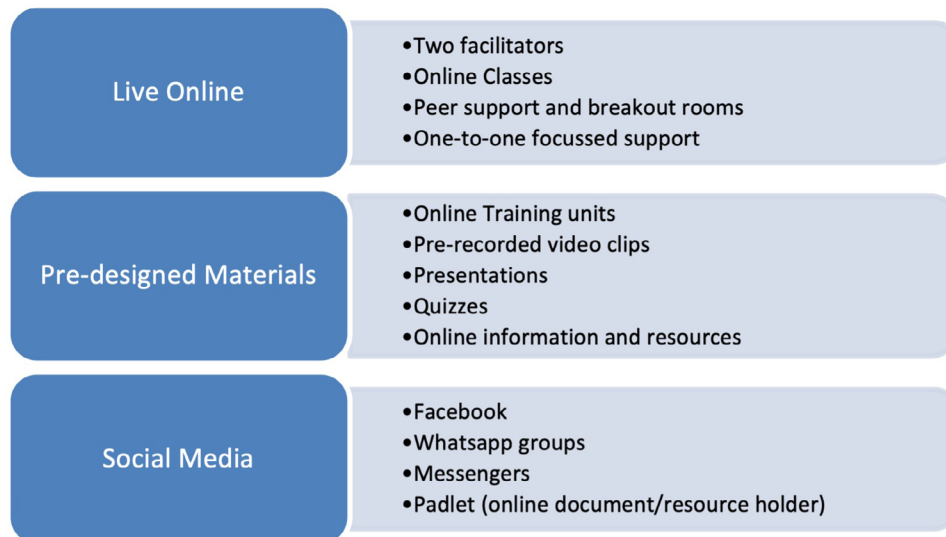
5.11 Others spoke about the need to be solution-focussed and persistent in trying to keep people engaged on the course once they had started.

*“ I’ve had people telling me their computers are not connecting, so I’ll use the phone, and then they may say their facetime isn’t working, so I’ll connect her by telephone. You just have to be prepared and to try as much as possible to keep people engaged.”*

## Using a range of resources

5.12 Practitioners delivering online programmes developed an appreciation of the value of a mixed-media approach to keep parents engaged in the content. **Figure 5.3** summarises the key components of online programme delivery.

**Figure 5.3:** Mixed-media approach to online learning



5.13 Practitioners reported online groups were best facilitated by two members of staff. This offered a different voice and, sometimes, a different perspective. It also provided additional capacity to host a one-to-one conversation in a breakout room if needed.

5.14 Practitioners talked about the importance of planning when facilitating online learning such as using icebreakers and keeping people engaged by making things fun and light to relax parents as they start the first session of the course. They also spoke about the value of using a mix of teaching methods: pre-designed units were taught alongside a mix of live and pre-recorded videos. Some practitioners had learned how to use the software and organised breakout rooms to aid discussions among parents, mirroring the face-to-face delivery as much as possible.

*“It’s really important that we make the sessions as engaging as possible. We want people to be stimulated.”*  
(Early Help practitioner)

*“... We have made the online courses nurturing by using the features such as the emojis, chatbox and breakout rooms... they also look professional as we use the PowerPoint presentations alongside our delivery.”*  
(Early Help Practitioner)

5.15 Practitioners devised quizzes and tools for reflection and provided links to a range of other resources to review during the week to encourage parents to reflect on their parenting styles and to help develop new practices. These were reviewed during the following session.

*“Some parents will go through the motions with you, without actually engaging in the content. We need to see some evidence that they have been listening and are putting learning into practice.”* (Early Help practitioner)

5.16 With programmes such as Triple P, this mixed media approach was built into the design of the programme and Early Help practitioners reported parents felt engaged in the content and appropriately challenged.

*“ Our parents love this course. It’s very stimulating and gives them lots of tips and things to think about.”*  
(School safeguarding officer)

5.17 Some practitioners also encouraged parents to follow up on their sessions with others by creating opportunities to network through social media platforms (e.g. WhatsApp, Facebook, messenger). However, this had to be carefully considered and managed depending on family circumstances and levels of need. One practitioner reported they had used Padlet<sup>49</sup>: a platform for hosting a range of information and guides and uploading presentations for future reference.

## One-to-one and Group Support

5.18 Practitioners reported that online parenting courses can support a strengths-based approach when working with parents. This was more effective where practitioners work alongside parents as they completed the learning course or where support was provided on a one-to-one basis online.

*“ Working online makes parents ‘do’ more in the sessions with their own children. It’s a less passive role. You can see the change... I could definitely see it working and I felt at that point that it was the most empowering thing that I’ve done for parents.”* (Early Help Practitioner)

5.19 Practitioners agreed that an online parenting programme was best completed alongside additional support from an Early Help Practitioner.

*“ From personal experience, the parents/ carers have benefitted from the weekly check-ins and the time to reflect about their parenting style with me.”*  
(Early Help Practitioner)

5.20 This helped place the learning into context for the family. It also allowed parents to share any challenging behaviours or situations during the week.

*“ Without the contact from the family support worker and their regular input, it [Triple P] isn’t worth as much. The family is motivated by their [family support worker] call...they sit down and help them work through the content.”*  
(School Safeguarding Officer)

<sup>49</sup> See <https://padlet.com>

5.21 Several parents reported how important this additional support was to their parenting journey.

*“ She was amazing. I trusted her and she understood what was going on. Without her help I wouldn’t have completed the course. It was quite lengthy, but this broke it up into smaller pieces.”*  
(Parent taking part in Triple P 0-12)

5.22 Not all practitioners provided additional one-to-one support, and this included the self-directed courses (Triple P) and virtual courses (Step-Up). Although it was not clear from the interviews whether or not this was offered, parents felt they would have benefited from the support whilst doing the course.

*“ I didn’t have any support worker to talk to about it...I think this would have been better as you have to work it out yourself. It’s difficult to know which bit is relevant.”* (Parent on Triple P 0-12)

*“ Having someone to talk to at the end of each session and at the end of the course would have been better. There was a gap in between the sessions and sometimes it was hard for me.”* (Parent on Step-Up)

5.23 Practitioners also recognised the importance of continuing with peer-to-peer support through virtual delivery.

*“ There are a lot of parents who want to join in with group work and they can be a real support... give each other motivation... to share things so others know they’re not the only one [dealing with the challenges].”*  
(Early Help Practitioner)

5.24 Practitioners provided time for informal discussions at the start, midway and endpoints of the programme delivery to make sure that parents were able to chat and potentially make friends.

*“ We tried to mirror the fag break in our delivery, so we gave downtime part way through and allowed people to stay on at the end after the formal aspect of the learning had finished. This worked really well...it helped to build connections between our parents.”*  
(Early Help Practitioner)

## Managing Risk

5.25 All practitioners recognised the need to manage the risks for participants when engaging in online learning, with particular relevance to virtual learning. Risks were managed by offering more one-to-one interactions via Zoom or Microsoft Teams, and with clear protocols/requirements that participants would sign explaining what was expected when participating in virtual learning.

5.26 Several practitioners agreed that virtual learning for families where risks were higher was not always suitable. For those families on Child Protection Plans where risk had to be more closely monitored and for families at risk from violence, practitioners reported the plan was to return to face-to-face delivery once restrictions allowed it, rather than provide virtual learning.

**Figure 5.4:** Managing risk in the Caring Dads programme

Caring Dads is a 17-week programme for fathers who have been abusive to their partners or/and children. It was, therefore, considered important that the programme continued to operate during the lockdown period and the organiser moved the programme to an online virtual form of delivery.

*“Some of the conversations can be very challenging because of the nature of the topic. We want the men to talk, and sometimes this makes them feel uncomfortable...the meetings end very abruptly too and this needs to be carefully managed. We need to make sure they don't leave the group feeling worse or demoralised. This is so much easier face to face...they also have time to cool off before going home, whereas, with this delivery, they are already at home.”*  
(Project Officer)

The Project Officer reported that the delivery of the group work was more efficient online and this allowed him to boost the weekly sessions with six individual sessions with participants. This enabled him to build good relationships with each participant and to monitor how they were feeling from week to week. However, he agreed that although the programme could be delivered virtually, and there was scope to continue elements of the course online, the group needed to come together face-to-face to allow conversations to be more natural and for people to reach each other's emotions more easily.



## Evidencing Outcomes

- 5.27 Due to the need to manage risks, practitioners reported the importance of monitoring progress and putting in place appropriate methods to evidence that goals were being achieved.
- 5.28 Although practitioners did recognise the need to understand outcomes, few gave examples of how they achieved this when delivering learning online. Practitioners did hold conversations with parents in instances where parents were being supported by an early help practitioner. Where there were Early Helps plans in place, practitioners also completed reviews with parents to understand how outcomes were being achieved, and whether/how the course content had helped them to progress with their parenting skills.
- 5.29 A few reported they “*knew about the Outcomes Star*” and some had used this as a way of having structured conversations around progress. One lead practitioner reported the use of the parent journey booklet which aided the planning and review of goals. However, there was little knowledge of validated tools that would help practitioners understand the distance travelled before and after engaging in an online parenting course.
- 5.20 Some parenting programmes such as Triple-P have self-efficacy scales built into the programme’s modules, which could be used as a way of measuring progress with the individual participant. However, planning on how to measure parental engagement and outcomes is an important feature of parenting programmes and should be designed into any future decisions on online delivery. Most validated tools are short and easy to complete and early help practitioners who may be unfamiliar with the range of tools available could be provided with training to ensure programmes offered are having a positive impact on parents and their child’s behaviour.

## Summary

- 5.31 The evidence from this research indicates that there are several factors that contribute to the effectiveness of delivering parenting courses online (rather than in the traditional face-to-face delivery format).
- 5.32 One key component was ensuring that the parents were being referred appropriately and that an online course was suitable for the parents. In some cases, families in complex situations could not engage effectively with the online delivery. Practitioners valued playing a role in assessing the suitability of parents for participation in the online courses.
- 5.33 Practitioners also identified that the initial engagement with parents was a necessary foundation before the formal start of the online course, bringing many benefits including understanding the parents' needs, managing expectations about the course, and ensuring that there were arrangements for safe and respectful engagement. In some cases, one-to-one engagement allowed rapport to be built between the parents and the practitioners. Other approaches included short taster sessions, and providing flexible support with any technological challenges.
- 5.34 Mixed media approaches to delivery proved beneficial in maximising engagement, with practitioners reporting a range of ways of delivering the learning online including online classes, the use of multiple facilitators, breakout rooms, pre-recorded clips, quizzes, and social media to provide opportunities for parents to network outside of the sessions.
- 5.35 Where additional support was provided to parents outside of the formal sessions on a one-to-one basis and/or via groups, this helped to place learning into context and allowed for more intensive input from the participating parents.
- 5.36 Managing the risk associated with online delivery was a key aspect, including providing clear protocols or requirements that the parents had to sign up to. In particular, consideration was given to any risks associated with the emotional impacts of taking part that may have consequences in the home environment.
- 5.37 There was less evidence of practitioners monitoring outcomes achieved, except for parents where Early Help plans were in place and reviews were undertaken to ascertain whether and how the course content had helped them with their parenting skills. This area is a key area for future development.

# 6. Parents' perception of the merits of online parenting support



## Introduction

6.1 This section of the report details the views of Early Help Practitioners and parents on the value and impact of online parenting programmes. It draws on the data generated from the workforce survey focus groups and interviews with Early Help Practitioners, one-to-one interviews with parents and a parent survey. All names have been changed to protect parents' anonymity.

## Feedback from the Parent Survey

6.2 Parents were asked in the survey whether they had participated in an online course. Of the 44 responses received, 36 parents had participated in an online course (some parents had completed more than one course) and 10 had not participated in an online course. The courses that parents had completed online are shown in **Table 6.1**.

**Table 6.1:** Courses completed by survey recipients

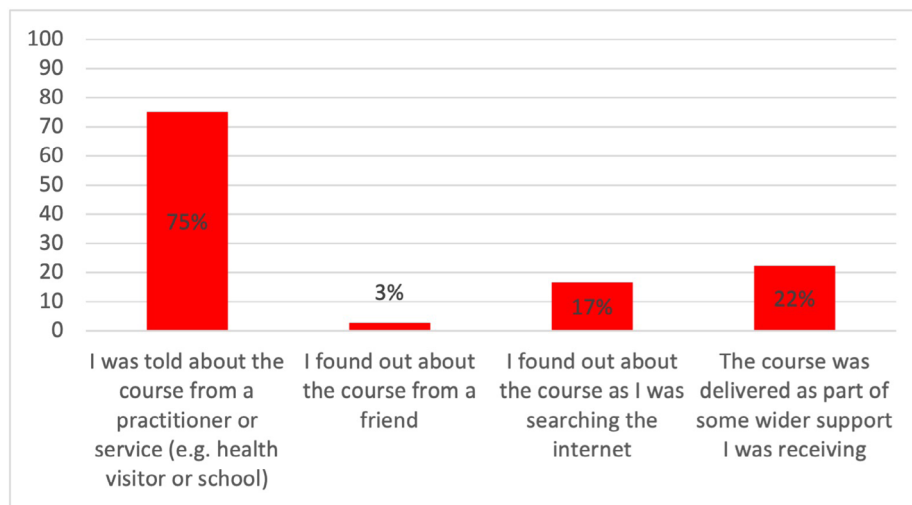
Course type	Course name	Number of courses completed
Self-directed	Baby Academy	1
Virtual	Cygnets	1
Virtual	Early Bird	5
Virtual	Step-Up	1
Virtual	Take-3	1
Self-directed	Teen Triple-P	4
Self-directed	Tripe P online 0-12	7
Self-directed	Understanding your baby	5
Self-directed	Understanding your Child with Additional Needs (Solihull)	6
Self-directed	Understanding Your Teenagers' Brain (Solihull)	7
Self-directed	Understanding your Pregnancy, Labour, Birth and Your Baby	8
	Total number of courses	46

Base = 36 parents

6.3 This table shows that a range of courses is represented in the feedback from the parent survey. It shows that most parents had completed a self-directed course (n=38) as opposed to a virtual course (n=8). It also shows that some parents completed more than one course (n=6). Courses that were coupled were Understanding Your Pregnancy, Labour Birth and Your Baby with Understanding Your Baby, and Understanding your Child with Additional Needs with Understanding your Teenagers' Brain (Solihull).

6.4 Parents were asked how they found out about the courses. **Figure 6.1** below shows that most parents found out about the course from a practitioner with whom they had contact (75%, n=27) rather than searching the internet independently (17%, n=6).

**Figure 6.1:** How parents found out about the course

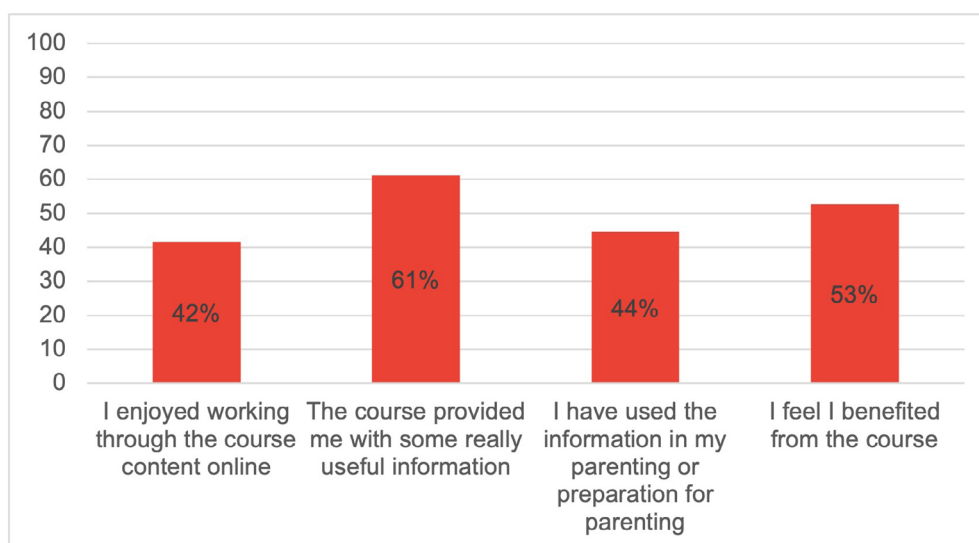


Base = 36 parents

6.5 Although the sample is too small to generalise from the findings, this does indicate the importance of a practitioner’s role in terms of introducing the parent to a programme, even if the programme is a self-directed study. For 22% (n=8), the course was delivered as part of some wider support the parent was receiving.

6.6 Parents were asked about their views of the course(s) they completed, in terms of how useful they found the content and whether they have been able to put any of the lessons and tips into practice. The responses are presented separately in terms of positive and negative feedback. **Figure 6.2** shows how many parents responded positively to the course(s)<sup>50</sup>.

**Figure 6.2:** Parents’ views of the online parenting courses (Positive)

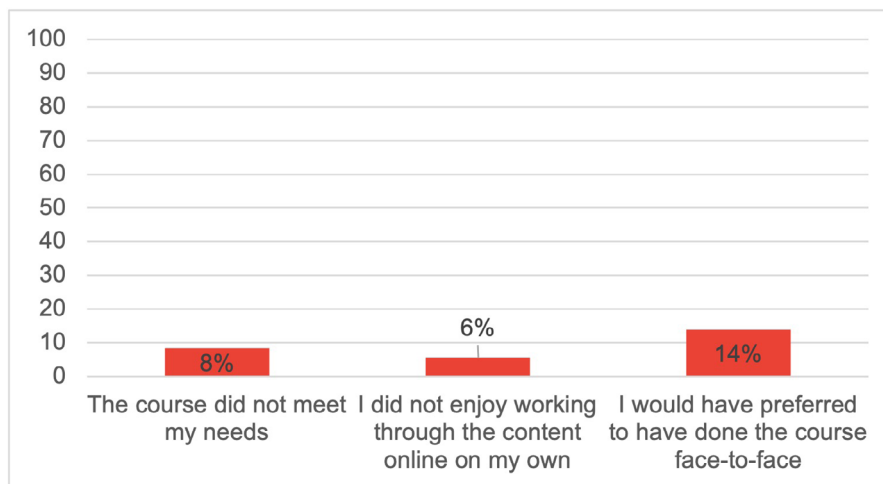


Base = 36 parents

<sup>50</sup> Parents were asked to tick a number of statements with which they agreed.

- 6.7 **Figure 6.2** indicates that the most commonly cited benefit of the course was the provision of some useful information (61%, n=22). Parents also indicated that they felt they benefited from the online course (53%, n=19), and that they have been able to use some of the information in their parenting or in their preparation for parenting (44%, n=16). Just over two-fifths of parents (41%, n=15) indicated that they enjoyed working through the content online.
- 6.8 A smaller number of parents indicated they had a less positive experience of the course.

**Figure 6.3:** Parents' views of the online parenting courses (Negative)



Base = 36 parents

- 6.9 Fourteen per cent (n=5) indicated they would have preferred to have done the course face-to-face. These parents had done a mix of virtual courses and were opposed to the self-directed courses. Just 8%, (n=3) reported that the course did not meet their needs. Two of these parents were taking Understanding your child/child with additional needs (Solihull Approach) and one was taking Step Up.
- 6.10 On balance, there were many more positive comments than negative comments from the survey. Positive aspects identified by the parents related to the following:
- ease of access;
  - flexibility;
  - benefits of peer/group support;
  - helpful information/content.

*"Due to Covid this was online. Therefore I was grateful I could still do a course. It was well led and I really enjoyed it."*

*"The course was run through AWARE. It was really useful to go through different strategies to use at home. It was also useful to help other parents and listen to their situations. Covid made us feel isolated at home and I feel this course helped to build friendships and helped to support one another."*

*"Had it been face to face I would have not been able to attend due to child care issues. Virtual training was so flexible and worked perfectly with my children."*

*"Course material was very clear and had long lasting impact."*

6.11 One parent commented about the significance of the course being available in a different language.

*"It was very informative for my wife as it had videos in Urdu! and I didn't have to constantly explain to her what was happening week by week."*

6.12 For a few parents, the courses did not meet their needs; the content was not sufficiently stimulating, too lengthy, or not well adapted to be delivered virtually.

*"I felt it was very lengthy when it didn't need to be. We did not finish the second course as it was too time consuming."*

*"I felt the content was very basic and was clearly designed to be delivered in person with facilitated discussions etc but hadn't been well adapted to virtual teaching."*

*"If I'm honest, it was a bit boring. I felt like I was just watching YouTube vids."*

6.13 All the parents who had not participated in an online parenting course said that they would have appreciated the support and felt they had the skills to do an online course. They had simply not heard about the offer so were not in a position to engage.

6.14 Parents who had completed online courses were interviewed to gain a greater understanding of their experiences and the impact the course had had on their parenting and relationships with their children.

6.15 Interviews showed high levels of satisfaction with the courses, and parents reported that the course content had helped them to reflect on their parenting styles and how they could put into practice what they had learned. The themes that came out from the interviews with parents included:

- Increased understanding of what may be causing disruptive behaviour
- Being more consistent with parenting methods including the use of rewards and discipline
- Improved parent/child communication
- Improved relationships with their children
- Reduced feelings of anxiety due to having support and tools to draw on.

6.16 The following case studies provide examples from the interviews with parents of their experiences of the online course and how this had impacted their parenting. The sample interviewed included parents studying virtual and self-directed courses and included courses aimed at different aspects of parenting and for children in different age groups.

6.17 The first case study below is of a mother who completed the Triple P self-directed course for 0-12-year-olds as she was struggling to manage the behaviour of her son who has additional needs.

**Figure 6.4:** Case Study of a parent completing Triple P for 0–12-year-olds

### **Family Background**

Single Mum Janice\* was struggling with the behaviour of her 6-year-old son who had additional needs and was displaying aggressive behaviour at home and school. *“He was out of control...at a very extreme level...he was all over the place and hitting and shouting and biting. It was really stressful.”* (Mum)

### **Support**

In September 2021, Janice was allocated a parent support worker, and they met weekly to develop her understanding and ability to manage her son more effectively. Although the support was really useful, Janice reported that improvements were slow, and she felt that she was going backwards. *“I was trying to deal with him and to implement things, but he was reacting so badly that it wasn’t working, and I was getting even more stressed.”* (Mum)

The Parent Support Worker recommended she do the Triple P 0-12 years course. Janice agreed to do the course as she stated that she trusted her support worker’s judgement. She was very motivated to do the course and completed it in two months, stating that the course was *“amazing.”* She continued to work with her parent support worker who reviewed her progress on the course and helped her implement some of the learning.

*“We were starting to introduce discipline and...consequences for his behaviour. It [the Triple-P course] has really useful tips such as parents need not to shout [at their child], and to stay calm. I realised I hadn’t been helping him as I used to shout a lot at him. Now I am so much calmer...and sometimes I would have let behaviour go because it was easier, and now I am more consistent.”* (Mum)

Janice agreed that doing the course online was the best option for her as she worked during the day and would not have been able to attend a course face-to-face.

### **Impact of the course**

According to Janice, her son’s behaviour has been transformed. She stated their relationship as a result has also improved. *“His behaviour is so much better; he has gone from hitting to hugging and kissing. He has gone from aggressive behaviour to getting progress awards at school...”* (Mum)

Janice agreed that the work with the parent support worker has helped her to put the learning into practice. *“She was amazing, and it has all worked together to make real changes”.* (Mum)

She also said that she had recommended the course to friends. *“I know of a few families like myself... and we don’t like to speak up [about problems]. I think it’s something that we all need to do as we don’t know how to deal with inappropriate behaviour.”*

\*Not her real name



- 6.18 This case shows the positive impact of the course on the parent and child, most notably in terms of his behaviour and how the mother interacted with her child and the effect on their relationship. It demonstrates the benefits to be gained due to a motivated parent taking part with clear ideas of what she hoped to gain from it. It is also evident that contact with the support worker alongside participation in the online course has helped put the learning into practice. The flexibility afforded by the online approach allowed the parent to participate outside of her work commitments.
- 6.19 The next case is of a parent who completed the BEAT course that was delivered as a virtual learning course.

**Figure 6.5:** A case study of a parent completing a BEAT course

### **Family Background**

Martha was referred onto a BEAT course for parents on a pathway for an autism diagnosis in their child/children. Martha was struggling to understand her younger son's behaviour and communication styles. The course was delivered entirely online via Zoom due to Covid-19 lockdown rules. If she had a choice of face-to-face or online learning, she reported that her preference was *"for online learning; it is comfortable in your own home...I really liked it...it was brilliant"* (Mum). However, she did admit to not feeling comfortable with having her camera on, especially as the sessions were recorded and reported that she never put her camera on during any of her attendances online.

### **Support**

The BEAT course ran for 2 hours per week for four weeks. Martha was sent information before the course which included an outline of the course and relevant resources to help her prepare. She had access to additional support if she felt she needed it. Martha described learning a lot about the emotions of her child and how to support her other children in the house. She described feeling emotional at one point when she was on the BEAT course and said *"I started crying during the session, but they [support workers] contacted me afterwards...they were very supportive"* (Mum). Martha reported that the one-to-one support she received was a very positive addition to the Zoom sessions.

### **Impact**

*Martha outlined several positive outcomes that she felt had resulted from the course such as:*

- Using techniques outlined in the course e.g. social stories<sup>51</sup>, reward charts and Lego therapy
- Increased understanding of her children's emotions (both children with only one being autistic) and better communication about emotions and feelings
- Improved family dynamics, through using the parenting techniques with both of her children.

*She said that she "would recommend the courses to all parents...brilliant...". She said she felt very lucky to have been able to do the course during the pandemic and not disadvantaged that it was not face-to-face. After completing the BEAT course she went on to do Cygnet which was delivered in Urdu; another virtually delivered course for parents with children on the autistic spectrum.*

<sup>52</sup> Social Stories™ are methods to provide guidance and directions for responding to various types of social situations for children with autism (ages 2-5) see [https://www.uwyo.edu/wind/\\_files/docs/echo/past-echo-docs/socialstoriestips.pdf](https://www.uwyo.edu/wind/_files/docs/echo/past-echo-docs/socialstoriestips.pdf)

6.20 This case study shows another positive impact of an online course taken during the lockdown period. Although the mother did not want to show her face on camera, she was able to contribute and felt supported and went on to take another course which was delivered in Urdu. The materials provided in advance were noted to be of value, as was the support from the support workers outside the formal sessions. The parent was able to identify several positive outcomes for her children and the family as a whole as a result of taking part in the course.

6.21 The next case study is of a parent who completed the Understanding your Child's Additional Needs with the Solihull Approach.

**Figure 6.6:** A case study of a parent completing Understanding Your Child With Additional Needs (Solihull) followed by Early Bird

### **Background**

Sasha had a nine-year-old daughter with attention deficit and hyperactivity disorder (ADHD). She was directed onto the programme by an Early Help practitioner who reviewed her case as she was struggling to cope with her behaviour. *"We didn't realise she was ADHD; things were really bad at school, and they were reporting to me they couldn't teach her"* (Mum). Sasha also reported that her daughter had significant behavioural issues which were taking their toll on their relationship and wellbeing.

### **Support**

Sasha completed the course over two months and agreed it was informative and helped her to try new things. At the time of the interview, she had progressed on to the Early Bird course which was being delivered virtually via Zoom over ten weeks. She stated that it was easier for her to do the course on Zoom as she had childcare constraints which would have prevented her from attending a course in town.

### **Impact**

Although she described both interventions as *"somewhat useful"*, she felt that the course in itself was insufficient to make a real difference to her daughter. She stated that, to date, she has been unable to get the support she felt she needed (her case was recently closed to Early Help). However, she did acknowledge the course meant she was able to talk to other parents with similar experiences.

*"To be fair it [the Early Bird course] is okay because there are five parents doing it and without this, I would feel quite isolated."* (Mum)

She also reported that she was happy to do more online courses, as it allowed her and her husband to learn together and to reflect. *"...we do it in the evening and talk about things in a more constructive way...if parents can educate themselves at least we'll get a head start."* (Mum)

6.22 This case revealed the benefits of virtual learning in reducing a sense of isolation and showed the benefit of home learning and the potential to involve both parents in the learning. However, it also indicates the limitations of online learning where parents felt they needed more tailored support. The next case shows how one parent completed two separate learning courses to help manage her daughter's behaviour.

**Figure 6.7:** A case study of a parent completing Triple P 0-12 years and Understanding Your Child's Additional Needs (Solihull Approach)

### **Background**

Clare had been struggling with her daughter's behaviour who was awaiting a diagnosis for autistic spectrum disorder. It was recommended that she complete the Triple P course by her Early Help practitioner and the Solihull course by a practitioner who was organising a Family Group Conference for her and her family.

### **Support**

Clare completed both courses. She reported that she found the Triple-P course to be very thorough, but a little too long. *"I picked at it as and when over three months...at the start it was too basic."* (Mum)

Clare reported that she did not review any of the practice with the Early Help practitioner as support had finished by the time she was completing the content. As such, she feels that the majority of the course was not impactful. However, some of the content was engaging. *"There were some interesting excerpts from other parents that had implemented steps...there were parts that were helpful".* (Mum)

Her opinion of the Solihull programme (Understanding your child's additional needs) was that it was more relevant to her situation. *"They (the units) were really good, much shorter and easier to access...they were more geared to me as a parent and the things I was experiencing, rather than being very generic. I felt I could apply the learning much easier to my life."* (Mum)

### **Impact**

Clare reported seeing a positive impact in terms of her daughter's improved behaviour. *"The Solihull Approach definitely helped me to put things into practice; it has improved our communication and understanding of each other, and her behaviour is much better. She [her daughter] would always tell people that her mum doesn't understand her, but now she is telling people that I do understand her... she has grown in confidence."* (Mum)

Clare was keen to point out that she had been waiting a while for support and having access to online programmes was helpful. *"I don't have a great support network, but at least this is something that I could do. It felt very positive to be doing something and having something to engage in. I would really recommend them."* (Mum).

6.23 This case shows the importance of understanding the needs of the parent before recommending online parenting programmes. It also evidences the need for practitioners to work with parents when completing the Triple-P course in order to put the learning into context.

6.24 The final case study shows the value of the Solihull preparation for parenting course.

**Figure 6.8:** A case study of a parent completing Understanding Your Baby (Solihull Approach)

### **Background**

Rebecca was a mother of five who completed an online course about how to interact with your newborn baby. She self-referred as she wanted to make sure she was giving her baby the best start in life..

### **Content**

She completed components of the module online in her own time, and did a *“little test”* at the end of each section. She enjoyed taking notes, and the classroom feel of the work, and she enjoyed the test as it helped her to see what she was understanding. She really liked the course, particularly doing it *“in my own time online”* and she appreciated getting a certificate when she had finished. She said that her children could tell that she enjoyed the course, and she discussed it with them because *“it is nice for the kids to see that I was learning, and I do like the children to learn as well so I felt like a positive role model”*. She did not want to attend in person as she said, *“I have 5 children of different ages, and I can’t get out much”*.

### **Impact**

Rebecca reported she still uses the learning from the course with her children, particularly about how to communicate as this was the learning that she found to be the most long-lasting. She was very positive about the impact of the course, and said that within her family *“relationships had improved”* because of the way she implemented new approaches to communication, taken from the course material.

She was sent a link for her brother, who had recently become a single parent to a young baby and had full custody following court proceedings. He was working full time and trying to learn how to care for a new baby. She encouraged her brother to do the course. *“He is an Asian man who is a single parent, working full-time so there is no way he would have felt able to go in person...”* She said that as an Asian man he would have been worried about being labelled if he attended a course in person, and that he would have made lots of excuses not to attend or engage with it. So the online offer was very important for both of them. They had also discussed their learning and experiences of the course, and said that her brother described the course as *“an eye-opener”*. She said that both of them are *“okay with computers”* so they did not find learning online challenging as a result of already having IT skills.

She very much enjoyed the course, and would be keen to do more but wasn’t sure about where to find out about other courses. She was very open to learning anything about parenting but now that some of her children are older, she feels that parenting courses focusing on social media are much needed because younger generations are having very different experiences as a result of mobile phones. She said, *“just because you have children, it does not make you an expert”* and so she would recommend this course to others as well. She suggested that it would also be nice for courses to include contributions from children, especially teenagers, to help other parents to learn e.g. about social media.

6.25 This case demonstrates how this particular parent had benefited from the flexibility of self-directed learning and had been able to access the course in her own time. Her description of how she engaged with the course shows that she was motivated to take part and had gained a lot from her experiences. She described positive impacts on her family, not just in the immediate period following completing the course, but over a longer time period. The added benefit of being able to refer her brother to the course and talk about what they had learned together was also evident.

## Summary

6.26 This section evidenced that the majority of parents had positive experiences with online learning. Parents reported the benefits of the flexibility afforded by online learning as well as the useful information accessed. Parents gave examples of how they had put into practice what they had learned and of improved communication and relationships with their children. They also reported an increased sense of confidence and a reduction in stress levels from improvements in their child's behaviour. For a few parents, the content of the course was insufficient or not stimulating enough. Two parents interviewed expressed more limited an impact due to not having sufficient early help support whilst completing the programme. For parents with children with additional needs, in particular, a greater level of support was required.

# 7. Conclusions and recommendations



- 7.1 This report provides a comprehensive review of the merits and challenges of delivering an online parenting offer for parents living in West Yorkshire. Evidence from the literature review points towards a positive impact of online parenting programmes and confirms the merits of including an online parenting offer to parents across West Yorkshire.
- 7.2 However, this research also evidenced that the online parenting offer is uneven across the local authorities; some areas provided a higher level of online support than others, and gaps in provision are for parents with children with additional needs, fathers, and parents of adolescents in particular. Access to Triple-P, the validated online programme, was only available in two local authorities although staff in a third local authority were about to be trained. Access to the online shorter courses provided through Solihull was only available in one authority, with a limited offer reported to be extended to a second.
- 7.3 Local authorities moved towards online delivery in response to the national lockdown and its associated restrictions as a result of the Covid-19 pandemic. It is, therefore, important to acknowledge that online support was not necessarily a planned and well-thought-out process with significant lead time; rather it was a reactive response in order to continue to meet the support needs of many families in difficult circumstances. As such, delivery was not without its challenges, and it is evident from the discussions that practitioners worked hard to consider ways in which the courses could be delivered online effectively and to achieve the greatest impact for participating parents. One-third of practitioners believed that more could still be done to increase the online offer to parents in their area.
- 7.4 One of the areas where things were found to be lacking was in communicating to partners and parents the range of online parenting courses available; just under one-third of practitioners were unaware of what parenting courses were being offered online in their area. Without good information regarding what offers are available, parents and partners were unable to refer to appropriate programmes.
- 7.5 Where virtual delivery was offered, most practitioners had not received any training for online delivery from their local authority. Practitioners were largely self-taught and/or had shared their knowledge, skills and tips on how to develop and deliver the courses online. The workforce survey indicated that confidence had increased since the start of the lockdown period when some practitioners admitted to feeling daunted at having to deliver courses virtually via Zoom or Microsoft Teams.

7.6 Service leads and practitioners reported many benefits of online learning, namely:

- Increased accessibility which particularly benefitted those communities who struggled to get to face-to-face provision for reasons of cost, travel implication or practicality issues;
- The flexibility of learning allows people to learn at a pace and time that suited them and also enables partners to be involved in the learning;
- Increased efficiencies afforded to services and staff, namely from avoiding venue set-up costs and time, a greater time available for practitioners to carry out casework at their desks, and increased retention levels amongst the parents being reported.

7.7 In terms of independent online learning, the programme which seems to most effectively facilitate working in a strengths-based way with parents(s) was Triple P. Triple-P is designed to develop effective and consistent parenting, gradually building skills and understanding. The model requires practitioners to work through the course helping parents to reflect and implement effective practice. Conversely, the Solihull courses are designed as shorter courses that parents take completely independently. This is not to say that one set of courses is more effective than the other but that Triple-P is designed to support working in a more interactive and restorative way with parents.

7.8 Challenges of delivering online learning need to be considered in any future planning. These included:

- Digital exclusion with some parents and communities having poor quality or no access to online learning, and some having a low level of skills to interact sufficiently online;
- The ability to build positive relationships between practitioner and participants, so affecting parents' level of engagement in the content;
- Safeguarding concerns of both participants and children during online learning times;
- Challenges in supporting peer-to-peer online discussions and support.

7.9 Safeguarding of both parents and children was highlighted as a potential problem associated with online delivery, and an issue with consequences that should not be under-estimated. Future online virtual delivery should seek to put in place measures to minimise the safeguarding risks and ensure that practitioners and participating families adopt suitable approaches.

7.10 On a more general learning note, there was evidence that practitioners from across the services had put measures in place to support the effectiveness with which the programmes could be delivered online. A good deal of learning has been extracted from the interviews and focus groups to understand effective delivery. Practitioners reported working closely with partners to ensure that referrals for online parenting courses were appropriate, and early engagement of parents to manage their expectations of online learning was crucial. Practitioners spoke of the importance of ground rules and some had developed a system of contracting with parents to ensure they understood the commitment to the course so they were able to fully and safely participate. Several practitioners reported the importance of delivering virtual learning in pairs, in order to provide additional support when parents could become upset or agitated. Practitioners reported developing a range of engaging resources including quizzes, and video clips, utilising social media and providing one-to-one support and coaching to ensure the experience was stimulating and that learning opportunities were maximised.

7.11 However, there was insufficient evidence to establish the extent to which these were employed consistently across all areas and all programmes, and this will need reviewing by service leads going forward.

7.12 Parents who had participated in the online learning courses had positive experiences of their learning and were able to apply the knowledge they had acquired. The information from the survey showed the benefits of online learning with regards to ease of access, the flexibility of learning time and the quality of the content. Parents interviewed were able to provide examples of how their parenting had improved and as a result, relationships with their children had improved also.

7.13 With the evidence presented in the report, there is a powerful argument for extending online provision across the range of key programmes to minimise workload, keep down costs of delivery and extend access to support. However, practitioners were keen to stress that online delivery should not be a substitute for face-to-face learning but an additional offer where programmes merited it.

7.14 More robust evidence regarding the impact of online delivery should be gathered now and in the future, to help further develop an understanding of longer-term outcomes for families.



## Recommendations

7.15 The following recommendations are offered to maximise the impact of this research study:

- **Recommendation One:** Review the online provision identified in this report including the potential gaps in provision in each authority to help plan future delivery.
- **Recommendation Two:** Local authorities should consider the current inequalities of the online offer across the sub-region, in particular, the uneven access to online Triple-P. Due to the high levels of testing and validation of this programme, this is one programme that should be prioritised.
- **Recommendation Three:** Improve access to information for partners and parents on the availability of online parenting programmes in each authority.
- **Recommendation Four:** Local authorities should ensure that the referral process for parenting support routinely includes assessing parents' suitability and capacity to take part in parenting programmes.
- **Recommendation Five:** Review arrangements for promoting the online programmes and the referral process to ensure that the online offer is reaching those parents who may benefit from it the most.
- **Recommendation Six:** Review the six key components of effective online delivery detailed in Figure 5.1, and ensure there are opportunities to share good practice, learning and training within and across the geographic areas.
- **Recommendation Seven:** Consider how robust outcome data can be captured to inform future development and delivery of parenting programmes.
- **Recommendation Eight:** Review regularly the profile of parents participating and ensure that the delivery of the programme does not preclude any particular individuals or groups from taking part.
- **Recommendation Nine:** Continue to invest in online parenting support as part of a blended offer for parents who prefer to learn remotely. Maintain a face-to-face programme offer for those that prefer to learn face-to-face and where models of programme delivery major on peer-to-peer support (e.g. SFSC or Caring Dads).
- **Recommendation Ten:** Consider how digital exclusion can be addressed strategically by working with partners across local authorities (e.g. schools, libraries, voluntary and community groups).

# Annex A: Research framework

Variables	Mode of delivery	Offer and barriers	Impact on Practice	Training needs	Impact on:
<b>Data source</b>					
<b>Early Help Coordinators</b> <b>Delivery Managers</b> <b>Referral partners</b>	Commissioned In-house Blended Socio-economic profile and priorities	Range of provision Limitations/gaps Challenges in developing the offer Funding /costs Access to support for BAME communities	Added value to the service offer Increase in capacity and generation of referrals for support	What are the training needs of staff if the online parenting capacity was to be extended? Would this have any further implications on the service?	Covid-19 on demand/need Capacity of support Extending offer The added value of online parenting provision for services Waiting lists for parenting support
<b>Data on programme engagement levels</b>	Type of parenting courses offered	Numbers engaged on programmes Numbers completing programmes Levels of disengagement Levels of non-engagement			
<b>Workforce survey</b>		Impact on engagement Barriers to engagement Strengths/weaknesses in comparison with face-to-face	Relationships Strengths-based Restorative approaches Whole family working Effectiveness Challenges	Engaging parents Embedding online parenting in whole family support Understanding and interacting with the content	Access to parenting support in a timely way Improved parenting knowledge and skills
<b>Workforce focus groups</b>	How they promote awareness to local partners How parents are referred for online support	Merits and value of the online parenting courses Relevance of content with online provision to parenting needs Barriers to online engagement The flexibility of online offer	Effectiveness of online parenting courses as compared to face to face in developing relationships – how do they build relationships? Challenges with online courses and how these can be overcome Demand for online parenting	Promoting awareness and value of online learning to parents Building trusted relationships online Supporting parents through online content Delivering online group work	Confidence in the benefits of online parenting Perceived impact on family relationship
<b>Parents</b>		Reasons for engaging Flexibility Value of the content Ease of interactions	Relationship with practitioners Frequency of contact		On family dynamics Changes made Resilience to cope Parenting Knowledge and skills
<b>Non-engaged parents</b>		Reasons for non-engagement Barriers and how they can be reduced			