

REPORT

Review of parenting programmes and family therapy provision

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About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activity.

And just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together we need to look at the evidence and agree what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. At its heart it says that we will fund good work, find what works and work for change. You can read it [here](#).

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Abbreviations

Abbreviation	Term
ADHD	Attention Deficit Hyperactivity Disorder
ALN	Additional Learning Needs
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CPV	Child-to-Parent Violence
DWP	Department for Work and Pensions
EBSA	Emotionally Based School Avoidance
EPEC	Empowering People, Empowering Communities
FFP	Families First Partnership Programme
FFR	Fair Funding Review
FFT	Functional Family Therapy
FNP	Family Nurse Partnership
ICB	Integrated Care Board
JAFF	Joint Assessment Family Framework
LA/LAs	Local authority / Local authorities
MDFT	Multidimensional Family Therapy
MST	Multisystemic Therapy
NAPP	National Academy of Parenting Practitioners
NHS	National Health Service
NVR	Non-Violent Resistance
OCD	Obsessive Compulsive Disorder
RCT	Randomised Controlled Trial
REA	Rapid Evidence Assessment
RPC	Reducing Parental Conflict
SEND	Special Educational Needs and Disabilities
SFSC	Strengthening Families, Strengthening Communities
SME	Small or Medium-sized Enterprise
TAF	Team Around the Family
VCSE	Voluntary, Community and Social Enterprise
VRP	Violence Reduction Partnership
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
YEF	Youth Endowment Fund
YJS	Youth Justice System

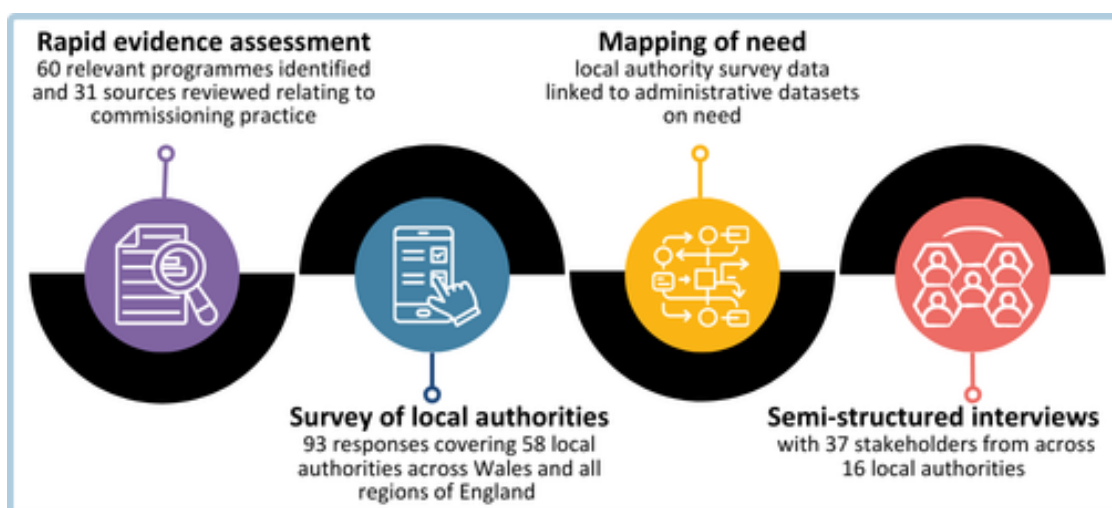
Executive summary

Evidence suggests that parenting programmes can reduce child behavioural difficulties, an outcome linked to later involvement in violence, even where they are not explicitly designed with violence prevention in mind. Family therapy programmes can also have a moderate impact on violent crime. However, little is known about the extent to which evidence-based programmes targeting these outcomes are currently used in England and Wales.

This exploratory study was commissioned by the Youth Endowment Fund (YEF) to assess whether there is scope for greater and more effective use of these programmes within local authorities to prevent and reduce violence. It answers three key research questions:

- What is the current landscape of evidence-based parenting and family therapy programmes in England and Wales?
- How can local authorities be supported to commission more evidence-based parenting and family therapy programmes?
- How can parenting and family therapy provision be designed and delivered to meet local need effectively?

We deployed a mixed-methods approach to answer these questions. A rapid evidence assessment (REA) was conducted to understand what is already known about the barriers to commissioning evidence-based programmes and to identify programmes with at least preliminary evidence of impact on violence and outcomes associated with violence. This informed the design of our survey, which captured the prevalence of these programmes within local authority provision and the relevance of factors identified in the literature to current decision-making. Semi-structured interviews with local authority stakeholders were then used to explore these barriers in greater depth, including how they are shaped by the current policy and funding landscape, how areas are responding, and what could support them to commission and deliver these programmes more effectively.

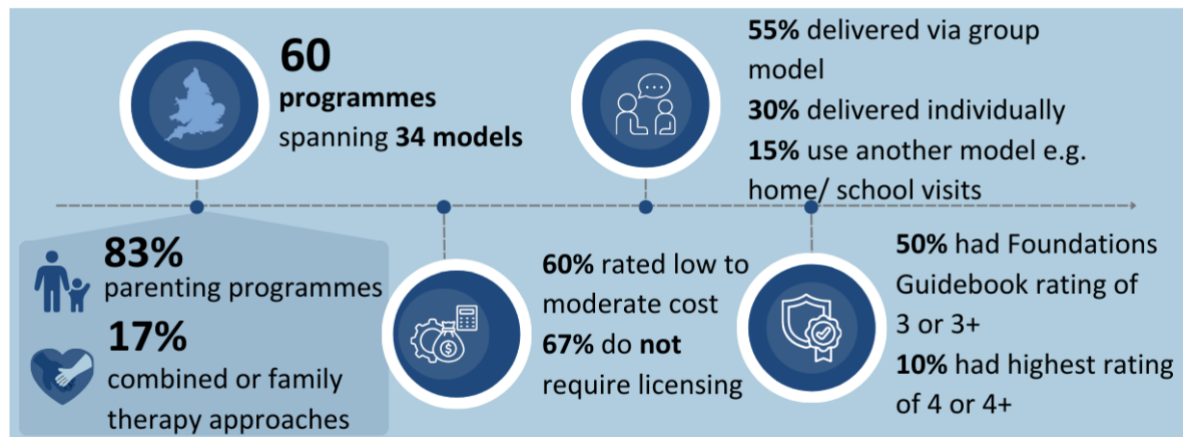


The current landscape of parenting and family therapy provision

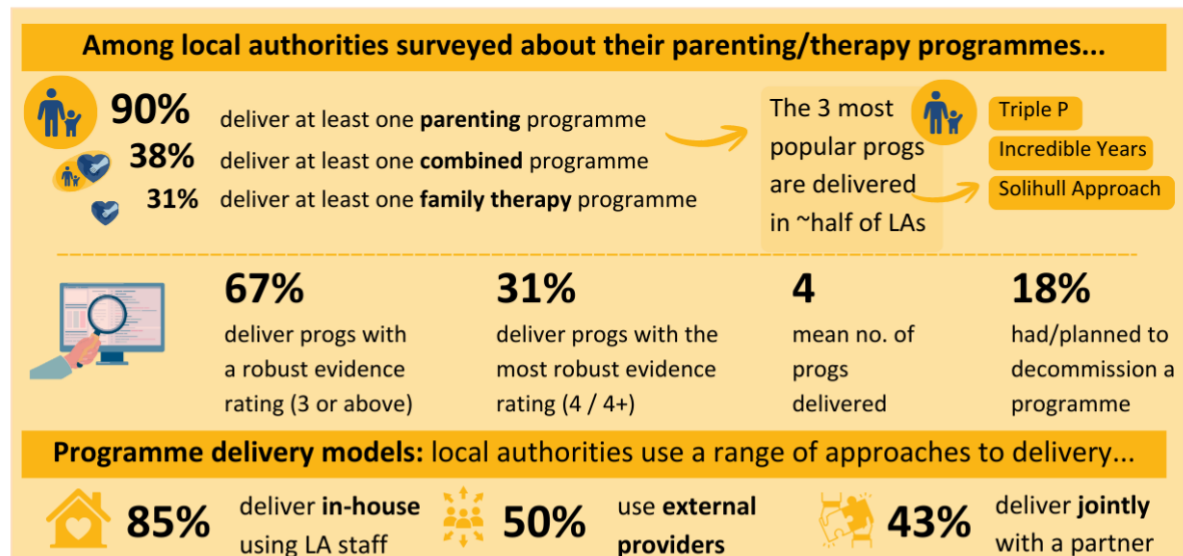


Landscape of parenting and family therapy provision in England and Wales

Profile of available programmes: of the programmes on our list...

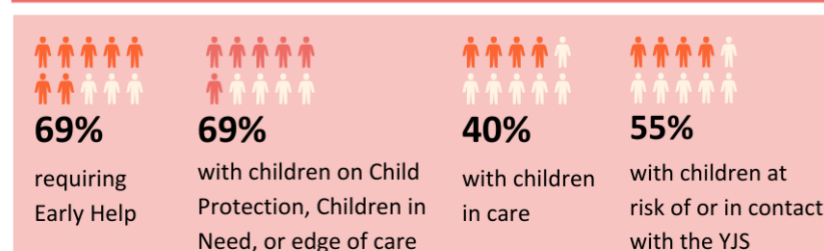


Profile of local authority provision: what programmes are being delivered



Programme targeting

Which families do LAs target?



Provision vs. need

Higher need LAs often had similar no. of progs to LAs with lower need

No clear link between need and number of programmes

Expanding evidence-based parenting and family therapy provision

The robustness of provision varies and just over 30% of surveyed local authorities are delivering programmes with the most robust evidence base, rated a 4 or a 4+. This suggests **there is scope to expand the provision of more robustly evidence-based programmes.**

Our findings also suggest **there may be appetite for this expansion amongst local authorities.** Evidence of impact was reported to be the primary factor influencing commissioning decisions and commissioners value the confidence that a strong evidence base provides, both for their decision making and to reassure families that an intervention is likely to be effective.

However, **achieving this will require support to address two key barriers that currently constrain evidence-based commissioning in practice:** perceptions that more robustly evaluated models are outdated, insufficiently flexible, or poorly aligned with emerging needs; and the higher costs and workforce pressures associated with delivering these models.

Addressing the first will require strengthening, updating and clearly communicating the evidence base for established programmes, alongside developing and evaluating new models that respond to emerging areas of need. Addressing the second will require a dedicated, long-term funding stream that reflects the true costs of delivery, supports workforce development, and encourages joint commissioning between health and children's services.

Ensuring the provision of evidence-based parenting and family therapy programmes is effective and meeting need

Parenting and family therapy programmes are widely used by local authorities to improve children's behavioural difficulties, an outcome associated with violence, but are rarely commissioned with an explicit focus on violence reduction. This may suggest an opportunity to expand the use of these programmes in violence reduction initiatives. First, **further research is needed to understand the extent to which prominent programmes consistently influence outcomes associated with violence,** which are most effective and for whom, and what role they should play within a wider, multi-agency response to violence.

The importance of a clear understanding of local need informing commissioning decisions is widely understood, and local authorities draw on a range of data sources to achieve this. However, monitoring of programme reach and outcomes is more variable. **Strengthening multi-agency data sharing, prioritising the collection of disaggregated data, and encouraging the use of consistent outcome measures** could support more effective local evidence generation and understanding of equity in programme access and outcomes.

Local areas use a range of routes to identify families who may benefit from parenting and family therapy support, often embedding programmes within broader early help offers. Despite this, engaging families with the greatest need can remain challenging. Clearer

guidance on adapting evidence-based programmes to local contexts while maintaining fidelity to their core components would support areas to boost engagement and meet need.

Local authorities are taking steps to improve the accessibility of parenting and family therapy provision, including addressing language barriers. However, the extent to which race equity is systematically considered in commissioning varies, and it can be difficult for areas to assess whether existing programmes are effective for Black, Asian and minority ethnic communities or whether appropriate adaptations are in place. Clearer national **guidance on cultural adaptation and programme suitability for different groups** would support these efforts.

Voluntary, community and social enterprise (VCSE) organisations are an important part of local delivery systems and often valued for their relationships with underserved communities. However, smaller grassroots and “by-and-for” organisations appear less frequently involved in commissioned provision and may require more accessible commissioning approaches.

Finally, effective implementation remains central to ensuring programmes achieve their intended outcomes. Ongoing **support is required for both commissioners and practitioners to ensure implementation is working and that successes and challenges are learnt from.**

Implications for policy and practice

These proposed changes to policy and practice draw on stakeholder suggestions and our assessment of what is most likely to address the challenges this review has identified.

What would support local authorities to commission more evidence-based parenting and family therapy programmes?

Expand and update the evidence base

Nationally: Invest in updating evidence for the most prevalent long-standing programmes. Provide ‘test and learn’ funding to support development and evaluation of new programmes to address gaps, including for families with more complex needs and with children with additional needs. Promote emerging evidence. Support local areas to evaluate newer or adapted programmes, through a standardised outcome and evaluation framework.

Locally: Create structured processes for measuring the impact of programmes delivered locally, including routine collection of pre- and post-outcome measures and parental feedback. Implement processes for reviewing and acting upon this evidence and sharing it with programme providers. Where locally developed programmes are used, establish panels or other processes to assess evidence to inform decisions about their roll-out.

Support the development of a culture of evidence-based delivery

Nationally: Ensure national guidance for initiatives such as Best Start Family Hubs explicitly encourages use of evidence-based parenting and family therapy programmes within broader family help, including for families with older children or more complex needs. Consider funding wider adoption of local leads whose role is to support commissioners and practitioners to use evidence in routine decision-making.

Locally: Make an explicit commitment to use of evidence-based practice as a local authority. Consider introducing dedicated roles to support evidence-based practice while continuing to model evidence-informed

What would support local authorities to commission more evidence-based parenting and family therapy programmes?

decision-making across all senior roles. Promote evidence-based practice at delivery level by explaining why it matters and establishing routes for practitioners to feed their learning back to commissioners.

Provide clear national direction on programme selection

Nationally: Provide guidance on preferred programmes, while avoiding overly restrictive prescriptions. Base programme selection on a robust assessment of the evidence base and national need and ensure requirements are aligned across departments and programmes.

Locally: Refer to national guidance in programme selection, combined with local monitoring and need data.

Ensure sufficient, sustained and flexible funding

Nationally: Introduce ringfenced funding streams for implementing evidence-based parenting and family therapy programmes, potentially within ongoing work such as Best Start Family Hubs. Aim for settlements of three to five years which reflect the real cost of delivery, with proportionate reporting requirements.

Locally: Aim to prioritise evidence-based parenting and family therapy programmes within available budgets and account for the 'hidden costs' of delivery within funding allocation.

Strengthen workforce capacity and capability

Nationally: Boost investment in the parenting workforce. Consider a national training offer or support for developing specialist roles. Outline requirements for cross-sector workforce development, joint training and supervision within national initiatives.

Locally: Consider setting up dedicated parenting teams/coordinator roles to manage the delivery of parenting programmes. Develop training offers for the parenting and family therapy workforce including around new areas of need and ensure time is protected for attendance.

Boost joint commissioning across the system

Nationally: Encourage joint commissioning of family therapy programmes by health and children's social care within relevant funding streams. Clarify roles and incentivise pooled/aligned budgeting within ICB restructuring.

Locally: Define joint commissioning of family therapies as a strategic priority to ensure joined up support for families. Boost operational collaboration through clear referral pathways, joint training and integrated planning. Prioritise NHS partners but consider opportunities for collaboration between children's social care and wider partners including youth justice, police or violence reduction partnerships.

What would support local authorities to ensure parenting and family therapy provision meets local need?

Strengthen the evidence base on parenting and family therapy programmes and violence

Nationally: Fund further evaluation of existing programmes with an explicit focus on violence. Ensure findings are differentiated by risk level, gender and family context to understand how impact varies. Clarify guidance on when and how specialist interventions for families of children involved in or at risk of involvement in violence are best used. Encourage measurement of violence and associated outcomes in evaluation of parenting and family therapy programmes more widely.

Locally: Strengthen local monitoring of outcomes associated with violence, such as behavioural difficulties, and share learning with regional and national partners. Provide access to parenting and family therapy programmes for families in contact with the YJS where there is evidence of effectiveness for this cohort.

What would support local authorities to ensure parenting and family therapy provision meets local need?

Strengthen needs assessment, monitoring and tracking

Nationally: Promote monitoring and capturing demographically disaggregated data relating to need, reach and outcomes in national guidance. Recommend indicators, outcome measures and practical tools for analysis.

Locally: Build on data sharing provisions within Families First Partnership arrangements to strengthen multi-agency understanding of family need and inform parenting and family therapy commissioning. Use needs assessments, multi-agency input, and quantitative and qualitative data from families to guide decisions. Disaggregate data by demographics and regularly review whether families most in need are accessing support and achieving outcomes, acting on the findings. Consider dedicated analytical capacity where feasible.

Support to adapt programmes to local context while maintaining fidelity

Nationally: Clarify guidance within tools including the Foundations Guidebook and YEF Toolkit about how to adapt programmes. Collaborate with programme developers to produce clear guidance on adaptations.

Locally: Work with programme developers to plan and document adaptations while ensuring core programme components remain intact. Collect and share feedback on adapted delivery.

Support to commission and deliver culturally appropriate programmes for families from Black, Asian and minority ethnic backgrounds

Nationally: Fund evaluations of a scale large enough to allow meaningful sub-group analysis to understand what works for families from Black, Asian and minority ethnic backgrounds. Promote programmes shown to be effective and culturally appropriate and highlight metrics of accessibility (such as language availability) more explicitly within guidance for commissioners. Outline strategies to effectively engage and support families from minority communities in guidance for national programme such as Best Start Family Hubs.

Locally: Embed cultural relevance as a core commissioning criterion within a formalised process. Tailor provision to the needs of specific local communities, going beyond a generic 'minorities' approach. Consider the experiences and preferences of these communities in needs assessments. Select programmes that offer adaptations or evidence of effectiveness with diverse groups and fund adaptations such as translation. Train and support practitioners to discuss cultural differences within programme delivery.

Boost effective involvement of community assets including VCSE organisations in delivery

Nationally: Promote evidence-based programmes delivered through local communities, by including them in approved programme lists. Support local areas to develop and sustain volunteer capacity.

Locally: Areas seeking to support equitable reach through VCSE-led delivery should integrate VCSE partners within delivery of national initiatives such as Best Start Family Hubs, provide support via training, small grants schemes and simplified procurement processes, and monitor provider types involved in delivery.

Support to ensure effective implementation

Nationally: Consider offering support for the implementation of preferred programmes via implementation consultants, resources, training and best-practice guidance. Ensure support retains flexibility in delivery for local areas. Establish structured communities of practice that enable areas to share learning about implementation.

Locally: Use available implementation support. Provide ongoing support for practitioners beyond initial training. Capture feedback to inform future commissioning. Contribute to peer networks and establish local learning sets.

1 Introduction

This review of evidence-based parenting and family therapy programmes across England and Wales was commissioned by the Youth Endowment Fund (YEF) and delivered by Cordis Bright. It examines current provision and prevalence of these programmes across local authorities in England and Wales and identifies factors that could increase the funding and provision of these programmes in ways that meet local needs. The focus of this review is on programmes with evidence of improving children's behavioural difficulties or other outcomes associated with violence.

1.1 The background to this review

1.1.1 What are parenting and family therapy programmes

Parenting programmes refer here to structured interventions that support parents to strengthen their relationships with their children and promote positive development. They aim to help parents to develop a caring and responsive relationship with their child; develop awareness of their child's behaviour and respond in a positive, consistent, and non-violent way. Their primary aim is to improve child outcomes including behavioural difficulties and self-regulation.¹ These programmes can be delivered in a range of formats, including group training sessions or individual home visiting programmes.

Family therapy programmes are intensive interventions with a therapeutic element that work with the whole family to improve communication, resolve conflicts, and address challenging behaviours in children and young people. These interventions focus on changing maladaptive patterns within the family system.

1.1.2 What we mean by evidence-based programmes

In this study, we define evidence-based programmes as clearly specified, manualised or model-based interventions that can be delivered with consistency and fidelity across settings, and for which there is credible evidence of impact on child outcomes.

We use the Foundations What Works Centre for Children and Families (Foundations) evidence standards² as the primary benchmark for assessing evidential strength. Programmes rated at Level 3 or above are classified as evidence-based for the purposes of this review. At this level, the available evidence allows a judgement to be made about causality - that is, whether observed improvements in child outcomes can reasonably be attributed to the programme.

¹ <https://youthendowmentfund.org.uk/toolkit/parenting-programmes/>

² See: <https://foundations.org.uk/wp-content/uploads/2025/05/guidebook-technical-guide-foundations.pdf>

The programmes referenced throughout this review vary in the robustness of their evidence base. Some hold a Level 2 rating on the Foundations scale, indicating preliminary evidence of improving child outcomes but insufficient methodological strength to establish causal impact. Where relevant, we specify the level of evidence associated with individual programmes and distinguish between preliminary and causal evidence. While we acknowledge emerging and promising practice, our analysis places greatest weight on programmes with the highest evidential standards.

1.1.3 What we know about the impact of parenting and family therapy programmes on violence

There is evidence indicating that parenting programmes, while generally not designed with an explicit focus on violence, can reduce behavioural difficulties³ which are linked to later involvement in violence, and that family therapy programmes (such as Functional Family Therapy and Multi-Systemic Therapy) can have a moderate impact on violent crime.⁴

All the programmes included in this report are recorded in the Foundations Guidebook as having at least preliminary evidence of influencing **outcomes associated with involvement in violence**. Using the Guidebook's categorisation, these outcomes include: Improved behaviour; Reduced hyperactivity; Improved self-regulation; Reduced bullying behaviour; Reduced involvement in crime; Reduced violence; Reduced antisocial behaviour; Reduced arrests; Reduced contact with the police; Reduced sexual violence; Increased positive social behaviour. In most places in this report, we examine the use of programmes with evidence of influencing any of these outcomes collectively. The use of programmes specifically to support families of children already engaged in violence or which aim to reduce or prevent violence directly are discussed under Section 5.1.

It should be noted, however, that some of the evidence relating to the impact of parenting and family therapy programmes on outcomes associated with violence remains mixed. A recent systematic review of parenting and whole-family interventions for families with multiple and complex needs and children aged 11-19 commissioned by Foundations (Jones et al., 2025) suggests that impacts on externalising behaviours, an outcome associated with violence, are not uniform across programmes or populations, and that uncertainty remains about which programmes are most effective, for whom, and under what circumstances.

³ Ibid.

⁴ <https://youthendowmentfund.org.uk/toolkit/functional-family-therapy-fft/>;
<https://youthendowmentfund.org.uk/toolkit/multi-systemic-therapy-2/>

1.1.4 What we know about the scale of delivery of parenting and family therapy programmes

Parenting and family therapy provision in England and Wales currently exists as a ‘loose portfolio’ of services (Daly and Bray, 2015). There is variation in what is offered, which parts of the system provide it, and how programmes are funded and delivered. This makes it difficult to establish a clear picture of the prevalence of evidence-based parenting and family therapy programmes.

A recent review by Nesta (2025) began to address this by examining the provision of parenting support services for families with children under five, focusing on early-years programmes that directly target socioemotional or cognitive development. However, a lack of data remains about the prevalence of parenting and family therapies beyond this area of focus.

1.1.5 What we mean by commissioning

We define commissioning as the systematic process by which local authorities and their partners assess local need, design service responses, procure or allocate funding to providers, and monitor and review delivery to achieve specified outcomes. Commissioning is therefore not limited to procurement or contracting; it encompasses the full cycle from needs assessment to service improvement.

In the context of parenting and family therapy programmes, commissioning involves decisions about whether to fund evidence-based programme models or locally developed approaches; how to determine target cohorts; whether services are delivered in-house or by external providers; how fidelity and quality are assured; and how outcomes are monitored.

1.1.6 What we already know about good practice in commissioning parenting and family therapy programmes

There is limited research on good practice in commissioning parenting and family therapy programmes specifically, or how to scale up programmes in the UK context (Nesta, 2024).

Broader commissioning guidance exists, meaning structured recommendations and frameworks that support decision-makers to align local need, intervention evidence, implementation capacity and cost-effectiveness when designing and funding services. Primary among these is the Children’s Improvement Board’s (2013) four stage commissioning cycle: Understand, Plan, Do and Review.

Guidance also exists for commissioning parenting and family support. For example, the Early Intervention Foundation (2017) provided guidance on commissioning parenting support for families who met the criteria for the Troubled Families programme, including those who had been affected by domestic abuse, for children who had not been attending school or subject to a Child Protection Plan. More recently the Early Intervention Foundation (Asmussen et al.,

2022) has identified eight factors to consider when determining if an intervention model fits within the wider service system. These include the evidence-based content, format, fidelity and quality assurance, target population, value over current provision, resource and workforce, referral system and monitoring and evaluation.

However, there appears to be a gap in recent UK guidance between information on principle (“what” to do) and practice (“how” to do it). For example, guides indicate that commissioners should use the evidence base in decision making but there is less guidance on how to interpret the evidence and put it into practice.

Guidance relating to the consideration of race equity in commissioning also appears to be limited, although there are some examples within healthcare and from non-UK populations with potentially applicable findings. Race equity considerations therefore do not appear to be systematically integrated into commissioning guidance.

We also know from past research that various barriers exist to local authorities’ commissioning evidence-based programmes, despite the clear emphasis on this in commissioning guidance. These include: **funding constraints** (Nesta, 2024; Nesta 2025; Berry et al., 2022; Dodwell and Macey, 2024) **availability and quality of data on local need** (Children’s Improvement Board, 2013; Early Intervention Foundation, 2017); **availability of robust and relevant evidence of programme efficacy** and the **time and ability to navigate the evidence base** (Nesta, 2025; Early Intervention Foundation, 2017; Dodwell and Macey, 2024); **constraints on implementation and scaling relating to workforce and delivery fidelity** (Berry et al., 2022; Nesta, 2024) and; **commissioning culture and organisational practice** (Dodwell and Macey, 2024).

1.2 The policy context to this review

The last five years has seen a period of significant reform in children’s and family services which has shaped the funding and policy environment in which parenting and family therapy programmes are commissioned and delivered.

We reviewed recent policy developments in England and Wales and identified four key strands of reforms. These can be viewed in full in Appendix A and are summarised below:

- **Large-scale care system transformation** aimed at ‘fixing the broken care market’, core to which is the Families First Partnership (FFP) programme (2023-ongoing).⁵ While not always framed around parenting programmes or family therapy, these reforms illustrate a clear push towards single Family Help offers, multi-agency commissioning,

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https://assets.publishing.service.gov.uk/media/6825b992a60aeba5ab34e006/The_families_first_partnership_programme_guide.pdf

and early intervention. In practice, the extent to which reforms encourage local authorities to embed parenting and family therapy provision will depend on whether these programmes are explicitly recognised and resourced within local reform plans.

- **The early years agenda**, specifically supporting parent-child relationships from conception to age two ('1001 critical days'). Successive UK governments have shown support for joined-up services that make early help more accessible, most recently through the Giving Every Child the Best Start in Life strategy (2025). This agenda has created opportunities for funding and delivery of evidence-based parenting programmes. At the same time, the framing of these policies around operational delivery can mean that therapeutic approaches receive less attention. A dominant emphasis on the first years of life, while important, also risks taking policy focus away from the needs of older children and adolescents.
- **Supporting families facing complex and interconnected risks through whole-family approaches.** Reforms in this space, including the Supporting Families programme 2023-2025⁶ (previously Troubled Families) advocate for whole-family, multi-agency support at an early stage. This policy area is perhaps the most explicit in its endorsement of family therapy as a model of practice.
- **Addressing the harms of parental conflict on children's mental health and long-term outcomes.** The Reducing Parental Conflict programme (2018-ongoing) has elevated parental relationships as an area of focus in family policy. It has also helped create space for evidence-based programmes that work with both parents, and for local services to trial relational models working with parents and families.

While these reforms vary in scope and emphasis, they share a common ambition to provide earlier, more coordinated support for families across agencies. Within this policy context, parenting and family therapy programmes are understood as part of a broader network of family-facing provision, rather than as isolated interventions. Although the role of parenting and family therapy programmes is often articulated only indirectly within policy reforms, they represent opportunities to embed such provision more firmly within local systems.

Notably, race equity did not feature prominently across most of the policies reviewed. The Reducing Parental Conflict programme acknowledged that some communities, including Black, Asian and minority ethnic families and young parents, may face barriers in accessing support due to mistrust of services. However, many of the policies reviewed tended instead to identify disabled parents and children with SEND as the priority groups for targeted support. Giving Every Child the Best Start in Life (2025), for example, states that each Best

⁶ <https://www.gov.uk/government/collections/supporting-families>

Start Family Hub⁷ will have a children and family services professional specifically trained in working to support parents of children with additional needs to help identify children with SEND and from low-income families who may need extra help. Overall national policy does not clearly set out what race equity looks like in the context of parenting and family therapy commissioning. Most reforms say little about how services should adapt to different family contexts, whether the funding and delivery of programmes are reaching families in areas of greatest need, or how access is monitored and assessed.

While reforms create opportunities for strengthening parenting and family therapy provision, navigating a complex patchwork of policies creates complexity for local commissioners. This complexity is compounded by policy responsibility for parenting and family therapy programmes sitting across multiple parts of the system, including children's social care, public health, education, and youth justice. Therefore, while recent reforms seek to improve the quality of family support, translating these ambitions into coherent commissioning decisions and practice remains challenging. Understanding which parenting and family therapy programmes to implement and how to do so effectively to meet local need will be critical in allowing local authorities to realise the potential of current reforms.

1.3 The contribution of this review

This review was commissioned to assess whether there is scope for greater and more effective use of evidence-based parenting and family therapy programmes within local authorities as part of efforts to prevent and reduce violence. It addresses the current lack of evidence on the utilisation of programmes with evidence of improving children's behavioural difficulties or other outcomes associated with violence in England and Wales by examining the prevalence of these programmes across local authorities, the types of programmes being commissioned, where in the system they are delivered, and the commissioning and delivery arrangements in place.

While previous research has identified high-level barriers to commissioning and scaling evidence-based interventions, this review examines how local authorities themselves perceive these factors and how they influence decision-making within the current policy and funding landscape. It also considers what would most meaningfully support local authorities to increase and strengthen their evidence-based parenting and family therapy provision. In doing so, the study tests existing assumptions and propositions for change against the realities of commissioning practice.

The review therefore goes beyond describing current provision to identify implications for policy and practice. It sets out considerations for action at both national and local levels,

⁷ See: <https://www.gov.uk/government/publications/best-start-family-hubs-and-healthy-babies-guidance-for-local-authorities>

including how governments, funders and system leaders can create the conditions for wider and more effective adoption and implementation of evidence-based programmes, and how local authorities can strengthen commissioning practice within existing resource constraints.

This report has three main parts:

- In **Chapter 3** we explore the existing landscape of parenting and family therapy provision in England and Wales.
- In **Chapter 4** we provide an up-to-date snapshot of the key barriers local authorities are facing to commissioning evidence-based parenting and family therapy programmes today. We then explore seven areas for change that would support local authorities to commission more of these programmes.
- In **Chapter 5** we examine how parenting and family therapy programmes can be deployed and delivered most effectively to ensure they meet the needs of local populations, including of Black, Asian and minority ethnic communities. We outline how local authorities are currently seeking to identify, track and respond to needs, monitor outcomes, engage families and address issues of cultural relevance in their commissioning and delivery. We also explore the ways in which local authorities can be supported to strengthen these aspects of delivery to meet need.

We identify examples of local practice throughout to illustrate how local authorities themselves are responding to challenges and seeking to improve provision on the ground. The efficacy of these approaches was not reviewed as part of this review, but should be treated as illustrative examples of practice local authorities perceive to be effective.

1.4 Research questions

Table 1. Research questions

Number	Core research question / sub questions
1	What is the current landscape of evidence-based parenting and family therapy programmes in England and Wales? ○ What evidence-based parenting and family therapy programmes with outcomes associated with involvement in violence or risk of involvement are available for local authorities in England and Wales to commission? ○ To what extent are local authorities commissioning and delivering evidence-based parenting and family therapy programmes? ▪ Are any local authorities decommissioning these programmes, and why? ▪ How does provision compare to local indicators of need? ○ What types of evidence-based parenting and family therapy programmes are currently being delivered?

Number	Core research question / sub questions
	○ To what extent are local authorities funding and delivering: ▪ Components or practices derived from evidence-based programmes without investing in the full programme? ▪ Parenting and family support offers not tied to any evidence-based programmes? ○ Where within local systems are these being delivered? ○ How are local authorities commissioning and delivering parenting and family therapy programmes? ▪ To what extent is joint commissioning being used to provide these programmes? ▪ What are the benefits and challenges of joint commissioning, and what conditions enable it to work effectively?
2	How can local authorities be supported to commission more evidence-based parenting and family therapy programmes?
	○ What factors influence a local authority's decision to commission or deliver a parenting or family therapy programme? ○ How do these factors affect commissioners' willingness to commission evidence-based programmes? ○ What do local authorities see as the advantages and disadvantages of evidence-based programmes? ○ What are the perceived advantages and disadvantages of alternative or adapted approaches? ○ What would support commissioners to commission more evidence-based programmes?
3	How can parenting and family therapy provision be designed and delivered to meet local need effectively?
	○ How are local authorities using parenting and family therapy programmes to support children involved in or at risk of involvement in violence, including through extra-familial harm? ○ How are local authorities monitoring need, reach and outcomes? ▪ How are local authorities identifying local need? ▪ What does good practice look like in data collection and data sharing? ▪ How are local authorities monitoring reach? ▪ Do locally authorities monitor the demographic profile and ethnicity of participants? ▪ How does reach vary for different demographic groups? What are some of the barriers experienced?

Number	Core research question / sub questions
	▪ How are local authorities monitoring outcomes, including for participants from different demographic groups? ○ How are local authorities ensuring they identify and reach the right people? ▪ What does good practice look like? ▪ What does good practice look like in engaging with families, including from Black, Asian and minority ethnic communities? ○ How are issues of cultural relevance and accessibility being considered in commissioning? ▪ To what extent is current provision culturally appropriate and accessible to families from Black, Asian and minority ethnic communities? ▪ What does good practice look like in ensuring parenting and family therapy support is culturally appropriate and accessible to families from Black, Asian and minority ethnic communities? ○ To what extent are VCSE, grassroots, and by-and-for organisations being commissioned to deliver these programmes? ▪ How does the use of VCSE and grassroots organisations support local authorities to meet local need? ▪ Are Black-led organisations being funded and supported to deliver these programmes? ▪ What supports effective involvement of these organisations? ○ What could support local authorities to ensure provision is meeting local need, including the needs of Black, Asian and minority ethnic communities?

2 Methodology

2.1 Methodology overview

This study used a mixed methods design to build a detailed picture of how evidence-based parenting and family therapy programmes are commissioned and delivered across England and Wales.

The research received approval from the Association of Directors of Children's Services (ADCS) Research Group and was endorsed by both the ADCS and All Wales Heads of Children's Services (AWHOCS) to support engagement with local authority stakeholders.

Table 2. Methods overview

Data collection methods	Participants / data sources	Data analysis method	Research questions ⁸
Rapid evidence assessment (REA)			
REA to identify relevant programmes for inclusion in survey	Foundations Guidebook and targeted review of other sources	Framework-based data extraction	1
REA with targeted searches and review of grey and academic literature	13 papers included in final write-up (UK-focused, practice and academic literature on commissioning practice and race equity)	Structured evidence synthesis	2,3
Survey of local authorities			
Responses to closed questions	93 respondents across 58 local authorities in England (n = 52) and Wales (n = 6) This represents 34% of local authorities in England and 27% of those in Wales and includes responses from all English regions. When calculated as share of population, this represents coverage of 38% of the population in England, and 27% of that in Wales.	Descriptive statistics	1,2,3
Mapping provision of support against indicators of need	Local authority survey data (programme provision) linked to administrative datasets on need	Descriptive mapping and categorisation of provision against need bands	1
Free-text responses	Free-text responses from strategic and service-level survey respondents	Thematic analysis, triangulated with interview findings	1,2,3
Interviews with local authorities			
Semi-structured interviews (across deep dive sites and individual follow-up interviews)	37 stakeholders: strategic leads, commissioners, service managers, and practitioners across Early Help, Family Hubs, Children's Services, Youth Justice, health and specialist provision	Thematic analysis using an analytical matrix mapped onto research questions	1,2,3

⁸ Aligning to research questions in Table 3.

2.2 Rapid evidence assessment

We carried out a rapid evidence assessment (REA) to frame this review and inform our approach to later stages of fieldwork, identifying topics to be covered in more depth in our survey and interviews. The REA had two core objectives:

- To identify a list of parenting and family therapy programmes for inclusion in our survey of local authorities.
- To collate existing research on a) enablers and barriers to the commissioning of evidence-based parenting and family therapy programmes and b) how race equity considerations feature in commissioning decisions.

2.2.1 Objective 1: Identifying and categorising programmes for inclusion in the local authority survey

Our approach to identifying programmes for inclusion in the review comprised three key steps: identifying a list of programmes that met a defined set of criteria; categorisation of those programmes to support the identification of patterns in provision; and assessing the extent to which race equity is considered in the design and evaluation of the programmes. These steps are outlined below.

Identifying programmes

Our list of identified programmes for inclusion in this review included **60 individual programmes across 34 overarching programmes models** which met the following criteria:

- **Programme structure:** a clearly defined, manualised or model-based intervention that can be delivered consistently across settings (i.e. not an informal offer, bespoke casework, or generic early help).
- **Target population:** involves direct work with parents, carers, or families of children aged 0-18 (the children themselves may also be involved).
- **Programme focus:** includes a focus on parenting support and/or family relationships.
- **Intended child outcomes:** includes a focus on outcomes associated with involvement in violence or risk of involvement⁹.

⁹ Based on the categorisation used within the Foundations guidebook, these included: Improved behaviour; Reduced hyperactivity; Improved self-regulation; Reduced bullying behaviour; Reduced involvement in crime; Reduced violence; Reduced antisocial behaviour; Reduced arrests; Reduced contact with the police; Reduced sexual violence; Increased positive social behaviour.

- **UK relevance:** currently available for delivery in the UK and evaluated in countries with similar child and family welfare systems such as the US or Australia.
- **Available evidence:** a minimum of a pre-post study identified (Level 2 or above in the Foundations Guidebook evidence ratings, see below).

We reviewed the Foundations Guidebook¹⁰ as our primary source; **55 individual programmes that met our criteria were identified across 29 overarching programme models** (four programme models¹¹ had multiple variants available). The Guidebook was used as the primary source as it provides the most comprehensive and up-to-date synthesis of evidence on parenting and family interventions relevant to the UK context, underpinned by a transparent and consistent appraisal framework that assesses the strength and applicability of the available evidence. The Guidebook evidence ratings indicate confidence in an intervention's effectiveness, showing how strong the evidence is for a causal link to improved child outcomes, with higher numbers (Levels 3-4+) signifying more rigorous studies (short-term impact, long-term impact, multiple independent studies) and Level 2 representing preliminary evidence.

We then conducted a targeted review of other resources including the YEF Toolkit¹², Nesta's (2025) report profiling the market for early years parenting support and their earlier report (2023) mapping early years practice, alongside a structured search to identify any other relevant programmes for inclusion. We assessed the relevance of the additional programmes identified by reviewing either established evidence summaries (such as the YEF Toolkit) or the most recent and relevant published evaluation studies. This assessment focused on confirming that programmes met our inclusion criteria in relation to programme focus, intended outcomes, and the minimum threshold for preliminary evidence (at least a pre-post study). **A further five programmes were identified for inclusion at this stage.**

Establishing the robustness of the studies underpinning these additional programmes was beyond the scope of this review, so we are not necessarily advocating for the use of these programmes or for their inclusion in the Guidebook. They are included in our list to allow us to understand their prevalence in local authority provision

Appendix B contains a full list of the programmes including a brief description and key categorisation information, and rationale for inclusion of those programmes not listed in the Guidebook. This list was agreed with YEF.

¹⁰ The Foundations Guidebook is a free online resource that lists information on existing research on over 130 interventions with at least preliminary evidence of improving children and families' outcomes. All entries list evidence and cost ratings, studies that underpin the evidence rating, and implementation information. See: <https://foundations.org.uk/toolkit/guidebook/>

¹¹ These were: Incredible Years; Multisystemic Therapy; Parents Plus; and Triple P.

¹² <https://youthendowmentfund.org.uk/toolkit/>

Categorising identified programmes

Each programme on our list was categorised using a structured framework based on the categories used in the Foundations Guidebook and incorporating relevant elements of the structure used by Nesta (2025), as well as the YEF Toolkit, for ease of comparison. The characteristics of the programmes identified are outlined in Section 3.1.

Assessing consideration of race equity in identified programmes

We applied a structured framework to explore whether, and how, race equity is considered within the design and evaluation of the programmes included in our review. As a full assessment of the evidence base for each programme was beyond the scope of this study, we undertook a targeted review drawing on the most robust available evaluation for each programme and/or information published on programme websites. **The findings from this exercise should therefore be treated as illustrative rather than comprehensive.** These insights were triangulated with findings from the survey and interviews to explore how race equity considerations influence local commissioning and delivery practice.

Table 3. Framework used in REA for assessing race equity considerations

Dimension of assessment	Categories
Evaluation and evidence	
Tested with Black, Asian or minority ethnic participants	Yes / No / Not known
Subgroup analyses reported by ethnicity	Yes / No / Not known
Programme design and delivery	
Explicitly designed to support families from Black, Asian and minority ethnic communities	Yes / No / Not known
Provision for delivery in different languages (e.g. translated resources, use of interpreters, etc.)	Yes / No / Not known
Explicit adaptations to materials or delivery formats to reflect specific cultural or community norms (e.g. culturally tailored content, versions developed for particular ethnic or faith groups)	Yes / No / Not known

2.2.2 Objective 2: Collating existing evidence on enablers and barriers to commissioning and race equity

To ensure our review built upon the existing evidence base, we conducted a rapid review to identify relevant literature on (a) on enablers and barriers to commissioning and (b) race equity and commissioning using a list of pre-agreed search terms.

We prioritised practice-focused grey literature including reports and reviews from organisations with a known focus on family support, and commissioning. Key papers drawn upon in our analysis include Nesta (2024), which included 18 interviews with professionals from commissioning teams and an evidence review on scaling parenting interventions, and

Foundations (Dodwell and Macey, 2024) guide for commissioning (which focused on services for children and families more broadly but included some parenting programmes).

We included academic literature only where highly relevant, including: (a) studies based on qualitative evidence; (b) systematic reviews; and (c) programme evaluations.

Further sources were then identified and included as relevant based on citation chasing and expert input. **A total of 31 resources were included in the review.**

The factors influencing commissioning decisions identified via the REA were integrated into our local authority survey and interview topic guides (see Section 2.3.3 and 2.4.3) to test the relevance of these factors to local authorities today. Survey and interview findings were triangulated with those from the REA and are integrated throughout the findings.

2.3 Local authority survey

We conducted a survey of local authorities in England and Wales to examine prevalence and practice in relation to parenting and family therapy programmes.

The survey asked respondents to identify which parenting and family therapy programmes their authority delivers or commissions, drawing on the final list of 60 individual programmes across 34 overarching programme models identified through the REA. The full list of programmes is provided in Appendix B.

2.3.1 Recruitment

The online survey was distributed to 153 local authorities in England and 22 local authorities in Wales, to Directors of Children's Services and Assistant Directors in the first instance. We asked them to complete the survey themselves and circulate it to relevant service managers across: early intervention and family support; children's social care, edge of care, and family intervention services; youth offending; public health; educational psychology and SEND (Special Educational Needs and Disabilities)/ ALN (Additional Learning Needs) services.

2.3.2 Participants

In total, we received 93 responses to the survey, covering 58 local authorities in England (n=52) and Wales (n=6). The number of respondents from a single local authority ranged from 1 to 13.

Breakdown by responding local authorities

We received responses from 34% of local authorities in England and 27% of those in Wales. When calculated as share of population, our sample of local authorities represents coverage of 38% of the population in England, and 27% of that in Wales.

Representation was achieved across all English regions and urbanicity categories.

Table 4. Regional breakdown of responding local authorities (n=58)

Region	No. of responding LAs	% of respondents
London	15	25.9%
South East	7	12.1%
Wales	6	10.3%
Yorkshire and the Humber	6	10.3%
East Midlands	5	8.6%
North West	5	8.6%
South West	4	6.9%
East of England	3	5.2%
West Midlands	2	3.4%
North East	2	3.4%
Total	58	100.0%

Table 5. Breakdown of responding local authorities by level of urbanicity (n=58)

Urbanicity	No. of responding LAs	% of respondents
Predominantly urban	40	69.0%
Urban with significant rural	13	22.4%
Predominantly rural	5	8.6%
Total	58	100.0%

To understand how our responding local authorities compare to the national picture, we ranked all local authorities in England and Wales by their rate of Children in Low Income Families (CILIF) and divided them into four equal groups (quartiles). The spread of local authorities in our sample across each quartile is shown in Table 6 below.

Table 6: Breakdown of responding local authorities by national deprivation quartiles (based on CILIF rates) (n=58)¹³

Deprivation quartile	No. of responding LAs	% of respondents
Quartile 1 (lowest 25% of CILIF rates)	15	25.9%
Quartile 2	18	31.0%
Quartile 3	10	17.2%

¹³ This data was extracted from the Department for Work and Pensions (DWP) children in low income families (CILIF) dataset for the financial year ending March 2024. As this data is only reported at district local authority level, rates had to be calculated for counties by: a) combining district LA CILIF nos. to generate a county CILIF pop, b) calculating district LA total child population using the reported CILIF no. and %, c) dividing the country CILIF population by total county child population. See: <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024>

Deprivation quartile	No. of responding LAs	% of respondents
Quartile 4 (highest 25% of CILIF rates)	14	24.1%
NA ¹⁴	1	1.7%
Total	58	100.0%

Breakdown by individual respondents

The tables below summarise the role and knowledge base of the 93 individual respondents to our survey. The sample includes respondents working at both strategic and operational levels within local authority systems.

Table 7. Regional breakdown of respondents (n=93)

Region	No. of respondents	% of respondents
London	29	31.2%
South East	12	12.9%
Wales	11	11.8%
East Midlands	9	9.7%
Yorkshire and the Humber	9	9.7%
East of England	8	8.6%
North West	5	5.4%
South West	5	5.4%
West Midlands	3	3.2%
North East	2	2.2%
Total	93	100.0%

Table 8. Knowledge of local evidence-based parenting and family therapy programmes (n=93)

Knowledge level	No. of respondents	% of respondents
I have an overarching understanding: I am familiar with the range of parenting and family therapy programmes commissioned or delivered locally and can provide a broad overview of what is in place.	58	62.4%
I have a detailed service-level understanding: I can provide detailed information about specific parenting and family therapy programmes delivered in my service and how they operate, including who delivers them and which groups they are designed to support.	35	37.6%

¹⁴ Responses were received from one Children's Trust covering multiple local authorities, meaning that CILIF data was not available.

Total	93	100.0%
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Table 9. Distribution of roles in the sample (n=93)

Role in local authority	No. of respondents	% of respondents
Principal Officer	28	30.1%
Team Manager / Practice Lead	20	21.5%
Other	16	17.2%
Director / Head of Children's Services	6	6.5%
Service Manager	6	6.5%
Deputy or Assistant Director	5	5.4%
No response given	12	12.9%
Total	93	100.0%

Most respondents were based in Children's Services, consistent with the focus of this study. Perspectives from Youth Justice, commissioning, and education roles also add breadth to our data, and highlight the cross-departmental nature of parenting and family support.

Table 10. Distribution of role in local authority, by directorate (n=93)¹⁵

Role in local authority, by Directorate	No. of respondents	% of respondents
Children's Services	83	77.6%
Youth Justice (YJ)	10	9.3%
Commissioning	7	6.5%
Education & Learning	2	1.9%
Corporate	1	0.9%
No response given	4	3.7%

2.3.3 Data collection

The survey was designed to capture both strategic, local authority-wide perspectives and more detailed service-level views.

Participants were asked to indicate whether they had an **overarching-level view** of the provision of parenting and family therapy programmes across their local authority area, or whether they had a **service-level view** and could provide a detailed picture of the provision of evidence-based parenting and family therapy programmes in their service (see **Table 8** above). A different set of questions were asked to each cohort.

¹⁵ This question allowed respondents to select multiple options. Therefore, the total number of responses to this question is higher than the total number of respondents to our survey.

Table 11. Survey question sections and themes

Section in the survey	Main themes/areas covered	Types of questions
Background	• Explanation of the scope and objectives of this research • Definitions of key terms • Confidentiality • Contact information in case of further questions	
Introduction	• Local authority name • Respondent's official role title • Position and directorate • Self-reported knowledge of local evidence-based parenting and family therapy programmes	Dropdown lists; Multiple choice (role, position, directorate); Free text
Overview of local provision	• Programme variants • Where programmes operate in the system (tiers 1-4) • Target groups • Delivery arrangements (in-house, external providers, VCS, Black-led, women-led, SME) • Consideration of cultural relevance, race equity and accessibility • Commissioning arrangements • Decommissioning activity • Factors influencing commissioning decisions (importance rating) • What would support commissioning or delivery of these programmes (helpfulness rating) • Monitoring of reach • Monitoring of delivery organisations • Examples of good practice	Multiple choice (programme lists, variants, tier categories, target groups, delivery categories, commissioning arrangements); Likert scales (importance of factors); Free text
Service-level understanding of local provision	• Service name • Programmes delivered or commissioned by the service • Programme variants • For up to three specific programmes: ○ Tier of operation ○ Target groups ○ Whether reach is monitored and what data are collected ○ Number of families/parents reached ○ Delivery arrangements • Whether other evidence-based programmes operate • Delivery of programme components over full models • Whether any other evidence-based programmes operate (with details if available) • Whether non-programme parenting/family support is delivered	Multiple choice (programme lists, variants, tier categories, target groups, monitoring and delivery categories); Numeric entry; Free text
Conclusion and next steps	• Interest in being contacted for a follow-up interview • Contact details if opted in for future participation	Yes/No; Multiple choice; Free text

2.3.4 Survey analysis

Quantitative data analysis

We analysed responses in RStudio, generating descriptive statistics and exploring patterns across respondents and local authorities. In some analyses, we combined responses to generate local authority-level findings where this could be done reliably; in others, we reported results at the respondent-level. This distinction is made explicit in our reporting.

When we report provision at the *local authority level*, we mean that at least one respondent from that authority selected the relevant option. In practice, this means an authority is counted as delivering or commissioning something if *any* respondent from that area indicated it within the relevant survey questions.

Because the survey included two sections containing tailored and slightly different questions (one for respondents with an overarching-level understanding of parenting and family therapy provision in their local authority and another for those with insight into a specific service), some questions could only be analysed within each group separately. Where this applies, we have specified and added footnotes to explain how to interpret the results.

For a few questions where responses could not be reliably combined at the *local authority level*, typically on account of contradicting/diverging information provided by respondents within the same area or because questions were opinion based (e.g., rating factors that influenced commissioning decisions), we have reported the number of *respondents* instead.

We generated all tables, figures, and data visualisations using RStudio and Datawrapper.¹⁶

Free-text responses

We analysed data from free-text responses thematically and reported them in aggregate, triangulating themes with interview data.

Mapping provision of support against need

We mapped information on programme provision reported through the local authority survey against three indicators of need:

¹⁶ Datawrapper is an interactive and responsive data visualisation online tool. <https://www.datawrapper.de/>

- The number of children cautioned or sentenced per 10,000 children aged 10-17.^{17,18}
- The number of children in need¹⁹ aged under 18 per 10,000 children for England²⁰, and the number of children receiving care and support per 10,000 children for Wales^{21,22}.
- The third indicator shows the estimated number of children living in low-income families per 10,000 children.^{23,24}

A visual summary of this analysis was produced using Datawrapper (see Appendix E).

To support comparison against the sample of responding local authorities, we categorised each indicator into low, medium and high bands based on the distribution within our dataset. We did not apply national thresholds or assume any underlying distribution.

We also created a combined indicator, by applying a combined score to local authorities depending on whether they were in the low, medium, or high category for each individual indicator.

We then grouped local authorities according to the number of programmes on our list that they reported commissioning or delivering, into low (0-3 programmes), medium (3-6 programmes) and high (more than 6 programmes).

¹⁷ This data was extracted from the Youth Justice Board (YJB) dashboard for the financial year ending March 2024. As this data is reported at Youth Justice Service (YJS) level, for those services with multiple LAs, the rate per 10,000 children aged 10-17 for each LA was estimated by calculating the total 10-17 population for each LA as a proportion of the total YJS area and applying this proportion to the rate cautioned or sentenced. See: <https://public.tableau.com/app/profile/chris.stevens/viz/ChildrenCautionedOrSentencedDashboard/Dashboard12> and: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

¹⁸ Low: ≤ approximately 15.8, Medium: >15.8 to approximately 27.5, High: >27.5.

¹⁹ Children in need are legally defined under the Children Act 1989 as a child whose health or development is likely to be significantly impaired without local authority help, or who is disabled, requiring support for a reasonable standard of health/development.

²⁰ This data was extracted from the Department for Education (DfE) statistics for the financial year ending March 2024: <https://explore-education-statistics.service.gov.uk/data-tables/children-in-need/2024?subjectId=1e7ccb5e-bc23-46e7-1651-08dcedce97ff>.

²¹ The number of children receiving care and support, but not looked after, and not on the child protection register for the financial year ending March 2023 was extracted from Welsh government dataset. A rate per 10,000 was then calculated by calculating the total local authority child population. See: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/children-receiving-care-and-support/childrenreceivingcareandsupport-by-localauthority-lookedafterstatus> and: <https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Authority/populationestimates-by-localauthority-region-year>

²² Low: ≤ approximately 314, Medium: >314 to approximately 380, High: >380.

²³ This data was extracted from the Department for Work and Pensions (DWP) children in low-income families (CILIF) dataset for the financial year ending March 2024. As this data is only reported at district local authority level, rates had to be calculated for counties by: a) combining district LA CILIF nos. to generate a county CILIF pop, b) calculating district LA total child population using the reported CILIF no. and %, c) dividing the country CILIF population by total county child population. See: <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024>

²⁴ Low: ≤ approximately 1500, Medium: >1500–2500, High: >2500.

This provides a simple distribution-based view of relative provision reported across responding local authorities based on the number of programmes. Any further analysis was restricted by the limitations noted below.

2.3.5 Interpreting findings

The following limitations should be considered when interpreting findings on provision:

- The analysis reflects provision reported by the 58 responding local authorities and does not constitute a national picture.
- The number and type of respondents varied by area. Some local authorities provided responses from several different roles while some provided only one or two responses. In several cases responses were received solely from either commissioning or service-level staff rather than providing a range of viewpoints from different levels in the system.
- Local authorities that responded may be more likely to be those already delivering parenting and family therapy support and that place greater strategic importance on this provision.
- We could only capture data on the number of programmes provided, and not their reach or scale of delivery. A question on the number of participants reached by each programme was asked to service-level respondents but was only answered by a small number of them.

Taken together, these factors mean the findings present a partial view of provision and may not accurately represent the full range of activity within some local authorities. Nevertheless, they are indicative of the scale, type, and range of provision among responding areas.

Confidence in the relevance and generalisability of the findings is strengthened by:

- A strong regional spread of responses, with all regions of England and Wales represented.
- An even distribution of responding local authorities across national deprivation quartiles (based on CILIF rates).
- Representation from predominantly rural (PR), predominantly urban (PU), and urban with significant rural (USR) local authorities, although PU and USR authorities are more strongly represented.
- A mix of respondents working at both strategic and operational levels. This includes substantial representation from senior stakeholders with oversight of local authority

priorities and provision, such as Directors/Heads and Assistant Directors/Heads of Children's Services (n=11; 11.9%) and Principal Officers (n=28; 30.1%).

2.4 Interviews with local authority stakeholders

We conducted semi-structured interviews with 37 local authority stakeholders to build on REA and survey findings by examining how barriers identified in the literature play out in local authority decision-making today, how areas are seeking to respond in practice, and what could support them to do more of this, and to do it better, from their perspective.

2.4.1 Deep dive site selection and recruitment

When identifying local authorities in England and Wales for participation in the review, we used a two-pronged strategy, with a mixture of purposive and convenience sampling. Our aim was to recruit stakeholders who could offer a broad and instructive mix of contextual perspectives. We prioritised sites that:

- Varied by region, urbanicity and local population characteristics.
- Were identified in our review of recent national policies as implementing or preparing to implement national reforms or initiatives, such as Families First for Children Pathfinder sites, and where commissioning and delivery practices around parenting support or family therapy were beginning to shift.
- Were testing new programme models, adapting delivery structures, or exploring different commissioning arrangements (e.g., joint commissioning with health).
- Offered potential learning on race equity and cultural relevance when commissioning and delivering programmes.

Using these parameters, we developed a longlist of potential 'deep dive' sites. Our final deep dive sample consisted of five sites – four in England and one in Wales – where we conducted between three to six interviews with local authority stakeholders.

We subsequently invited an additional pool of stakeholders from other areas where two people volunteered to participate in an interview ('mini' deep dive sites). We also carried out interviews with individual survey respondents who expressed interest.

2.4.2 Participant profiles

We conducted 37 interviews, exceeding our initial target of 30. Participants included strategic leads, commissioners, service managers, and practitioners working across Family Hubs, Early Help, Children's Services, Supporting Families teams, Youth Justice Services, and specialist therapeutic and trauma-informed provision.

Table 12. Breakdown of interview participants

Deep dive area	Number of interviews	Summary of roles	Summary of services
Deep dive sites			
Site 1	4	Practice Leads Commissioner Leads	Family Hub Best Start in Life
Site 2	5	Service managers Practitioners	Whole-family services Early years Targeted family support
Site 3	6	Director Head of Service Commissioning officer Service Lead	Children's Services Supporting Families Trauma Hub
Site 4	3	Head of Service Service Lead	Early Years and Neighbourhoods Health Empowering Parents Empowering Communities (EPEC)
Site 5	4	Head of Service Service manager Parenting co-ordinator	Early Help Youth Justice Service Early Years
Mini deep dive sites			
Site 6	2	Head of Service Manager	Early Help
Site 7	2	Head of Service Strategic Lead	Early Years, Family Wellbeing Early Help
Site 8	2	Service Manager	Early Intervention
Site 9	2	Service manager Practice development co-ordinator	Early Help
Additional individual interviews			
Sites 10-16	7	Head of Service Service Managers Commissioning Managers Team Leads Senior Practitioners	Family Hubs Early Help Assessment and Intervention
Total	37		

We felt confident that interviews with these participants provided good coverage across our key recruitment dimensions:

- **Wales:** Two of our deep dive sites were Welsh local authorities and one additional interview was conducted with a stakeholder from Wales. We also achieved coverage across North, Mid, and South East Wales, giving us a balanced view across the country.

- **English regions:** Interviews included stakeholders from every English region except the West Midlands and the North East, ensuring strong geographical breadth overall.
- **Roles:** We spoke with a mix of stakeholders involved in commissioning and those involved in delivery. This helped us capture perspectives on commissioning priorities and decision-making, as well as how programmes operate in practice.
- **Services engaged:** While the services engaged (and to which we were directed by Directors who were our first point of contact) were mostly those within Early Help and Family Hubs, this is likely representative of where much of the parenting and family support is being delivered within local authorities. When reporting findings, we triangulated interview data with survey data on where programmes are delivered to test the extent to which this pattern holds nationally.
- **Local authority characteristics:** Three of our deep dive sites were predominantly rural and areas with relatively low ethnic diversity, while two ‘mini’ deep dive sites are urban authorities. We also interviewed individuals from other more diverse boroughs to broaden the range of contexts represented.

2.4.3 Data collection

We produced two topic guides: one for strategic and commissioning leads, and another for service-level and delivery staff. We explored four main themes:

- **Commissioning and delivery choices:** Which evidence-based or non-evidence-based parenting and family therapy programmes are in use, why they were selected, perceived benefits and limitations. We also tested the applicability of barriers to commissioning and delivery identified via our REA, what would help overcome these, and asked about joint commissioning and delivery arrangements.
- **Needs assessment and targeting:** How local need is defined and assessed, how this informs commissioning decisions, and whether authorities understand if provision is reaching and meeting the needs of the groups it is intended to serve.
- **Race equity and cultural relevance:** How commissioning and delivery practices respond to equity considerations, including programme choice, targeted delivery, adaptations, delivery by Black-led organisations, and approaches to monitoring access and outcomes.
- **Future outlook:** How ongoing reforms may shape local commissioning, whether authorities anticipate expanding or decommissioning provision, and how they expect the local landscape for parenting and family therapy to evolve.

3 The landscape of evidence-based parenting and family therapy programmes in England and Wales

This section sets out the landscape of evidence-based parenting and family therapy provision across the local authorities participating in the research. It outlines the programmes included in the review and examines how widely these programmes are used, the types of support on offer, where programmes sit within local systems, and how provision varies across areas, as well as commissioning and delivery arrangements.

3.1 What evidence-based parenting and family therapy programmes are available?

Key messages: 60 parenting and family therapy programmes with at least preliminary evidence of improving children's behavioural difficulties or other outcomes associated with violence, across 34 overarching programme models, were identified for inclusion in this review. Parenting programmes account for over 80% of these.

Half of the programmes achieve a Foundations Guidebook rating of 3 or 3+, indicating robust evidence of positive outcomes. Only 10% are rated at the highest rating of 4 or 4+.

The characteristics of the 60 parenting and family therapy programmes included in the review are summarised in Table 13, a full list can be found in Appendix B.

Parenting programmes account for over 80%, with combined approaches and family therapy programmes being much less common, together representing just under a fifth of the total.

In terms of evidence quality, **half of the programmes achieve a Foundations Guidebook rating of Level 3 or 3+, a further third are rated Level 2 or 2+, and only 10% are rated at the highest rating of 4 or 4+**²⁵. Of the five programmes that do not appear in the Guidebook, three have been evaluated with an RCT and two have not, however both the latter have RCTs underway. Assessing the robustness of these RCTs was beyond the scope of these reviews.

Group-based delivery is the most common programme model, used by over half of programmes, while individual delivery accounts for around a third. Home visiting, home-based, school-based and promotion-plus models are comparatively rare in the programmes on our list. This pattern indicates a strong emphasis on structured, group-based provision.

²⁵ For a full explanation of the ratings, see:

<https://foundations.org.uk/wp-content/uploads/2025/05/guidebook-technical-guide-foundations.pdf>

Around two-thirds of programmes do not require a licence and just over a quarter do²⁶. Licensing requirements may have implications for commissioning decisions and local capacity, particularly in resource-constrained settings. However, as well as representing a fee to pay and compliance requirements, licensing provides access to commissioning support from the programme developer which may encourage some to opt for a licensed programme.

Most programmes draw on a professional workforce, most commonly mental health and social care practitioners. Fewer programmes involve education, early years or healthcare staff, and only a small minority use peer facilitators. This points to a workforce model that is largely professionalised, which may affect both costs and accessibility.

There is a potential gap between the evidence base and its direct applicability to UK contexts as 60% of programmes have not been tested in the UK.

Cost ratings are spread across the scale, with most programmes clustered at ratings 1 and 2 in the Foundations Guidebook, suggesting that many interventions are relatively low to moderate cost. A smaller number of programmes fall into higher cost categories. This variation highlights the importance of considering cost alongside evidence strength and delivery model when assessing suitability for implementation.

We also looked at the **age ranges** targeted by each programme. However, the targeted age ranges varied widely, spanning antenatal and early years provision through to adolescence and young adulthood, with many covering broad age ranges, so could not be categorised.

Table 13. Characteristics of the 60 parenting and family therapy programmes included in this review²⁷

Characteristic	No. of programmes	% of programmes
Programme type		
Parenting²⁸	50	83.3%
Family therapy²⁹	5	8.3%
Combined³⁰	5	8.3%
Foundations Guidebook rating³¹		
4/4+	6	10.0%

²⁶ The remainder are those which were not on the Guidebook and where licensing requirements could not be established.

²⁷ Categories with an asterisk included multiple characteristics that could be included within a single programme; therefore the numbers of programmes do not add up to 60 in these cases.

²⁸ Parenting programmes are defined as structured interventions that aim to improve the skills, confidence, and knowledge of parents and carers, with the goal of promoting positive parenting and reducing behavioural difficulties in children.

²⁹ Family therapy is a form of psychotherapy that involves working with multiple family members to address emotional, behavioural, or relational difficulties. It is delivered by a qualified therapist and focuses on systemic dynamics within the family, such as communication, conflict, and roles, with the goal of improving family functioning and wellbeing.

³⁰ Combined programmes include elements of both parenting programmes and whole family therapeutic support.

³¹ For explanation of ratings, see: <https://foundations.org.uk/wp-content/uploads/2025/05/guidebook-technical-guide-foundations.pdf>

Characteristic	No. of programmes	% of programmes
3/3+	30	50.0%
2/2+	19	31.7%
Not in guidebook; RCT evidence³²	3	5.0%
Not in guidebook; No RCT evidence	2	3.3%
Programme delivery model^{*33}		
Group	33	55.0%
Individual	18	30.0%
Home visiting	5	8.3%
Promotion-plus	2	3.3%
Home-based	1	1.7%
School-based	1	1.7%
Licensing requirement		
No	40	66.7%
Yes	16	26.7%
NA³⁴	4	6.7%
Workforce requirements[*]		
Mental health	41	34.5%
Social care	37	31.1%
Education or early years	16	13.4%
Health (non-mental health)	14	11.8%
Peer facilitator	6	5.0%
Programme provider	5	4.2%
UK Tested evidence		
No	36	60.0%
Yes	24	40.0%
Level of need		
Targeted Indicated	38	63.3%
Targeted Selected	13	21.7%
Universal	9	15.0%
Foundations cost rating³⁵		
1	16	26.7%
2	20	33.3%
3	6	10.0%

³² This categorisation was based on a review of the most robust available study for the programmes not included in the Guidebook. This categorisation matches that used by Nesta (2025) for comparability.

³³ Delivery model categories from the Foundations Guidebook: Individual – one-to-one support; Group – structured sessions with multiple participants; Home visiting – support delivered in the family home; Promotion-plus – brief, universal group sessions; School-based – delivered within school settings; Online or app – delivered digitally, either self-guided or with remote support.

³⁴ Programmes not in the Guidebook and where licensing requirements could not be established

³⁵ Foundations' cost rating uses information about set-up, training materials, practitioner time, group size, and licensing fees, mapped onto a five-point scale to estimate total cost. For more information on how these ratings are calculated, see <https://foundations.org.uk/wp-content/uploads/2025/05/guidebook-technical-guide-foundations.pdf>.

Characteristic	No. of programmes	% of programmes
4	2	3.3%
5	4	6.7%
NA	12	20.0%

3.2 To what extent are local authorities commissioning and delivering evidence-based parenting and family therapy programmes?

Key messages: Parenting and family therapy provision with at least preliminary evidence of influencing outcomes associated with violence is widespread, with nearly 90% of the local authorities surveyed commissioning or delivering at least one programme.

Programmes with a more robust evidence rating (level 3 or higher in the Foundations Guidebook) are delivered by 67.2% of surveyed local authorities. Just over 30% of surveyed local authorities are delivering programmes with the most robust evidence base, rated a 4 or a 4+. Over half (53.4%) are delivering programmes with only preliminary evidence of impact.

Delivery of multiple programmes is typical: on average, local authorities reported commissioning four of the programmes on our list.

A substantial minority of respondents (17.5%) reported either having decommissioned or planning to decommission parenting and family therapy programmes.

3.2.1 Overview of programme provision

Local authorities in England and Wales are incorporating a broad spread of parenting and family therapy programmes into their service offers. These are often being delivered alongside locally developed models catered to specific needs.

[Our interactive provision map](#)³⁶ shows which of the parenting and family therapy programmes on our list are reported to be delivered in each of the 58 local authorities that responded to our survey (see also Appendix C).

Nearly 90% (n=52) of these local authorities reported commissioning or delivering at least one of the programmes on our list. Only six (10.3%) local authorities did not report delivering any of the programmes in our list.

These figures may underestimate the overall picture of provision nationally. This is because only a subset of local authorities took part in the survey, and among these, the number and profile of respondents varied by area (see Methodology Section 2.3.3). Our findings on provision at the local-authority level are therefore partial, and variations in respondent

³⁶ https://www.datawrapper.de/_/NOhez/?v=5

coverage may affect the completeness of reported provision. On the other hand, it may also be the case that the local authorities which responded to our survey were those with more interest in the topic of parenting and family therapy provision and so possibly more likely to be delivering evidence-based programmes. In this case, the number of programmes reported in the local authorities surveyed may be slightly higher than is typical nationally.

3.2.2 Evidence base of programmes delivered

The programmes in our list vary in the robustness of the evidence underpinning them. The number of surveyed local authorities delivering programmes with different Foundations evidence ratings³⁷ is outlined in Table 14. For those programmes not in the Guidebook, we assigned them into two categories, based on whether they had been evaluated with an RCT.

Table 14. Foundations evidence rating of programmes reported as being commissioned or delivered by local authorities (n=58)³⁸

Evidence rating	No. of local authorities	% of local authorities
Level 4 or 4+	18	31.0%
Level 3 or 3+	32	55.2%
Level 2 or 2+	31	53.4%
Not in Guidebook; RCT	26	44.8%
Not in Guidebook; Not an RCT	23	39.7%
Variant dependent ³⁹	43	74.1%

While nearly 90% (n=52) of our 58 surveyed local authorities reported commissioning or delivering at least one of the programmes in our list, only 67.2% (n=39) are delivering one with a rating of 3 or higher.

Those programmes with the most robust evidence base, rated a Level 4 or a 4+ are delivered by the fewest local authorities (n=18, 31.0%). These programmes only make up 10% of all the programmes on our list, showing that the options available are also more limited.

The prevalence of programmes rated a Level 3 or a 3+ and those rated a Level 2 or a 2+ is very similar, reported in 32 (55.2%) and 31 (53.4%) local authorities respectively.

However, it should be noted that these may be underestimates as they do not include programme models with multiple variants of differing evidence ratings. Reliably reporting

³⁷ For a full explanation of the ratings, see: <https://foundations.org.uk/wp-content/uploads/2025/05/guidebook-technical-guide-foundations.pdf>

³⁸ Totals per metric are calculated by counting the total number of local authorities where anyone in that local authority reported delivering a programme at that evidence rating. Since local authorities could select multiple programmes, totals are greater than total number of local authorities that responded (n=58).

³⁹ For some overarching programme models with multiple variants, the evidence rating differed by variant so cannot be specified here. This data is reported at the level of overarching programme model as survey respondents were not always able to specify the variant of programme used.

provision of individual variants was not possible due to knowledge gaps (i.e. survey respondents were often unable to report the specific variant commissioned or delivered).

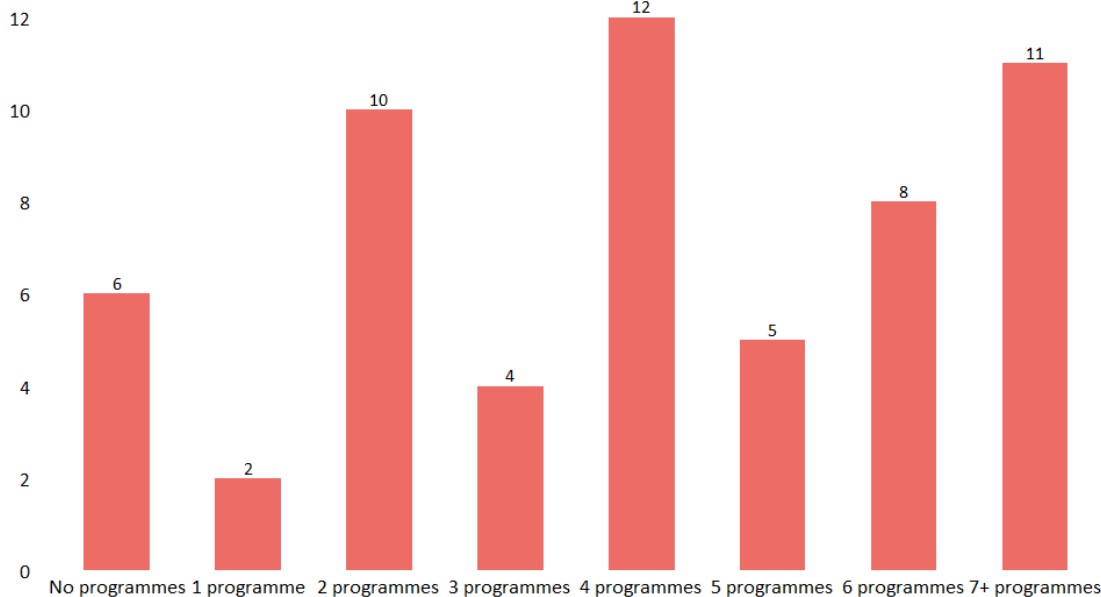
While we are treating those programmes rated as a Level 3 or above in the Foundations Guidebook as ‘evidence-based’, a recent Foundations (Jones et al., 2025) systematic review suggests that further research is still needed for some programmes. For example, the review highlights mixed findings for Multisystemic Therapy (MST), which has a 4+ rating in the Guidebook. The need to further develop the evidence base around outcomes associated with violence is discussed further under Section 5.1.2.

3.2.3 Number of programmes delivered

Local authorities are typically delivering multiple programmes. Respondents from a substantial majority (n=50, 86.2%) reported commissioning or delivering two or more of the programmes on our list. A sizeable proportion (n=36, 69.2%) reported having four or more programmes and a smaller subset (about one in five) reported delivering seven or more. Those reporting seven or more included Enfield, Ealing, Birmingham, Doncaster, Richmond upon Thames, and Nottinghamshire, among others. Only two local authorities (3.8%) reported delivering just one programme.

The typical local authority in our sample reported around four (median=4, mean=4.3) of the programmes on our list.

Figure 1. Range of programme provision across local authorities (n=58)⁴⁰



⁴⁰ Numbers of local authorities are reported in this graph rather than percentages, as the numbers are small due to the spread of responses.

Interviews reinforced survey findings. Interviewees typically viewed providing evidence-based parenting and family programmes as a priority in their local authorities and often described delivering multiple programmes in parallel.

Offering multiple programmes was described by some stakeholders as helpful in allowing services to match support flexibly and appropriately to the range of needs identified locally.

By contrast, a few interviewees suggested that delivering multiple programmes simultaneously may dilute staff expertise needed to run them effectively. In their perception, this is because staff are required to train in, retain knowledge of, and balance delivery across several different models in parallel.

3.2.4 Decommissioning of programmes

Despite the importance consistently attributed to parenting and family support by interviewees, a substantial minority of survey respondents reported having decommissioned (n=4, 7.0%) or planning to decommission (n=6, 10.5%) parenting and family therapy programmes. Interview findings suggest that decisions to withdraw programmes are driven by practical considerations such as staff capacity and perceptions about their relevance to local context.

3.3 How does the scale of provision compare with local indicators of need?

Key messages: Across youth offending, children's services involvement and childhood poverty, no clear or consistent relationship could be identified between levels of need and reported provision.

We mapped the number of parenting and family therapy programmes reported in each local authority in our survey sample against three indicators of need for that area: youth offending rates, children's services involvement, and levels of childhood poverty (see Section 2.3.4 for methodology). This can be viewed in our [interactive table showing programme provision against need](#)⁴¹ (see also Appendix E).

Across all three indicators of need, the mapping suggests no clear or consistent relationship between levels of need and the number of programmes reported. There is substantial variation within each need category, indicating that areas with comparable levels of need can differ markedly in the number of programmes they report delivering.

These findings should be interpreted as descriptive and indicative only, due to the limitations articulated in Section 2.3.5.

⁴¹ <https://www.datawrapper.de/?sIIAI?v=3>

3.4 What types of programmes are local authorities delivering?

Key messages: Local provision is dominated by a few established parenting programmes, while family therapy is used as a more specialist offer for families with higher levels of need. Three programme models (Triple P, Incredible Years, and Solihull Approach) are each delivered in around half of surveyed local authorities, with the evidence rating for these programmes ranging from Level 2 to 4+ in the Foundations Guidebook. Formal evidence-based programmes sit within a broader, layered landscape of parenting and family support, including locally developed, adapted, and non-programme-based provision.

3.4.1 Parenting programmes versus family therapy provision

Within the landscape of provision, parenting programmes appear more prevalent than family therapy interventions. Of the 58 surveyed local authorities:

- **52 (89.7%) are delivering at least one parenting programme** on our list, such as Triple P, Incredible Years, Parents Plus or the Solihull Approach.
- **22 (37.9%) are delivering at least one of the programmes on our list which combine elements of parenting programmes and family therapy**, such as Trauma-Focused Cognitive Behavioural Therapy, Parent-Child Interaction Therapy and Child-Parent Psychotherapy.
- **18 (31.0%) are delivering at least one family therapy programme.** Multisystemic Therapy (MST) is reported in nine (15.5%), Functional Family Therapy (FFT) in eight (13.8%), and Multidimensional Family Therapy (MDFT) in two (3.4%).

Interviewees noted various reasons for this disparity between parenting and family therapy programmes. **Cost came up repeatedly as a factor behind the smaller scale of delivery of family therapy programmes.** 80% (n=4) of the five family therapy programmes on our list are categorised at the higher cost ratings of 4 or 5, while only 4% (n=2) of the 50 parenting programmes on our list fall into those cost categories. Family therapy models usually require clinicians or practitioners with advanced training, and interviewees said this places a heavier demand on finite local resources than parenting programmes. One area, for example, reported prioritising a broad mix of services instead of investing heavily in one or two specialist therapeutic models, due to cost constraints.

“Family therapy is a gap. We’ll do bespoke pieces of work around relationships and communication which is helpful but it’s not scientific based family therapy [...]. To commission bespoke pieces of family therapy through an agency is really expensive so we utilise our own resources.” –

Service Manager

Some local authorities also noted that family therapy typically sits within Child and Adolescent Mental Health Services (CAMHS), NHS Trusts, or Integrated Care Board (ICB)-funded provision, rather than within local authority budgets, which may also explain why they are less often reported in our survey.

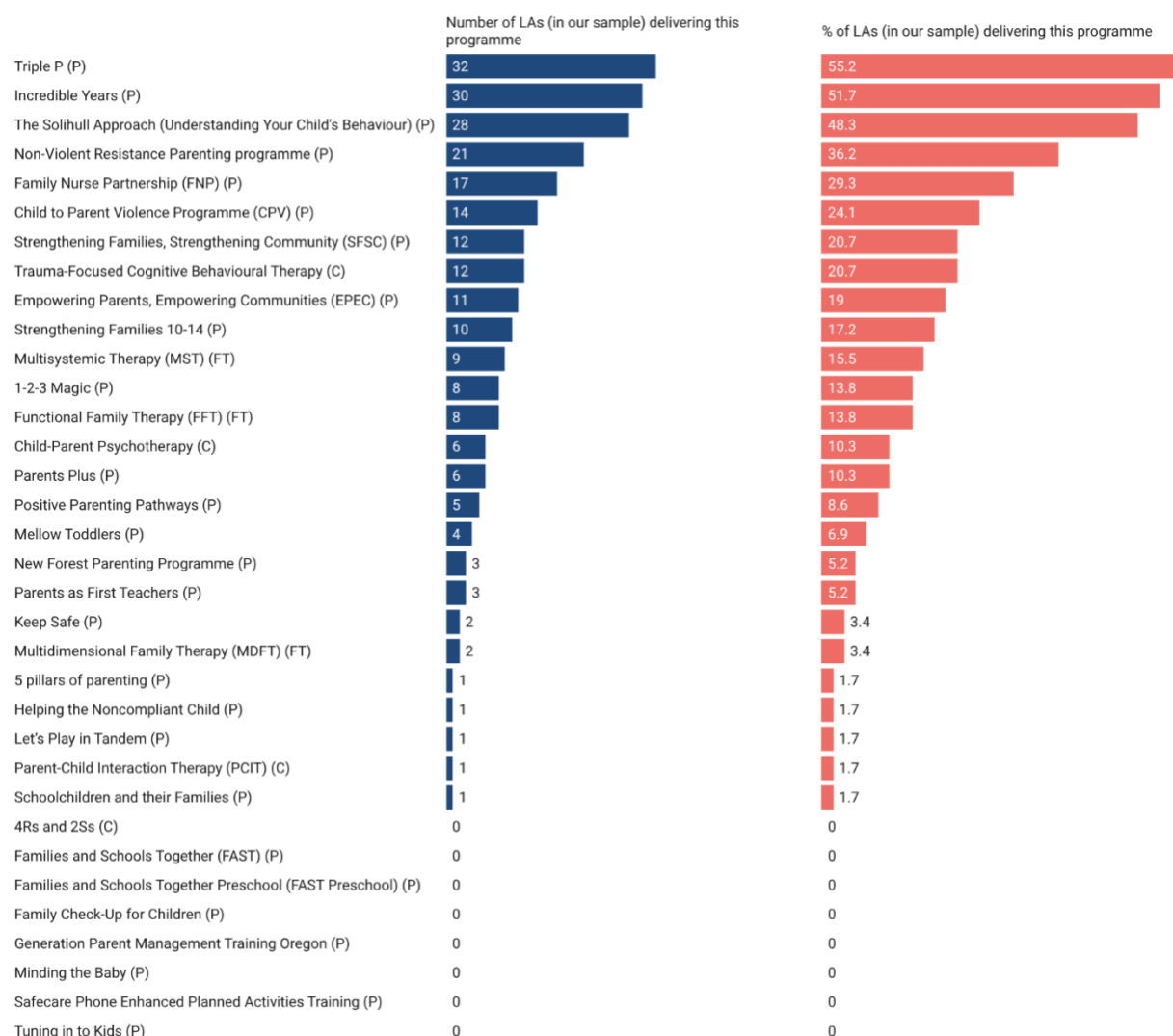
In areas where both parenting programmes and family therapy are available, interviewees typically described them as serving **different but complementary roles within the local authority support offer, targeting families with different levels or types of need**. Parenting programmes were generally seen as providing structured, skills-based support for parents, while family therapy was described as addressing relational and emotional dynamics within families that are less easily met through parenting provision. Family therapy support was often described as more specialised and targeted at families experiencing higher levels of need, for example, complex trauma, or where there are concerns about youth offending.

In some cases, however, the provision described in interviews as ‘family therapy’ was less structured and formal, falling outside of the more rigorously evidence-based programmes on our list. One area, for example, offers arts-based and animal therapy for families.

3.4.2 Prevalence of specific programmes

[Our mapping of programme prevalence](#), shown in Figure 2, shows the number and percentage of local authorities that reported delivering each of the programmes on our list. Parenting programmes are indicated with (P), family therapy programmes with (FT) and combined programmes with (C)

Figure 2. Number and percentage of local authorities in England and Wales delivering specific evidence-based parenting and family therapy programmes (n=58)



Three parenting programmes are each being delivered in around half of the responding local authorities: **Triple P** (n=32, 55.2%), **Incredible Years** (n=30, 51.7%), and **The Solihull Approach** (n=28, 48.3%). These models appear to form the backbone of many local offers and sit at the centre of commissioning activity, but have evidence bases of varying levels of robustness.

Triple P – Positive Parenting Program – is a suite of 15 parenting interventions for parents of children from birth to 16 years, designed to improve parenting skills, strengthen parent–child relationships, and reduce child behavioural and emotional difficulties. The programme is grounded in social learning, cognitive-behavioural, and developmental theory, and aims to promote positive parenting practices, consistent discipline, and parental confidence. Triple P is delivered through a tiered system with multiple variants (including universal, selected, and indicated levels), ranging from seminars to more intensive group-based or individual interventions. Delivery formats and duration vary by variant, but typically involve structured sessions led by trained practitioners. The programme variants are rated between 2 and 3+ on the Foundations Evidence rating system, with those most highly rated being supported by a large body of international evidence including multiple randomised controlled trials and systematic reviews. Any of the variants can be commissioned and delivered individually.

Incredible Years is a suite of seven evidence-based parenting interventions for parents of children aged 0 to 12 years, aiming to prevent and reduce conduct problems and support children’s social and emotional development. The programmes focus on strengthening positive parenting, improving parent-child relationships, and promoting effective behaviour management through modelling, group discussion, and practice-based learning. Incredible Years includes several variants tailored to different age groups (e.g. babies, toddlers, preschool and school-age children) and is typically delivered in group settings over weekly sessions facilitated by trained leaders. The programme variants are rated between 2 (Attentive Parenting) and 4+ (Preschool) on the Foundations Evidence Rating system. Programmes rated 3 or above are underpinned by extensive international evidence from randomised controlled trials, long-term follow-up studies, and systematic reviews demonstrating positive impacts on parenting practices and child behaviour. Any of the variants can be commissioned and delivered individually.

The Solihull Approach is a structured parenting intervention for parents of children aged 0 to 18 years, designed to strengthen parents’ understanding of their child’s behaviour and enhance everyday parenting practices. The programme is underpinned by three core principles: containment, supporting parents to recognise and manage their own emotional responses; reciprocity, promoting more attuned and responsive parent–child relationships; and behaviour management, equipping parents with practical strategies to address challenging behaviour. It is typically delivered to groups of up to 12 parents over 10 sessions, each lasting two hours, facilitated by two trained practitioners. The Solihull Approach is rated 2 on the Foundations Evidence Rating system, based on evidence from two UK-based studies. Programmes rated 2 have preliminary evidence of improving a child outcome from a quantitative impact study, but there is not yet evidence of causal impact.

A second cluster of programmes was reported less frequently, but still by a substantial minority of local authorities (around one-fifth to one-third). These are mainly parenting

programmes, with the exception of one family therapy intervention and one combined programme. The strength of evidence for the programmes in this cohort is varied, with only two rated at Level 4 or above.

Table 15: Programmes delivered by more than 15% of surveyed local authorities

Programme name	No. (%) LAs delivering	Programme type	Evidence rating
Non-Violent Resistance	21 (36.2%)	Parenting	Not in Guidebook; RCT ⁴²
Family Nurse Partnership	12 (29.3%)	Parenting	Level 4+
Child-to-Parent Violence Programme	14 (24.1%)	Parenting	Not in Guidebook; not an RCT ⁴³
Strengthening Families, Strengthening Community	12 (20.7%)	Parenting	Not in Guidebook; not an RCT ⁴⁴
Trauma-Focused Cognitive Behavioural Therapy	12 (20.7%)	Combined	Level 3+
Empowering Parents, Empowering Communities	11 (19.0%)	Parenting	Level 3
Strengthening Families 10–14	10 (17.2%)	Parenting	Level 3
Multisystemic Therapy	9 (15.5%)	Family therapy	Level 4+

A smaller group of programme models featured only occasionally and eight were not reported as being delivered in any of the 58 responding local authorities. These tended to be more specialist models (e.g., those focusing on home visiting or support for infants).

These findings suggest that most local authorities in our sample offer a handful of ‘core’ parenting and family programmes and supplement these with more targeted models.

3.4.3 Programme variants delivered across responding local authorities

[Our mapping of programme variants](#)⁴⁵ (see Figure 3) shows the variants local authorities reported delivering for the four programmes on our list with multiple versions: Triple P (parenting), Incredible Years (parenting), Multisystemic Therapy (family therapy), and Parents Plus (parenting).

Survey responses indicate that many local authorities offer multiple variants of the same programme. This may reflect an intentional approach to tailoring provision to different areas of need and age groups, as variants often target different cohorts. This delivery of multiple variants is most visible for Triple P, where some areas reported running a broad suite of

⁴² The robustness of this trial could not be established as part of our review.

⁴³ A YEF-funded trial of the Child-to-Parent Violence Programme was underway at the time of categorisation. See trial protocol: https://youthendowmentfund.org.uk/wp-content/uploads/2021/04/REVIEWED_RISE-RCT-Trial-Protocol-v1.4-July-2024.pdf

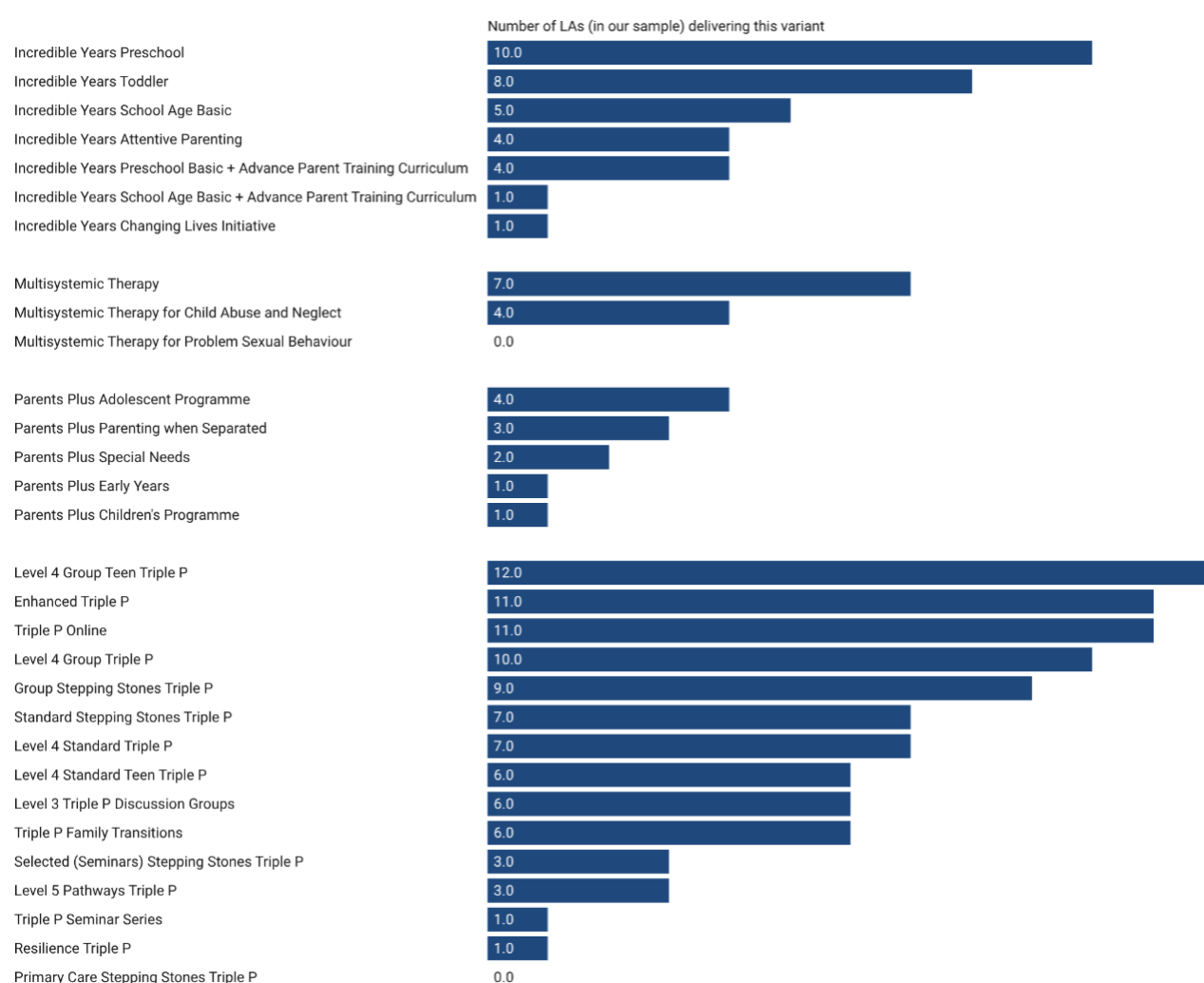
⁴⁴ An RCT of SFSC was underway at the time of categorisation. See trial protocol: <https://www.isrctn.com/ISRCTN15194500>

⁴⁵ Percentages shown in the visual represent the proportion of local authorities delivering each variant within the subset of areas that reported delivering that overarching programme model and where a specific variant was reported.

formats, ranging from digital options to more intensive group and individual sessions. For Incredible Years, many areas combined early-years and school-age variants.

It should be noted that this data on delivery by variant is partial, as survey respondents were often not able to specify which variant of the programme they were delivering. Therefore, most of the analysis in this report focuses on the 34 overarching programme models, rather than the individual variants. For full details of the use of variants, see Appendix E.

Figure 3. Programme variants delivered across responding local authorities in England and Wales⁴⁶



3.4.4 Prevalence of wider parenting and family therapy support

Local authorities deliver a range of wider parenting and family therapy support, that are not categorised as evidence-based programmes. Survey respondents who reported having insight

⁴⁶ Percentages are not presented in this graph, as the analysis is based on smaller subsets of local authorities delivering each programme model.

into a specific service were asked whether their service delivers or commissions parenting or family therapy programmes beyond those on our list: 54.2% (n=13) of respondents to this question reported that they do. Detail provided in qualitative responses suggests that this wider provision includes:

- Locally developed programmes
- Programmes that were not locally developed but did not appear in our list
- Parenting support that is not tied to a specific programme or intervention
- Delivery of aspects or components of evidence-based programmes rather than delivering the model in full.

Locally developed programmes

Many interviewees reported delivering locally developed models or approaches, alongside the programmes on our list. The extent to which evidence-based programmes or locally developed support are prioritised varies by local authority. Some areas noted an explicit commitment to delivering evidence-based models or a deliberate shift away from locally developed or bespoke offers since the former *“provides a stronger, more credible offer aligned with ‘what works in practice’”*. Other areas reported prioritising developing their own provision that could be adapted to families’ circumstances and specific local needs. Reasons for these variations are explored in more detail in Section 4.1.

Recognised programmes not included in our list

Local authority stakeholders also reported commissioning and delivering programmes that were not locally developed but did not appear in our list of programmes. These broadly fall into three categories:

- **Digital or more informal workshop-style offers**, such as OnePlusOne⁴⁷, a registered charity that specialises in creating early intervention resources. For example, its team has tested an adapted, online version of a parenting intervention new to the UK to assess whether combining digital delivery with practitioner support could help parents manage the transition to parenthood.
- **Programmes designed for specific areas of need**, including The Nurturing Programme from the Centre for Emotional Health⁴⁸ for parents of children with social, emotional and mental health needs, programmes for parents of autistic children offered by the

⁴⁷ <https://www.oneplusone.org.uk/what-we-offer/digital-resources>

⁴⁸ <https://www.centreforemotionalehealth.org.uk/>

National Autistic Society⁴⁹, and SPACE (Supportive Parenting for Anxious Childhood Emotions)⁵⁰ for parents of children with anxiety obsessive compulsive disorder (OCD).

- **Programmes aimed at improving early childhood development**, which fall outside the scope of our list but are nonetheless part of the wider landscape of parenting and family support commissioned and delivered by local authorities.

Parenting or family support not tied to a specific programme

Some areas reported delivering parenting support that is not tied to a specific programme or intervention. Survey respondents who reported having insight into a specific service were asked whether their service *delivers parenting or family therapy support with a focus on behaviour or violence-related outcomes that is not tied to a specific programme*: 58.3% (n=14) of respondents to this question reported that they do. Open text survey responses indicate that this support can include:

- **One to one support** delivered by family support workers, Early Help workers, mental health or wellbeing practitioners in schools, sometimes as part of casework.
- **Informal community offers**, with support provided via drop ins or community engagement, information in Family Hubs or advice via phone or email.
- **Digital and online support** offering information on where to access support including directories of parenting programmes.
- **Some targeted support** for families with children in care, or returning to live with parents.

This suggests another layer of provision in local authorities, where parenting and family work is delivered as part of wider casework and support offers. The nature, quality and evidence base of this kind of support was not assessed within this study.

Delivery of aspects or components of evidence-based programmes

Survey respondents with insight into a specific service were asked whether their service delivers support for families that involves offering aspects or components of evidence-based parenting or family therapy programmes without delivering the model in full: 47.8% (n=11) of respondents to this question said they do. This finding was echoed by interviewees, who perceived this form of delivery to be a way to adapt programmes to local need and ensure

⁴⁹ <https://www.autism.org.uk/>

⁵⁰ <https://www.spacetreatment.co.uk/>

accessibility. Delivery of only parts of programmes or without fidelity to the full model may, however, risk diluting the impact achieved.

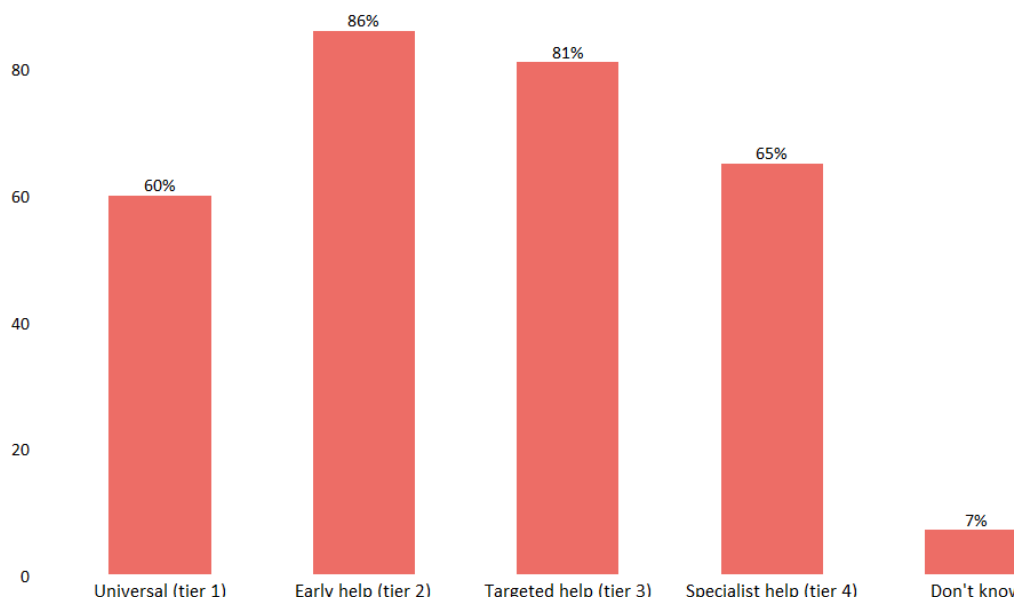
3.5 Where in local systems are programmes being delivered?

Key messages: Provision spans multiple tiers of statutory involvement but is primarily situated within Early Help and early intervention services.

While local authorities are also targeting families with higher levels of statutory involvement, provision for families of children in care and those involved in the youth justice system is less prevalent and reported by fewer than half of surveyed local authorities.

Parenting and family therapy programmes are being delivered across multiple tiers of local systems but are most prevalent within Early Help. Survey responses show that Early Help (Tier 2) is reported as the most prevalent tier of delivery (n=50, 86.2%), followed closely by targeted help (Tier 3) (n=47, 81.0%) which offers help for families experiencing more defined or escalating needs (see Figure 4). The focus on earlier stages of help was also reflected in interviews, with some noting an increasing focus on earlier intervention in their local authorities and the national agenda, boosted by reforms including the Best Start Family Hubs.

Figure 4. Responses to ‘Where in the system are these programmes being delivered?’ (n=58)⁵¹



⁵¹ Totals per metric are calculated by counting the total number of local authorities where anyone in that local authority selected that response in questions about levels of delivery. Since local authorities could select multiple options reflecting delivery occurring at multiple levels, totals are greater than total number of local authorities that responded (n=58).

The spread of provision across different levels of statutory need is also demonstrated in the cohorts of families local authorities reported targeting for inclusion in their parenting and family therapy programmes (see Table 16). The individual group targeted most often is **families requiring Early Help**, reported by 69.0% of local authorities (n=40). 69.0% also reported targeting at least one cohort requiring **higher levels of statutory intervention prior to care proceedings** (meaning families of Children in Need/Children in Need of Care and Support, on Child Protection Plans/Child Protection Register, or on the edge of care). A smaller proportion reported targeting families of **children who are in care** (n=23, 39.7%).

Delivery targeting families accessing or at risk of accessing **the youth justice system** (YJS) is also less common but still happening in some form in a majority of local authorities. Overall, 55.2% of local authorities (n=32) reported delivering support to families of children either at risk of contact with the YJS, already in contact with the YJS, or both.

This lower proportion of provision targeting families of children in care and those in contact with the YJS may indicate areas where further use of parenting and family therapy provision could be considered, however it could also reflect a lack of confidence in the effectiveness of these programmes in relation to outcomes for these groups.

Table 16. Specific groups local authorities are targeting with their parenting and family therapy provision (n=58)⁵²

Target cohort ⁵³	No. of local authorities	% of local authorities
Families requiring Early Help	40	69.0%
Families of children on the Child Protection Register/ Families of children subject to a Child Protection Plan*	39	67.2%
Families of Children in Need/ Families of Children in Need of Care and Support*	38	65.5%
Families of children on the edge of care	37	63.8%
Families with children at risk of contact with the youth justice system	27	46.6%
Families with children in contact with the youth justice system	26	44.8%
Families of children in care	23	39.7%

This survey data cannot be used to compare targeting and tiers of delivery for parenting programmes versus family therapy programmes, as respondents were asked to report on provision collectively. However, based on the categorisation of targeted levels of need for the programmes on our list, **all the included family therapy programmes are categorised as ‘targeted indicated’** (i.e., the highest category of targeting in the Foundations Guidebook, for

⁵² Totals per metric are calculated by counting the total number of local authorities where anyone in that local authority selected that response in questions about targeting of support. Since local authorities could select multiple options reflecting delivery targeting multiple groups, totals are greater than total number of local authorities that responded (n=58).

⁵³ Asterisks (*) indicate where different but equivalent terms are used in England and Wales

families where need is already shown) which suggests they are more often targeted at families with higher level of need rather than used as part of universal or Early Help provision. This supports the suggestion, outlined in Section 3.4.1, that family therapy programmes are typically used to complement the more preventative role of parenting programmes.

3.6 How are evidence-based programmes being commissioned and delivered?

Key messages: Local authorities use a range of delivery and commissioning models. Most commonly, local authorities combine in-house delivery with external providers and partnership working.

Joint commissioning, particularly with health partners, remains uneven and challenging to sustain despite its perceived value. Success in joint commissioning is seen to rest on clarity and transparency up front around staffing and cost requirements, as well as work to build positive relationships through open communication.

Commissioning external organisations to lead or support delivery is more common, but still varies, with some preferring to upskill local authority staff. The prevalence of externally-led delivery, including by the VCSE sector, highlights the importance of knowing how to support these organisations to deliver support effectively.

3.6.1 Commissioning arrangements used in local authorities

Local authorities appear to use different approaches to commissioning parenting and family therapy provision, rather than relying on a single model. Survey responses from respondents with an overarching view of commissioning arrangements suggest that many local authorities use more than one approach to commission programmes.

Around two in five surveyed local authorities (n=26, 44.8%) said that at least one programme in their area is commissioned solely by the local authority (see Table 17). A smaller proportion (n=16, 27.6%) reported that **some programmes are jointly commissioned with health partners such as the NHS**. “Joint commissioning” refers here to arrangements in which the local authority and partners share responsibility for funding and commissioning a service. Historically, this has often involved pooled budgets, though in practice arrangements may also include aligned or jointly agreed funding contributions.

A minority then also reported arrangements where programmes sit within core CAMHS delivery (n=8, 13.8%) or are commissioned solely by health partners (n=7, 12.1%).

Table 17. Commissioning arrangements for programmes (n=58)⁵⁴

Commissioning arrangement	No. of local authorities	% of local authorities
These programmes are commissioned solely by the local authority (including Youth Justice)	26	44.8%
These programmes are jointly commissioned with health partners (e.g., NHS)	16	27.6%
They are part of core CAMHS delivery	8	13.8%
These programmes are commissioned solely by health partners (e.g., NHS)	7	12.1%
Other	6	10.3%
None of the programmes are commissioned directly by the local authority	3	5.2%
Don't know	9	15.5%

Interview data provides additional context. Some interviewees reported jointly commissioning programmes with ICBs and public health teams. At the same time, **these joint arrangements were often described as uneven or developed on an ad hoc, case-by-case basis**. This suggests that joint commissioning may be more prevalent than the survey responses indicate but is still piecemeal in practice.

A small number of local areas did describe more strategic approaches to integrating commissioning and delivery of parenting and family provision, seeking to move beyond commissioning standalone programmes in isolation.

Local approaches to integrated commissioning

One local authority described its system as 'unique' in the extent to which health and children's services operate in an integrated way. Professionals in this local authority reported having health services that are structurally integrated into the delivery of parenting support. Staff explained that, when they first introduced a programme, they utilised funding from several local authority departments and brought in support from a housing association and early years supervisors to commission the initial model. They have since taken a similar approach with a newer programme: a public health grant covers interventions delivered through an NHS Trust, while children's services hold strategic oversight. Interviewees said this model operates less like a traditional commissioner-provider split and more like a

⁵⁴ Responses to this question came from survey respondents who said they had an overarching view of how parenting and family therapy programmes are commissioned in their area. Respondents could choose multiple options because different programmes within an area may be commissioned in different ways.

The percentages therefore reflect *the proportion of local authorities where respondents reported knowing of at least one programme in their local offer being commissioned in that way*. They do **not** provide a complete picture of how commissioning operates across the entire local authority, or whether one approach is more common than another. This data is therefore partial and likely underrepresents the full range of commissioning arrangements in place.

cooperation agreement where partners from the local authority as well as other agencies (e.g., health) share responsibility for designing, resourcing, and delivering these programmes.

Challenges experienced with joint commissioning

The often piecemeal approach to joint commissioning may result from competing pressures which can make it difficult to manage and sustain. The challenges associated with joint commissioning were consistently emphasised by interviewees:

- **Differing criteria, priorities, and funding cycles** can make coordinating commissioning processes difficult.
- **Organisational restructures and wider system pressures** can interrupt joint work. For example, some areas described joint commissioning plans stalling because partner agencies were managing internal reorganisation.
- **Competing organisational pressures**, such as workforce shortages, can limit the extent to which partners engage in long-term joint-commissioning commitments.

As a result, local authorities sometimes reported **preferring more informal channels of joint working as part of delivery**, instead of jointly commissioning programme contracts. Indeed, some of the areas who reported no joint commissioning of parenting or family therapy provision noted that joint *delivery* of these programmes is quite common (see Section 3.6.2).

Factors supporting the success of joint commissioning

While the limited prevalence of joint commissioning meant that interview evidence on factors supporting its success was constrained, those interviewees who were able to reflect on this highlighted the need to:

- **Clearly articulate expectations around staffing within contracts**, so that the respective roles and contributions of each organisation are explicit.
- **Ensure clarity and transparency around financial requirements**, including how costs are calculated and apportioned, supported by agreed metrics such as activity volumes and retention rates.
- **Prioritise strong working relationships**, underpinned by clear, open, and ongoing communication:

“The key is it comes down to really good relationship building. This means openness and being up front about everything, being really clear in all communications and keeping everybody up to date, and being open and approachable.” – Local authority commissioner

One commissioner noted that this emphasis on relationship building becomes particularly important where local authorities are leading joint commissioning arrangements but contribute a smaller share of the overall funding. In these contexts - most commonly when working alongside NHS partners - local authorities may have more limited formal leverage, making trust, transparency, and collaborative working especially critical to influencing decision-making and sustaining effective joint arrangements.

Joint commissioning of family therapy programmes

Some local authorities reported in interviews that family therapy provision sits primarily within CAMHS, NHS Trusts, or ICB-funded services, rather than being commissioned through local authority budgets (Section 3.4.1). This may reflect the more specialist nature of many family therapy programmes, which often require delivery by clinically trained staff.

Only one local authority described jointly commissioning a family therapy programme.

Local examples of joint commissioning family therapy provision

One local authority has jointly commissioned MST with health partners and another local authority, to support families with higher levels of need. Therapists work with families where children are at risk of placement breakdown through care or custody. Funding was initially available for two years, with a further five years of funding secured with a contribution from health. The approach also aligns with the Children's Commissioner No Wrong Door report, combining health and social care to deliver a service for children and families. While this arrangement was originally established to support families with more severe and complex needs, interviewees noted that it has since expanded to engage families at an earlier stage. This example reflects a broader trend described in interviews of local authorities seeking to intervene earlier to support families, including through closer collaboration with NHS partners in areas that have traditionally been associated with more specialist provision.

Beyond this example, however, interviewees did not report wider use of joint commissioning arrangements for family therapy programmes. This suggests **there may be scope for more local areas to consider co-commissioning family therapy**, particularly where families are likely to be engaging with both children's and health services. Interviewees indicated that such approaches could enable local authorities and NHS partners to combine complementary expertise and resources to better support families with complex needs, though further learning would be needed on how to implement these arrangements effectively in practice.

3.6.2 Delivery arrangements used in local authorities

Local authorities deploy a range of models to deliver their parenting and family therapy programmes. Many of the local authorities surveyed reported delivering some programmes in-house via their own staff (n=49, 84.5%), half reported making use of external providers

(n=29, 50%) and a large minority (n=25, 43.1%) reported joint delivery with partners. These figures suggest that a single authority may deliver some programmes in-house and commission external providers to deliver others.

Table 18. Delivery partner/provision for delivery of programmes (n=58)⁵⁵

Delivery model	No. of local authorities	% of local authorities
Delivered in-house by local authority staff	49	84.5%
Delivered by external provider(s)	29	50.0%
Delivered jointly with another partner	25	43.1%

Interviewees also reported a range of delivery arrangements, with differing emphases placed on in-house versus external provision in different areas. Some reported keeping programme delivery within council teams and investing heavily in training to sustain this, though limited staff capacity sometimes made this difficult.

“One of the benefits of having staff who are trained as opposed to commissioning these programmes means that there is that longevity, but also it's enabling staff to develop their skill sets which enhances the work that they're delivering to families.” – Head of Service

Other local authorities turn to external providers more often to supplement workforce capacity or widen the types of support available. Some reported training practitioners in other services to co-deliver support. Delivery of parenting and family therapy support within multi-disciplinary teams was also noted.

Local examples of delivery arrangements

In-house delivery with support from external providers: One local authority delivers most parenting programmes in-house through Early Help caseworkers but brought in community partners to engage specific demographic groups. Another deploys an integrated system where council teams delivered most programmes, but VCSE providers support when working with particular groups, such as pre-teens or teenagers, or when internal capacity is stretched.

Delivery through external providers: One area trained more than 140 facilitators across schools, Family Hubs, prisons, and third-sector groups such as kinship and foster carers to deliver parenting support. This was to ensure delivery is available across the area at different levels of support from universal to targeted. Another area uses a framework of providers that brings together large VCSE organisations and smaller grassroots groups, allowing them to

⁵⁵Totals per metric are calculated by counting the total number of local authorities where anyone in that local authority selected that response in questions about how programmes are delivered. Since local authorities could select multiple options reflecting delivery arrangements across multiple programmes, totals are greater than total number of local authorities that responded (n=58).

reach families who may not engage with council-run services and to manage fluctuations in internal workforce capacity (high periods of turnover, for example).

Delivery within multi-disciplinary teams: One area reported delivering support with the help of a team including psychology, psychiatry, speech and language, occupational therapy, social work, and family therapy. This team works together to deliver structured assessments and plans that can extend across agencies, supporting families with Children in Need or on Child Protection Plans. Therapeutic interventions such as Cognitive Behavioural Therapy (CBT), Video Interactive Guidance, and Motivational Interviewing are delivered, which staff said work well for parents with additional learning needs or vulnerabilities.

While distinctions between delivery arrangements for parenting and family therapy provision were not often explored by interviewees, one example was noted of a VCSE organisation delivering Systematic Integrative Treatment for families, a programme not on our list but which draws on principles associated with MST, for young people who are also engaging with Youth Justice or Social Care. This suggests that local authorities can also make use of external providers, including VCSE organisations, to deliver family therapy, although this may be less common.

Section 5.5 discusses the specific strengths and challenges associated with delivery in collaboration specifically with VCSE partners in more detail.

4 Expanding the commissioning of evidence-based parenting and family therapy programmes

A primary objective of this review was to understand how local authorities can be supported to commission and deliver more evidence-based parenting and family therapy provision. This section builds on the existing evidence of enablers and barriers to commissioning to examine the implications for local authorities' willingness and ability to commission evidence-based programmes, and subsequently identifies actions and resources that can respond to these factors and support increased commissioning in this area.

4.1 What factors influence the commissioning of evidence-based parenting and family therapy programmes?

Key messages: Evidence of impact is reported to be the primary consideration influencing commissioning decisions, but cost, workforce and fit with local priorities often constrain evidence-based commissioning in practice.

4.1.1 Balancing multiple considerations in commissioning decisions

Respondents to our survey were asked to what extent a range of factors, identified via our rapid evidence assessment (see Section 2.2), influence their decision about whether to commission or deliver a parenting or family therapy programme.

A large majority rated all factors as being either very or quite important, showing that deciding whether to commission a parenting or family therapy programme and selecting the right programme to commission requires balancing multiple considerations. See Figure 5 for a full breakdown of responses.

The four factors most often rated as *very important*, were:

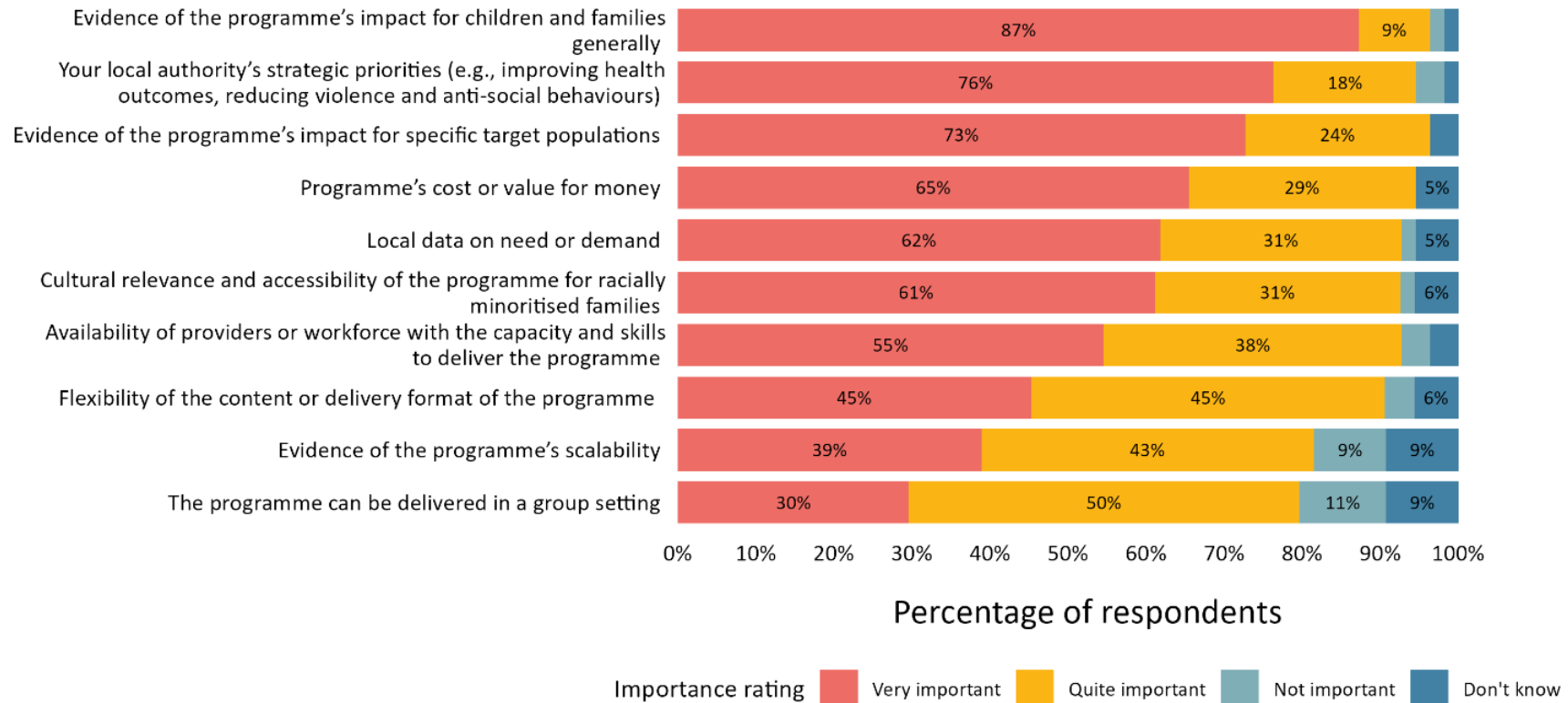
- *Evidence of the programmes impact for children and families generally* (87.3%, n=48)
- *Your local authority's strategic priorities (e.g., improving health outcomes, reducing violence and anti-social behaviours)* (76.4%, n=42)
- *Evidence of the programme's impact for specific target populations* (72.7%, n=40)
- *Programme's cost or value for money* (65.5%, n=36)

Evidence of impact is clearly viewed as an important factor, and interviewees also reported valuing evidence-based parenting and family therapy programmes for the confidence it gives to both commissioners and to families themselves that the intervention will work.

A tension exists, however, in that **while local authorities report valuing evidence of impact, in practice they often do not commission the most robustly evaluated programmes**. Fewer than a third of surveyed local authorities (n=18, 31.0%) reported delivering a programme with the highest Foundations evidence ratings of Level 4 or 4+ (see Section 3.2.2).

Our findings from both the survey and interview data suggest that this gap is due to a combination of financial and workforce constraints and commissioners' assessments of local fit and relevance, discussed below.

Figure 5. Responses to “When deciding whether to commission or deliver a parenting or family therapy programme, how would you rate the factors below as influencing that decision?” (overarching-level question) (n=53-55 respondents) ⁵⁶



⁵⁶ This survey data has been reported at the level of individual respondents, rather than being aggregated to the local authority level, as it is based on the opinions of the individuals answering and sometimes included multiple respondents per local authority. This question was only asked to respondents who reported having an overarching understanding of parenting and family therapy provision in their local area, so was not asked to those with insight into a specific service only.

4.1.2 Cost and workforce

Cost is a key consideration. Survey data shows that lower-cost programmes are more commonly commissioned, with programmes rated at the lowest cost level (Level 1) by the Foundations Guidebook reported by the highest number of local authorities (63.8%, n=37) (see Table 19). Interviewees frequently highlighted the costs associated with licensing, training and materials as barriers to commissioning evidence-based programmes. In a constrained financial environment, commissioners may deprioritise evidence-based programmes which they view as costly, even when they recognise the potential for long-term savings and appreciate the support around monitoring and implementation that they provide:

“It can be difficult to make a case when programmes have high costs and potentially low uptake – even if they do save money in the long term.” –

Principal Lead

Perceptions around cost may also partly explain the lower prevalence of family therapy programmes in the surveyed local authorities. A few interviewees noted that family therapy is generally more costly to deliver than parenting programmes or more informal family support, due to its more specialist nature and staffing requirements. This perception is supported by our data; of the five family therapy programmes on our list, four (80%) are at the higher cost ratings of 4 or 5; this compares to two (4%) of the parenting programmes.

Table 19. Foundations cost rating of programmes reported as being commissioned or delivered by local authorities (n=58)⁵⁷

Foundations cost rating	No. of local authorities	% of local authorities
1 (under £100 per recipient)	37	63.8%
2 (£100-£499 per recipient)	31	53.4%
3 (£500-£999 per recipient)	18	31.0%
4 (£1,000-£2,000 per recipient)	5	8.6%
5 (over £2000 per recipient)	21	36.2%
Variant dependent ⁵⁸	35	60.3%

Cost considerations are closely linked to workforce requirements and readiness. While not one of the factors most often rated as important, the *availability of providers or workforce*

⁵⁷ Totals per metric are calculated by counting the total number of local authorities where anyone in that local authority reported delivering a programme at that cost rating. Since local authorities could select multiple programmes, totals are greater than total number of local authorities that responded (n=58).

⁵⁸ For responses to Foundations Cost Rating, Parents Plus and Triple P had ratings that were variant dependent. As not all respondents specified the variant delivered, the cost rating of the programmes could not be counted.

with the capacity and skills to deliver the programme was still rated as a *very important* factor influencing decision-making by 54.5% (n=30) of respondents.

Interview evidence suggests that limitations in workforce capacity can act as a significant barrier to commissioning evidence-based parenting and family therapy programmes, as local authority stakeholders often perceive them to require more intensive training, supervision, and ongoing delivery commitment than alternative approaches. This perception is supported by the findings of previous research including evidence from scaling the Incredible Years programme which highlights delivery challenges in ensuring staff had the time and resources to identify eligible parents, engage them, and deliver programmes with fidelity (Berry et al., 2022). Workforce shortages have also been seen to hinder the scaling of parenting programmes in the past (Nesta, 2024).

Cost and workforce considerations together can lead to a preference for group-based delivery. Less than a third of survey respondents rated *the programme can be delivered in a group setting* as a *very important* factor influencing their decision about whether to commission (n=29.6%, n=16), suggesting no clear preference for the format itself. However, survey data also shows that programmes with a group-based delivery model were the most commonly reported by surveyed local authorities (n=46, 79.3%). This suggests that Nesta's findings from its 2025 market analysis that commissioners tend to prioritise group-based parenting programmes within Family Hubs applies more broadly to programmes with a focus on children's behavioural difficulties and other outcomes associated with violence. This preference is likely driven by resource constraints, as group delivery enables practitioners to reach more families within a given amount of staff time, reinforcing the importance of cost and workforce factors.

Table 20. Delivery model of programmes reported by local authorities (n=58)

Delivery Model	No. of local authorities	% of local authorities
Group	46	79.3%
Individual	38	65.5%
Home visiting	20	34.5%
Home-based	6	10.3%
Variant dependent ⁵⁹	32	55.2%

4.1.3 Perceived limitations of evidence-based programmes

Beyond the more practical considerations noted above, **some local authorities choose not to commission evidence-based programmes because they do not consider them well aligned**

⁵⁹ The delivery model of Triple P is variant dependent. As not all respondents specified the variant of Triple P delivered, the delivery model used for these programmes could not be counted.

with local need. Alignment with local strategic priorities was the factor most often rated as a *very important* factor, after a programme's evidence base (see above).

A perceived limitation of evidence-based programmes emphasised by several interviewees is a lack of responsiveness to new or evolving areas of parenting need. Interviewees highlighted gaps in evidence-based provision for areas of growing need including neurodivergence and SEND, and emotionally based school avoidance (EBSA). Some also felt that programme content, training materials and the underpinning evidence base can feel outdated. They suggested that programme content should keep pace with the changing risks children face, including through social media use, so that parents are equipped to support children with these issues. This aligns with Nesta's (2025) finding that longer-established programmes often have the strongest evidence base but may be perceived as less aligned with local priorities.

Evidence-based programmes are also often seen as relatively fixed or tightly specified. Commissioners emphasised the importance of flexibility to reflect local need and demographics. While not among the highest-rated survey factors overall, 45.3% (n=24) still rated *flexibility of content or delivery format as very important* in influencing commissioning decisions. Programmes designed for clearly defined cohorts were seen as particularly challenging to commission at scale where need is broader or more complex, highlighting a tension between the desire for evidence-based programmes that meet specific needs and the resource constraints that make these programmes challenging to commission in practice. The fixed length and intensity of some evidence-based programmes was also viewed by some interviewees as a barrier to engagement.

In response to these perceived limitations, commissioners reported using less rigorously evaluated programmes that focus on specific needs, developing local programmes, or adapting evidence-based approaches, for example by applying only certain elements of them.

However, there are evidence-based programmes available across a range of delivery formats and intensities, including universal models and shorter interventions (e.g. eight sessions). Prominent providers such as Triple P, Solihull and Incredible Years offer variation in format and target group. This suggests that **perceptions of inflexibility may not reflect the scope of available evidence-based provision.**

These findings highlight the need to **address concerns around the accessibility of evidence-based programmes if local authorities are to feel confident in commissioning them.**

4.2 What would support local authorities to commission and sustain more evidence-based programmes?

Key messages: To increase the commissioning and sustainability of evidence-based parenting and family therapy programmes, local authorities will need support to overcome two main barriers: perceptions that more robustly evaluated models are outdated, insufficiently

flexible, or poorly aligned with emerging needs and; the higher costs and workforce pressures associated with delivery of evidence-based programmes.

Addressing the first requires strengthening, updating and effectively communicating the evidence base for established programmes, alongside investment in developing and evaluating new models that respond to emerging areas of need. The development of a culture of evidence-based commissioning will be a supporting mechanism for this change.

Addressing the second will require a dedicated, long-term funding stream that reflects the true costs of delivery and supports workforce development and joint commissioning between health and children's services. Any centrally led initiative should promote the use of the most effective programmes, while preserving local flexibility to tailor delivery to need.

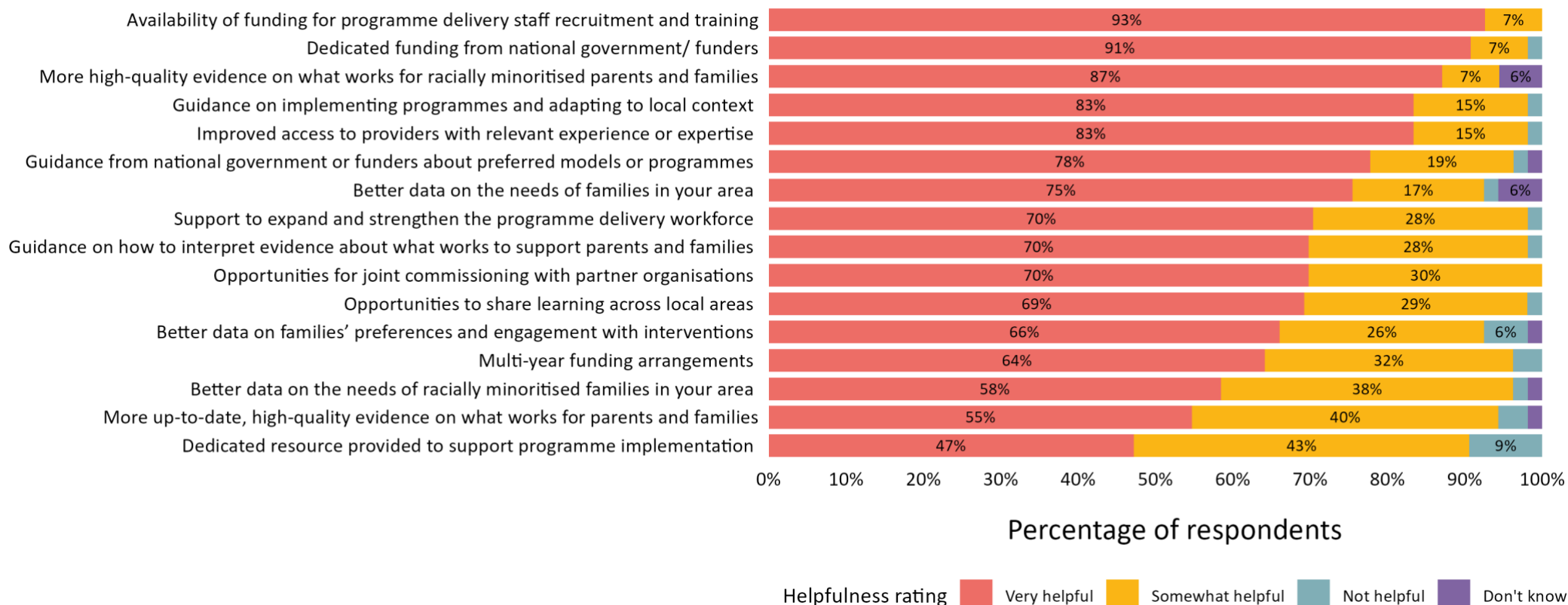
This research sought to build on the existing evidence base on enablers and barriers to commissioning, to understand what local authorities feel would most support them to commission and sustain more evidence-based parenting and family therapy programmes. We found that local authorities would welcome change in a wide range of domains.

Survey respondents were asked to rate the helpfulness of a range of suggestions in supporting their local authority to commission or deliver parenting or family therapy programmes that meet local need. The factors included in the survey were drawn from the existing evidence to test their relevance in practice with surveyed local authorities. As shown in Figure 6, all factors were rated as either *very* or *somewhat helpful* by a large majority of respondents.

Survey data was triangulated with findings from interviews to identify seven priority areas where changes at both a local and national level could create the conditions to allow local authorities to commission and sustain more evidence-based programmes. These are: availability of robust, up-to-date evidence; support with navigating the evidence base and data literacy; encouraging a culture of evidence-based delivery; direction around programme selection; sufficient and sustained funding; strengthening workforce capacity and capability and; boosting joint commissioning.

These priority areas are explored in turn below. Factors relating more closely to how local authorities can be supported to commission and implement evidence-based programmes in ways that effectively meet needs of the local population are discussed under Section 5.

Figure 6. Responses to “How helpful would the following be in supporting your local authority to commission or deliver parenting or family therapy programmes that meet local need?” (overarching-level question) (n=52-54)⁶⁰



⁶⁰ This survey data has been reported at the level of individual respondents, rather than being aggregated to the local authority level, as it is based on the opinions of the individuals answering and sometimes included multiple respondents per local authority. This question was only asked to respondents who reported having an overarching understanding of parenting and family therapy provision in their local area, so was not asked to those with insight into a specific service only.

4.2.1 Availability of robust up-to-date evidence

While previous research has identified challenges in the existing evidence base for parenting and family therapy provision (see Nesta, 2024), our research sought to identify what local authorities themselves see as the priority areas for improving the existing evidence base and what would support them to commission more programmes.

Overall, local authorities recognise the importance of keeping the evidence base for existing programmes up to date and see this as helpful, but greater priority is given to building the evidence base for new programmes and being supported to develop these at a local level.

Updating and strengthening the evidence base for existing programmes

While *more up-to-date high-quality evidence about what works to support parents and families* was one of the factors rated as helpful least often by survey respondents, a majority (54.7%, n=29) still reported that it would be *very helpful* in supporting their local authority to commission or deliver parenting or family therapy programmes. Specific suggestions were made by some interviewees around the need for:

- **Updating the evidence base for longer-standing existing programmes**, to give confidence in their relevance and ability to meet current needs. Programmes with evaluation evidence of 10 years old or more should be prioritised, especially if commonly used:

“Some of the research RCTs are over 10 years old and so much has changed in the world since then.” – Strategic Lead

- **Increasing longitudinal evidence collection** to improve understanding of the long-term impacts of the most-used programmes, including Triple P, Incredible Years, and the Solihull Approach.

“My biggest gripe is longitudinal studies. All these things we’ll do for 10 weeks and it works brilliantly. What I’m failing to see [from the programmes] is where those parents are two, three years down the line.” -
Local authority commissioner

- **Increasing a focus on cost-benefit analysis** within the evidence base, to support commissioners to understand and build a case for investment.

While not noted in our interviews, Foundations (Jones et al., 2025b) reports the need for **more UK-based effectiveness research** that reflects the context of service delivery faced by

local authorities. Some programmes are evaluated in the US or other high-income countries, and while comparable to the UK context, this can still limit evidence of applicability in the UK.

Supporting the development of new programmes

As well as ensuring evidence of existing programmes is robust, relevant and up to date, interviewees stressed the importance of supporting the development of new evidence-based programmes.

“We still need to make sure that there's incentive for further research to be done for new programmes to be created and new evidence basis to be built as well.” – Service Lead

There is most interest in building the evidence base for programmes which:

- **Address growing areas of need** including supporting parents and families of children with specific additional needs, including ADHD, autism and EBSA.
 - The most prominent cohort targeted for parenting or family support was reported via our survey to be families of children with additional needs. Overall, 56.9% of surveyed local authorities (n=33) reported targeting parenting and family therapy programmes at families of children with additional learning needs (ALN) or special educational needs (SEN), 53.4% (n=31) reported targeting families with children who are neurodivergent, and 50.0% (n=29) reported targeting families with children with disabilities. Currently, local authorities are supporting these groups using newer programmes, such as those developed by the National Autistic Society (NAS) for families of autistic children, which are less robustly evaluated.
- **Prioritise accessibility and parental needs**, including programmes which are shorter or offer alternative ways of engaging.
 - While less intensive programmes may not generate the same level of impact for those who complete them, some interviewees felt this can be an appropriate trade-off if it enables parents to engage who might otherwise be unable to participate at all.

Programme providers have a role to play in working with local authorities to develop new programmes suited to changing needs. One area reported replacing a widely used evidence-based programme with a new model commissioned in close partnership with a programme developer and funded by a company.

Central government and national funder support was also viewed by some interviewees to play an important role in encouraging and incentivising the generation of new programmes within local authorities. For example, one area noted their experience of being a Families First

for Children pathfinder site⁶¹ as beneficial in creating a space for innovation in a controlled setting with centrally provided structure and support:

“The pathfinder programme felt like an opportunity for innovation or transformation...that’s where national government can help so you can learn from each other and maybe do some innovate stuff in a controlled manner. There’s normally a deadline to meet and drivers for change and priority setting” – Practice Lead

An approach similar to that of the Challenge Fund⁶² delivered as part of the Department for Work and Pensions’ (DWP) Reducing Parental Conflict (RPC) programme to provide ‘test and learn’ funding to develop new approaches to addressing parental conflict, could be deployed with a focus on these evidence gaps in parenting and family therapy support.

Prioritising innovation should not come at the expense of sustained investment in models once an evidence-base has been established, however. The Education Select Committee’s inquiry into children’s social care (2025-ongoing)⁶³ raised concerns about the government relying heavily on local areas to pilot Pathfinders as a way of testing new models and building an evidence base for delivering support to families. While these pilots can generate useful learning, the inquiry criticised this approach of launching small-scale, short-term initiatives in a handful of areas without a clear plan for how to sustain or scale them over time. This can risk creating learning that goes unused, or programmes that are not sustained.

Support to evaluate emerging programmes

National support from the government and funders was also desired in relation to **supporting local authorities to evaluate locally developed programmes in cost effective ways**. For example, one interviewee suggested that providing a framework for local authorities to self-evaluate programmes could be beneficial. Given challenges noted with using multiple outcomes tools, a framework could be used to promote the use of a consolidated set of validated measures, to support comparability across programmes and areas.

“It would be useful for us to have cost effective means of doing small scale evaluations on our in-house developed programmes, some sort of framework where we get taken through a process. We gather feedback and so forth, but we don’t have that evidence longer term to say, this contributed to changing this behaviour.” – Corporate Manager

⁶¹<https://www.gov.uk/government/publications/families-first-for-children-ffc-pathfinder-programme/families-first-for-children-ffc-pathfinder-programme-and-family-networks-pilot-fnp>

⁶² <https://www.gov.uk/government/publications/reducing-parental-conflict-challenge-fund-final-learning-report-march-2025/reducing-parental-conflict-challenge-fund-final-learning-report-march-2025>

⁶³ <https://committees.parliament.uk/work/8071/childrens-social-care/>

Some interviewees reported that national support for the publication of emerging evidence for newer programmes would also be welcomed. Nesta (2025) notes the length of time required as a key barrier for securing robust evaluation for new programmes. Expediting the evaluation of promising new programmes as well as publishing interim evaluation findings could be ways to encourage increased local authority commissioning of evidence-based parenting and family therapy programmes.

Local authorities also provided examples of how they are boosting evidence generation for new programmes in their areas, outlined below.

Local approaches to evidence generation

Several of the local authorities interviewed were seeking to generate evidence for locally developed programmes.

Some described designing or adapting their own parenting offers and using pre- and post-intervention tools such as the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) to measure changes in outcomes. One reported partnering with a local university to commission an external evaluation. In some cases, this locally generated evidence had supported further rollout and wider adoption.

In one area, parenting coordinators established a validating panel to review the evidence-base for programmes developed locally as solutions to emerging areas of need such as workshops developed around neurodiversity, parenting teenagers, understanding extrafamilial risk and child criminal exploitation, and trauma attachment. Developers of these materials and programmes had to gather feedback and build an evidence base to submit to the panel, which then decided whether to roll out the programme. This could provide a model for local authorities aiming to balance robustness in their provision with innovation and flexibility.

These examples show local authorities' willingness and interest to develop the evidence-base for local interventions, but support and resource will be required if higher evidence ratings are to be achieved.

4.2.2 Support with navigating the evidence base and data literacy

As well as improving the availability of robust up-to-date evidence, support for local authorities to make use of and navigate the evidence base effectively may be beneficial.

Previous research suggests that limited time and capacity among commissioners can be a barrier to commissioning evidence-based parenting programmes since they may not have time to interrogate programme designs sufficiently and ensure they meet the needs of the local population (Early Intervention Foundation, 2017). Difficulty in interpreting data on programme efficacy and the complexity of this data can compound the challenges created by

a lack of time and capacity for commissioners. Foundations (Dodwell and Macey, 2024) note that commissioners can have difficulties knowing where to find evidence and how to appraise it.

Our research provides some support for the idea that providing local authority stakeholders with guidance to navigate the evidence base and to improve data literacy could encourage the commissioning of more evidence-based programmes: 69.8% of survey respondents (n=37) reported that *guidance on how to interpret evidence about what works to support parents and families* would be *very helpful* in supporting their local authority to commission or delivery parenting or family therapy programmes that meet local need.

Guidance already available to commissioners was reported by interviewees to be helpful and many described checking guidance regularly. The Foundations Guidebook was mentioned several times and was viewed as a helpful tool to understand which programmes have evidence of outcomes. **Keeping the Guidebook up to date should therefore be a priority.**

Interviewees expressed some interest in the idea of improved guidance and support with data literacy and some acknowledged that local authority confidence and capacity to interrogate the evidence base to inform their commissioning decisions varies depending, for example, on the size of their data team.

Overall, **while there was some interest in more support and guidance in understanding the evidence base and data literacy, this area did not come out strongly as a priority area likely to shift the dial in the commissioning of evidence-based provision.** Where stakeholders did express a strong interest in more guidance was around how to adapt programmes in order to meet local needs while maintaining fidelity to the programme model, which is discussed further in Section 5.3.4.

4.2.3 Encouraging a culture of evidence-based delivery

Leadership and organisational culture that promotes using evidence-based practice is frequently referenced in the literature as an enabler of evidence-based commissioning. Foundations (Dodwell and Macey, 2024) note the need to create the right culture within organisations to encourage evidence-based practice, but highlight that specific guidance on how to achieve this is limited.

Our findings suggest that some **local authorities are seeking to create this culture by making an explicit commitment to the use of evidence-based provision**, and by prioritising buy-in at all levels. The development of Best Start Family Hubs may present an opportunity which local leaders can leverage to boost evidence-based provision, while retaining the flexible and bespoke support which local authority stakeholders also value.

Local examples of building buy-in to a culture of evidence-based practice

One local authority made an explicit commitment to the use of evidence-based provision and to evidence-based commissioning through the adoption of the Institute of Public Care's commissioning cycle.⁶⁴

Key to their success was seen to be integrating a focus on evidence-based parenting and family therapy programmes into locally developed areas of work within their locality model. Buy-in to this model was built by extending the leadership team to include managers, and through proactively engaging with the workforce including Best Start in Life practitioners, so that they were appropriately linked into and aware of the agenda.

Involvement as a Families First for Children pathfinder site was noted as an important mechanism enabling buy-in to a culture of evidence-based practice for this local authority. This was because the pathfinder programme required consciously and collectively thinking about what the area needed, and designing sessions with all stakeholders, including the Director of Children's Services, within a shared physical space.

The importance of an open, consultative approach was stressed, and the incorporation of child and family voice helped to build confidence that evidence-based interventions were being deployed in a way that responded to local need.

Two local authorities highlighted the importance of having **dedicated strategic roles committed to supporting the use of evidence-based practice** in their areas including the use of evidence in decision making. The findings from the evaluation of Foundations' Changemakers programme⁶⁵, which embedded dedicated Local Evidence Leaders to champion evidence use in local authorities, should be used to determine whether and how roles of this kind should be adopted more widely when published in late 2026.

Local examples of dedicated roles to support evidence-based practice

In one area, stakeholders described how participation in initiatives such as Changemakers and the Parenting Innovation Programme supported senior leaders and managers to engage more closely with evidence tools and frameworks, including Foundations practice guides. Rather than just introducing a single new role or function, their involvement in the programme was described as creating space for leaders to reflect on how evidence could be used in local decision-making. Leaders reported reflecting on their use of evidence when reviewing existing

⁶⁴ See pg 21 for an overview of the commissioning cycle: <https://foundations.org.uk/wp-content/uploads/2024/10/use-of-evidence-based-tools-and-guidance-in-service-design-and-commissioning.pdf>

⁶⁵ The Changemakers programme is designed to strengthen local systems' adoption and sustained use of evidence-based interventions. See: <https://foundations.org.uk/our-work/projects/implementation-process-evaluation-changemakers/>

provision, considering launching new programmes, or thinking through questions of fidelity, adaptation, and access.

4.2.4 Direction around programme selection

Nesta's 2025 report proposed the need for a centrally driven national initiative to promote delivery of the most effective parenting programmes. Our research sought to test the interest in this proposition with local authority stakeholders and determine what would make an initiative of this kind most helpful: *Guidance from national government or funders about preferred models or programmes* was a highly rated factor in survey responses, with 77.8% of respondents (n=42) reporting that it would be *very helpful* in supporting their local authority to commission or deliver parenting or family therapy programmes that meet local need.

In interviews, local authorities were clear that for central direction to be beneficial it should be:

- **Based on a robust assessment of the needs of parents and families** across the country, to ensure there are not gaps in the stipulated programme offer. For example, one area noted that the list of programmes provided for Best Start Family Hubs as part of the Best Start for Life programme did not include any explicit provision for parents of children with SEND, although this may reflect a more general lack of available evidence-based provision in this space.
- **Balanced with allowing local flexibility:** Some interviewees stressed the importance of requirements not being so restrictive that local authorities are prevented from offering support in a way that they feel best meets local needs. Restrictive direction was also linked to the perceived onerousness of some reporting requirements:

"You want to be trusted to get on with it rather than be accounting to the nth degree. It's the outcomes you really want – how people get there is more for local discretion. National government should set the parameters and let local areas get on with it." – Local authority commissioner

- **Consistent and cross-departmentally aligned:** Interviewees stressed the importance of national agendas being aligned both within and between central government departments and the need for departments to understand the impact of multiple requirements across parallel programmes and avoid these clashing. For example, one interviewee noted this was a challenge with the requirements for the development of Best Start Family Hubs clashing with those for the FFP programme, although they did not provide details of exactly which requirements clashed and why.
- **Matched with sufficient funding:** If requirements are made for the delivery of certain programmes, interviewees stressed the importance of this being matched with

funding. For example, some had experienced challenges around delivering the requirements of the Best Start Family Hubs model within the funding provided.

- **Timely:** Appropriate lead-in times should be given for any changes in programme requirements. One interviewee also noted the importance of using pilots and test-and-learn approaches before full-scale delivery or scaling up.

Taken together, these findings provide some support for Nesta's call for a more centrally driven national approach to promoting the delivery of effective parenting and family therapy programmes, while ensuring local areas retain some choice over delivery. Elements of this approach are already present within the Best Start for Life Family Hubs programme, which provides a degree of national steer on provision, but this could be strengthened within the Family First Partnership requirements, while ensuring alignment between the two initiatives.

4.2.5 Sufficient and sustained funding

Any central government direction around the commissioning of evidence-based parenting and family therapy programmes will need to be accompanied by sufficient and sustained funding to be successful.

Limited and short-term funding environments have been long established in the literature as factors constraining sustained investment in sometimes more costly evidence-based parenting and family therapy programmes (Nesta, 2025; Berry et al., 2022; Nesta, 2024). However, our interviews with local authority stakeholders highlighted the particularly acute nature of the challenges currently faced in relation to funding. The funding environment was consistently described as challenging and uncertain, with ongoing reforms and the current Fair Funding Review (FFR) reported to make planning difficult. The government's FFR is an effort to overhaul how local authorities in England are funded, aiming to create a fairer system based on updated needs and resources, with new funding allocations due to begin in 2026/27.⁶⁶ One stakeholder described the impact of funding uncertainty as follows:

"The Families First Programme has a focus on early help and being community based but the Fair Funding Review actually looks like it might be taking away from early help. I know with the evidence-based programmes, where we might be looking for them to be delivered in-house, staff don't know what they're doing, they don't know what their roles and responsibilities are going to be as part of these changes so it impacts on buy-in and capacity." – Local authority commissioner

Three key priorities for change were identified consistently by local authorities:

⁶⁶ <https://www.gov.uk/government/consultations/the-fair-funding-review-20/the-fair-funding-review-20>

- **Providing dedicated funding streams:** Several interviewees suggested that ringfenced funding for evidence-based parenting and family therapy provision is needed to prevent money being absorbed by other priorities. 90.7% of survey respondents (n=49) reported that *dedicated funding from national government or funders* would be *very helpful* in supporting them to commission or deliver parenting or family therapy programmes.

“If funding is not ring fenced then we can't protect the money within a local authority – especially the way that local authority finances are at the moment.” – Principal Lead

- **Longer-term funding:** While emerging as a lower priority than dedicated funding streams, 64.2% of respondents (n=34) still reported that *multi-year funding arrangements* would be *very helpful*. One interviewee described the need for funding on three-to-five-year terms to create the confidence for longer term investment in evidence-based programmes. Longer-term funding was also noted by some as beneficial in supporting sustained delivery and monitoring of impact.
- **Ensuring funding reflects real costs of delivery:** Evidence from scaling the Incredible Years programme highlights the importance of staff having the time and resources to identify eligible parents, engage them, and deliver programmes with fidelity (Berry et al., 2022). The stakeholders we interviewed often described these implementation costs as ‘*hidden costs*’, also noting those associated with providing facilities and the work needed to recruit and build relationships with parents. These costs can be particularly significant for large rural authorities, due to travel requirements:

“We’ve got a couple members of staff who need training and we’re having to send them to [city] so we’re having to pay their travel costs, their overnight costs. So there is an additional cost for us in being a rural local authority.” - Corporate Manager

There are examples of funds with targeted streams for evidence-based parenting and family therapy support which could be emulated, such as the Supporting Families Against Youth Crime Fund⁶⁷, while the upcoming Better Futures Fund⁶⁸ may implement this approach too.

4.2.6 Strengthening workforce capacity and capability

Previous research, including Nesta’s 2024 report, has highlighted sufficient workforce capacity as essential for successful delivery of parenting programmes. Nesta notes that

⁶⁷ <https://www.gov.uk/government/publications/troubled-families-supporting-families-against-youth-crime>

⁶⁸ <https://www.gov.uk/government/news/largest-fund-of-its-kind-to-support-vulnerable-kids-families>

adequate funding could help local authorities to overcome challenges in commissioning and scaling programmes by supporting staff recruitment, upskilling and retention.

Our findings confirm that **local authorities themselves see funding to invest in the workforce as a priority requirement**. 100% of survey respondents reported that *funding to invest in recruitment and training of programme delivery staff* would be helpful in supporting their local authority to commission or deliver parenting or family therapy programmes, including 92.6% (n=50) rating it as *very helpful*.

Funding and commissioning arrangements should explicitly recognise workforce investment as a prerequisite for effective delivery, and should include dedicated funding for recruitment, training and supervision of programme delivery staff. This supports the findings from past schemes including the National Academy of Parenting Practitioners (NAPP), the evaluation of which found that the government provision of funding for free training and specific posts facilitated widespread take up of the offer and supported successful implementation regardless of local authorities' baseline readiness (Asmussen et al., 2012).

Dedicated teams

At the local level, the value of dedicated roles or teams to deliver parenting support was stressed by interviewees in areas where these are in place. Dedicated roles are seen as beneficial both in creating protected capacity, and in ensuring the specialist expertise needed to deliver parenting and family therapy provision well.

Funding from central government or funders to **support the establishment of dedicated parenting roles or teams** should therefore be considered as a priority area.

Local approaches to dedicated teams

One area has established a dedicated parenting team which is supported by a framework similar to the independent domestic violence advisors (IDVA) service⁶⁹, i.e. with specialist roles, clear referral pathways and quality expectations, and ring-fenced capacity.

Generalist practitioners, including family support workers and Family Hub practitioners, are sometimes also trained to deliver parenting programmes. However, this was reported to be a pragmatic response to budget constraints, with a dedicated delivery team preferred:

“We’ve got family support workers who are super talented and experienced, but they have to know everything, whereas parenting practitioners are masters of parenting programmes. We’ve got enough evidence to say it needs to be a dedicated team” – Head of Service

⁶⁹ IDVA Statutory Guidance: <https://www.gov.uk/government/publications/independent-domestic-violence-adviser-statutory-guidance>

Another area has a dedicated parenting coordinator role, which was described as vital for supporting the set-up, training, recruitment and delivery of parenting interventions. However, this role is still reliant on practitioners being released from other teams to receive training and deliver the programmes, and these activities have to fit around their core activity.

Workforce development

Improved access to providers with relevant experience or expertise and support to expand and strengthen the programme delivery workforce were reported as *very helpful* in supporting the commissioning or delivery of parenting or family therapy programmes by 83.3% (n=45) and 70.4% (n=38) of survey respondents respectively. The higher rating of the former may reflect the preference of some local authorities to commission external providers, including from the VCSE sector, to deliver parenting and, less frequently, family therapy programmes. While, as noted in Section 3.6.2, some local authorities commission external partners in part to manage internal capacity constraints, challenges can also be experienced with identifying external providers with the capacity and capability to deliver programmes at scale.

National initiatives linked to parenting and family support should therefore set out how the workforce should be developed and sustained across delivery partners. One local authority mentioned the impact of the Supporting Families programme⁷⁰ (previously the Troubled Families programme) in helping them to bring partners together and build an emphasis on workforce development across partners including from the VCSE sector, education, health and children's services. This was combined with a long-term emphasis within the authority on developing training programmes in response to local need, as well as a workforce shadowing programme where practitioners could observe the delivery of different services.

While successive national initiatives such as Best Start Family Hubs and the FFP programme do also place an emphasis on workforce development, our findings suggest that local authorities still experience significant challenges in this area. Government initiatives and large funding programmes should continue to ensure that funding agreements and guidance includes expectations around training, supervision and protected time for skill development, to ensure local areas have the capacity and capability to deliver programmes effectively.

4.2.7 Boosting joint commissioning

The landscape of parenting and family therapy provision is somewhat fragmented, with similar interventions delivered in parallel by different services. This can create challenges in ensuring joined-up support. Joint commissioning has been noted by previous studies as a way to improve system understanding of need and reduce duplication in provision (Early Intervention Foundation, 2017; Dodwell and Macey, 2024). The pooling of local budgets and

⁷⁰ <https://www.gov.uk/government/collections/supporting-families>

infrastructure around shared strategic priorities can also serve to overcome funding and capacity issues.

As noted in Section 3.6.1 above, however, our findings suggest that **joint commissioning of parenting or family therapy programmes is not taking place consistently** across local areas. Survey findings suggest that local authorities would be open to more joint commissioning, as 100% of respondents reported that *opportunities for joint commissioning with partner organisations* would be helpful in supporting their local authority to commission or deliver parenting or family therapy programmes that meet local need, including 69.8% (n=37) reporting that it would be *very helpful*.

The importance of joint commissioning, particularly between health and children's services, has long been reflected in government policy and programmes, but remains challenging to achieve. Sure Start required integrating services such as health, early learning, parenting support and parental employment into community-based service points but challenges were experienced with engaging health and job centres, competing priorities at local level and challenges with data collection and sharing (Bate and Davies, 2012). Efforts have continued with recent initiatives, including the Best Start Family Hubs programme which emphasises joined-up early intervention and prevention, and the FFP programme which promotes multi-agency working in the safeguarding space. These developments were welcomed by some interviewees, and one Families First for Children Pathfinder area reported that joint commissioning had been central to its delivery model.

However, other stakeholders noted a **desire for clearer national policy direction around the use of joint commissioning in parenting and family therapy provision, particularly for families with more complex needs whose support may span multiple services**. For example, one interviewee suggested the need for more joint commissioning between health and children's social care in supporting families whose children have additional needs and may be displaying behavioural difficulties. The importance of joint commissioning in more specialist provision is supported by the Institute for Fiscal Studies' (2025) findings which highlight that while universal integrated services such as Sure Start can provide substantial long-term benefits, they do not replace the need for later intensive, specialist services.

One survey respondent noted that, historically, commissioned opportunities have tended to be for a single agency such as NHS England, and they would like to see more joint commissioning opportunities for local authorities and the NHS.

While not explicitly noted by interviewees, joint commissioning with the YJS, the police, or via violence reduction partnerships (VRPs) may present another opportunity to commission improved support for families of children in contact with the YJS or at risk of extra-familial harm. The independent review of children's social care conducted under the previous administration recommended that government should enable local areas to integrate their VRP funding and infrastructure into their local response to extra familial harms (MacAlister,

2022). Mechanisms of this kind may also support increased provision of more costly family therapy support for families with these needs, where appropriate. The potential for use of parenting and family therapy programmes to support families of children involved in or at risk of involvement in violence is discussed under Section 5.1

5 Ensuring parenting and family therapy provision meets local need

In addition to understanding how local authorities can be supported to commission more evidence-based parenting and family therapy programmes, this review sought to identify how parenting and family therapy provision can be designed and delivered by local authorities to ensure they meet the needs of local populations effectively, including those of Black, Asian and minority ethnic communities.

This section examines how local authorities are using parenting and family therapy programmes to support families of children involved in or at risk of involvement in violence, how they are monitoring need, reach and outcomes and seeking to support engagement with their programmes including through use of the VCSE sector, how issues of cultural relevance are being considered in commissioning and delivery, and how implementation with fidelity is ensured. The ways in which national actors can support local authorities with their efforts to implement programmes and meet needs effectively are explored within each section.

5.1 How are local authorities using parenting and family therapy programmes to support families of children involved in or at risk of involvement in violence?

Key messages: Parenting and family therapy provision is rarely commissioned with an explicit violence reduction aim but is widely used to improve children's behaviour.

To assess whether a stronger strategic focus on parenting and family therapy programmes as a violence prevention tool is warranted, further research is needed on the extent to which these programmes influence outcomes associated with violence, which programmes are most effective and for whom, and what role they can play within a wider, multi-agency response.

5.1.1 Use of parenting and family therapy programmes to reduce or prevent violence

For most of the local authority stakeholders interviewed, violence reduction was not a core or explicit reason for commissioning parenting or family therapy programmes. However, stakeholders consistently reported that these programmes are used to support parents to understand and manage challenging behaviours displayed by their children, and to support their emotional regulation, outcomes which are associated with violence reduction. This corresponds with survey findings which show that 89.7% (n=52) of surveyed local authorities

are delivering at least one of the programmes on our list, which all have at least preliminary evidence of impact on children's behavioural difficulties or other outcomes associated with violence, even if they were not designed specifically to prevent or reduce violence directly.

Use of parenting and family therapy programmes to address child or adolescent to parent violence and abuse

Where interviewees did note a direct focus on violence, was in programmes for **families experiencing child or adolescent to parent violence and abuse (CAPVA)**. Two of the programmes in our list had a specific focus on CAPVA, and both were in the top five most prevalent programmes reported by local authorities in our survey. Neither were in the Foundations Guidebook, but were added to our list due to their focus on violence and their emerging evidence base (see Appendix A):

- Non-Violent Resistance Parenting programme (reported in 36.2% of local authorities, n=21)
- Child to Parent Violence (CPV) Programme (reported in 24.1% of local authorities, n=14).

Assessing the robustness of the studies underpinning these two programmes was beyond the scope of this review, and therefore they cannot be confidently classified as evidence-based.

Use of parenting and family therapy programmes to address wider offending behaviour

Survey responses also indicate that some areas are explicitly targeting **families of children involved in or at risk of involvement in offending behaviour**, although this does not necessarily translate to violence. As noted in Section 3.5 above, however, this is only around half of the cohort: 55.2% of local authorities (n=32) reported delivering support to families of children either at risk of contact with the YJS, already in contact with the YJS, or both.

While local authorities may be targeting families of children involved in or at risk of offending, **use of programmes with a specific focus on addressing offending is limited**, suggesting that they are using more generic parenting and family therapy provision to support these families. Two of the programmes on our list are specifically focused on supporting families of children displaying antisocial or offending behaviour, but these were reported in only a relatively small number of areas:

- **Multisystemic Therapy (MST)** (reported in 15.5% of local authorities, n=9)
- **Functional Family Therapy (FFT)** (reported in 13.8% of local authorities, n=8)

The limited use of these two programmes may be explained by both being relatively intensive family therapy programmes, delivered on an individual basis and rated on the higher end of

the Foundations cost rating (4-5 for variants of MST, and 3 for FFT), all factors shown to influence commissioning decisions (see Section 4.1).

These more specialist programmes are often associated with supporting families with more complex or advanced need, perhaps also explaining their more limited use. However, one area described efforts to deploy MST at an earlier, more preventative stage.

Local examples of using offending-focused interventions at an earlier stage

One area reflected on their delivery of MST: initially offered only to parents ‘at the end of the road’, the programme can now be accessed earlier and referrals are made via Early Help. Staff reported that this has supported greater engagement from families and increased the likelihood of sustaining change.

“It started working better when early intervention could refer in because they are getting to them at an earlier stage” – Service Manager

Use of parenting and family therapy programmes to address extra-familial harm

While acknowledged as an increasing area of risk, **extra-familial harm, including exploitation and online harms, was not an explicit focus within the parenting provision** of most of the local authorities interviewed. None of the evidence-based programmes in our list are specifically focused on extra-familial harm, and it is therefore not clear if they would be appropriate for use in this context, particularly without additional practitioner training and support.

Local provision for extra-familial harm

One local authority has developed their own programme for parents specifically focused on extra-familial harm due to the increasing need in this area.

Another introduced a new service to address a gap in support for parents of adolescents. The new service was based on the principles of their family safeguarding model but adapted for where risks are primarily coming from outside of the home rather than parental behaviour.

The recent Foundations Parenting Through Adversity practice guide (2025) for parents of children aged 11-18 emphasises that **harms occurring primarily outside the home, including exploitation and serious youth violence, are unlikely to be addressed through parenting or family therapy programmes alone**, and instead require coordinated, contextual safeguarding responses. This suggests that where parenting or family therapy programmes are used in the context of extra-familial harm, they are most appropriately positioned as one element within a wider, multi-agency response, supporting family relationships and parental capacity alongside interventions focused on addressing extra-familial risk factors directly. The

potential role of evidence-based programmes as part of a wider multi-agency response to extra-familial harm could be an area for further research.

5.1.2 What would strengthen the evidence around the use of parenting and family therapy programmes to reduce or prevent violence?

To assess whether a stronger strategic focus on parenting and family therapy programmes as a violence prevention tool is warranted, further research and evaluation are needed. There is a need to better understand the extent to which these programmes can influence outcomes associated with violence, which interventions are most effective, and how impacts vary according to child and family characteristics, including levels of need and risk.

The Foundations (Jones et al., 2025) systematic review, while not explicitly focused on violence, provides relevant insight by examining impacts on externalising behaviours, an outcome associated with violence. It found mixed effects on behavioural outcomes overall, with some indication that parent training programmes may deliver slightly stronger impacts on adolescent behavioural problems than family therapy models. Importantly, the review highlighted mixed evidence on MST for different cohorts, including indications that it may be less effective - or potentially harmful - for girls in some domains, and less effective for young people at lower risk at baseline, possibly due to the intervention heightening their exposure to offending behaviours.

These findings underline the need for a stronger and more nuanced evidence base in relation to whether and how parenting and family therapies can be used to prevent or reduce violence, including through extra-familial harm. Further research will be critical to support local authorities to make informed investment decisions in these often-costly interventions, and to ensure they are targeted appropriately at the cohorts most likely to benefit.

5.2 How are local authorities monitoring need, reach and outcomes?

Key messages: Local authorities emphasise evidence-informed commissioning, often supported by systems such as dashboards to collate data on need and direct engagement with families to understand their preferences. Monitoring of programme implementation, including of reach and outcomes achieved, is more variable.

Monitoring could be strengthened through support to boost multi-agency data sharing, disaggregate data by demographic characteristics, and use quantitative outcome metrics where possible. Crucially, mechanisms must also be in place to ensure data is understood and insight routinely acted upon, including being fed back to programme developers.

5.2.1 Collecting and sharing data on local need and demand

The importance of commissioning processes being informed by a clear understanding of local need is recognised by local authorities; *Local data on need or demand* was identified by 61.8% of survey respondents (n=34) as a *very important* factor influencing their decision about whether to commission or deliver a parenting or family therapy programme.

Past research suggests that commissioners require access to data from multiple sources to identify which families need support and the nature of those needs. Since parents often engage with multiple services, sharing data and resources helps build a clearer picture of need and align support accordingly (Nesta, 2024).

Most interviewees reported that their **local authorities have robust systems to collate and share data in place**, including dashboards drawing in data from multiple partners.

Previous research and policy documents note remaining challenges with sharing data around need, however. Evaluations of the Welsh government's early years support programme, Flying Start⁷¹, for example, have noted a lack of data sharing between health boards and local authorities, delaying the identification of eligible children. Our findings echo these challenges, with interviewees reporting **difficulties with accessing data from some partners**, particularly schools and health which are the services that most parents are frequently engaged with.

While various need metrics and population characteristics are routinely monitored, **disaggregation by demographic group was not reported**. This is likely to limit local understanding of need. Previous research highlights the lack of good quality data around the needs of Black, Asian and minority ethnic families, which can result in limitations in programme design and delivery that reduce participation (Mehay, Leavey and Butt, 2021).

5.2.2 Engagement with families and communities to understand need

Local authorities described a strong and deliberate focus on engaging families and communities to shape their parenting and family support offers and ensure they are meeting local need. Interviewees consistently emphasised a commitment to understanding parents' experiences, preferences and views about existing provision to refine their offer. Various methods were described for achieving this, with examples outlined below.

⁷¹ <https://www.gov.wales/national-evaluation-flying-start>

Local examples of engagement with families and communities

Gathering insights through community-based outreach: Attending coffee mornings and drop-ins to speak with parents informally about what support they value and would like.

Capturing feedback from families to improve existing provision: Local areas use a range of feedback mechanisms to suit different parental needs, including surveys, texts, and informal conversations. In one area, feedback from parents accessing a programme is monitored as part of quarterly meetings to assess how the model is being delivered and identify any challenges parents are experiencing with it.

Using feedback to identify gaps and improve provision: One area identified a need for a programme around parenting during the menopause. Another identified a need for a more flexible and accessible offer, which led them to set up drop-in parenting support within a local health and wellbeing hub.

These findings suggest that local authorities recognise the need for ongoing, meaningful engagement with families to ensure parenting and family support is aligned to local need.

5.2.3 Monitoring reach

There appears to be some variability in the monitoring of programme reach, determined in part by local capacity and capabilities around data collection and analysis. Local authorities with research or data teams reported being able to take a more robust approach, but smaller or more rural areas may face more challenges. What local authorities can monitor is also often dictated by their case management and monitoring systems.

The extent to which monitoring is treated as a strategic priority by local leaders may also influence its quality. Survey respondents with an overarching understanding of parenting and family therapy provision in their areas were asked whether their local authority monitors the reach of parenting or family therapy programmes. While a majority (n=33, 59.0%) reported that some form of monitoring was in place, nearly a third (n=18, 32.1%) reported that they did not know whether there was any monitoring of reach (see Table 21). This suggests a lack of clarity on how reach is monitored at a strategic level within local authorities.

Furthermore, while 39.3% (n=22) of survey respondents with an overarching understanding of local parenting and family therapy provision reported some monitoring of demographic characteristics, 19.7% (n=11) reported that they monitor reach in ways that do not include demographic information. This suggests that at a strategic level there is an inconsistent use of demographic data to understanding the reach of parenting and family therapy programmes. Local authorities with more granular monitoring will be better placed to understand equity of reach between different demographic groups.

Table 21. Responses to ‘Does your local authority monitor the reach of parenting or family therapy programmes?’ (Overarching-level question)⁷² (n=56 respondents)

Responses to monitoring reach	Number of respondents	Percentage of respondents (%)
Yes – only by number of individuals/families	9	16.1%
Yes – by number and by demographic characteristics (e.g., ethnicity, language, gender, SEND)	8	14.3%
Yes – by number and by other, non-demographic characteristics (e.g., referral source, location)	2	3.6%
Yes – by number and both demographic and other characteristics	14	25.0%
Not currently – but plans to monitor are being developed	5	8.9%
No	0	0.0%
Don’t know	18	32.1%
Total	56	100%

Survey respondents who reported having insight into a specific service were asked whether their *service* monitors the reach of the programmes they reported delivering. Here, 84.2% (n=48) reported monitoring the reach of the programmes in some way, suggesting that while reach may not be monitored at a strategic level, this is taking place at the service level.

However, only one third (n=19) reported monitoring demographic characteristics. A lack of consistent monitoring of reach by demographic group was also evident in interviews. Service-level stakeholders were often unsure as to whether their programmes were having equitable reach into different communities, while many suspected that they might not be.

While not occurring consistently, some areas noted examples of good practice in monitoring reach by demographic characteristics which could be emulated elsewhere.

Local approaches to monitoring reach

One local authority described collecting demographic data to help identify which families are underrepresented in accessing their services and then worked with local voluntary organisations who have a good understanding of those communities to boost engagement.

Another area reported investing heavily in its data systems to improve the quality of its monitoring, including using heat maps to identify which geographical areas have engaged with their provision and then cross-referencing this with demographic data.

⁷² This question was only asked to respondents who reported having an overarching understanding of parenting and family therapy provision in their local area, so was not asked to those with insight into a specific service only.

5.2.4 Monitoring outcomes

Even when delivering evidence-based programmes, it is essential that local authorities monitor outcomes for the families they are supporting, to understand if they are achieving the same outcomes observed in the programme's trials and, if not, to find out why.

Our research found that **local authorities prioritise capturing qualitative feedback from families accessing their programmes**, using a variety of approaches outlined above. Some also noted using validated pre and post outcome measures to measure impact quantitatively, but **use of quantitative tools appears to be less consistent**. Practices appear to vary by area based on the systems and capacity available. As one interviewee noted, there can be particular challenges around ensuring child outcomes are captured meaningfully and interpreted correctly:

“Data literacy is one thing that is really difficult and I think some outcomes are really difficult to measure, particularly around child outcomes. In commissioning, whilst I have access to contract monitoring data it's very different to get those real data insights. When you're commissioning you don't always have that support [from the data team], depending on their capacity.” – Local authority commissioner

Several interviewees reported that the outcome monitoring frameworks and guidance provided by many evidence-based programmes are useful and can help to improve local monitoring systems. However, one stakeholder noted that using different outcome measures across different programmes creates challenges with administration and local comparability. To address this challenge, this area created a bespoke measure for use across all their programmes, in addition to the required programme-specific tools. There is a risk, however, that generic measures will not capture impact of individual programmes accurately.

Reflecting the findings relating to monitoring need and reach, **local authorities did not report disaggregating outcomes data for different demographic groups**. These findings suggest an important potential area for cross-system improvement. Evidence from other sectors including healthcare commissioning are consistent with our findings in this area; for example, research found that routine monitoring of service provision to assess performance rarely has a focus on inequalities or ethnic diversity (Race Equality Foundation, 2013).

5.2.5 What would support local authorities to strengthen monitoring and tracking?

National funders can play a role by supporting local authorities to embed more systematic approaches to tracking need, reach and impact across areas.

Some national initiatives are already providing local authorities with tools to support needs assessment. The Reducing Parental Conflict self-assessment planning tool, for example, was designed to support local leaders and commissioners to identify local system strengths and

areas for development, to inform the planning of activities and monitor progress over time. The Families First programme in Wales also provided a Joint Assessment Family Framework (JAFF) and Team Around the Family Model (TAF) which provide guidance to agencies around working together to assess family need and consider how to address them.

Current initiatives such as the Changemakers Programme aim to strengthen local authorities' use of data for evidence-based commissioning, with scope for learning from its evaluation findings when published. Data to Insight are also scoping and designing a 'Centre of Excellence' which aims to provide a national support offer for data and digital work in children's social care (Data to Insight Consortium, 2025).

Our findings suggest that there are specific domains where a focus on strengthening monitoring and tracking could be beneficial, including data sharing, disaggregation of data, feedback from families, and systems to support taking insight-informed actions.

Data sharing to inform commissioning decisions

While local authorities generally reported having processes to track and understand need across their populations, 75.5% (n=40) of survey respondents stated that *better data on the needs of families* would be *very helpful* in supporting effective commissioning of parenting and family therapy programmes.

The data-sharing infrastructure developed through the Supporting Families programme⁷³ was widely viewed as beneficial in strengthening the understanding of need, and the steps taken by some authorities to build upon and sustain this framework should be emulated.

Local examples of using statutory requirements to support data collection and sharing

One local authority noted that the Supporting Families programme had been a valuable enabler of progress in data sharing between agencies. Tracking around core metrics being a statutory requirement helped to expedite data sharing, although the necessary relationships and arrangements reportedly still took a long time to set up in many areas. This local authority reported expanding upon the initial structure provided by the programme, creating a feed updated daily of metrics relating to school attendance, employment, mental health, drug and alcohol treatment service, police arrest, and homelessness. This enabled proactive identification of risk factors, needs and trends in the local population which was used to inform what parenting provision was commissioned via their framework.

The FFP programme also offers opportunities to support more consistent information sharing through use of common identifiers, which local authorities should leverage to inform

⁷³ <https://www.gov.uk/government/collections/supporting-families>

decisions about parenting and family therapy support. FFP programme guidance additionally highlights the value of education attendance data as an indicator of need and recommends its inclusion in eligibility decisions for provision. For example, the guidance notes that a pattern of severe absenteeism can be an indicator or cause of other issues and therefore of need for early family support.⁷⁴

Data disaggregation to improve equity

Our research highlights a potentially significant gap in the collection and use of disaggregated data to monitor reach, need and outcomes.

Despite this, only 58.5% (n=31) of survey respondents reported that *better data on the needs of racially minoritised families* would be *very helpful*, compared with 75.5% (n=40) for families overall. This lower prioritisation of data on the needs of families from Black, Asian and minority ethnic backgrounds and the associated gaps in data collection could have negative consequences for equity of both reach and outcomes.

Ensuring that need, engagement and outcomes data are broken down by demographic characteristics should therefore be prioritised and required within national tools and frameworks.

Feedback from families

Although 66.0% (n=35) of respondents reported that *better data on families' preferences and engagement with interventions* would be *very helpful* in supporting effective commissioning of parenting and family therapy programmes, this was lower than other factors in our survey. This may indicate that some areas already feel they gather this feedback effectively.

However, it remains important that this information is consistently fed back to programme developers and used to inform ongoing improvement, and that qualitative feedback is combined with quantitative metrics where possible. Nesta's (2025) market analysis notes a lack of systematic feedback loops between families, commissioners and programme developers including around the levels of take-up, preferences and palatability of different approaches with families. Furthermore, Nesta suggests that where possible this feedback from families should be based on large samples and quantitative methods.

Insight-informed action

Beyond data collection, it is important for local authorities to implement systems that ensure that data is well understood and insight routinely acted upon. One area, for example,

⁷⁴https://assets.publishing.service.gov.uk/media/6825b992a60aeba5ab34e006/The_families_first_partnership_programme_guide.pdf

described holding weekly meetings and monthly performance meetings to review trends and discuss emerging issues such as increases in youth violence. Dedicated analytical capacity can also support this. One authority has created an insight and implementation coordinator role within their parenting support team to analyse and interpret data on reach and outcomes.

5.3 How are local authorities identifying and engaging the right people?

Key messages: Local authorities deploy a range of approaches to identify families who may benefit from parenting and family therapy support, including multi-agency referral pathways, triage processes and open self-referral routes. Many areas seek to balance universal access with targeted provision for families with higher levels of need, often embedding programmes within broader early help or Family Hub offers to create accessible entry points while enabling practitioners to identify those who may benefit most.

Despite this, engaging the families with greatest need can be challenging due to barriers such as language and the perceived rigidity of some programmes. Local authorities report using a range of strategies to address this, including flexible delivery models, community outreach and peer support. To support them in this, clearer guidance is needed on adapting evidence-based programmes to local contexts while maintaining fidelity to core components.

5.3.1 Processes for identifying the right families

In interviews, local authorities described a range of approaches to ensuring that families in need of support are identified and directed to the most appropriate provision. Some examples are outlined below.

Local approaches to identifying the right families

Several local authorities operate multi-agency processes for reviewing referrals and matching parents to the right type and level of provision. In one area this includes formal multi-agency triage meetings designed to identify parents who may benefit from support before needs escalate to statutory thresholds.

One area, through participation in the Changemakers programme, introduced a dedicated parenting panel which quality assures and considers the appropriateness of referrals.

5.3.2 Balancing universal and targeted approaches to provision

Previous research highlights the importance of balancing universal and targeted approaches when commissioning parenting and family support. Targeted interventions can risk stigmatising families and discouraging engagement. For example, the Troubled Families programme (since renamed Supporting Families) aimed to support families affected by generational patterns of poor parenting, abuse, violence, drug use, antisocial behaviour and

crime, but was criticised because many of the families identified were not involved in these issues (Mehay, Leavey and Butt, 2021). However, when designed and delivered in ways that are trusted by local communities, culturally relevant, and tailored to specific needs – as the DWP suggests is the case in the Strengthening Families, Strengthening Communities (SFSC) programme – targeted approaches can enhance both reach and effectiveness (Department for Work and Pensions, 2025). Use of SFSC is discussed further in Section 5.4.2.

Our research suggests that local authorities are actively navigating this tension when identifying and engaging families. Many emphasised the importance of maintaining open access to parenting provision, with self-referral routes commonly available. However, interviewees in two areas noted that parents who proactively sign up for programmes may not always be those with greatest need. Some also described pressures to demonstrate high uptake, which can incentivise engagement with families already motivated to participate.

“We feel under pressure to fill our courses, so we might open programmes out and then families might self-refer who the course or programme isn’t necessarily designed for. But the cohort of families we’re really trying to engage are often the families that maybe would find the rigidity of those programmes challenging.” – Head of Service

At the same time, several interviewees highlighted the limitations of highly directive or compulsory approaches. In one area, practitioners observed that when parenting programmes were positioned as requirements within statutory child protection plans, families often engaged only superficially. As a result, the area shifted towards offering structured parenting support earlier, within Section 17 support and other preventative services, where participation was framed as voluntary rather than mandated.

Embedding parenting support within broader universal services was seen as one way to reconcile the challenge of balancing accessibility and targeting. Interviewees in two areas reported that Family Hubs had enabled them to position evidence-based parenting programmes alongside informal support such as drop-in sessions and community-based services. This created more accessible entry points for families while still allowing practitioners to identify and engage those with higher levels of need. One professional noted that Family Hubs had also strengthened links with health partners and community organisations, helping extend the reach of parenting provision across the local area.

Overall, there appears to be a **shift towards blended parenting offers, with universal and lower-intensity support complemented by more specialised interventions for families with higher levels of need.** Approaches vary by area, but the trend is towards ensuring that evidence-based programmes can be delivered both as part of preventive early help and within more intensive support packages when families face complex or multiple challenges.

Foundations' recent systematic review (Jones et al., 2025), published while our research was in progress, found that while parenting and whole-family interventions can improve outcomes for families with multiple and complex needs, the overall effects were found to be modest and varied by outcome, family profile and programme type. Overall, it found that these interventions should not be a standalone solution for families with these needs. Therefore, the blended approach taken by some of the local authorities in our research may be an appropriate response to the needs of families with multiple or complex needs.

5.3.3 Securing successful engagement

Previous research on policy implementation highlights challenges with ensuring that the right families are being engaged in support. For example, evidence from the Flying Start programme in Wales⁷⁵ shows take-up of programmes varies substantially, with a high concentration of children receiving services in some areas, and others such as more rural locations facing challenges linked to access.

Local authority interviewees also noted challenges in ensuring equity of access, reporting that **a range of barriers can affect parents' ability or readiness to engage with parenting or family therapy support**. These include challenges around location and accessibility, and issues relating to the length or rigidity of some evidence-based programmes as discussed in Section 4.1. Interviewees reported that barriers to engagement can be compounded for parents facing mental health or substance misuse issues or other challenges, or for those for whom English is an additional language.

Local authorities reported various ways in which they seek to secure equitable engagement. While we could not assess the efficacy and evidence-base of these approaches as part of this review, they provide illustrative examples that local authorities perceive to be effective.

Local approaches to securing engagement

- **Flexible programme delivery to support accessibility.** Including through offering a combination of online and in-person activity, a variety of venues, days and times including Saturdays, and tailoring delivery for lower literacy skills.
- **Offering 1:1 support wrapped around a core intervention, for parents who find group settings challenging.** One local area used this approach to build a relationship with parents prior to their involvement in a more structured intervention, then maintained check-in points outside of the group setting. This was found to support retention. Another area also noted delivering evidence-based programmes on a 1:1 basis to support engagement and accessibility. More broadly, embedding evidence-

⁷⁵ <https://www.gov.wales/flying-start-quality-report-html>

based programmes within wider Early Help or Best Start Family Hubs offers was viewed as a way of balancing robust models with flexibility and responsiveness.

- **Offering short workshops** designed around topics commonly raised by parents in the local area. These workshops are used both as standalone support and to build engagement prior to more structured, evidence-based programmes by offering a “taster” for parents unsure about fully committing to a programme. Workshops in one area focused on topics such as gangs and knife crime, understanding cultural norms in parenting practice and using positive parenting.
- **Developing digital and app-based offers**, including advice and signposting as well as self-directed support, and ensuring that these are up to date and accessible. Local authorities mentioned developing their digital parenting offer as part of their Family Hub offer.
- **Proactive outreach**, including going out to engage with parents in the community and venues such as food banks.
- **Support from parents who have previously accessed the programme.** One area described running drop-in coffee mornings where parents considering joining a programme could speak to those who have participated previously. Another described asking parents to write an anonymous letter describing their experience of the group, how it first felt coming to it, what they learnt, and how it helped make changes. The letters are then used with other parents who are hesitant about attending to encourage attendance.
- **Use of community venues** such as schools. In one area, schools were asked to provide the space and recruit the parents, while the local authority provided the practitioners to deliver the programme. In another, schools were provided with funding to directly deliver support to families focused on their child’s behaviour, basic parenting and boundaries.
- **Peer-led delivery**, explored further in Section 5.4.3 below.

5.3.4 What would support local authorities to adapt programmes to local context to improve engagement?

In order to support engagement of the right people, programmes need to be relevant to current local needs and accessible to targeted families. Foundations’ recent systematic review (Jones et al., 2025) recommends that future commissioning and delivery prioritise flexible, needs-led approaches that can be tailored to different family profiles and levels of risk.

To achieve this, interviewees consistently stressed the need for more support with how to adapt evidence-based programmes to local contexts while still maintaining fidelity:

“I think we need to think about one size doesn’t fit all and if there’s guidance for local authorities on how to tailor programmes to local need that would be really useful.” – Strategic Lead

Survey findings support this perspective, as 83.3% (n=45) of respondents reported that *guidance on implementing programmes and adapting to local context* would be *very helpful* in supporting their local authority to commission or deliver parenting or family therapy programmes that meet local need.

Specifically, interviewees noted that they would like **support with understanding how they can adapt programmes to work effectively with families who might otherwise struggle to engage**. For example, one interviewee suggested the need for guidance on the minimum attendance required to achieve positive outcomes, if lower than the full number of sessions.

Support from programme developers will be required to achieve this, and some positive examples of this already taking place were noted, which could be emulated more widely. For example, in one area a developer had provided support with condensing resources to make them more accessible to the traveller community by adapting language and tailoring examples referred to in the materials to community norms. In another, an interviewee reported that a programme developer had allowed them some flexibility in delivery to meet local need and in the outcome measures they were able to use.

Beyond supporting local authorities to make adaptations themselves, some interviewees suggested that programme developers should produce adapted or condensed versions of their materials to support improved accessibility. Strengthened feedback loops between families, commissioners and programme developers would support this.

Emerging evidence on the common elements of interventions may support more effective adaptation to local contexts, by allowing local authorities to maintain fidelity to common elements from evidence-based programmes rather than replicating entire models. ‘Common elements’ refers to the core elements or ‘active ingredients’ of interventions that are recurring in effective interventions. For example, Foundations (Baan et al., 2025) identified ‘practice elements’ within evidence-based programmes and found some, such as rule-setting and child-directed interactions, were associated with improved outcomes for children and families. Similarly, research on reunification programmes for young people found that a common elements approach can be useful for tailoring interventions (Luu, Collings and Conley-Wright, 2022). Modular approaches to youth mental health treatment, which combine key components from multiple evidence-based programmes, have been shown to lead to faster improvements than the support typically delivered in community services (Chorpita et al., 2017). Foundations (Bann et al., 2025) recommends further research on identifying and incorporating common elements into routine practice.

5.4 How are local authorities making parenting and family therapy support culturally appropriate and accessible?

Key messages: The extent to which issues of race equity are systematically considered in commissioning varies. While many commissioners express a strong commitment to equitable access, this is not always supported by formalised processes or clear national requirements. Understanding whether existing programmes are effective for Black, Asian and minority ethnic communities and whether cultural adaptations are in place can also be challenging.

Nevertheless, local authorities are taking a range of practical steps to improve accessibility, including providing translated materials, delivering programmes in community languages, and working with community organisations and peer-led models. To support these efforts, clearer national guidance is needed on which programmes include or support cultural adaptations and how these can be implemented effectively in local contexts.

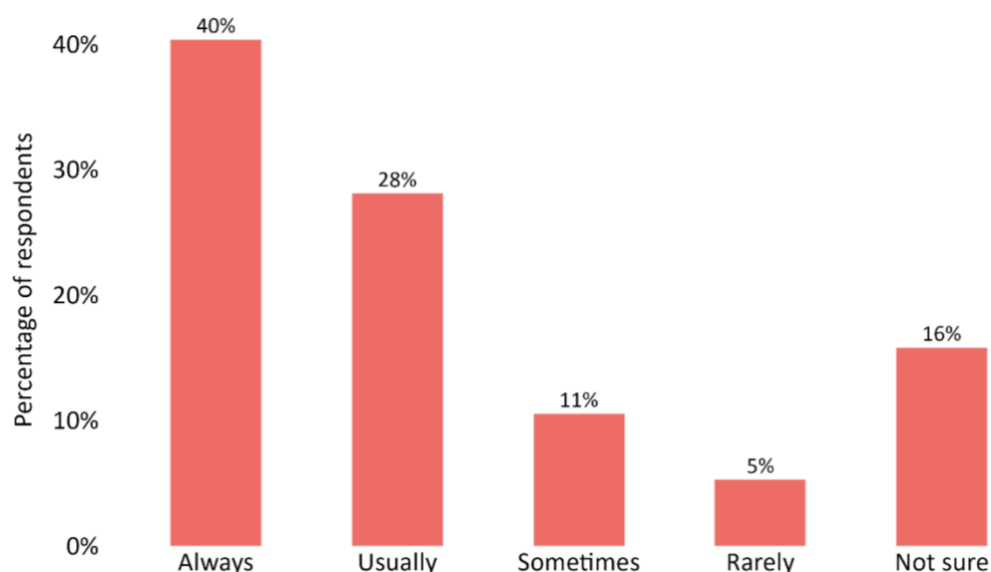
5.4.1 Prioritisation of cultural relevance in decision making

Past research highlights the need to address race equity throughout the commissioning process - from assessing the needs of Black, Asian and minority ethnic communities, to appraising the evidence base, to monitoring whether services are reaching these families. Evidence from research with NHS teams suggests commissioning staff may lack confidence and competence to address racial inequalities, but strong leadership on the topic across the commissioning cycle can drive prioritisation (Salway et al., 2013). Our research sought to understand whether and how local authority stakeholders are providing this leadership.

Survey findings suggest that the extent to which areas are prioritising issues of race equity in their commissioning varies and appears limited in some areas. Survey respondents with an overarching understanding of parenting and family therapy provision in their local area were asked to indicate the extent to which *issues of cultural relevance, race equity and accessibility are considered in their local authority when commissioning and delivering parenting and family therapy programmes*. In response, 40.4% (n=23) reported that it is *always* considered and 28.1% (n=16) reported that it is *usually* considered (see Figure 7). This leaves a substantial minority of 15.8% (n=9) of respondents reporting that it is only sometimes or rarely considered, and a further 15.8% (n=9) reporting they are not sure, suggesting a possible lack of strategic focus.

This variety in the extent to which cultural relevance, race equity and accessibility are considered in commissioning decisions may partly reflect differences in demographic profiles across local authorities. In interviews, those in more rural and less diverse areas appeared to place less emphasis on race equity than interviewees from more urban authorities.

Figure 7. Responses to “To what extent are issues of cultural relevance, race equity and accessibility considered in your local authority when commissioning and delivering parenting and family therapy programmes?” (overarching-level question) ⁷⁶ (n=57)



While race equity is not being consistently considered in the commissioning and delivery of parenting and family therapy programmes, all interviewees reported being aware of and committed to the importance of equity of access to their programmes. Further, the *cultural relevance and accessibility of the programme for racially minoritised families* was rated as *very important* by 61.1% (n=33) of survey respondents in deciding whether to commission or deliver a parenting or family therapy programme.

These findings suggest that while there is a strong commitment to the principles of race equity among local authority commissioners and leaders, this commitment may not always be underpinned by clear or formalised processes to ensure race equity is systematically considered throughout commissioning and delivery. In practice, attention to race equity may therefore rely on individual awareness or current local priorities rather than being embedded within routine decision-making frameworks, particularly in the context of competing commissioning pressures and constrained budgets. This gap may be reinforced by the limited prominence of race equity within relevant national policy and programme guidance; the policies reviewed for this research did not consistently set out explicit expectations or requirements in relation to equity-focused commissioning.

⁷⁶ This question was only asked to respondents who reported having an overarching understanding of parenting and family therapy provision in their local area.

5.4.2 Understanding which programmes are culturally relevant

The inconsistency in the extent to which race equity is considered in commissioning and delivery may also stem from a lack of clarity among local authority stakeholders over what racially equitable parenting and family therapy provision looks like in practice.

There is evidence from previous studies that existing parenting and family therapy programmes have equitable outcomes across diverse populations (Kerns et al., 2024; WHO, 2024; Gardner et al., 2019; Baan et al., 2025). However, the same studies also often point to challenges with determining the impact of some programmes on different demographic groups due to a lack of sub-group analysis.

There has also been an increasing push for the use of cultural adaptations within evidence-based parenting and family therapy programmes (Kerns et al., 2024) and programmes which are adapted to fit a new population have been found to be more effective than non-adapted ones (WHO, 2024). Other studies also note the importance of adaptations, for example making translated materials available, and considering specific cultural stressors and needs when developing a programme (Christensen et al., 2024)

To assess the availability of cultural adaptations within each of the programmes on our list, we reviewed their most recent or robust study and programme website. Beyond a small number of programmes targeting specific demographic groups, such as the 5 Pillars of Parenting (an intervention aimed at Muslim parents), or explicitly tailored to supporting diverse communities, such as Strengthening Families, Strengthening Communities, these adaptations were challenging to identify from the documentation we reviewed. This analysis should therefore be treated as illustrative only.

Of the 60 programmes on our list:

- 53.3% (n=32) have **testing with Black, Asian and minority ethnic participants** reported
- 8.3% (n=5) have **subgroup analysis reported by ethnicity**
- 36.7% (n=22) have identifiable provision for **delivery in different languages**
- 11.7% (n=7) have **identifiable adaptations to materials or delivery formats to reflect cultural or community norms or are explicitly targeted at minority groups**

The challenges we experienced in identifying cultural adaptations within the programmes on our list reflect those reported to us by commissioners. Interviewees noted difficulties in understanding the applicability of standardised programme materials for different communities, and whether it is possible to flex programme delivery to meet different cultural needs while still maintaining fidelity and how to do this.

Perhaps because of this uncertainty, some local authorities expressed a preference for programmes which explicitly market themselves as catering for diverse communities. Despite programmes with an explicit cultural focus or adaptations to address cultural and community norms identified representing only 11.7% (n=7) of those in our list of 60 programmes, nearly a third of surveyed local authorities (n=19, 32.7%) reported delivering one of them.

One of the examples most cited by interviewees was Race Equality Foundation's Strengthening Families, Strengthening Communities (SFSC) programme.⁷⁷ SFSC was described as particularly inclusive and well-received among diverse communities, aligning with the Department for Work and Pensions' (2025) recognition of the programme's culturally grounded design and its co-development with local delivery organisations.

SFSC is not currently included in the Foundations Guidebook but was included in our programme list because of its explicit focus on race equity and ongoing randomised controlled trial (RCT)⁷⁸. Its inclusion meant we could capture its prevalence through the survey, and 20.7% (n=12) of responding local authorities reported commissioning the programme.

The interest in SFSC illustrates that while standard evidence-based programmes may be equally impactful for diverse cohorts, local authorities are seeking clarity and confidence that the programmes they select are relevant and accessible for minority communities.

5.4.3 Making support accessible and engaging Black, Asian and minority ethnic communities

Local authorities are doing considerable work to ensure that parenting and family therapy support is accessible to diverse communities, despite the challenges articulated above. While the extent and maturity of this work varies, interviewees shared a wide range of practical steps that they employ to adapt delivery, address language barriers, and build relationships with minoritised communities. Establishing the efficacy and evidence-base of these approaches was not in scope for this research, but they provide illustrative examples of practice which local authorities perceive to be effective.

Use of translation support

The most commonly reported approach to improving accessibility was the use of translated materials or translation support for parents with English as an additional language. 75.8% (n=44) of surveyed local authorities reported delivering at least one programme which our review identified as offering materials or delivery provision in multiple languages.

⁷⁷ <https://raceequalityfoundation.org.uk/children-and-families/sfsc/>

⁷⁸ See: <https://pubmed.ncbi.nlm.nih.gov/34666724/>

However, translation needs are not always fully met by programme materials alone. Several authorities noted that they often need to arrange for interpretation services to support accessible programme delivery. This was described as challenging because:

- Interpretation can be costly to provide
- Using interpreters in group settings can limit discussion, rapport and peer learning, reducing some of the core benefits of group-based programmes.

Delivery in community languages

Some local authorities are investing in delivering programmes directly in community languages, recognising that delivery is typically stronger when practitioners share the language and cultural background of the families they support. However, interviewees noted that establishing this type of dedicated provision can be challenging in areas where many different languages are spoken.

Local approaches to delivery in different languages

One local authority has recruited parenting specialists who can deliver programmes in a range of community languages.

Others are working with community and faith groups to upskill local practitioners, enabling them to deliver parenting courses in community languages. One gave the example of running a programme in Turkish with the support of a community organisation, which led to ‘dramatically higher engagement’:

“Jointly delivering this programme has helped us improve reach and also engagement, especially when it is delivered in families’ first languages.” – Local authority commissioner

Community and peer-led delivery

Beyond the benefit of enabling delivery in different languages, some local authorities stressed that involving community organisations in delivery also brings benefits in improving programme reach. These community groups were described as trusted messengers that families will listen to:

“They want to hear it from people that they trust. It has to come from the community and upwards rather than from us.” – Local authority commissioner

This supports the findings of past research, which has also noted that community buy-in is important for successful scaling of parenting programmes (Nesta, 2024), and involving community actors in delivery may help to achieve this level of engagement.

Several areas have sought to support parent volunteers to take on delivery roles, most commonly through the Empowering People, Empowering Communities (EPEC) programme. EPEC was described by interviewees as a way of combining evidence-based provision with a grassroots, community-led model. For example, parents who speak community languages can be trained to deliver programmes in those languages. One interviewee suggested that this peer-led approach can help to destigmatise parenting support - particularly for Black, Asian and minority ethnic families – when compared with delivery by statutory services.

EPEC features within Foundations' Changemakers programme, and its inclusion in national practice guidance or approved delivery lists, such as within Best Start Family Hubs, could further strengthen uptake. While 19.0% (n=11) of surveyed local authorities reported delivering EPEC, there remains scope to expand its use. However, this may require support for local authorities to develop and sustain volunteer capacity, which some interviewees noted as a challenge.

Creating space to discuss cultural differences within programmes

Practitioners in one local authority described how they embed opportunities to discuss cultural differences in parenting norms, expectations, and family dynamics, as part of their programme delivery. This was seen to support genuine engagement, but it requires experienced practitioners who are confident navigating sensitive cultural conversations.

"We have a lot of open discussions and reflection and try and make it a safe enough space for people to share." – Service Lead

Developing bespoke support for specific communities

A further example of how local authorities are making their parenting and family therapy provision more culturally relevant and accessible was through the development of bespoke support for specific communities. This shows the importance of moving beyond a generic 'minorities' approach to reflect the specific needs of different groups and the individuals within them.

Local approaches to developing culturally relevant support

In response to unsuccessful engagement of the local traveller community, one local authority adapted their delivery model by designing a lighter-touch introductory group for families from these communities. This approach included adapting resources to better match community norms. The adapted model provided an opportunity to build relationships and group cohesion before offering a structured parenting programme. This approach was reported to boost engagement significantly among families in the traveller community.

5.4.4 What would support local authorities to commission and deliver culturally appropriate support?

Local authority interviewees emphasised their desire for greater confidence that evidence-based programmes are effective for parents and families from Black, Asian and minority ethnic communities.

Survey findings reflect this, with 87.0% (n=27) of respondents reporting that *more high-quality evidence on what works to support racially minoritised parents and families* would be *very helpful* in supporting their local authority to commission or deliver parenting or family therapy programmes that meet local need. As one interviewee noted:

“I’d be keen to know what else is evidence-based that might be culturally specific or easily adaptable.” – Head of Service

As Nesta (2025) notes, ensuring that the impact of parenting and family therapy programmes on diverse communities is consistently clear will require evaluations to be funded at sufficient scale to enable meaningful sub-group analysis. Foundations (Jones et al., 2025) also state the need for more consistent reporting of PROGRESS-Plus⁷⁹ characteristics within programme evaluations to support improved evidence of impact on a disaggregated basis. The protocol for the RCT currently underway of SFSC reports that it will seek to conduct exploratory sub-group analysis investigating different aspects of inequalities in the effectiveness of the intervention across the study population (Lodder, Mehay, Pavlickova, et al, 2021). This could be emulated for other programmes.

Given the challenges commissioners reported in interpreting existing evidence, guidance, including the Foundations Guidebook, could more clearly and prominently highlight the presence or absence of factors relevant to cultural accessibility (such as the availability of translated material, subgroup analysis of impact, and adaptations to materials or delivery to reflect cultural or community norms), and consider providing information on programme accessibility, including uptake and retention. This could support more informed commissioning decisions and give local authorities greater confidence in the cultural relevance of programmes chosen.

National support to promote programmes that include these adaptations may also be beneficial. Should the SFSC trial demonstrate positive impact, inclusion of this programme within national guidance and approved delivery lists - such as those associated with Best Start Family Hubs - could support wider uptake.

⁷⁹ PROGRESS-Plus characteristics refer to a framework used in health and social research to consider equity-relevant population characteristics. PROGRESS stands for Place of residence, Race/ethnicity, Occupation, Gender, Religion, Education, Socio-economic status, and Social capital. The ‘Plus’ captures additional characteristics associated with disadvantage, such as age, disability, sexual orientation, and family status.

At the local level, leaders can seek to embed formalised processes to ensure race equity is systematically considered in commissioning. Past research suggests that meaningful accountability via local and national frameworks is required to ensure this is not a tick-box exercise (Salway et al., 2013). The Welsh and UK governments can support local authorities in achieving this accountability by embedding requirements around considering race equity factors in decision-making around provision delivered through national programmes.

Finally, local authorities are already deploying a range of creative approaches to engage Black, Asian and minority ethnic groups, but research is needed to clarify the efficacy of these. Initiatives such as the Challenge Fund could be emulated, which was launched under the RPC programme, to support projects trialling new ways to engage families who have typically been underserved. Funders should also seek to identify the common components of effective approaches to engagement and include these within national guidance.

5.5 What role do VCSE and grassroots organisations play in meeting local need?

Key messages: VCSE organisations play an important role in delivering parenting and family therapy support for many local authorities and are valued for their strong links to communities and the trust they are perceived to hold with families. However, smaller grassroots and “by-and-for” organisations – including Black-led groups – are less frequently commissioned, and monitoring of the types of organisations delivering support is lacking.

Supporting the involvement of VCSE sector organisations in delivery is likely to require use of small grants schemes, simplified procurement processes, and dedicated workstreams or partnership bodies.

5.5.1 Commissioning of VCSE and grassroots organisations

Our rapid review of the evidence around enablers and barriers to commissioning evidence-based parenting and family therapy programmes identified little discussion of the role played by VCSE and grassroots organisations. Our research therefore sought to understand what role these organisations are playing in supporting local authorities to provide parenting and family therapy programmes in a way that meets local need.

We found that local authorities associated a number of advantages with commissioning VCSE organisations to deliver parenting support. These include:

- **Perceived neutrality:** Parents reportedly see VCSE organisations as neutral or unbiased compared with statutory services which some stakeholders report can help to reduce hesitancy or stigma attached to attending parenting programmes.

- **Stronger links to local communities:** VCSE organisations can help authorities tap into distinct local communities, enabling better reach and engagement. While interviewees did not explicitly discuss the use of Black-led organisations, involving faith and community groups in delivery was noted as an effective means to reach into underserved Black, Asian and minority ethnic communities, as noted in Section 5.4.4 above.

Despite these perceived advantages, while local authorities often commission VCSE organisations to deliver parenting and family therapy support (see Section 3.6.2), they are **less likely to commission smaller ‘by-and-for’ organisations to deliver these programmes.**

Of the surveyed local authorities, 37.9% (n=22) reported delivery by VCSE organisations, but only 5.2% (n=3) reported delivery by a small or medium-sized enterprise (SME), 7% (n=4) by a Black-led organisation and 7% (n=4) by a women-led organisation. Some interviewees did describe involving smaller by-and-for VCSE organisations, but where this was the case, it was typically to deliver locally-developed or less robustly evidenced support.

Local authority **monitoring of the types of organisations delivering parenting and family therapy programmes appears to vary and be limited in some instances.** Only 48.7% (n=19) of survey respondents with an overarching understanding of provision in their local authority reported that their area currently monitors the types of organisations delivering these programmes. One in four (n=10, 25.6%) said they did not know whether such monitoring takes place, and nearly a fifth (n=7, 17.9%) said it is not currently happening. This suggests that the use of specific provider types may not be an explicit strategic priority for many areas.

5.5.2 What would support the involvement of VCSE and grassroots organisations?

Local authorities noted various barriers to commissioning smaller grassroots VCSE organisations to deliver evidence-based programmes, including:

- The training and delivery requirements of evidence-based programmes being prohibitive for smaller organisations with more limited capacity.
- The complexity of tendering systems and processes potentially meaning smaller organisations struggle to engage.
- Financial robustness checks required as part of tendering processes, including requirements around turnover, reserves, or cashflow, being challenging for smaller or newly formed organisations to meet.

Several interviewees provided examples of processes to overcome these challenges and support the involvement of VCSE organisations in delivery, including use of small grants schemes, simplified procurement processes, and dedicated workstreams or partnership bodies supporting delivery with VCSE partners.

Local approaches to engaging the VCSE sector

In one local authority, a rolling small grants fund has been set up to support community and voluntary organisations to deliver ‘Healthy Family Relationship’ work in the local area. This ‘Healthy Family Relationship’ workstream brings together Reducing Parental Conflict (RPC) and Non-Violent Resistance (NVR) programmes into one offer. The organisations applying must therefore have staff trained in RPC and NVR approaches.

Another area has sought to place the VCSE sector at the centre of their parenting and family support offer as a means of effectively engaging and supporting children and families in the community, especially those less likely to access statutory services. To achieve this, the local authority integrated VCSE sector organisations into ‘local alliance groups’ alongside health and social care partners. These groups produce plans and make operational decisions around support delivered for children within localities. Stakeholders reported using this alliance to actively direct funding towards community organisations, via a small grants scheme. This financial support was also seen to be important in allowing local VCSE organisations to keep operating in a challenging funding environment. As one stakeholder from the area said:

“We know that our VCSE partners are often tightly stretched and squeezed. And if we can commission them and provide them some funding, it can go a long way to supporting them to keep going. So, it's a bit of a win-win for both of us because it keeps that VCSE sector healthy to some extent and active in our community and by them being healthy and active in our community that supports our children and families” – Principal Lead

Recent government policies, including the Supporting Families and Best Start programmes already centre on a place-based approach, and highlight the benefits of working closely with community groups and the VCSE sector to engage families who are not currently accessing services. Local authorities should leverage the opportunity posed by the development of Best Start Family Hubs to boost their partnerships with local VCSE organisations.

5.6 How are local authorities ensuring effective implementation?

Key messages: Local authorities emphasise the importance of supporting practitioners to deliver parenting and family therapy programmes effectively, including through ongoing supervision, coaching and opportunities for reflective practice beyond initial training.

These efforts can be supported through the provision of practical implementation support from programme developers or central teams, and opportunities for local authorities to share learning and problem-solve common challenges through peer networks or structured learning forums. Any implementation support should remain supportive and flexible, avoiding unnecessary reporting burden.

5.6.1 Supporting practitioners in delivery

At the local level, some interviewees noted the importance of providing adequate ongoing support to frontline practitioners, beyond initial training, to ensure they are bought in to the approach and delivering it effectively. This supports the findings of Foundations' systematic review (Jonest et al., 2025) which notes that training combined with ongoing reflective practice in the form of supervision, coaching, peer communities of practice, is required to support staff confidence and adherence to the programme model.

“Evidence based programmes are not cheap so being able to anchor that down so that the workforce is dedicated and building their skills and progression routes is really important.” – Service Manager

One area also described gathering feedback from practitioners on how they deliver the intervention to understand whether they are doing so with fidelity, and their perceptions of the programme. While mentioned less frequently in interviews and in the literature than the need to capture feedback from families, boosting ongoing engagement and consultation with the parenting and family therapy workforce nonetheless represents an important area for local authorities to prioritise in strengthening implementation.

5.6.2 What would support local authorities to strengthen programme implementation?

Beyond support to make adaptations, there may also be scope to provide local authorities with more support to implement and scale programmes effectively and in line with their intended model, thereby supporting them to achieve intended outcomes for families.

Providing centralised implementation support

Previous research indicates that having technical support via a centralised team to guide implementation and scaling of programmes may be useful in providing additional resource to support with addressing context-specific challenges that may arise with implementation. Examples such as Triple P and the Family Nurse Partnership demonstrate how central teams can play a key role in supporting local delivery sites and facilitating problem-solving (Nesta, 2024). One area consulted for our review reported positively on support received from Triple P, including access to an implementation consultant to support roll out and a newsletter about best practice.

Nesta's (2025) recommendations based on its market analysis go further than support from programme developers, suggesting the need for an implementation team provided by central government to support implementation and scaling. However, *dedicated resource provided to support programme implementation* was the factor rated least often by survey respondents as *very helpful* in supporting their local authority to commission or deliver parenting or family therapy programmes that meet local need. While still rated as *very helpful* by 47.2% (n=25) of respondents and *somewhat helpful* by 43.4% (n=23), a substantial minority

of 9.4% (n=5) rated it as *not helpful*. While these survey findings suggest that **central implementation support is not the highest priority for many local authorities**, interviews did suggest some appetite for support of this kind, as long as it **remains flexible and responsive to local context and avoids adding undue reporting burden**.

The Changemakers programme may offer a model for a supportive and flexible approach to implementation assistance. Local Development Advisors (LDAs), now Practice Development Advisors were allocated to participating local authorities with the aim of building relationships and providing direction and consistency to programme delivery (Foundations, 2024). Their role was intended to support Local Evidence Leads with programme implementation and facilitate training and support where required, acting as a ‘critical friend’.

Opportunities to share learning around implementation

Local authorities reported a range of innovative practices to improve the reach, responsiveness and effectiveness of parenting and family therapy provision, as outlined in Section 5.3.3. Creating opportunities to share this learning between local authorities would help ensure that successful approaches are understood, adapted and replicated more widely.

Interviewees consistently expressed interest in knowing more about what other areas are doing, with some noting that they would value insights into how other areas achieve strong parental engagement or address common implementation challenges.

“I’d be keen to see what others are doing that we haven’t maybe considered that might suit our needs here.” – Head of Service

Survey findings reinforced this appetite for shared learning: 69.2% (n=36) of respondents reported that *opportunities to share learning across local areas* would be *very helpful* in supporting them to commission or deliver programmes that meet local need. Although not among the highest-rated factors overall, this indicates that structured learning forums or networking events could be a relatively low-cost way to strengthen practice.

One interviewee pointed to the peer support groups established through Supporting Families⁸⁰ as a positive example of facilitated knowledge sharing, allowing practitioners to share challenges and collectively problem-solve. Similar peer-learning approaches could be built into ongoing government initiatives and be supported by national funders.

⁸⁰ <https://www.gov.uk/government/collections/supporting-families>

6 Conclusion

6.1 Discussion

This review suggests that parenting and family therapy programmes which can improve children's behavioural difficulties, or other outcomes associated with violence, are already being used by local authorities as part of early help and family support. However, provision varies widely. Some areas use programmes with a robust evidence base, while others rely more on locally developed or adapted support. In many places, it is also unclear how these programmes fit within wider work to prevent violence. This mixed picture reflects local systems' efforts to offer flexible support that responds to emerging needs within existing resource constraints. At the same time, it suggests there is an opportunity to increase the use of programmes with stronger evidence within local authority offers.

For policy, the findings suggest that increasing the use of evidence-based parenting and family therapy programmes will require national support. Local authorities value the reassurance provided by a strong evidence base. However, they also face practical barriers, including limited workforce capacity, delivery costs, and concerns that some established programmes are not flexible enough for local needs. Addressing these barriers will require long-term funding that reflects the real costs of delivery, clearer guidance on which programmes to use, and joint commissioning that aligns with wider policy reforms. It will also require clearer expectations for collecting data on local need, reach and outcomes, alongside continued investment in developing and testing new models that respond to changing patterns of need.

National funders and programme providers should focus future programme development and evaluation on areas where the evidence base needs to be strengthened or updated. Crucially, further research is needed on the extent to which prominent parenting and family therapy programmes consistently influence outcomes associated with violence, which programmes are most effective and for whom, and what role they can play within a wider, multi-agency response to extra-familial harm and violence. More evidence is also needed on support for growing cohorts such as families of neurodivergent children and those experiencing EBSA, and programme content should be brought up to date to support parents in managing risks around social media. There is also a need for clearer guidance on which programmes are suitable for different communities, including how evidence-based models can be adapted to different cultural and local contexts while retaining their core components. Concerns around the accessibility of evidence-based programmes must be addressed if local authorities are to feel confident in commissioning them.

The findings also show the importance of embedding parenting and family therapy programmes within wider systems of support. Many areas already do this by delivering programmes through early help services, Family Hubs and multi-agency referral pathways. However, reaching families with more complex needs remains a challenge. Stronger referral

processes, better community engagement and closer working with VCSE partners may help to reduce barriers to participation. Local authorities should also make better use of disaggregated data when assessing need and monitoring who programmes reach, and what outcomes they achieve. This would support more equitable commissioning and delivery.

Finally, the findings underline the importance of supporting effective implementation through ongoing supervision, reflective practice and opportunities for local areas to learn from each other.

6.2 Summary of findings

The table below summarises the key findings from this study, in response to each of the research questions. The sub-questions on what would support local authorities to commission more evidence-based parenting and family therapy programmes and to ensure provision is meeting local need, are addressed in Section 6.3 (implications for policy and practice).

Table 22. Summary of study findings

Theme	Research question	Finding
What is the current landscape of evidence-based parenting and family therapy programmes in England and Wales?		
Availability of relevant provision	What evidence-based parenting and family therapy programmes with outcomes associated with involvement in violence or risk of involvement are available for local authorities in England and Wales to commission?	60 individual programmes across 34 overarching programme models were identified, that are available in the UK and have evidence of improving behavioural difficulties in children or other outcomes associated with violence. Over three-quarters of these are parenting programmes, with a smaller proportion being family therapy or combined programmes. Half of the identified programmes achieve the Foundations Guidebook rating of 3 or 3+, and a further third are rated 2 or 2+ and only 10% achieve the highest rating of 4 or 4+. Only 40% of the programmes on the list have been tested in the UK, indicating a potential gap between the evidence base and its direct applicability to UK contexts
Extent of provision	To what extent are local authorities commissioning and delivering evidence-based parenting and family therapy programmes?	Parenting and family therapy provision with at least preliminary evidence of influencing outcomes associated with violence such as children's behavioural difficulties appears to be relatively widespread. Nearly 90% of surveyed local authorities reported commissioning or delivering at least one programme from our list.

Theme	Research question	Finding
	Are any local authorities decommissioning these programmes, and why? How does provision compare to local indicators of need?	Programmes we consider ‘evidence-based’ (Level 3 or higher in the Foundations Guidebook) are delivered by 67% of surveyed local authorities. Just over 30% of surveyed local authorities are delivering programmes with the most robust evidence base, rated a 4 of a 4+. Over half (53%) are delivering programmes with only preliminary evidence of impact. Delivery of multiple programmes is typical: on average, local authorities reported commissioning four of the programmes on our list. A substantial minority of survey respondents (18%) reported either having decommissioned or planning to decommission parenting or family therapy programmes. Across indicators of youth offending, children’s services involvement and childhood poverty, no relationship could be identified between levels of need and reported programme provision.
Types of programmes	What types of evidence-based parenting and family therapy programmes are currently being delivered? To what extent are local authorities funding and delivering: a) Components or practices derived from evidence-based programmes but delivered ‘in-house’ without investing in the full programme? b) Broader parenting and family support offers not tied to any evidence-based programme?	Local provision is dominated by a few established parenting programmes, while family therapy is used as a more specialist, resource-intensive offer for families with higher need. A small set of core programmes underpin many local offers: three parenting programme models (Triple P, Incredible Years, and Solihull Approach) are each reported to be delivered in around half of all surveyed local authorities but have evidence bases of varying levels of robustness, ranging from 2 to 4+ in the Foundations Guidebook. Formal evidence-based programmes sit within a broader, layered landscape of parenting and family support, including locally developed, adapted, and non-programme-based provision. This mixed picture reflects the need for local systems to provide flexible support that responds to emerging needs within the current resource constraints.

Theme	Research question	Finding
Location within the system	Where within local systems are these programmes being delivered?	Parenting and family therapy programmes are delivered in multiple tiers of statutory involvement but are primarily situated within Early Help and early intervention services. Local authorities frequently target families requiring Early Help (69%), as well as families with children subject to child protection processes, children in need, and families on the edge of care (each reported by over 60% of surveyed local authorities). Delivery targeted towards families in contact with the YJS and those with children in care is less prevalent, reported by fewer than half of surveyed local authorities (45% and 40% respectively). This lower proportion may indicate cohorts for whom further use of parenting and family therapy provision could be considered, but could also reflect a lack of confidence in the effectiveness of these programmes for these groups.
Commissioning and delivery models	How are local authorities commissioning and delivering parenting and family therapy programmes? To what extent is joint commissioning being used to provide these programmes? What are the benefits and challenges of joint commissioning, and what conditions enable it to work effectively?	Local authorities use a range of commissioning and delivery arrangements, often in combination. Most surveyed local authorities deliver at least one programme in-house (85%), with half commissioning external providers and over 40% delivering jointly with partners. Delivery by external providers, including VCSE organisations, is often used to add workforce capacity, widen reach, or support engagement with specific groups. The prevalence of externally-led delivery highlights the importance of knowing how to support these organisations to deliver support effectively. Joint commissioning, particularly with health partners, is uneven. Just over a quarter of local authorities (28%) reported jointly commissioning at least one programme with health partners. While generally seen as valuable, joint commissioning can be difficult to sustain due to differing partner priorities, timelines, and funding cycles. Success in joint commissioning is seen to rest on clarity and transparency up front around staffing and cost requirements, as well as work to build positive relationships through open communication.

Theme	Research question	Finding
How can local authorities be supported to commission more evidence-based programmes?		
Factors determining the commissioning of evidence-based programmes	What factors influence a local authority's decision to commission or deliver a parenting or family therapy programme? How do these factors affect commissioners' willingness to commission evidence-based programmes? What do local authorities see as the advantages and disadvantages of evidence-based programmes? What are the perceived advantages and disadvantages of alternative or adapted approaches?	Evidence of impact is a primary consideration influencing commissioning decisions, but cost, workforce and fit with local priorities often constrain evidence-based commissioning in practice. Confidence in a programme's effectiveness is reported to be the strongest driver of commissioning decisions and interviewees described evidence-based programmes as useful in providing confidence about outcomes, credibility with parents, and clearer frameworks for monitoring impact. Cost is a major constraint and lower-cost programmes were more commonly commissioned. Licensing fees, training costs, and ongoing material updates were identified as key pressures, in addition to costs of staff turnover. As a result, some authorities prioritise a mix of lower-cost provision over fewer, more intensive evidence-based programmes. Workforce capacity strongly shapes commissioning decisions and is closely linked to cost considerations. Evidence-based programmes are often seen as more demanding in terms of training and supervision, which can limit commissioners' willingness to invest in them. Cost and workforce considerations together can lead to a preference for group-based delivery, since a group format allows staff to reach more families within constrained resources. Alignment with local strategic priorities was the factor most often rated by survey respondents as very important in commissioning decisions, after evidence of impact. However, a perception that the evidence base for well-established programmes is dated and has not kept pace with changing risks, for example around social media use, can reduce

Theme	Research question	Finding
		their attractiveness. Perceived evidence gaps around growing areas of need include neurodivergence, SEND, and EBSA, with some authorities filling these gaps with locally developed or less robustly evaluated specialist provision. Flexibility and adaptability of provision is a consideration when commissioning support for families with complex or overlapping needs. Evidence-based programmes are sometimes perceived as rigid, particularly in their length, intensity and eligibility criteria, although this might not reflect the reality of available evidence-based provision. In response, some local authorities use less rigorously evaluated programmes, develop local programmes, or deliver selected components of evidence-based programmes rather than full models. This highlights the need to address concerns around the accessibility of evidence-based programmes if local authorities are to feel confident in commissioning them.
How can parenting and family therapy provision be designed and delivered to meet local need effectively?		
Supporting families of children involved in or at risk of involvement in violence	How are local authorities using parenting and family therapy programmes to support children involved in or at risk of involvement in violence, including through extra-familial harm?	Violence reduction is rarely an explicit objective when commissioning parenting and family therapy programmes. However, these programmes are used to support parents to understand and manage behavioural difficulties, and support children's emotional regulation, outcomes which are associated with violence reduction. Direct targeting of families of children involved in violence is most evident in provision addressing CAPVA. Intensive family therapy interventions targeting offending or antisocial behaviour are used by only a relatively small number of local authorities. Extra-familial harm, including exploitation and online harm, is not an explicit focus for parenting and family therapy provision, with few evidence-based options available. Where parenting or family therapy programmes are used in the context of extra-familial harm, they should be positioned as one element within a wider, multi-agency response that supports family relationships and parental capacity alongside interventions focused on addressing extra-familial risk factors directly.

Theme	Research question	Finding
Monitoring need, reach and outcomes	How are local authorities identifying local need?	Local authorities widely recognise the importance of a clear understanding of local need informing commissioning decisions. Most have robust systems to collate and share local data on needs of children and families, including dashboards drawing data from multiple partners, although challenges exist in accessing data from schools and health partners.
	What does good practice look like in data collection and data sharing?	
	How are local authorities monitoring reach?	Engagement with families and communities plays a central role in identifying need and shaping local provision. Local authorities are using community outreach, informal engagement, and feedback from programme participants to refine offers and identify unmet need.
	Do local authorities monitor the demographic profile and ethnicity of participants?	
	How does reach vary for different demographic groups? What are some of the barriers experienced?	Monitoring of programme reach is uneven across local authorities. While most services collect some form of reach data at programme level, strategic oversight is less consistent, and many senior stakeholders report limited visibility of how reach is monitored overall. Where good practice exists, local authorities compare demographic need data or geographic data with programme engagement data to identify underrepresented groups.
	How are local authorities monitoring outcomes of parenting and family therapy programmes, including for participants from different demographic groups?	To measure outcomes, local authorities emphasise capturing qualitative feedback from families, supplemented in some cases by validated pre- and post-intervention measures. Evidence-based programmes are valued for providing established outcome frameworks, though variation in tools across programmes creates challenges for local comparability. Across the mechanisms for monitoring need, reach and outcomes, quantitative data is rarely disaggregated by demographic characteristics such as ethnicity. This can limit local authorities' ability to understand differing patterns of need, creates uncertainty about whether provision is equitably accessed across communities, and constrains understanding of whether programmes deliver equitable outcomes for families from Black, Asian and minority ethnic communities. Routine disaggregation of data represents an area for system-wide improvement.

Theme	Research question	Finding
Identifying and engaging the right people	How are local authorities ensuring they reach the right people? What does good practice look like? What does good practice look like in engaging with families, including from Black, Asian and minority ethnic communities?	Local authorities deploy a range of approaches to identify families who may benefit from parenting and family therapy support, including multi-agency referral pathways, triage processes and open self-referral routes. Many areas seek to balance universal access with targeted provision for families with higher levels of need, often embedding programmes within broader early help or Family Hub offers to create accessible entry points. Despite this, engaging the families with greatest need can be challenging due to barriers such as language and the perceived rigidity of some programmes. Local authorities report using a range of strategies to address this, including flexible delivery models, community outreach and peer support. Parenting and family therapy programmes are not viewed as a standalone solution for families with complex needs, but rather most effective when used as part of a wider package of support.
Cultural appropriateness and accessibility	How are issues of cultural relevance and accessibility being considered in commissioning? To what extent is current provision culturally appropriate and accessible to families from Black, Asian and minority ethnic communities? What does good practice look like in ensuring parenting and family therapy support is culturally appropriate and accessible to	Consideration of cultural relevance in commissioning and delivery varies across local authorities. While many commissioners express strong commitment to equitable access, this is not always supported by formalised processes or clear national requirements. Understanding whether existing programmes are effective for Black, Asian and minority ethnic communities and whether cultural adaptations are in place can also be challenging. While standard evidence-based programmes may be equally impactful for diverse cohorts, local authorities can find it challenging to determine whether this is the case. As a result, some prefer programmes which explicitly market themselves as catering for diverse communities. Local authorities are taking a range of practical steps to improve accessibility, including providing translated materials, delivering programmes in community languages, and working with community organisations and peer-led models.

Theme	Research question	Finding
	families from Black, Asian and minority ethnic communities?	
Role of VCSE and grassroots organisations	To what extent are VCSE, grassroots, and by-and-for organisations being commissioned to deliver these programmes? How does the use of VCSE and grassroots organisations support local authorities to meet local need? Are black-led organisations being funded and supported to deliver these programmes? What supports effective involvement of these organisations?	VCSE organisations play an important role in delivering parenting and family therapy support for many local authorities and are valued for their strong links to communities and the trust they are perceived to hold with families. However, smaller grassroots and “by-and-for” organisations – including Black-led groups – are less frequently commissioned. Monitoring of the types of organisations delivering support is also lacking. Barriers to greater involvement include the training and fidelity requirements of evidence-based programmes, procurement complexity, and financial viability thresholds. Effective involvement is supported by simplified commissioning processes, small grants schemes, partnership models, and dedicated workstreams.

6.3 Implications for policy and practice

Table 23 sets out a series of proposed changes at national and local level. These are designed to respond to two key questions:

- What steps would support local authorities to commission more evidence-based parenting and family therapy programmes?
- What steps would support local authorities to ensure parenting and family therapy provision is meeting local need?

The proposed changes are based on the evidence gathered through this review. Some draw directly on suggestions made by stakeholders about the support and changes they feel would help local authorities to commission and deliver parenting and family therapy provision more effectively, as well as good practice examples with the potential to be implemented more widely. Others are based on our assessment, informed by the wider evidence and current policy context, of what is most likely to address the gaps and challenges identified through the review.

Table 23. Implications for policy and practice

Domain	National level	Local level
What steps would support local authorities to commission more evidence-based parenting and family therapy programmes?		
Expanding and updating the evidence base	National funders and What Works Centres should invest in updating evidence for long-standing programmes, including improved monitoring data, refreshed and/or UK-based trials where relevant, longitudinal follow-up, and cost-benefit analysis. The most used programmes including Triple P, Incredible Years and Solihull should be prioritised. National funders, What Works Centres, programme developers and local areas should collaborate on the development and evaluation of new programmes which address existing gaps, including for families of children with additional needs and families experiencing more complex needs who may struggle to engage with traditional programmes. Emerging promising evidence for new programmes should be published and	Local leaders and commissioners should create structured processes for measuring the outcomes of programmes delivered locally. This should include routine collection of pre- and post-outcome measures by delivery staff, including at follow-up points where possible, and systematically capturing and learning from feedback from families. These actions should accompany both established evidence-based programmes and locally developed provision. Routine processes should be in place for reviewing and acting upon this outcomes-focused evidence and learning, as well as sharing outcomes monitoring data with programme developers

Domain	National level	Local level
	promoted and then used to make the case for further robust evaluation. Learning could be taken from the DWP Challenge Fund to support local evidence generation, by providing 'test and learn' funding to develop and test new approaches to address evidence gaps in parenting and family therapy support. National actors should provide practical evaluation support to local authorities. This could include a standardised framework for assessing newer or adapted programmes, guidance on selecting and using validated outcome measures, and tools for proportionate, low-burden local evaluation. A consolidated set of recommended outcome measures - validated where possible for Black, Asian and minority ethnic communities - would support greater comparability across programmes and areas and reduce administrative burden.	to support the ongoing development of the evidence base for established programmes. Where locally developed programmes are used, panels or other processes should be established to assess feedback and evidence to inform decisions about their roll-out.
Supporting the development of a culture of evidence-based delivery	While national guidance such as that for Best Start Family Hubs already emphasises the importance of the use of evidence-based programmes, this should be extended beyond those programmes aimed at early years support, to encourage commissioning of programmes for families with older children and more complex needs. National guidance for these reforms should emphasise the benefits of embedding evidence-based programmes within broader family help, to encourage the delivery of robust models within a wider, flexible, support offer. Guidance should be provided on how to interpret the evidence base to inform commissioning decisions, to strengthen commissioner confidence in evidence-based decision making.	Local leaders and commissioners should make explicit organisational commitments to evidence-based practice. The steps commissioners should take to interpret evidence to inform decision making should be clearly outlined, to help ensure the delivery of programmes with the strongest evidence. Local authorities should commission evidence-based programmes for delivery within their Best Start Family Hubs, as part of a broader offer of wraparound personalised support. Establishing dedicated roles committed to supporting the use of evidence-based practice should be considered (drawing on findings from the Foundations Changemakers programme), but

Domain	National level	Local level
	National funders and What Works Centres should use the findings from the evaluation of the Foundations Changemakers programme to consider supporting wider adoption of local leads for the use of evidence-based practice. These leads can support commissioners and practitioners to apply evidence in routine decision-making	local leaders and commissioners should also seek to model and champion evidence-informed decision-making routinely. Service managers should promote the importance of evidence-based practice with their team members, explaining why it matters and establishing routes for practitioners to feed their learning back to commissioners.
Providing clear national direction on programme selection	The UK and Welsh governments should continue to provide guidance on preferred programmes within national workstreams while avoiding overly restrictive prescription. The Best Start Family Hubs programme already provides a degree of national steer on provision, but this could be strengthened within the Family First Partnership requirements, while ensuring alignment between the two initiatives. Programme selection should be based on strength of relevant evidence, robust assessment of national need, aligned across departments, and changes in requirements should be accompanied by adequate funding and realistic lead-in times for local implementation.	Local commissioners should use national guidance on preferred or evidence-based programmes as a core reference point in programme selection. Local monitoring data and needs assessments should also be used to ensure programme selection aligns with local strategic priorities.
Ensuring sufficient, sustained and flexible funding	The UK and Welsh governments could consider introducing dedicated, ringfenced funding streams for evidence-based parenting and family therapy programmes, and/or dedicated funding to integrate these programmes within ongoing work such as Best Start Family Hubs. This would reduce competition with other statutory pressures, create protected budgets for delivery, and support local authorities to invest in higher-cost evidence-based models.	Commissioners should aim to prioritise evidence-based parenting and family therapy programmes within available budgets, deploying cost-benefit analyses in decision-making. Local funding allocations should take full account of the ‘hidden costs’ of delivery, including practitioner travel, facilities and the time required for engaging families.

Domain	National level	Local level
	Examples of previous funds with targeted funding streams for evidence-based parenting and family therapy provision include the Supporting Families Against Youth Crime Fund. The recently launched Better Futures Fund may also implement this funding approach to support its outcome-based commissioning model. Where possible, funding settlements should be for three to five years and reflect the real cost of delivery. Associated reporting requirements should be proportionate and allow local authorities some flexibility in delivery to best meet local needs and support effective delivery within the existing local system of family support.	
Strengthening workforce capacity and capability	The UK and Welsh governments should facilitate investment in the parenting workforce, potentially considering funded national training offers and support for developing specialist parenting practitioner roles. National initiatives (including Best Start Family Hubs and the FFP programme) should set out how the workforce should be developed and sustained by cross-sector delivery partners. Learning can be taken from the Supporting Families programme to do so. National government initiatives, funders and What Works Centres should provide guidance for local areas on developing the parenting workforce on an ongoing basis, including expectations around joint training, supervision and protected time for skill development.	Local systems should consider establishing dedicated parenting teams or coordinator roles to manage the delivery of parenting or family therapy programmes. This will ensure the capacity and specialist expertise is available to support delivery. A framework that follows a similar approach to the IDVA Statutory Guidance could be emulated for these dedicated or specialist roles. Local areas should develop continuous professional development offers for their parenting and family therapy workforce. Time should be protected for ongoing training, supervision and skill development. Specific training opportunities should be sought out or developed locally to meet emerging needs (e.g. SEND, EBSA), and support culturally competent delivery.
Boosting joint commissioning across the system	The UK and Welsh governments should strengthen expectations for joint commissioning of family therapy programmes by health and children's social care, particularly	Local commissioners should define joint commissioning of family therapies as a strategic priority. Mechanisms for identifying and pursuing joint commissioning opportunities with

Domain	National level	Local level
	for parents and/or children with complex needs. Support should be provided to clarify roles, incentivise pooled or aligned budgeting and align or combine relevant funding streams to reduce structural barriers to cooperation. The ICB restructure could provide an opportunity to position parenting and family therapy support as a shared priority within the new system.	NHS partners should be set up. To support success, commissioners should be clear and transparent around staffing and cost requirements and aim to build positive relationships with potential partners. Commissioners should consider joint commissioning as a potential approach to bridging the gap between early intervention and specialist provision, and to support joined-up support for families at the cusp of needing more specialist support. Commissioning partners could include children's social care, NHS, YJS, police or VRP depending on the identified needs or gaps in local provision. Service managers should strengthen operational collaboration and working relationships with NHS partners, including establishing clear referral pathways, joint training and integrated family support planning where appropriate.
What steps would support local authorities to ensure parenting and family therapy provision is meeting local?		
Strengthening the evidence-base around the use of parenting and family therapy programmes to reduce or prevent violence	Funders and What Works Centres should support further robust evaluation of existing programmes with a specific focus on violence. Evaluation should differentiate impact by risk level, gender and family context. Developing clearer guidance for local authorities on when specialist interventions such as MST are most appropriate, drawing on the existing evidence, would also be beneficial, as well as how these should be embedded within wider multi-agency safeguarding activity. More widely, placing greater emphasis on measuring outcomes associated with violence, including externalising behaviours, within evaluations of parenting and family therapy programmes	Local leaders and commissioners should strengthen local monitoring of outcomes relevant to violence and behavioural difficulties, to support learning and inform future commissioning decisions. Where feasible, this learning should be shared with regional or national partners to contribute to the wider evidence base on violence reduction associated with parenting and family therapy programmes. Where programmes show evidence of violence reduction, ensure they can be accessed by families in contact with the YJS.

Domain	National level	Local level
	will help to strengthen the evidence on which interventions may be most effective in preventing violence at an earlier stage. YEF and Foundations may wish to collaborate on this agenda to ensure alignment and maximise impact.	
Strengthening needs assessment, monitoring and tracking	National guidance relating parenting and family support should emphasise the need to monitor need, reach and outcomes. This could include: signposting to recommendations for monitoring included within specific programme guidance; a set of recommended indicators and outcome measures; and practical tools for analysing reach, engagement and impact. Guidance should emphasise the importance of demographically disaggregated data, including ethnicity and deprivation, to assess equity. The use and adaptation of existing needs assessment tools should be prioritised, for example, the Reducing Parental Conflict self-assessment planning tool, and the Welsh Families First programme's Joint Assessment Family Framework. Learning from the Foundations Changemakers programme should be used to guide future national support for data infrastructure and analytical capability.	Local leaders should build on data sharing frameworks established through Supporting Families, and now the FFP programme, to support multi-agency understanding of family need and inform decisions about parenting and family therapy provision. Commissioners should continue to use needs assessments to inform decision making to ensure programmes are selected that best meet local needs. Needs assessments should include multi-agency input, mapping of existing provision, routine quantitative data collection, and qualitative feedback from families. Commissioners should include clear monitoring mechanisms in commissioning agreements, requiring monitoring of both reach and outcomes. Commissioners should work with service managers to agree the most relevant and proportionate data to collect and provide support to address any challenges with using the outcome measures linked to specific evidence-based programmes. Local leaders and service managers should ensure that analysis of need, reach and outcomes is routinely disaggregated by demographic characteristics. This data should be reviewed regularly to assess whether those most in need are receiving

Domain	National level	Local level
		the support and achieving intended outcomes, including any gaps or inequity in reach of outcomes. Processes should be established to ensure insight is acted upon - for example, through regular performance reviews of data related to need, reach and outcomes and accountable decision making and actions. Instituting or boosting dedicated analytical capacity should also be considered where feasible.
Support with adapting programmes to local context while maintaining fidelity	National funders and What Works Centres should provide clear guidance around programme adaptation. This could include building on existing tools, including the Foundations Guidebook and YEF Toolkit, to clarify which programme components are core, which elements can be adapted, and the minimum viable dose required to achieve impact. General guidance could also be provided outlining common adaptation types, risks to fidelity, and recommended approaches to documenting and evaluating adaptations. Programme developers should also offer programme-specific, practical support to help local authorities adapt delivery appropriately while maintaining fidelity to the core model. This includes producing clear fidelity guidance, advising on where flexibility is possible, and supporting local authorities to implement adaptations that respond to local barriers (e.g. producing condensed formats, alternative engagement models, translated or culturally adapted materials).	Local commissioners and service managers should work with programme developers to agree planned, documented adaptations that improve accessibility while ensuring core components remain intact. Where any adaptations to programmes or materials are made, feedback should be regularly collected from participating parents and families, systematically reviewed, and shared with programme developers to inform future adaptations.
Support to commission and	National funders and What Works Centres should support the development and dissemination of a stronger evidence base on	Local commissioners should embed cultural relevance as a core commissioning criterion and establish clear governance and

Domain	National level	Local level
deliver culturally appropriate programmes for families from Black, Asian and minority ethnic backgrounds	what works to support parents and families from Black, Asian and minority ethnic backgrounds, including by funding evaluations at sufficient scale to enable meaningful sub-group analysis and more consistent reporting of PROGRESS-Plus characteristics. They should also actively promote programmes shown to be both effective and culturally appropriate, for example by including them in Best Start Family Hubs guidance or approved delivery lists as evidence becomes available. Existing tools, including the Foundations Guidebook, should more explicitly highlight factors such as language availability, cultural adaptation, and indicators of accessibility (including uptake and retention), to help commissioners balance standards of evidence with relevance for local communities. The UK and Welsh governments should support commissioners to consider race equity in commissioning by embedding specific race equity considerations in guidance for provision that is commissioned or delivered as part of national programmes such as Best Start Family Hubs and the FFP programme. To do so, learning could be drawn from Parenting in Wales guidance which includes specific strategies for working with parents from minoritised backgrounds in culturally appropriate ways, and from projects under the Challenge Fund that were funded to trial new ways of engaging underserved families.	accountability mechanisms for doing so. This will help to ensure consideration of race equity is meaningful and informs decision making. Local practice should include ensuring needs assessments consider the experiences and preferences of families from Black, Asian and minority ethnic communities, and selecting programmes that offer appropriate adaptations or evidence of effectiveness with diverse groups. Commissioning agreements should incorporate funding to support accessibility such as translating materials, delivery in community languages and amending materials for cultural relevance where there is flexibility within the programme design to do so. Commissioners could consider specific community-based delivery partners such as relevant VCSE organisations, including Black-led organisations to support the delivery of culturally appropriate and accessible programmes. Service managers could consider embedding opportunities to discuss cultural differences in parenting norms, expectations and family dynamics within programme delivery, as long as practitioners are trained and supported in facilitating these discussions with sensitivity. Steps taken to engage and support families from Black, Asian and minority ethnic communities should be tailored to the needs of specific local communities, avoiding a generic ‘minorities’ approach to delivery.
Boosting effective involvement of community assets	National actors should recognise and promote community-embedded evidence-based delivery models – including the	Where local authorities want to involve VCSE partners and other community organisations in delivery, active planning and support will be required to achieve this. This could include

Domain	National level	Local level
including VCSE organisations in delivery	EPEC programme - through guidance, approved delivery lists and flexible funding mechanisms. National funders may also need to support local authorities to develop and sustain volunteer capacity, where community-led models rely on trained parent volunteers.	integrating VCSE partners within delivery of national initiatives such as Best Start Family Hubs. Support, training, small grants schemes, simplified procurement processes and dedicated workstreams or partnership bodies should also be considered. Local leaders and commissioners should also improve monitoring of provider types, including SMEs and Black-led organisations. Those areas wishing to use these organisations to support equitable commissioning, reach and relevance should make this an explicit strategic objective with agreed metrics for success.
Support to ensure effective implementation	The UK and Welsh governments could explore offering implementation support for preferred programmes as part of ongoing initiatives such as Best Start Family Hubs, to help local areas troubleshoot delivery challenges and maintain programme fidelity while delivering at scale. This could include offering implementation consultants, shared resources, training in scaling readiness, and best-practice guidance. Support should be flexible, acknowledging that some local authorities prefer funding that can be deployed locally rather than dedicated central resource. Learning from the effectiveness of the Changemakers programme's Practice Development Advisors should be applied when findings are published. Programme developers should also independently and consistently offer ongoing implementation support to local authorities, beyond training alone. National funders and What Works Centres should support structured communities of practice that allow local areas to share learning about effective implementation and	Service managers should make active use of any ongoing implementation support available, for example through programme developers or government guidance. Service managers should prioritise ongoing support for practitioners beyond initial training, including reflective practice, supervision, continued attention to delivery with fidelity, and opportunities to provide feedback and gain support with delivery challenges. Local commissioners, supported by service managers, should continue to capture learning from practitioners and families and ensure it is fed back into commissioning cycles and to programme developers. Local leaders should contribute actively to peer networks and consider establishing regional or local learning sets to exchange insights on practice, including what has worked to increase engagement, improve fidelity, or support diverse communities.

Domain	National level	Local level
	engagement strategies, including for families facing more complex challenges, and implementation challenges. The UK and Welsh governments should apply the models used in past programmes such as Supporting Families, establishing peer learning groups to support implementation within ongoing national programmes.	

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8 List of Appendices

Appendix A: Four policy strands

Table 24. Overview of the four policy strands

Policy strand	Objectives	Key examples	Implications for this research
Recent reforms to children's social care	- Focus on large-scale system transformations aimed at 'fixing the broken care market' more broadly. For example, responding to long-standing critiques of a fragmented, reactive system, and the over-reliance on crisis-led interventions when supporting families. - Though not always framed around parenting programmes or family therapy support, these reforms influence the wider conditions under which family support is planned, commissioned, and delivered. - Reforms also signal an intent to rebalance resources towards early and preventative help, with	- Stable Homes, Built on Love (2023) - Sets out a whole-system reform agenda for children's social care, with a strong emphasis on prevention, place-based support, and keeping families together. It promotes integrated Family Help services and evidence-informed practice. - Families First for Children (FFC) Pathfinder programme (2023 – ongoing) - A funded programme supporting local authorities to test new approaches to early help, safeguarding, and whole-family support. It focuses on developing multi-disciplinary Family Help services and more coherent pathways for families. - Families First Partnership (FFP) (2025 – ongoing) – A national programme building on the FFC pathfinder, aimed at providing whole-system reform across safeguarding partners to transform help, support and protection for families, ensuring timely access to the right support and a focus on early intervention and prevention.	- Shows a clear push towards single Family Help offers, multi-agency commissioning, and early intervention. - In practice the extent to which reforms encourage local authorities to embed parenting and family therapy support will depend on whether these programmes are explicitly recognised and resourced within local reform plans.

Policy strand	Objectives	Key examples	Implications for this research
	implications for how parenting and family therapy programmes can be embedded into local systems. - A common theme is the goal of reducing variation in access and the quality of support families receive across the country. This envisions a system where families can access help early, services are joined up around the needs of children and families. - Local systems are given more autonomy to design and adapt support in line with local need, while still being held to clear national expectations and agendas.	- Children’s Social Care National Framework (2023) - Statutory guidance that sets national expectations for children’s social care. It emphasises multi-agency working, joint commissioning, and strong local leadership to improve outcomes for children and families. - Independent Review of Children’s Social Care (2022) - An independent review that informed subsequent reforms to children’s social care. It called for a ‘fundamental reset’ of the system, with greater local flexibility and a focus on reducing variation in support for families. - Education Select Committee Inquiry into children’s social care (2025 – ongoing) - Builds on earlier reforms by calling for a dramatic whole-system reset of children’s social care. It reinforces policy momentum towards early intervention, whole-family approaches, and extra-familial harm.	
Early years agenda, specifically supporting parent-child relationships from conception to age two	- The evidence base around early brain development, attachment, and school readiness has shaped both the Conservative and Labour government’s approaches to early years investment. - There is cross-party support for joined-up services that make early help more accessible,	- Best Start for Life (2021 – ongoing) - A national early years programme focused on strengthening support from conception to age two. It promotes clearer pathways, local leadership, and integrated delivery through Family Hubs. - Giving Every Child the Best Start in Life (2025) - A government strategy setting out plans to strengthen and expand early years services from pregnancy to age five. It includes commitments to improving access to	- Agenda has brought parenting support closer to being understood as something every family should have access to, particularly in the early years. - Created fresh opportunities for funding and delivery of evidence-based parenting programmes,

Policy strand	Objectives	Key examples	Implications for this research
(‘1001 critical days’)	responsive, and visible in the system.	early education and care and to funding evidence-based parenting and home learning programmes. • Welsh Government’s Flying Start programme - A long-standing early years programme in Wales aimed at improving outcomes for families with young children in disadvantaged areas. It provides a package of support including enhanced health visiting, childcare, parenting support, and speech and language services. • Families First: Programme Guidance in Wales (2017) - Non-statutory guidance outlining the Welsh Government’s approach to early intervention and family support. It encourages local authorities to design and commission needs-led, evidence-based services through joined-up working.	including as part of Best Start Family Hubs. • Framing these policies around operational delivery can mean therapeutic approaches receive less attention. • A predominant emphasis in policy on the first years of life, while important, also risks taking focus away from the needs of older children and adolescents.
Supporting families facing complex and interconnected risks	• Explicitly advocates for whole-family, multi-agency support as standard practice. • Recognises that a fragmented provision landscape often does not meet the needs of families experiencing multiple and overlapping forms of disadvantage.	• Supporting Families Programme (2023 – ongoing) - A national programme providing funding and a framework for local authorities to coordinate support for families experiencing multiple and interconnected challenges. It promotes whole-family, multi-agency approaches and early intervention to improve family outcomes. • Supporting Families Against Youth Crime Fund (2019) - A government fund established to support local projects aimed at preventing and reducing youth crime. It requires multi-agency collaboration and alignment with wider family support provision. • Better Futures Fund (2025 – ongoing) - A long-term investment fund focused on improving outcomes for vulnerable children and young people. It supports	• Perhaps the most explicit in its endorsement of family therapy as a model of practice. • Builds on evidence that families facing multiple disadvantages need early, joined-up support that works at the family level.

Policy strand	Objectives	Key examples	Implications for this research
		preventative and early intervention activity across education, wellbeing, and crime prevention. Parenting in Wales: Guidance on engagement and support (2017) - Provides practical guidance on delivering inclusive, evidence-based parenting support in Wales. It emphasises early intervention, culturally sensitive engagement, and monitoring progress.	
Addressing the harms of parental conflict on children's mental health and long-term outcomes	- Acknowledge that frequent, intense and poorly resolved parental conflict can negatively impact on developmental and life outcomes. - Puts onus on local systems to be better equipped to respond to parental conflict.	Reducing Parental Conflict Programme (2018 – ongoing) - A national programme supporting local areas to address the impact of parental conflict on children's outcomes. It focuses on building local capacity and embedding relational approaches within family support services.	- The reducing parental conflict agenda has helped elevate parental relationships as a key area of focus in family policy. - Helped create space for evidence-based programmes that work with both parents, and for local services to trial relational models such as couples therapy, parenting interventions, and family support.

Appendix B: List of evidence-based parenting and family therapy programmes

This appendix lists all the parenting and family therapy programmes included in this review, first outlining those that appear in our primary source, the Foundations Guidebook, and then listing those included in addition.

Programmes identified via the Foundations Guidebook

The list of evidence-based programmes to include in the survey has been drawn primarily from those in the Foundations Guidebook which include preventing crime, violence and antisocial behaviour as a child outcome.

Table 25 below outlines the programmes identified via the Foundations Guidebook, whether they are family therapy, parenting or combined, whether they have any variants, their evidence rating within the Foundations Guidebook, and the child outcomes relating to violence that have been evidenced. Individual variants of overarching programmes can be and generally are commissioned and delivered separately.

Table 25. Parenting and family therapy programmes for inclusion in survey identified via Foundations Guidebook (programmes with an asterisk (*) also appear in the YEF Toolkit)

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
4Rs and 2Ss	A therapeutic intervention for families living in disadvantaged communities with a 7- to 11-year-old child diagnosed with oppositional defiant disorder or a conduct disorder.	Combined	NA	2	Improved behaviour
5 pillars of parenting	A targeted-selected intervention, aimed at Muslim parents with a child between the ages of 4 and 11 years. It is delivered in eight weekly sessions by a lead and co-practitioner to groups of 10 to 14 parents. In these sessions, parents learn how to communicate more effectively with their child, set appropriate boundaries, encourage positive child behaviour, and improve the parent–child relationship.	Parenting	NA	2	Improved behaviour Reduced hyperactivity
Child- Parent psychotherapy*	A therapeutic intervention for parents with a child between 3 and 5 years old who may have experienced trauma or abuse (including domestic abuse). Practitioners with a qualification in psychology or social work meet with individual families on a weekly basis for a period of 26 to 52 weeks. Parents receive support for their symptoms of trauma alongside advice aimed at supporting the needs of the child.	Combined	NA	3+	Improved behaviour

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
Empowering Parents, Empowering Communities	Parenting intervention for disadvantaged families with concerns about their child's behaviour.	Parenting	NA	3	Improved behaviour
Families and Schools Together (FAST)	A schools-based intervention for families with a primary school-aged child.	Parenting	NA	2+	Improved behaviour
Families and Schools Together Preschool (FAST Preschool)	A schools-based intervention for families with a child attending preschool and nursery.	Parenting	NA	2	Improved behaviour
Family Check-up for Children	Family Check-Up for Children (also known as Family Check-Up or FCU) is a parenting intervention for families with a preschool child.	Parenting	NA	3+	Improved behaviour
Family Nurse Partnership (FNP)	A home-visiting intervention for disadvantaged, single mothers, 24 years old or younger, expecting their first child. Mothers enrol early in their pregnancy and are scheduled to receive 64 90-minute home visits until their child's second birthday.	Parenting	NA	4+	Improved behaviour, Reduced antisocial behaviour, Reduced involvement in crime
Functional Family Therapy*	Functional Family Therapy (FFT) is an intensive intervention for families with a young person aged between 10 and 18 years involved in serious antisocial behaviour and/or substance misuse. It is delivered by a family therapist or social worker to young people and	Family therapy	NA	3+	Reduced involvement in crime

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
	their parents through 8 to 30 weekly, one-hour sessions, depending on the needs of the family.				
Generation Parent Management Training Oregon	A parenting intervention for families with a child aged 3 to 18 years who is at risk of developing behavioural problems. It is delivered by practitioners to groups of 12 to 16 families for 10 to 14 weekly sessions.	Parenting	NA	4	Improved behaviour; Reduced arrests
Helping the Noncompliant Child	A parenting intervention for parents who have concerns about the behaviour of a child between 3 and 5 years old. It is delivered by therapists to the parent and their child on a weekly or twice-weekly basis for a period of five to 12 weeks, depending on the family's needs.	Parenting	NA	3	Improved behaviour; Reduced hyperactivity
Incredible Years	A suite of programmes designed to reduce challenging behaviours, improve social-emotional skills, and strengthen parent–child relationships.	Parenting	Changing Lives Initiative	2	Improved behaviour; Reduced hyperactivity
			Incredible Years – Attentive Parenting	2	Improved behaviour
			Incredible Years Preschool	4+	Preventing crime, violence and antisocial behaviour
			Incredible Years Preschool Basic + Advance Parent Training Curriculum	3+	Improved behaviour

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
			Incredible Years School Age Basic	3+	Improved behaviour, Reduced hyperactivity
			Incredible Years School Age Basic + Advance Parent Training Curriculum	2	Improved behaviour
			Incredible Years Toddler	2+	Improved behaviour
Keep Safe	A parenting intervention for foster and kinship carers of young people between the ages of 11 and 17. The young person and carer attend six group sessions in parallel over a three-week period that commences the summer prior to the young person entering secondary school	Parenting	NA	3+	Reduced antisocial behaviour
Let's Play in Tandem	School-readiness intervention for families living in socially disadvantaged communities with a child aged 3 years old.	Parenting	NA	3	Improved self-regulation
Mellow Toddlers	Group-based intervention for families where there are concerns about the safety and wellbeing of a child between 0 and 5 years old. It is delivered by two family support workers to groups of up to six parents through 14 weekly sessions lasting five hours each.	Parenting	NA	2	Improved behaviour
Minding the Baby	A home visiting intervention for mothers between 14 to 25 years expecting their first child. MTB is delivered jointly by a nurse practitioner and social worker who	Parenting	NA	3	Reduced behavioural problems

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
	alternate home visits, starting from the second or third trimester of the mother's pregnancy.				
Multidimensional Family Therapy (MDFT)	A multicomponent therapeutic intervention for families with a young person between the ages of 13 and 18 years old with an identified behaviour or substance misuse problem. A qualified MDFT therapist meets with the young person and their parents up to three times a week to address issues occurring at the level of the adolescent, parent, family, and community. The length of the intervention is dependent on the family's needs but typically lasts four to six months.	Family therapy	NA	4	Improved behaviour; Reduced youth offending
Multisystemic Therapy*	A 'wrap-around' family and community-based intervention for families of children and young people aged 11 to 17	Family therapy	Multisystemic Therapy (MST)*	4+	Improved behaviour, Reduced antisocial behaviour, Reduced involvement in crime
			Multisystemic Therapy for Child Abuse and Neglect*	3	Improved behaviour
			Multisystemic Therapy for Problem Sexual Behaviour*	4	Improved behaviour, Reduced antisocial behaviour,

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
					Reduced arrests, Reduced incarcerations
New Forest Parenting Programme	For parents with a child between 3 and 11 years old with attention deficit hyperactivity disorder (ADHD). NFPP is delivered by a single practitioner to parents and children in their homes through eight weekly two-hour visits.	Parenting	NA	3+	Improved behaviour, reduced hyperactivity
Parents as First Teachers	A home visiting intervention for disadvantaged families with a child aged 3 and younger. It is delivered by practitioners to individual families in their home on a weekly, fortnightly, or monthly basis depending on the family's level of need	Parenting	NA	3+	Improved behaviour, reduced hyperactivity
Positive Parenting Pathways	Designed for parents and carers of children aged 5–10 years who are experiencing behavioural or emotional challenges. The programme is delivered by trained practitioners over ten weekly group sessions, with optional individual support.	Parenting	NA	3+	Improved behaviour
Parents Plus	A suite of evidence-based parenting and family programmes developed in Ireland to strengthen parent–child relationships and promote children's emotional, behavioural, and social wellbeing	Parenting	Parents Plus Adolescent Programme	2+	Improved behaviour
			Parents Plus Children's Programme	2+	Improved behaviour, Reduced hyperactivity
			Parents Plus Early Years	2+	Improved behaviour,

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
					Reduced hyperactivity
			Parents Plus Parenting when Separated	2+	Improved behaviour
			Parents Plus Special Needs	3	Improved behaviour
Safecare Phone Enhanced Planned Activities Training	A home visiting intervention for families at risk of child abuse or neglect. It is delivered by a single practitioner to individual families over six sessions (occurring on a weekly or semi-weekly basis) lasting between one and two hours each.	Parenting	NA	2+	Improved behaviour
Schoolchildren and their Families	A parenting intervention for families with a child entering primary school. Male and female co-facilitators deliver the intervention to groups of six couples through 16 two-hour sessions.	Parenting	NA	3	Improved behaviour
Strengthening Families 10-14	For any family with a child between 10 and 14 years old. It is delivered by three trained facilitators (one lead practitioner and two co-practitioners) to groups of between 8 and 12 families through seven weekly sessions lasting two hours each.	Parenting	NA	3	Improved behaviour; Reduced antisocial behaviour
The Solihull Approach (Understanding Your Child's Behaviour)	A parenting intervention for any family with a child aged between 0 and 18 years old. It is delivered by two child and family practitioners to groups of up to 12 parents over 10 weekly sessions.	Parenting	NA	2	Improved behaviour

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
Trauma-Focused Cognitive Behavioural Therapy*	A therapeutic intervention for families with a child aged between 3 and 18 years old who has been exposed to a traumatic event, including child maltreatment and domestic abuse.	Combined	NA	3+	Improved behaviour
Triple P	A multi-level, evidence-based parenting and family support system designed to prevent and treat behavioural, emotional, and developmental problems in children and teenagers. It offers a flexible menu of interventions, from light-touch public seminars to intensive individual programmes, so services can match support to a family's needs. The approach aims to build positive relationships, encourage desirable behaviour, teach new skills, and manage misbehaviour effectively.	Parenting	Enhanced Triple P	3	Improved behaviour
			Group Stepping Stones Triple P	3	Improved behaviour
			Level 3 Triple P Discussion Groups	3+	Improved behaviour
			Level 4 Group Teen Triple P	3	Improved behaviour
			Level 4 Group Triple P	3+	Improved behaviour
			Level 4 Standard Teen Triple P	2	Improved behaviour
			Level 4 Standard Triple P	3+	Improved behaviour
			Level 5 Pathways Triple P	3+	Improved behaviour

Name	Description	Type (P/FT)	Variants	Evidence rating	Relevant child outcomes
			Primary Care Stepping Stones Triple P	2	Improved behaviour
			Resilience Triple P	3	Improved behaviour
			Selected (Seminars) Stepping Stones Triple P	3	Improved behaviour
			Standard Stepping Stones Triple P	3	Improved behaviour
			Triple P Family Transitions	3	Improved behaviour
			Triple P Online	3+	Improved behaviour; reduced hyperactivity
			Triple P Seminar Series	2	Improved behaviour
Tuning in to Kids	A parenting intervention for parents with concerns about the behaviour of a child between 3 to 10 years old. It is delivered by trained facilitators to families in either a group or individual format over six to eight sessions of two hours' duration.	Parenting	NA	2+	Improved behaviour

Additional identified programmes

We also included five programmes in the survey which were identified outside of the Foundations Guidebook. The process through which these programmes were identified and screened is outlined in our REA methodology in Section 2.2. We have included the most relevant information about each programme and their rationale for inclusion in Table 26 below.

Establishing the robustness of the evidence underpinning these programmes was beyond the scope of this review, so we are not necessarily advocating for the use of these programmes or for their inclusion in the Guidebook. They are included in our list to allow us to understand their prevalence in local authority provision.

Table 26. Programmes included, not identified via the Foundations guidebook

Name	Description	Type (P/FT)	Variants	Child outcomes	Evidence status	Rationale for inclusion
1-2-3 magic	A group format discipline programme for parents of children approximately 2-12 years of age. 1-2-3 Magic divides the parenting responsibilities into three straightforward tasks: controlling negative behaviour, encouraging good behaviour, and strengthening the child-parent relationship.	Parenting	1-2-3 Magic and emotion coaching; 1-2-3 Magic Effective Discipline	Improved behaviour; Reduced violence; Improved self-regulation	Not in guidebook; RCT ⁸¹	Evidence available from RCTs (robustness of these trials could not be established as part of this review). Already in use within UK local authorities.

⁸¹ See: <https://www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/>

Name	Description	Type (P/FT)	Variants	Child outcomes	Evidence status	Rationale for inclusion
Non-Violent Resistance Parenting programme	A specific parenting intervention which aims to help parents cope with children's violent and controlling behaviour (families experiencing CAPVA). It is a systemic and relational approach where the emphasis is on de-escalating and invigorating the parent-child relationship.	Parenting	Identified RCT focuses on one fixed-format programme, but other studies show a range of approaches taken applying NVR principles.	Reduced violence; Reduced antisocial behaviour; Improved self-regulation	Not in guidebook; RCT ⁸²	Evidence available from RCTs (robustness of these trials could not be established as part of this review). CAPVA focus is relevant to YEF aims.
Parent-Child Interaction Therapy (PCIT)	An evidence-based treatment procedure used to improve the quality of the parent-child relationship by teaching parents specific skills to deal with their children (2-7 years) who have emotional and behavioural problems. The emphasis is on CAPVA prevention.	Combined	PCIT for Toddlers; PCIT for trauma (PCIT-T); PCIT for Autism (PCIT-ASD); Brief-PCIT; Group PCIT.	Improved behaviour; Increased positive social behaviour.	Not in guidebook; RCT ⁸³	Evidence available from RCTs (robustness of these trials could not be established as part of this review). CAPVA focus is relevant to YEF aims.
Child to Parent Violence Programme (CPV)	The programme aims to improve the behaviour of 10-14-year-olds engaged in CAPVA by showing their parents and carers techniques to de-escalate and	Parenting	NA	Reduced violence; Increased positive social behaviour.	Not in guidebook; not an RCT (YEF-funded RCT underway) ⁸⁴	YEF-funded RCT currently underway.

⁸² See: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2023.1124028/full>

⁸³ See: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5530857/>

⁸⁴ See: <https://youthendowmentfund.org.uk/wp-content/uploads/2023/07/RISE.-YEF-Feasibility-and-Pilot-Study-Report-2023.pdf>

Name	Description	Type (P/FT)	Variants	Child outcomes	Evidence status	Rationale for inclusion
	avoid violence. Delivered by Rise Mutual CIC.					
Strengthening Families, Strengthening Community (SFSC)	An inclusive evidence-based parenting programme, designed to promote protective factors which are associated with good parenting and better outcomes for children. Designed by the Race Equality Foundation. Focus on parents from 'poorly served marginalised communities, including ethnic minority parents, teenaged parents and fathers'.	Parenting	Programmes based on age group: birth to 6, 7 to 11, 12 +	NA: not included in primary outcome measures within RCT protocol, but behaviour listed within study descriptions.	Not in guidebook, not an RCT (previous pre-post studies conducted in UK ⁸⁵ , RCT underway with results due to be published in 2025 ⁸⁶)	RCT currently underway and pre-existing pre-post evidence available. While child outcomes with a direct relation to violence are not being measured, the programme does seek to influence behaviour. The programme is the most explicitly race equity-focused programme identified.

Appendix C: Parenting/ family therapy programmes reported as commissioned/ delivered per local authority

⁸⁵ Pre-post study: <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/09/sfsc-evalsummary.pdf>

⁸⁶ RCT interim report: <https://link.springer.com/article/10.1186/s12889-021-11912-4>

The table below provides data on which programmes were reported to be provided in each local authority along with a total programme count for each location. An interactive version of this table can be found [here](#)⁸⁷. This may provide only a partial picture of total provision in some local authorities where respondents did not have oversight across all service areas.

Table 27: Parenting/ family therapy programmes reported to being commissioned/ delivered per local authority

Region	Local Authority	1-2-3 Magic	4Rs and 25s	5 pillars of parenting	Child to Parent Violence Programme	Child-Parent Psychotherapy	Empowering Parents, Empowering Communities	Families and Schools Together	Families and Schools Together Preschool	Family Check-Up for Children	Family Nurse Partnership	Functional Family Therapy	Generation Parent Management Training Oregon	Helping the Noncompliant Child	Incredible Years	Keep Safe	Lets Play in Tandem	Mellow Toddlers	Minding the Baby	Multidimensional Family Therapy	Multisystemic Therapy	New Forest Parenting Programme	Non-Violent Resistance Parenting programme	Parent-Child Interaction Therapy	Parents as First Teachers	Parents Plus	Positive Parenting Pathways	Safecare Phone Enhanced Planned Activities Training	Schoolchildren and their Families	Strengthening Families 10-14	Strengthening Families, Strengthening Community	The Solihull Approach	Trauma-Focused Cognitive Behavioural Therapy Triple P	Tuning in to Kids	Total	
England	Barking and Dagenham	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0
England	Bexley	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	2
England	Birmingham Children’s Trust	X	X	X	Y	X	Y	X	X	X	Y	Y	X	X	X	X	Y	Y	X	Y	X	X	X	Y	X	X	X	X	X	Y	X	X	Y	X	X	10
England	Bradford Children and Families Trust	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	4
England	Brent	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	Y	X	X	X	X	Y	Y	X	X	Y	X	6
Wales	Bridgend County	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	X	X	X	X	Y	X	X	X	X	Y	X	X	X	X	Y	Y	Y	X	7

⁸⁷ https://www.datawrapper.de/_/NOhez/?v=5

Region	Local Authority	1-2-3 Magic	4Rs and 2Ss	5 pillars of parenting	Child to Parent Violence Programme	Child-Parent Psychotherapy	Empowering Parents, Empowering Communities	Families and Schools Together	Families and Schools Together Preschool	Family Check-Up for Children	Family Nurse Partnership	Functional Family Therapy	Generation Parent Management Training Oregon	Helping the Noncompliant Child	Incredible Years	Keep Safe	Lets Play in Tandem	Mellow Toddlers	Minding the Baby	Multidimensional Family Therapy	Multisystemic Therapy	New Forest Parenting Programme	Non-Violent Resistance Parenting programme	Parent-Child Interaction Therapy	Parents as First Teachers	Parents Plus	Positive Parenting Pathways	Safecare Phone Enhanced Planned Activities Training	Schoolchildren and their Families	Strengthening Families 10-14	Strengthening Families, Strengthening Community	The Solihull Approach	Trauma-Focused Cognitive Behavioural Therapy	Triple P	Tuning in to Kids	Total	
England	Brighton & Hove City	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	2	
England	Camden	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	Y	X	Y	X	4	
England	Central Bedfordshire	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	2
Wales	Ceredigion County	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
England	Cheshire West and Chester	Y	X	X	X	X	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	Y	X	6
England	Darlington	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0
England	Doncaster	Y	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	Y	Y	Y	X	X	X	X	X	X	X	X	X	Y	Y	X	X	8
England	Dorset	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	X	Y	X	4	
England	Ealing	X	X	Y	X	X	Y	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	Y	Y	X	X	Y	Y	Y	Y	Y	X	12	
England	East Riding of Yorkshire	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	2
England	East Sussex County	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	X	X	X	X	X	X	X	X	Y	Y	X	5	

Region	Local Authority	1-2-3 Magic	4Rs and 2Ss	5 pillars of parenting	Child to Parent Violence Programme	Child-Parent Psychotherapy	Empowering Parents, Empowering Communities	Families and Schools Together	Families and Schools Together Preschool	Family Check-Up for Children	Family Nurse Partnership	Functional Family Therapy	Generation Parent Management Training Oregon	Helping the Noncompliant Child	Incredible Years	Keep Safe	Lets Play in Tandem	Mellow Toddlers	Minding the Baby	Multidimensional Family Therapy	Multisystemic Therapy	New Forest Parenting Programme	Non-Violent Resistance Parenting programme	Parent-Child Interaction Therapy	Parents as First Teachers	Parents Plus	Positive Parenting Pathways	Safecare Phone Enhanced Planned Activities Training	Schoolchildren and their Families	Strengthening Families 10-14	Strengthening Families, Strengthening Community	The Solihull Approach	Trauma-Focused Cognitive Behavioural Therapy	Triple P	Tuning in to Kids	Total		
England	Enfield	X	X	X	Y	X	Y	X	X	X	Y	X	X	X	Y	X	X	X	X	X	Y	X	Y	X	X	Y	Y	X	Y	Y	Y	Y	Y	Y	Y	X	14	
England	Essex County	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2
England	Gateshead	Y	X	X	Y	X	X	X	X	X	Y	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	7	
England	Gloucestershire	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	2	
England	Greenwich	X	X	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	4	
England	Hertfordshire County	X	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	Y	X	X	X	X	Y	X	X	X	X	X	5	
England	Hillingdon	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	Y	Y	X	4	
England	Hull City	X	X	X	Y	X	X	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	Y	X	Y	X	7		
England	Kingston Upon Thames	Y	X	X	Y	X	X	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	6	
England	Lambeth	X	X	X	Y	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	
England	Leicester city	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	2		
England	Leicestershire	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0	

Region	Local Authority	1-2-3 Magic	4Rs and 2Ss	5 pillars of parenting	Child to Parent Violence Programme	Child-Parent Psychotherapy	Empowering Parents, Empowering Communities	Families and Schools Together	Families and Schools Together Preschool	Family Check-Up for Children	Family Nurse Partnership	Functional Family Therapy	Generation Parent Management Training Oregon	Helping the Noncompliant Child	Incredible Years	Keep Safe	Lets Play in Tandem	Mellow Toddlers	Minding the Baby	Multidimensional Family Therapy	Multisystemic Therapy	New Forest Parenting Programme	Non-Violent Resistance Parenting programme	Parent-Child Interaction Therapy	Parents as First Teachers	Parents Plus	Positive Parenting Pathways	Safecare Phone Enhanced Planned Activities Training	Schoolchildren and their Families	Strengthening Families 10-14	Strengthening Families, Strengthening Community	The Solihull Approach	Trauma-Focused Cognitive Behavioural Therapy	Triple P	Tuning in to Kids	Total		
England	Lewisham	X	X	X	X	X	Y	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	Y	X	5		
England	Liverpool City	X	X	X	X	X	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	Y	Y	Y	Y	X	7	
England	Manchester City	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	X	X	X	X	2	
England	Medway	X	X	X	X	X	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	Y	X	Y	X	Y	Y	X	6	
England	Merton	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	3	
England	Middlesborough	X	X	X	X	Y	X	X	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	4	
Wales	Monmouthshire	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	Y	X	X	X	X	X	X	Y	X	Y	X	X	X	X	X	X	X	Y	X	X	X	6	
England	Newham	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	Y	X	X	X	X	X	X	Y	Y	Y	X	Y	Y	X	7		
Wales	Newport City	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	4	
England	North East Lincolnshire	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	Y	Y	X	3
England	North Northamptonshire	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	Y	X	Y	Y	X	4	

Region	Local Authority	1-2-3 Magic	4Rs and 2Ss	5 pillars of parenting	Child to Parent Violence Programme	Child-Parent Psychotherapy	Empowering Parents, Empowering Communities	Families and Schools Together	Families and Schools Together Preschool	Family Check-Up for Children	Family Nurse Partnership	Functional Family Therapy	Generation Parent Management Training Oregon	Helping the Noncompliant Child	Incredible Years	Keep Safe	Lets Play in Tandem	Mellow Toddlers	Minding the Baby	Multidimensional Family Therapy	Multisystemic Therapy	New Forest Parenting Programme	Non-Violent Resistance Parenting programme	Parent-Child Interaction Therapy	Parents as First Teachers	Parents Plus	Positive Parenting Pathways	Safecare Phone Enhanced Planned Activities Training	Schoolchildren and their Families	Strengthening Families 10-14	Strengthening Families, Strengthening Community	The Solihull Approach	Trauma-Focused Cognitive Behavioural Therapy	Triple P	Tuning in to Kids	Total	
England	North Somerset	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	X	Y	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	X	X	X	5
England	Northamptonshire Children's Trust	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	1
England	Nottinghamshire	Y	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	Y	Y	X	X	X	X	X	X	X	X	Y	X	Y	X	7	
England	Plymouth	X	X	X	X	X	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	Y	X	X	X	4	
Wales	Rhondda Cynon Taf County	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	2
England	Richmond Upon Thames	Y	X	X	X	Y	X	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	Y	Y	X	7
England	Salford City	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	3	
England	Sandwell Children's Trust	X	X	X	X	X	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	Y	X	Y	X	X	X	X	X	X	X	X	Y	X	Y	X	6	
England	Sheffield City	X	X	X	X	Y	Y	X	X	X	X	Y	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	6	

Region	Local Authority	1-2-3 Magic	4Rs and 2Ss	5 pillars of parenting	Child to Parent Violence Programme	Child-Parent Psychotherapy	Empowering Parents, Empowering Communities	Families and Schools Together	Families and Schools Together Preschool	Family Check-Up for Children	Family Nurse Partnership	Functional Family Therapy	Generation Parent Management Training Oregon	Helping the Noncompliant Child	Incredible Years	Keep Safe	Lets Play in Tandem	Mellow Toddlers	Minding the Baby	Multidimensional Family Therapy	Multisystemic Therapy	New Forest Parenting Programme	Non-Violent Resistance Parenting programme	Parent-Child Interaction Therapy	Parents as First Teachers	Parents Plus	Positive Parenting Pathways	Safecare Phone Enhanced Planned Activities Training	Schoolchildren and their Families	Strengthening Families 10-14	Strengthening Families, Strengthening Community	The Solihull Approach	Trauma-Focused Cognitive Behavioural Therapy	Triple P	Tuning in to Kids	Total	
England	Slough Children First & Slough Borough Council	Y	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	X	4
England	St Helens	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0
England	Surrey County	Y	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	Y	Y	X	X	X	X	5
England	Wandsworth	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0
England	Warrington	X	X	X	Y	X	X	X	X	X	Y	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	Y	X	Y	X	Y	6
England	West Berkshire	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0
England	West Northamptonshire	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y	X	4
England	West Sussex	X	X	X	Y	X	X	X	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	4
Wales	Wrexham	X	X	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	3

Appendix D: Spread of programme variants reported by local authorities

This appendix summarises the spread of delivery of programme variants for the four overarching programme models, as reported by surveyed local authorities.

Triple P

- For Triple P (delivered by 32 local authorities), areas reported offering a broad mix of variants. The most commonly reported were: Level 4 Group Teen Triple P (n=12, 12.9%), Enhanced Triple P (n=11, 11.8%), and Triple P Online (n=11, 11.8%).
- 12 other variants appeared in between one and ten local authorities, including Level 4 Group Triple P (n=10, 10.8%) and Group Stepping Stones Triple P (n=9, 9.7%).
- Several areas in England reported delivering multiple Triple P variants. Sheffield, for example, reported delivering 11 variants. Other areas were: Gloucestershire (10 variants), West Northamptonshire (nine variants), North Northamptonshire (eight variants), Sandwell Children's Trust and Camden (seven variants each), Newham and Merton (five variants each), Ealing, Brighton and Hove, and Leicester (four variants each), Brent, North East Lincolnshire, and Northamptonshire Children's Trust (three variants each), and lastly, Kingston upon Thames and Liverpool (two variants each).

Incredible Years

- Of the 30 local authorities delivering Incredible Years, most offered either the Preschool variant (n=10, 30.3%) or Toddler variant (n=8, 24.2%).
- A handful of other formats appeared less frequently, such as School Age Basic (n=5, 15.2%), Attentive Parenting (n=4, 12.1%), Preschool Basic + Advance Parent Training Curriculum (n=4, 12.1%), and two other variants reported by one local authority each.
- Eight areas (five in England, and three in Wales) reported delivering multiple variants: Ealing (four variants), Bridgend (four variants), Medway, Monmouthshire, and North Somerset (three variants each), and Kingston upon Thames, Newham, Richmond Upon Thames (two variants each).

Multisystemic Therapy

- MST was reported in nine local authorities. Most offered the standard MST model (n=7; 63.6%), while four delivered MST for Child Abuse and Neglect (36.4%).
- No areas in the sample reported using the Problem Sexual Behaviour variant.

- Sandwell Children's Trust and Enfield in England both delivered two MST variants.

Parents Plus

- For Parents Plus, delivered in six local authorities, variants were dispersed across a small number of local authorities.
- The Adolescent Programme was the most frequently cited (n=4, 36.4%), followed by Parenting When Separated (n=3, 27.3%), and Special Needs (n=2, 18.2%).
- Two further variants were each reported by one local authority. North Somerset delivered three Parents Plus variants, while Wrexham, Ealing, and Enfield each delivered two.

Appendix E: Mapping provision of support against indicators of need

The table below provides the data showing levels of programme provision (based on programme count) against indicators of need, at a local authority level. An interactive version of this table can be found [here](#)⁸⁸.

The subsequent sections compare rates of overall programme provision to levels of need for each indicator. Findings should be interpreted as descriptive and indicative only. The analysis reflects the number of distinct programmes reported by local authorities, rather than the scale or reach of provision, and no causal links can be implied.

Table 28: Mapping provision of support against indicators of need

England/ Wales	Local authority	Total number of EBPPs/FTs reported	Level of provision	Youth justice cautions/ sentences (per 10,000)	Level of need: justice involvement	Children in need (per 10,000)	Level of need: children in need	Children in low income families (per 10,000)	Level of need: Low income families
England	Barking and Dagenham	0	Low	38.3	High	376.7	Medium	2210	High
England	Bexley	2	Low	24.7	Medium	299.9	Low	1150	Low
England	Birmingham	10	High	15.4	Low	318.1	Medium	3730	High
England	Bradford	4	Medium	27.3	High	380.8	High	4020	High
England	Brent	6	Medium	24.4	Medium	369.8	Medium	1690	Medium
Wales	Bridgend	7	High	22.1	Medium	385.3	High	2340	High
England	Brighton and Hove	2	Low	31	High	426.6	High	1200	Low
England	Camden	4	Medium	29.5	High	490.2	High	1700	Medium
England	Central Bedfordshire	2	Low	13.5	Low	238.8	Low	1080	Low

⁸⁸ <https://datawrapper.dwcdn.net/siiAI/4/>

England/ Wales	Local authority	Total number of EBPPs/FTs reported	Level of provision	Youth justice cautions/ sentences (per 10,000)	Level of need: justice involvement	Children in need (per 10,000)	Level of need: children in need	Children in low income families (per 10,000)	Level of need: Low income families
Wales	Ceredigion	1	Low	7.4	Low	275.5	Low	2060	Medium
England	Cheshire West and Chester	6	Medium	5	Low	353.6	Medium	1490	Low
England	Darlington	0	Low	30.7	High	495.3	High	2410	High
England	Doncaster	8	High	22.8	Medium	340.9	Medium	2970	High
England	Dorset	4	Medium	12.9	Low	328.2	Medium	1450	Low
England	Ealing	12	High	15.8	Low	322.8	Medium	1410	Low
England	East Riding of Yorkshire	2	Low	9.8	Low	278.3	Low	1740	Medium
England	East Sussex	5	Medium	25.4	Medium	357.9	Medium	1523.3	Medium
England	Enfield	14	High	27.5	High	341.2	Medium	1490	Low
England	Essex	2	Low	20.8	Medium	183.9	Low	1323.4	Low
England	Gateshead	7	High	21.3	Medium	400.2	High	2350	High
England	Gloucestershire	2	Low	14.9	Low	302.7	Medium	1471.6	Low
England	Greenwich	4	Medium	31.4	High	393.7	High	1800	Medium
England	Hertfordshire	5	Medium	27.2	High	198.8	Low	1006.2	Low
England	Hillingdon	4	Medium	24.2	Medium	361.1	Medium	1410	Low
England	Hull, City of	7	High	32.5	High	540.8	High	3320	High
England	Kingston upon Thames	6	Medium	4.9	Low	285.4	Low	780	Low
England	Lambeth	2	Low	45.7	High	540.3	High	1680	Medium
England	Leicester	2	Low	32.5	High	238.1	Low	3480	High
England	Leicestershire	0	Low	12.5	Low	231.4	Low	1391.7	Low
England	Lewisham	5	Medium	33.5	High	424.9	High	1550	Medium
England	Liverpool	7	High	27	Medium	533.6	High	2870	High
England	Manchester	2	Low	47.9	High	431.5	High	3600	High
England	Medway	6	Medium	33.8	High	336.9	Medium	1650	Medium
England	Merton	3	Low	14.8	Low	270.8	Low	1140	Low
England	Middlesbrough	4	Medium	15.9	Low	560.8	High	3560	High

England/ Wales	Local authority	Total number of EBPPs/FTs reported	Level of provision	Youth justice cautions/ sentences (per 10,000)	Level of need: justice involvement	Children in need (per 10,000)	Level of need: children in need	Children in low income families (per 10,000)	Level of need: Low income families
Wales	Monmouthshire	6	Medium	8.8	Low	314	Medium	1520	Medium
England	Newham	7	High	28.4	High	408.7	High	2330	High
Wales	Newport	4	Medium	Not available	Not available	218.7	Low	2660	High
England	North East Lincolnshire	3	Low	26.5	Medium	558.1	High	2980	High
England	North Northamptonshire	4	Medium	10.7	Low	273.5	Low	1780	Medium
England	North Somerset	5	Medium	20.1	Medium	225.9	Low	1270	Low
England	Northamptonshire Children's Trust	1	Low	11.4	Low	276.7	Low	1675	Medium
England	Nottinghamshire	7	High	18.1	Medium	247	Low	1876.6	Medium
England	Plymouth	4	Medium	32.2	High	476.2	High	1970	Medium
Wales	Rhondda Cynon Taf	2	Low	24.2	Medium	329.2	Medium	2100	Medium
England	Richmond upon Thames	7	High	6	Low	227.5	Low	470	Low
England	Salford	3	Low	39.3	High	433.3	High	2580	High
England	Sandwell	6	Medium	25.5	Medium	333.7	Medium	3330	High
England	Sheffield	6	Medium	35.8	High	350.2	Medium	2740	High
England	Slough	4	Medium	19.7	Medium	385.7	High	1940	Medium
England	St. Helens	0	Low	26.9	Medium	447.4	High	2030	Medium
England	Surrey	5	Medium	13.4	Low	201.3	Low	770.6	Low
England	Wandsworth	0	Low	20.7	Medium	288.3	Low	1230	Low
England	Warrington	6	Medium	3.2	Low	328.9	Medium	1500	Medium
England	West Berkshire	0	Low	19.1	Medium	301.5	Medium	940	Low
England	West Northamptonshire	4	Medium	12.1	Low	279.9	Low	1570	Medium
England	West Sussex	4	Medium	21.5	Medium	341.1	Medium	1186.3	Low
Wales	Wrexham	3	Low	42.4	High	270.1	Low	2100	High

Programme provision compared to rates of children cautioned or sentenced

Table 29 summarises the average, median and range of programmes reported by local authorities grouped into low, medium and high need categories based on rates of children cautioned or sentenced. An interactive [scatterplot shows the relationship between rates of children cautioned or sentenced and the number of parenting and family therapy programmes](#)⁸⁹ reported by each local authority (see also Figure 8).

Table 29: No. of parenting and family therapy programmes delivered in low, medium, and high need areas for rates of children cautioned or sentenced.

Children cautioned or sentenced	Average no. of programmes	Range of no. of programmes	Median no. of programmes
High	4.21	14	4
Medium	4.16	8	4
Low	4.47	12	4

Figure 8: Reported parenting and family therapy programme provision relative to rates of children cautioned or sentenced

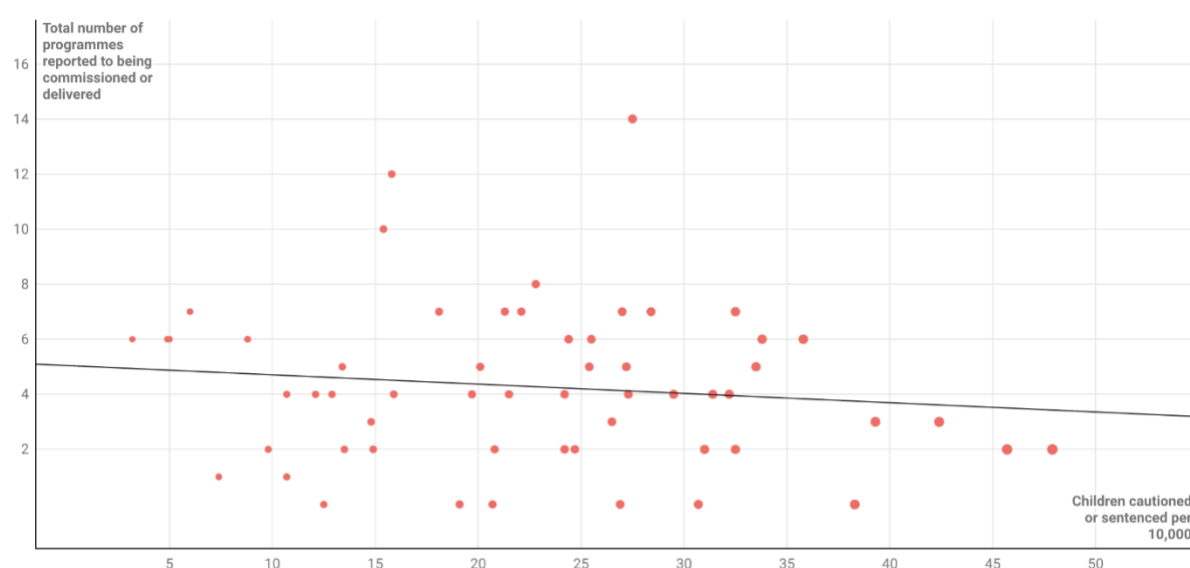


Chart: Cordis Bright • Source: Youth Justice Statistics and the Foundations Guidebook • Created with Datawrapper

Programme provision compared to rates of Children in Need

Table 30 summarises the number of parenting and family therapy programmes reported by local authorities grouped into low, medium and high rates of Children in Need (England) and Children in Need of Care and Support (Wales). An interactive [scatterplot shows the](#)

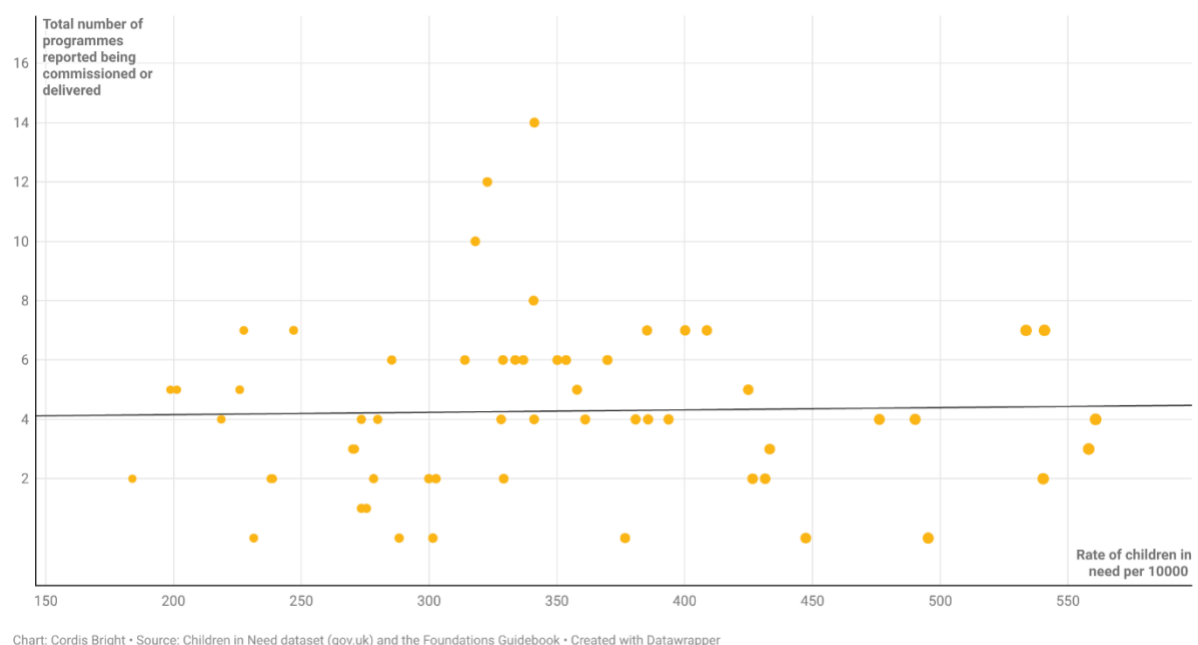
⁸⁹ <https://datawrapper.dwcdn.net/kQAAh/4/>

[relationship between levels of Children in Need/Children in Need of Care and Support](#)⁹⁰ and the number of parenting and family therapy programmes reported by each local authority (see also Figure 9).

Table 30: The number of parenting and family therapy programmes reported by local authorities grouped by rate of Children in Need/Children in Need of Care and Support

Children in need	Average no. of programmes	Range of no. of programmes	Median no. of programmes
High	4.00	7	4
Medium	5.63	14	6
Low	3.25	7	3

Figure 9: Reported parenting and family therapy programme provision relative to rates of Children in Need/Children in Need of Care and Support



Programme provision compared to rates of children in low-income families

Table 31 summarises the number of parenting and family therapy programmes reported by local authorities grouped into low, medium and high rates of children in low-income families. An interactive [scatterplot shows the relationship between levels of children in low-income families](#)⁹¹ and the number of parenting and family therapy programmes reported by each local authority (see also Figure 10).

⁹⁰ <https://datawrapper.dwcdn.net/MPDEm/5/>

⁹¹ <https://datawrapper.dwcdn.net/KzrZg/4/>

Table 31: The number of parenting and family therapy programmes reported by local authorities grouped by rate of children in low-income families

Children in low income families	Average no. of programmes	Range of no. of programmes	Median no. of programmes
High	4.74	10	4
Medium	3.84	7	4
Low	4.25	14	4

Figure 10: Reported parenting and family therapy programme provision relative to rates of children in low-income families

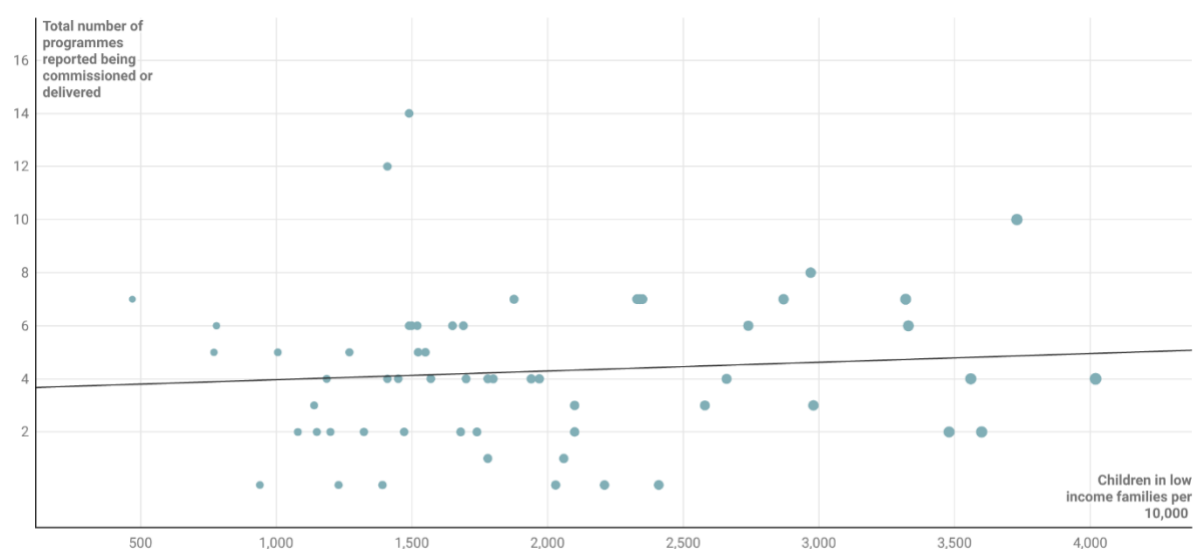


Chart: Cordis Bright • Source: Children in Low Income Families dataset (gov.uk) and the Foundations Guidebook • Created with Datawrapper

Programme provision compared to a combined indicator of need

Table 32 summarises the number of programmes reported by local authorities grouped into low, medium and high categories based on our combined metric of need.

Table 32: The number of parenting and family therapy programmes reported by local authority grouped by level of combined need

Combined need metric	Average no. of programmes	Range of no. of programmes	Median no. of programmes
High	4.74	10	4
Medium	3.84	7	4
Low	4.25	14	4