



Kids Matter Theory of Change

May 2019

1. What is the intervention's primary intended child outcome?

Child wellbeing

The primary intended child outcome of our parenting programme for disadvantaged parents of 0 to 10-year-olds is to see a reduction in child behavioural, social and emotional problems. Day and colleagues (2012) report that disruptive behaviour is the most common reason for referral to child mental health services, particularly in inner city areas, which impacts considerably on child and parental wellbeing. Academic failure, crime and unemployment are some of the sequelae to conduct problems in childhood with considerable economic and social costs to society (Fergusson, Horwood & Ridder, 2005).

Research suggests that it is possible to prevent and treat behavioural problems in children. Some of the most effective interventions target parenting skills because the quality of the parent-child relationship is strongly associated with children's wellbeing (Asmussen et al., 2012). In 2013, The Children's Society (ONS, 2015) reported that a child's relationship with their parents is an important factor associated with overall wellbeing. Children's relationships with their parents are particularly prominent and powerful influences on children's mental health, and disruptions or tumultuous relationships can often lead to behavioural difficulties. Parents are often children's primary caregivers and attachment figures, and quarrels between a child and their mother or father can disrupt children's lives. Indeed, closeness to mothers and fathers have both been shown to provide independent contributions to children's happiness.

Moreover, improving parental confidence and parental wellbeing have been shown to have a long-term positive effect on children's development as they experience their parent providing authoritative parenting that is both nurturing and boundary-setting. Therefore, our second outcome is to improve parental confidence and wellbeing in order to provide a good parenting environment for young children to grow up in.

Parental wellbeing

Mental health difficulties and substance misuse problems affect a significant proportion of the adult population. At any one time, it is estimated that 1 in 4 adults in the UK experience mental ill health. Around 630,000 adults are estimated to be in contact with specialised mental health services and it is estimated that 30% of adults with mental ill health have dependent children (NHS England, n.d.).

Parental self-efficacy

Several researchers have found that higher levels of parental self-efficacy are associated with more effective parenting, and therefore lower child mental health



problems (Jones & Prinz, 2005). A review of the studies that examined parents' experience and perception of parenting programmes showed that parents themselves view an increase in their sense of competence to deal with child problem behaviour as one of the most valuable elements of parenting programmes (Kane, Wood & Barlow, 2007).

Parenting self-efficacy refers to parents' beliefs in their ability to influence their children in ways that foster their development and success (Ardelt & Eccles, 2001). Theoretically, a higher sense of self-efficacy leads parents to being more persistent in their use of parenting skills associated with desirable outcomes. Parents who trust their ability to deal with their child are warmer and more accepting toward the child (Gondoli & Silverberg, 1997). Parents who lack a sense of competence not only show less adequate parenting, but they also tend to withdraw from interactions with the child and give up addressing child problem behaviours altogether.

Studies have shown that parenting programmes have positive effects on parental sense of competence (Landy & Menna, 2006; Leung et al., 2003). Moreover, higher parental self-confidence at the start of a programme appears to improve programme outcomes, both in terms of problem behaviour of the children (Hoza et al., 2000) and in terms of more adequate parenting skills (Spoth et al., 1995).

2. Why is the primary intended child outcome important?

In the UK, roughly one out of every ten children will be diagnosed with a mental health problem every year. Referrals to child services reached 2.4 million in 2017/18 which is a 78% increase since 2010 (ADCS, 2018). These problems can impair functioning into adulthood if left untreated, creating multiple personal losses as well as considerable financial cost to society, especially when crime and school-related costs are taken into account. Certain child characteristics can make parenting far harder and more stressful, notably having a temperamentally difficult child who is prone to be more hyperactive and aggressive. Such children test their parents greatly and some parents living with children like this have described it as 'being under-siege' (Webster-Stratton & Herbert, 1994). Each of the factors described above are associated with non-optimal parenting and parent-child interaction quality and are more common in poor areas (Meltzer et al., 2003). Reducing behavioural problems in early childhood results in fewer problems in school, better academic outcomes, and better life chances both socially and economically.

There is also the cost of adults being unable to meet their full potential as a result of growing up in poverty, including not contributing productively to the economy, requiring benefit payments, and reduced tax revenues. The Joseph Rowntree Foundation (2018) estimates that child poverty costs the country at least £25 billion a year. This includes money spent on expensive mental health resources for children suffering with a range of behavioural problems and treatment for depression and anxiety in parents who are struggling to manage with family life in the midst of adversity.

Addressing parental confidence and wellbeing is also important because mental health difficulties and substance misuse problems affect a significant proportion of the adult population, around 30% of which have dependent children. The extent to which these difficulties impact on parenting capacity varies enormously. Research shows that the impact can be mitigated by a second parent, care by extended family involvement, and early community support. However, without this support, children may be neglected and/or emotionally harmed. Alcohol misuse by parents, particularly by fathers, can also result in violence and risks of physical harm to children. Analyses by Ofsted (2011) of serious case reviews between 2007 and 2011, where children had either died or been seriously harmed, showed that mental health difficulties, drug and alcohol problems, and domestic abuse were the most common characteristics of the families involved.

3. Why is the intervention necessary?

From the Early Intervention Foundation's 2018 report, we know that:

“Behavioural problems are associated with a variety of temperament and attention-based difficulties that may have their basis in genetic processes. However, child behavioural problems are also strongly associated with various parenting behaviours, including responses to child aggression and non-compliance that are either too lax or too punitive. The use of physical punishment in early childhood is especially associated with conduct problems when children are older.”

Research has shown that the use of parenting programmes with a proven theoretical base is an effective way to prevent or reduce the incidence of child behaviour problems and a range of other parental and child outcomes, including:

- Sleeping and feeding problems
- Drug and alcohol problems
- Anti-social behaviour
- Recurrent pain syndromes

Additionally, improving parenting competence can reduce stress and maternal depression (Barnes, 2010) and reduce the risk and incidence of child maltreatment in low-income settings (Webster-Stratton & Reid, 2010).

The Early Intervention Foundation's 2018 report also confirms that reducing behavioural problems in childhood has a positive knock-on effect lasting well into adult life. It goes on to say:

“The evidence clearly demonstrates that leaving issues in childhood unresolved has pervasive negative consequences for children's later life outcomes.

“Reducing behavioural problems in childhood will result in children being less disruptive at school and requiring less additional support from teaching staff. This has the potential to lead to improvements in school attainment and lifetime earnings,

both for the child who receives the early intervention support, and for their peers, who are less badly disrupted at school. It may reduce the likelihood of children being excluded from school and referred to high-cost pupil referral units, and the likelihood that they will engage in criminal activity, thereby reducing the burden on the police and youth justice system. It may also lead to children engaging less in other risky behaviour, such as alcohol or drug abuse, which can have knock-on consequences in terms of the cost of health provision and improvements in their lifetime wellbeing.”

Taking action early on in a child’s life by improving their home relationships through working with their parents can mitigate against a wide range of social, emotional and behavioural problems, which has an impact of communities and society as a whole.

4. Why will the intervention add value?

The need for universal parenting support to complement target and indicated approaches has been recognised in research (Simkiss et al., 2013). The demand for universal parenting support is clear from research showing that around three-quarters of parents would like this (TNS-BMRB, 2010) and that about 70% think being a parent now is harder than for the earlier generations (Family Lives, 2011). However, state sector services are overwhelmed, and severe funding cuts have taken place to early intervention services, with any funds going to the more severe end of childhood issues, such as juvenile crime and the care system.

Although the evidence shows parenting interventions can act to prevent some of the parent and child mental health problems developing, recruitment and maintenance of progress made are challenges all parenting programme developers face. The UK Department of Health (2004) and US Centers for Disease Control (2002) recommend greater use of parenting interventions that start early and are locally based and accessible, particularly given that families most at risk may find it hard to access conventional services. To achieve this, they emphasise partnership between health services and community-based organisations, including the voluntary sector.

Understanding the low take-up and high drop-out rates of parenting interventions is essential to improving services for parents and children. Koerting and colleagues (2013) carried out a thematic synthesis review of published qualitative evidence relating to factors that block or facilitate access and engagement of parents with such programmes. They found a range of situational factors (e.g. transport and childcare problems), psychological factors (fear, stigma and distrust), as well as unavailability or unawareness of programmes and issues with poor interagency collaboration. Barriers to continued engagement included group issues, perceiving the programme to be unhelpful, and changes in family circumstances. The widely varying circumstances facing families need to be considered when planning a parenting intervention. Programmes need to be designed to be flexible and accommodate real needs of families. In addition, the authors call for programme leaders to be skilled, trained and able to adopt a non-judgemental, empathetic and empowering approach in order to foster good relationships with vulnerable parents. Developing a trusting relationship is key when working with hard-to-reach families (Koerting et al., 2013).



Kids Matter addresses the barriers in a systematic manner: providing theoretically sound material, delivered locally through the voluntary sector by someone familiar, who is also a parent, free of charge and in small groups. This results in reducing isolation, building long-term community, and signposting to other services through the church. Below are the EIF's recommendations (2019) on how to retain parents on parenting interventions, which Kids Matter aims to fulfil:

a) Designing intervention delivery around the needs of the target population

- Intervention should be designed around the needs of the target population, prioritising the barriers most frequently encountered and balancing these with the resources available.
 - Kids Matter specifically targets parents in the bottom 20% of the socio-economic bracket, in recognition of the additional risks for children raised in poverty or struggling households.
- Interventions should be delivered at suitable and flexible times, as well as in convenient locations, and offer to provide transportation, childcare and free or subsidised support where this addresses key access barriers for the target population.
 - Kids Matter groups are run by volunteers from local churches and charities that aim to reach vulnerable parents in their communities as part of their commitment to their organisation. Parents are personally invited with timing and a neutral place to meet agreed. Groups are typically 4-8 people in size and meet for six weeks which is a manageable length of time. A free crèche is provided, and refreshments are always served around an inviting table.

b) Considering intervention characteristics

- Determining whether an individual, group-based, or self-directed intervention that is delivered remotely, is the best fit for the target participant needs.
 - Kids Matter programmes are run in groups so that parents can benefit from the wisdom of other parents, as well as making valuable contributions to other parents as well. After the intervention, the facilitator makes efforts to bring the participants together again for social events in the community, thus helping to reduce isolation and provide opportunities for values learnt in the group to be reinforced.
- Ensuring sessions are enjoyable and keep participants fully engaged, with many opportunities for learning through various activities, including group discussions, one-to-one coaching and role play.
 - All of our sessions are run informally, around a table laden with tea and cake. No flipcharts or expert videos are used, and the material is delivered through Socratic questioning and discussion with fun table-



based activities, role play and weekly homework. Follow up one-on-one meetings are arranged with the facilitator or with other signposted services on an as-needed basis.

- Creating a safe and informal space, conducive to honest dialogue in which experiences and lessons learned are shared, can provide participants with the social support and sense of belonging that will keep them coming back.
 - The Kids Matter mode of delivering the programme through parents in the local community, in a neutral setting with effort made to create a warm and inviting atmosphere around a table, in a small group with refreshments, is frequently quoted by parents as being a highlight of their experience. The manageable number of sessions means parents are more likely to come to most of the intervention. All our facilitators are trained to share about their own experiences, being open about their mistakes and what has not gone well in order to create an atmosphere of mutual support and learning.
- Tailoring the intervention content to ensure it matches participant needs, for example ensuring that the content is culturally relevant for engaging ethnic minorities. Similarly, adapting interventions to couples of different types and needs, depending on the relationship duration as well as the age and life stage of the partners in question.
 - Every effort is made to engage fathers where possible and where only the mother is present, questions are asked in the group to elicit the absent father's viewpoint and consider his position. As Kids Matter parents come from a wide range of cultural backgrounds, care has been taken in the design of the curriculum to strip the information of culturally laden language or assumptions, and to begin each section with open questions to gauge where parents are at in their thinking rather than imposing a view. Care is taken by our facilitators not to make assumptions about culture or gender and to, where possible, ask questions from a neutral standpoint.
- Follow-up or booster sessions to help couples continue practising previously learnt skills, preventing them from separating or requiring more intensive support in the future.
 - At the end of all our programmes, participants are invited to at least one social activity within two months of ending the programme, and all are invited to a Booster session three months post-intervention to review progress as a group.

c) Ensuring that practitioners have the relevant skills, experience and characteristics

- There is good empirical evidence to demonstrate that a strong therapeutic alliance between a practitioner and participant is critical for effective engagement.



- Maintaining frequent contact with participants through follow-up phone calls, text messages, emails or home visits. This is particularly relevant for disadvantaged and vulnerable families, as it can help practitioners address practical barriers and identify wider needs that must be addressed.
- Linking up with specialist services such as domestic abuse services to support high-conflict couples.
- Recruiting practitioners who resemble parents, in that they come from comparable backgrounds, speak the same language, are of the same gender and share similar experiences.
- Skilled practitioners who are well-trained, supported and supervised are critical to intervention effectiveness. There are also important interpersonal qualities that contribute to a practitioner's competency. In particular, service users value practitioners who are respectful, compassionate, non-judgmental, empathetic, patient and honest.
 - All Kids Matter facilitators undergo our rigorous 4-day training run by trained Coaches and Clinical Psychologists. Essential components of the training revolve around creating a warm, empathic environment and developing relationships with parents attending the programme. The importance of texting, calling or visiting parents to help remind them to come or overcome any practical barriers they may have to coming is stressed throughout. As part of our vetting criteria, all our facilitators have extensive experience of working with children or are parents themselves meaning they can share their examples in the groups. All facilitators receive ongoing supervision and support devised by our team of coaches and psychologists.

5. Who is the intervention for?

The Kids Matter programme is specifically aimed at reaching parents in disadvantaged areas. It therefore falls into the Targeted Selected category, defined by the EIF (n.d.) as:

“Interventions offered to families on the basis of broad demographic risks, such as low family income, single parenthood, adolescent parenthood or ethnic minority status. Although children [babies] growing up in these circumstances may not be suffering any specific problems, interventions that select families on the basis of these kinds of risks have the potential to keep more serious problems from occurring.”

Data from studies carried out by The Children's Society (ONS, 2015) tells us that children living in low-income households are nearly three times as likely to suffer mental health problems compared to their more affluent peers. Economic factors have a significant link with children's self-report of wellbeing as lower levels of



household income and adult concerns about their economic future area are closely associated with children have lower than average levels of subjective wellbeing.

Impact of poverty on parents and family life

Living on a low income is often a stressful and difficult experience, affecting the running of family life and the quality of intra-familial relationships. Poverty has an impact on parents' ability to manage stressful events and it can make a good family functioning and strong parent-child relationships more difficult. Parents who lack a sense of competence not only show less adequate parenting, but they also tend to withdraw from interactions with the child and give up addressing child problem behaviours altogether (Coleman & Karraker, 1998).

A vicious cycle can begin where –

- parents are struggling economically
- and are therefore less capable of effectively parenting their children due to depression and anxiety
- resulting in children exhibiting difficult behaviour
- which parents are not able to manage
- further driving them into a sense of helplessness and despondency
- making it less likely that they can successfully find and maintain employment
- in turn negatively impacting on mood
- with a knock-on effect on parenting the child

Once this vicious cycle is firmly entrenched and gone unchecked, it results in children growing up with low self-esteem and aspirations, having very similar problems to their own parents. The cycle then begins again.

6. What will the intervention do?

Our core Kids Matter programme is for parents of children under 10 years of age. Our main criteria for eligible parents attending Kids Matter in the community is that they are facing economic and social adversity. This means we work with churches that are keen to reach those more vulnerable families in their communities. We encourage church facilitators to invite parents personally to come to a Taster session where they can see how a Kids Matter group works. If the church does not know parents personally, we encourage them to work with links in their community such as children's centres, schools, nurseries and even local authorities and family courts who do know the parents and can bring them along to a taster session or personally refer them.

Once the parents are engaged, small groups of 4-8 parents are run for six weeks in a community setting, familiar to the parents, for 2-hours at a time. A crèche is always provided and there are no costs for parents. All our groups are run sitting around a table together, sharing inviting refreshments, and all activities are discussion and table-based without the use of flipcharts or videos of experts. All parents and the



facilitator work from our carefully designed manuals, and parents are led through our evidence-based material rooted in Social Learning and Parenting Styles Theory, in keeping with NICE guidelines, in a respectful and non-judgemental style, allowing parents to share, feel safe and connect with others. There is no religious content in the material and facilitators are trained to welcome parents of all faiths and none. Facilitators use a Socratic questioning style and share about their own experiences, thus drawing alongside parents. At the end of the six weeks, facilitators will arrange subsequent social events and a more structured Booster session is held after three months to help troubleshoot any ongoing issues and reinforce learning from the programme.

Our programme in prison is run in much the same way, although groups tend to be much larger, often consistently of 10-15 men with three facilitators and for a longer period of 3-hours. A family day is arranged at the end of the programme for parents to practice what they have learnt, and an additional session takes place following the family day to reflect on how it went.

NICE (National Institute for Health and Care Excellence) (2017) have published guidance for parent training/education in the management of children aged 12 years or younger. This recommends group-based programmes, only recommending individual-based programmes where families' needs are too complex for such an approach. Our programmes have been carefully planned to follow these guidelines.

NICE holds that all programmes should:

- Be based on Social Learning Theory
 - Kids Matter is based on Social Learning Theory as well as Parenting Styles Theory
- Include ways of improving family relationships
 - Throughout the sessions, questions and activities allow for parents to learn useful tips and ideas for how to have more fun with family members as well as look after themselves better
- Offer enough sessions
 - Kids Matter offers six sessions preceded by a Taster event to introduce parents to the experience and followed by a Booster session at three months, as well as at least one social activity post-programme
- Help parents identify goals
 - Goal setting is part of every week's session, tailored to the specific topics covered that week
- Include role play and homework
 - Homework is given every week and role play is used
- Be given by people who are trained, skilled and supported



- All of our facilitators are vetted prior to our rigorous 4-day training and are supervised and supported by an experienced Coach from the Kids Matter team
- Follow the programme manual to ensure consistency
 - The Kids Matter training emphasises the importance of following the manuals closely, and subsequent visits and supervision are designed to encourage and support facilitators in doing so

7. How much of the intervention is required?

Research shows that recruiting and engaging disadvantaged parents to parenting interventions is very difficult and that on average parents only attend four sessions (ref). As evidence-based practices are often over 10 weeks long, this means parents are not receiving enough of a 'dose' of the intervention.

Kids Matter programmes are designed to be preventative and universal, not targeted towards conduct disorder, and therefore the intervention length does not need to be so long. We have therefore designed our programme to consist of weekly sessions of 2-hours lasting for six weeks, topped and tailed by a Taster event and a Booster follow-up three months later, as well as a post-programme 6-week social event. This makes the intervention much more manageable for parents in comparison to traditional programmes. However, we are targeting low-income parents who do often have complex needs and as such, Kids Matter facilitators are trained to signpost parents onto other interventions to meet other needs beyond those met by this preventative parenting programme.

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