

PERCEPTIONS, EXPERIENCES, AND BARRIERS AND ENABLERS TO SUCCESSFUL IMPLEMENTATION OF INTERVENTIONS TO SUPPORT PARENTS WITH MULTIPLE AND COMPLEX NEEDS

A rapid qualitative evidence synthesis



Authors

Vita Bax

Sonia Beard

Jonathon Blackburn

Alyssa Eden

Steph Fletcher

Dr Elizabeth Kumah

Dr Aoife O'Higgins

Dr Ian Moore

About Foundations, the national What Works Centre for Children and Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

If you'd like this publication in an alternative format such as Braille, large print, or audio, please contact us at: communications@foundations.org.uk



CONTENTS

Executive summary	5
Introduction	8
Objectives and research questions	11
Objectives	11
Research questions.....	11
Methods	12
Findings	26
RQ1: What are the barriers and enablers to successful implementation and fidelity of parenting interventions targeted at families with multiple and complex needs?	28
RQ2: What are the views, experiences, and preferences of parents experiencing complex and multiple needs regarding the acceptability and usefulness of parenting interventions?	29
Narrative summary of findings	30
Discussion	46
Key findings.....	46
Limitations	49
Recommendations and next steps	51
Family-first approach.....	51
Practitioner and parent relationships	51
Local implementation	52
Research recommendations	52
References	54
Appendices	56



GLOSSARY OF TERMS/ABBREVIATIONS & ACRONYMS

Abbreviation/acronym/term	Description
CASP	Critical Appraisal Skills Programme checklist (used for critical appraisal of individual studies)
GRADE-CERQual	Confidence in the Evidence from Reviews of Qualitative Research (transparent approach for assessing confidence in findings)
Multiple and complex needs	These include families experiencing parental substance use, parental mental health, teen parenthood, parental intellectual disability, parental incarceration, intimate partner violence, parental experience of adverse childhood experiences in their own childhoods, traveller/refugee/asylum seeker or undocumented migrant status, a disadvantaged socio-economic status, and the presence of serious child conduct problems (a combination of adverse circumstances)
Parenting interventions	A structured set of activities or services, with set eligibility requirements, aimed at improving how parents and caregivers approach and execute their role as parents or caregivers, specifically their parenting knowledge, attitudes, skills, behaviours, and practices.
PICOT	Population, Intervention, Comparison, Outcome, Time – PICOT are used to define the scope and, subsequently, the inclusion/exclusion criteria of a review
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses



EXECUTIVE SUMMARY

Overview

There is strong evidence to show that parenting interventions can work to improve both child and parent outcomes. The ability to engage and retain parents in a parenting intervention is crucial for influencing the extent to which parenting interventions achieve such outcomes. This is even more vital when looking to engage parents considered as having multiple and complex needs, such as poor mental health or substance use problems, and who are considered at an enhanced risk for child maltreatment.

This review aimed to provide insight into enablers and barriers to intervention engagement, as well as understanding parental and practitioner perspectives on intervention usefulness for parents experiencing multiple and complex needs. The research questions were as follows:

1. What are the barriers and enablers to successful implementation and fidelity of parenting interventions targeted at families with multiple and complex needs?
2. What are the views, experiences, and preferences of parents experiencing complex and multiple needs regarding the acceptability and usefulness of parenting interventions?

Methods

Following established systematic review methods, we identified qualitative evidence originating in the UK, published from the year 2014 onwards, which described barriers and enablers to engagement, as well as views and experiences of intervention delivery. The systematic review protocol was published on the Foundations website¹ and registered on the Open Science Framework).² The CASP checklist for qualitative studies was used to appraise the quality of the included studies. Findings were then coded and synthesised using the thematic analysis approach by Braun and Clarke (2006). Evidence certainty was assessed using GRADE-CERQual.

Key findings

We identified 666 records, 33 of which we included in this review. Using thematic analysis, we developed 10 overarching statements:

1. Practitioner interpersonal behaviours are key to building trusting relationships and empowering parents.

¹ See: <https://foundations.org.uk/wp-content/uploads/2024/07/protocol-rapid-qual-review-interventions-parents-complex-multiple-needs.pdf>

² Registration DOI: <https://doi.org/10.17605/OSF.IO/H8ZN3>



2. Considerations around delivery mode are important in meeting the individual needs of parents.
3. Parents appreciate interventions that consider the wider needs and context of their own lives.
4. Parents and practitioners value interventions that recognise the intertwined relationship between parents' practical and psychological needs and the needs of their children.
5. Multi-agency collaboration is important in providing holistic support to parents from professionals trained in intervention delivery across organisations.
6. Parents value a proactive approach that is tailored to their individual needs and offers flexibility.
7. Fathers often appreciate receiving parenting support and can be keen to engage in programmes, but practitioners and the system around them sometimes struggle to work with fathers independently or alongside mothers.
8. Parents and practitioners identify various barriers to intervention accessibility, including struggles with literacy and written comprehension, interventions that are not culturally matched to parents' experiences, or interventions that are not accessible to disabled parents.
9. Engagement is greatly facilitated when there are clear goals and realistic expectations set between parent and practitioner.
10. There are some common practices that parents appear to value across different forms of interventions. These include:
 - a. Experiences and relationships that build confidence in their parenting abilities.
 - b. Space to reflect on their parenting, their experiences of being parented, and their desires and motivations to become a better parent.
 - c. Opportunities to increase their understanding of their child's inner world, and how their parents' behaviours may affect them.

In summary, the evidence emphasised the importance of practitioner interpersonal skills that help develop long-lasting, trusting relationships. Characteristics frequently cited included honesty, empathy, and compassion. Parents spoke of the importance of practitioners taking an intersectional lens to the wider challenges they face and being responsive to these according to their individual needs. This includes being mindful of delivery mode, scheduling, and the psychological, cultural, and situational barriers that can hinder a parent's ability to engage with an intervention.

Engagement was also fostered through embedded multi-agency working. From a parental perspective, such an approach enables parents to receive support from the right agencies and professionals at the right time. This can include, for example, parents also receiving support from adult mental health services. From a practitioner perspective, it can mean that practitioners feel less overwhelmed and more supported, and have clearer referral pathways to escalate support needs where needed.

A suitable multi-agency approach also includes having clear data-sharing procedures and awareness of the barriers that can hinder these. Indeed, poor procedures can impede a parent's ability to receive the help they need at the right time. Barriers can include complexities with the



General Data Protection Regulation (GDPR) and a lack of knowledge of how, and with whom, data can be shared.

Lastly, themes centred around preference for holistic, whole-family working approaches. Mothers spoke of their preference to include fathers in parenting interventions, where feasible, and this was seen as one way to allow fathers to take on more of the parenting responsibility. Fathers also spoke of their wish to take part in parenting interventions to enable them to become better fathers.

Recommendations and next steps

Our findings indicate that parents, overall, value the support that interventions can bring. There was an acknowledgement that engagement is best achieved when interventions fit within the wider context of a parent's life. This relates to the need for professionals to appreciate the challenges and complexities that parents face, as well as scheduling interventions to fit around the lives of families. Parenting interventions should therefore be considered a tool for practitioners in fostering healthy parenting behaviour in parents with multiple and complex needs. We recommend more qualitative research on the acceptability and usefulness of interventions delivered online and that services continue to focus on embedded multi-agency working that is sensitive and responsive to holistic family needs.

This review has informed the content of a [Practice Guide](#) on parenting support for families facing adversities with children aged 0 to 10.



INTRODUCTION

Project background

Understanding whether an intervention ‘works’ is one piece of the commissioning puzzle. From a commissioning perspective, it is often not enough to just know ‘what works’. Instead, commissioners must make decisions based on the local context, the needs of the population, and the wider evidence base. This includes features of implementation, feasibility of delivery, and acceptability to service beneficiaries. Together, commissioning decisions are based on ‘what works’, ‘for whom’, and ‘how’, and should be informed by both quantitative and qualitative research.

These features are typically dependent on the type of intervention and the target population of the intervention. For example, the population needs of a universal³ intervention will likely be different from those of interventions targeted at specific groups (selective/indicated).⁴ For this review, we focus on families with multiple and complex needs, such as those with substance use, poor mental health, or experiencing domestic abuse. The needs of these families require careful targeting, design, and delivery of services. These families may be more reluctant to seek out help or engage in an intervention due to stigma, or may be concerned about safeguarding procedures and potential children’s social care involvement (NSPCC 2024; Stanley et al., 2009).

A set of stressors and challenges, in the absence of appropriate and sufficient support, can overwhelm parents’ capacities to nurture their children. This can increase the risk of both poor parenting and maltreating behaviours, which can consequently have long-lasting, negative impacts on child outcomes. Evidence indicates that parenting interventions are a crucial component in supporting parents and consequently keeping children safe. Parenting interventions work to empower parents, offering advice and coaching on specific parenting skills, alongside a range of other types of family and child support (Asmussen & Brims, 2018; Leijten et al., 2018).

The review aimed to qualitatively synthesise the current literature on a broad range of implementation features to understand how parenting interventions can better meet the needs of parents experiencing multiple and complex needs in the UK.

Previous systematic reviews

Previous systematic reviews have documented the challenges required to engage ‘hard-to-reach’ and vulnerable populations. In a 2019 evidence review, the Early Intervention Foundation (Pote et al., 2019) revealed the need for interventions to be designed around the needs and lifestyle of the target population. This includes delivering interventions at suitable and flexible times, identifying

³ Universal: programmes that are available to all families. Typically, these programmes involve activities that take place alongside or as part of other universal services, including health visiting, schools, or children’s centres.

⁴ Targeted indicated/selective: programmes that target a smaller group of families or children on the basis of a specific, pre-identified issue or diagnosed problem requiring more intensive support, or families or children that are at higher risk of requiring support.



convenient locations, and providing subsidised support (e.g. childcare or transportation). Pote et al. (2019) emphasised the need for intervention delivery partners to consider barriers around delivery before implementation. These barriers are multifaceted, and a range of strategies are required to engage all parents. One strategy that has been found to be effective in engaging parents is the use of a skilled workforce that is attuned to the needs of the family and experienced in building strong relationships with families (Pote et al., 2019).

These findings are supported by Butler et al. (2019), who highlighted the need to improve provision of accessible interventions, delivered by a workforce who are highly trained and are sensitive to the adversity faced by families. There is a fine balancing act to be had between intervention fidelity and adaptation to ensure that the needs of the families are met, while at the same time delivering content that is engaging and effective.

Vseteckova et al. (2022) emphasised the importance of building relationships between the social worker and the parent. In a systematic review of 12 studies, parents noted how behaviours such as surveillance were perceived as unhelpful, while those of encouragement and praise improved trust and a desire to change behaviour (Vseteckova et al., 2022). Findings also demonstrated the need for long-term engagement post-intervention, to ensure that problematic issues did not return or could be further supported. While building trusting relationships tended to improve communication outcomes between parent and social worker, it remains unclear how much this improved communication drives improvements in child outcomes.

Systematic review context

This qualitative systematic review sits alongside a systematic review commissioned by Foundations and conducted by researchers from the Centre for Evidence and Implementation (CEI) and partner academic institutions. The systematic review conducted by CEI and partners employed a meta-analytic approach, answering the following research questions.

1. What are the active practice elements shared by interventions with evidence of effectiveness in reducing child maltreatment and/or improving child outcomes when delivered to families experiencing complex and multiple needs?
 - a. Which parenting interventions have strong evidence of their effectiveness in reducing child maltreatment and/or improving child outcomes when delivered to families experiencing multiple and complex needs, within a context relevant to UK early help and children's social care practice? What are their pooled effects?
 - b. To what extent do practice elements and delivery/implementation factors contribute to or detract from the effectiveness of interventions? Have any been observed to be superfluous or contra-indicated (including – where possible – for specific subgroups)?
2. What are the family and contextual moderators of effectiveness in parenting interventions for this group?
3. What is known about the implementation requirements and feasibility of effective interventions and practice elements, relevant to early help and children's social care contexts in the UK?



While the commissioned review also examined feasibility and implementation requirements, this qualitative systematic review aimed to provide deeper insights about the experiences and perspectives of parents regarding the usefulness and acceptability of interventions, which was beyond the scope of the commissioned review.⁵

Definitions

Complex and multiple needs: Our definition of the families in scope for this systematic review reflects the existing evidence base on the combination of risks for child abuse and neglect. These include parental substance use, parental mental health, teen parenthood, parental intellectual disability, parental incarceration, the presence of intimate partner violence, parental experience of adverse experiences in their own childhoods, traveller/refugee/asylum seeker or undocumented migrant status, a disadvantaged socio-economic status, and the presence of serious child conduct problems.

Parenting interventions: A parenting intervention is defined as a structured set of activities or services, with set eligibility requirements, aimed at improving how parents and caregivers approach and execute their role as parents or caregivers – specifically, their parenting knowledge, attitudes, skills, behaviours, and practices (World Health Organization, 2022). They encompass advice, guidance, and training to support parents' capacity to meet their child's developmental needs.

Design and aims

We conducted a qualitative synthesis of the evidence using comprehensive rapid systematic review methods. We identified published and unpublished literature that describes implementation, feasibility, and acceptability features as perceived by both the practitioner and the parents receiving an intervention. On extraction of data from, and quality assessment of, included studies, we used thematic analysis (Braun & Clarke, 2006) to group data across broad themes to identify barriers and enablers to successful implementation of interventions, together with the views and experiences of parents and practitioners.

⁵ See: <https://foundations.org.uk/our-work/current-projects/effective-interventions-and-practices-for-parents-experiencing-complex-and-multiple-needs>



OBJECTIVES AND RESEARCH QUESTIONS

Objectives

The objective of this qualitative systematic review is twofold: to assess the barriers and enablers to successful implementation and fidelity of parenting interventions targeted at families with multiple and complex needs, and to understand the views of users and practitioners on the usefulness and acceptability of parenting interventions.

Findings from this review will inform the development of a Practice Guide on parenting interventions and practices for parents experiencing complex and multiple needs. Practice Guides aim to support the implementation of the Children's Social Care National Framework. The National Framework was recommended by the Independent Review of Children's Social Care to establish the purpose, principles, and outcomes of the children's social care system.

Research questions

The research questions for this review are:

1. What are the barriers and enablers to successful implementation and fidelity of parenting interventions targeted at families with multiple and complex needs?
2. What are the views, experiences, and preferences of parents experiencing complex and multiple needs regarding the acceptability and usefulness of parenting interventions?



METHODS

Protocol registration and ethical review

This systematic review followed a review protocol published on the Foundations website⁶ and registered with the Open Science Framework.⁷ There were no deviations from the protocol.

To ensure transparency, the reporting of this review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Equity-Focused) (PRISMA-E) standards (Welch et al., 2012). The Critical Appraisal Skills Programme (CASP Qualitative Checklist) was used for quality assessment of included studies, and GRADE-CERQual was used to assess the confidence of findings identified in the synthesis.

As this is a systematic review, it was decided that no ethical review was needed; however, the findings will be shared with an advisory group for consultation.

Eligibility criteria

Table 1 presents the inclusion and exclusion criteria for questions 1 and 2.

Table 1: Inclusion and exclusion criteria

Domain	Inclusion	Exclusion
Sample	Parents with children aged 0–10, considered as having complex and multiple needs (or mean age of children in the study is 10 or younger)	Parents with children 11 years or older OR parents who would not be considered as having multiple or complex needs

⁶ See: <https://foundations.org.uk/wp-content/uploads/2024/07/protocol-rapid-qual-review-interventions-parents-complex-multiple-needs.pdf>

⁷ Registration DOI: <https://doi.org/10.17605/OSF.IO/H8ZN3>



Domain	Inclusion	Exclusion
Phenomenon of interest	<p>Outcomes associated with user/practitioner perspectives of parenting interventions</p> <p>Intervention engagement</p> <p>Implementation features of interventions</p>	<p>Non parenting interventions or studies that focus on outcomes outside the parameters of user perspectives or intervention acceptability</p>
Study design	<p>Any methodology pertaining to understanding perspectives (e.g. surveys, focus groups, and other qualitative evaluations)</p>	<p>Any study with no qualitative component</p>
Evaluation	<p>Experiences and perceptions of the usefulness and acceptability of interventions for parents and caregivers with multiple and complex needs; and barriers and enablers to successful implementation of parenting interventions</p>	<p>Efficacy evaluations; any evaluation not pertaining to experiences and perceptions</p>
Research type	<p>Any type that assesses perceptions and experiences of the phenomenon of interest</p>	<p>Any type of research that does not assess perceptions</p>
Context	<p>Studies conducted in the UK (England, Scotland, Wales, and Northern Ireland)</p>	<p>Studies conducted outside the UK</p>
Publication status	<p>No restriction on publication status</p>	
Language	<p>English</p>	<p>Any other language</p>
Publication date	<p>From January 2014 to 11 July 2024 (date of last search)</p>	<p>Pre 2014</p>



Publication restrictions and rationale

Below are the rationales for the publication restrictions specified in Table 1 above:

- Language: Only studies published in the English language were eligible for inclusion due to translation difficulties.
- Publication period: This was restricted to studies published from January 2014 onwards. This is because the review aimed to synthesise the current evidence on beneficiary experiences and perspectives regarding the usefulness and acceptability of parenting interventions.
- Publication status: No restrictions on publication status, although all studies were assessed for risk of bias.

Information sources

The following literature sources were searched:

- PubMed
- PsycINFO
- CINAHL
- Web of Science
- Cochrane and the Campbell Collaborations systematic review database
- Google Scholar.

In addition, a grey literature search was undertaken using Google, as well as the websites listed below:

- **Action for Children:** <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research>
- **CASCADE: Children's Social Care Research and Development Centre:** <https://cascadewales.org/our-research>
- **Children's Society:** <https://www.childrenssociety.org.uk>
- **Coram:** <https://www.coram.org.uk/what-we-do/our-work-and-impact/coram-impact-and-evaluation>
- **Early Intervention Foundation:** <https://www.eif.org.uk/reports>
- **Joseph Rowntree Foundation:** <https://www.jrf.org.uk/publications>
- **National Foundation for Educational Research:** <https://www.nfer.ac.uk/publications/?page=1>
- **NSPCC:** <https://learning.nspcc.org.uk/research-resources>
- **Rees Centre:** <https://www.education.ox.ac.uk/rees-centre/publications-resources/reports-briefings>
- **UK Government:** <https://www.gov.uk/search/research-and-statistics> (with a focus on evaluations of key government initiatives – Supporting Families, Children Centres, and Family Hubs)



- **What Works for Children Social Care:** <https://whatworks-csc.org.uk/research>

The reference lists of relevant primary studies and systematic reviews were also screened for relevant literature.

Search strategy

One overarching literature search was undertaken from 21 June 2024 to 11 July 2024. Three team members undertook the literature searching. Appendix A presents an example search in the CINAHL database. The database searches were conducted on 21 June 2024. A further grey literature search of the UK government’s website was undertaken between 1 and 4 October 2024, to ensure we captured publications relevant to the Supporting Families programme. The database can be found here: <https://www.gov.uk/government/collections/supporting-families>.

Table 2: Search terms used for database searching

Domain	Search terms
Search terms related to parenting interventions	<ul style="list-style-type: none">• “parent* intervention”• “parent* programme”• “parent* training”• “parent skill training”• “parent* therap*”• “parent* support”• “parent education”
Search terms related to population	<ul style="list-style-type: none">• Vulnerab*• Disadvantage*• Depriv*• “hard-to-reach”• workless• “high conflict”• “substance misuse”• “mental health”
Search terms related to study type	<ul style="list-style-type: none">• Qualitative• Survey• Interview• “Focus Group”• “Process Evaluation”



Domain	Search terms
Search terms related to study location	<ul style="list-style-type: none">• United Kingdom• UK• Great Britain• British Isles• England• Scotland• Wales

Selection process

Records were screened on the inclusion/exclusion criteria at two stages in Covidence. First, on title and abstract, and then on full text.

At title and abstract, records were screened by two members of the research team. Each reviewer was blind to the scoring of the other and where disagreement occurred, a third reviewer was used for arbitration. If uncertainty remained, the approach taken was to include the study.

At the full text stage, records were again screened by two reviewers, each of whom were blinded. Conflicts were resolved by a third reviewer.

Data collection process

A data extraction template was developed in Covidence for extraction. The developed template was first piloted on 10% of the included studies by two reviewers. The extraction template was then amended before commencing data extraction.

Data extraction was conducted by two reviewers and conflicts were resolved by another reviewer. Following data extraction, data was transferred to Excel for synthesis.

Data management and processing

All records identified in database, grey literature, and Google scholar searches were imported directly into Covidence for removal of duplicate articles, screening, data extraction, and quality assessment.

Data items

Records were extracted on the following items:

- Reference
 - Study ID (first author's surname and publication year)
 - Study title
 - Year of publication



- Study characteristics
 - Study location (England, Wales, Scotland, Northern Ireland)
 - Aims/objectives/research questions
 - Study design
 - Sample size (parents, children & practitioners, split across treatment and control)
- Population characteristics
 - Age of children
 - Gender
 - Ethnicity
 - Disability/SEND characteristics
- Intervention characteristics
 - Intervention name
 - Developers
 - Intervention setting
 - Duration and mode of delivery
- Outcomes assessed
 - Enablers to intervention delivery
 - Barriers to intervention delivery
 - Factors related to intervention attendance and engagement
 - Professional perspectives on intervention and delivery
 - User perspectives on intervention delivery and effectiveness
 - Intervention acceptability
- Summary of findings
- Study limitation
- Critical appraisal
 - CASP checklist for qualitative studies.

Risk of bias assessment

Risk of bias for the included studies was assessed and reported at the individual study level. Assessing risk of bias is important in determining the likelihood of the findings being misleading.

The Critical Appraisal Skills Programme (CASP) Checklist for Qualitative Studies was used to critically appraise the included studies. The checklist includes 10 questions, grouped into three sections, to support researchers in assessing whether the results of a study are valid (section A), what the results are (section B), and whether the results will help locally (section C). Risk of bias was completed by two reviewers, and conflicts were resolved by a third reviewer.

Risk of bias was assessed in the following domains:

- Was there a clear statement of the aims of the research?
- Is a qualitative methodology appropriate?
- Was the research design appropriate to address the aims of the research?
- Was the recruitment strategy appropriate to the aims of the research?
- Was the data collected in a way that addressed the research issue?



- Has the relationship between researcher and participants been adequately considered?
- Have ethical issues been taken into consideration?
- Was the data analysis sufficiently rigorous?
- Is there a clear statement of findings?
- How valuable is the research?

CASP does not have an official scoring system. It does, however, note that if one is unable to answer 'yes' to the first two-thirds of the questions, then the evidence is more likely to be of poor quality.

Reasons for a qualitative study being assessed as presenting a high risk of bias included:

- The recruitment strategy not being appropriate to the aims of the research, or a lack of transparency in the recruitment process
- Authors not adequately considering the relationship between researcher and participants.

Our full CASP assessment is in Appendix C. Where a 'high' judgement has been made, this represents a high risk of bias rating, and an increased likelihood of a finding being misleading.

Synthesis methods

Thematic analysis was undertaken in Excel using the six steps⁸ set out by Braun and Clarke (2006). Coding was conducted independently by two reviewers, and conflicts were resolved through discussion between reviewers. Coding was both deductive (driven by the research questions and existing evidence) and inductive (identifying themes and insights important to the participants). Once initial coding was complete, broader descriptive and analytical themes were used to produce each statement.

Certainty assessment

GRADE-CERQual (Lewin et al., 2018) was used to assess the confidence of findings from the qualitative evidence synthesis. The full GRADE assessment is in Appendix D. While the CASP assessment focuses on the methodological quality of individual studies, we used GRADE to assess the certainty of the evidence across a range of studies, grouped according to themes. Each theme, or finding, was given a rating (high, moderate, low), which reflects the certainty with which we believe the findings are true to that theme. To produce an overall score, GRADE-CERQual rates four components: methodological limitations, coherence, adequacy, and relevance.

⁸ The six steps are as follows: 1) familiarising yourself with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report.



Studies included

Study selection

A PRISMA flow diagram (Figure 1) showing the selection of studies, can be found on the next page. Across all literature sources (including academic databases, Google Scholar, and grey literature), 666 records were identified. After de-duplication, 442 were screened on title and abstract, of which 150 were screened on full text for eligibility. We originally identified 25 studies to inform our findings.

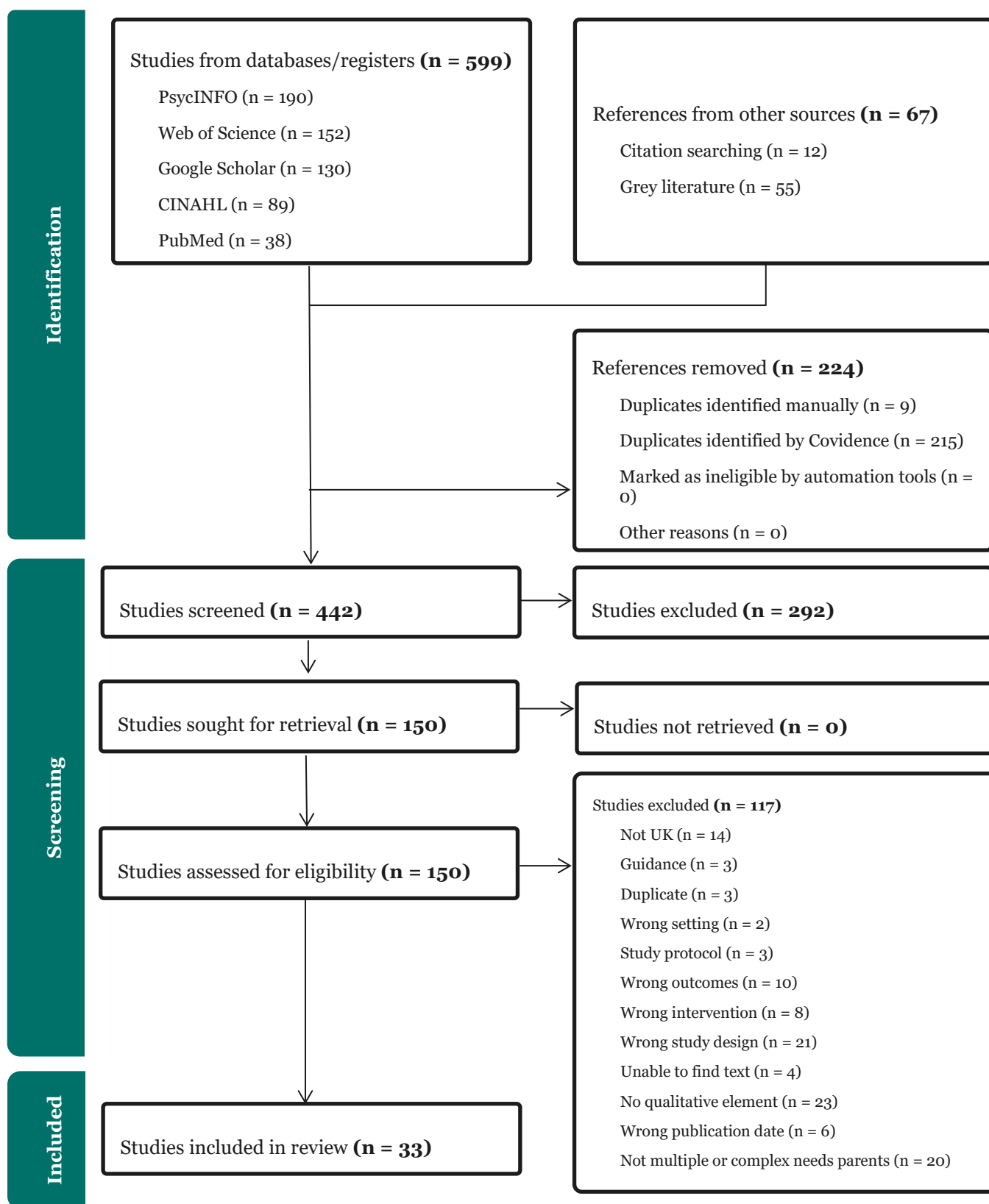
We then conducted an additional search of the Supporting Families evidence database. This led to a further 35 studies being identified. All 35 were screened on title and abstract, and then on full text, from which, a further 8 studies were fully extracted.

This took the final number of included studies to 33.

The PRISMA flow diagram also presents reasons for study exclusion following full text screening.



Figure 1: PRISMA flow diagram ([go to accessibility text](#))





Characteristics of included studies

A full list of the studies included is in Appendix B, and a summary of each study is in Appendix E. Tables 3 and 4 below outline some of the key characteristics of the included studies.

As per the inclusion criteria, all included studies were conducted in the UK across three different regions: England, Wales, and Scotland. A range of interventions were included (see Table 3), with more being offered to mothers than to fathers; however, some interventions (e.g. PuP4Dads) were targeted at fathers only. The type of multiple and complex needs also varied, although parental mental health ($n = 12$ studies), increased risk factors for maltreatment ($n = 16$), and parental substance use ($n = 4$ studies) were the most frequent types of need (see Table 4). Interventions were typically delivered face to face ($n = 28$ studies), often within community centres ($n = 17$ studies) or at home ($n = 15$ studies). Within the included studies, information on ethnicity was not always described but, where it was provided, interventions were typically offered to White British populations ($n = 11$ studies). Seven studies included a mixture of multiple ethnicities, including White British (see Figure 2). A further seven studies specifically reported including Black participants, while three studies involved only White British parents.

Table 3: Frequency of intervention name

Intervention name	Frequency
Supporting Families	7
Not specified	5
Young SMILES – Simplifying Mental Illness Plus Life Enhancement Skills	1
Supporting Families Against Youth Crime	1
Group Family Nurse Partnership	1
Video-feedback Intervention to promote Positive Parenting with Sensitive Discipline, adapted for Perinatal Mental Health (VIPP-PMH)	1
Empowering Parents Empowering Communities	1
Being a Young Dad	1
Mellow Bumps	1
Being a Young Dad, Mellow Bumps, Enhanced Triple P for Baby	1
Time Together	1
Baby Triple P Positive Parenting Programme	1



Intervention name	Frequency
Every Parent's Self-Help Workbook	1
Helping Families Programme – Modified	1
Range of interventions under the Reducing Parental Conflict (RPC) programme (DWP)	1
For Baby's Sake	1
Learning Through Play plus Culturally adapted Cognitive Behaviour Therapy (LTP+CaCBT)	1
Learning Through Play and EMDR Group Traumatic Episode Protocol (LTP + EMDR G-TEP)	1
Dad's Group	1
Mellow Futures	1
Parents under Pressure (PuP4Dads)	1
Helping Families Programme	1
Triple P (Self Help Workbook)	1

Table 4: Frequency of types of multiple and complex needs

Type of multiple and complex needs	Frequency
With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	14
Parental mental health	12
Parental substance use	4
Children with severe child socio-emotional and conduct problems	4
Past or current experience of intimate partner violence	3
Teenage/adolescent parenthood	2



Type of multiple and complex needs	Frequency
Highly deprived socio-economic status	2
Parental incarceration	2
Parental childhood experience of maltreatment or other adverse childhood experiences	2
Traveller, refugee, asylum seeking, or undocumented migrant status	1
Parental intellectual disability	1

Figure 2: Ethnicity characteristics ([link to raw data](#))

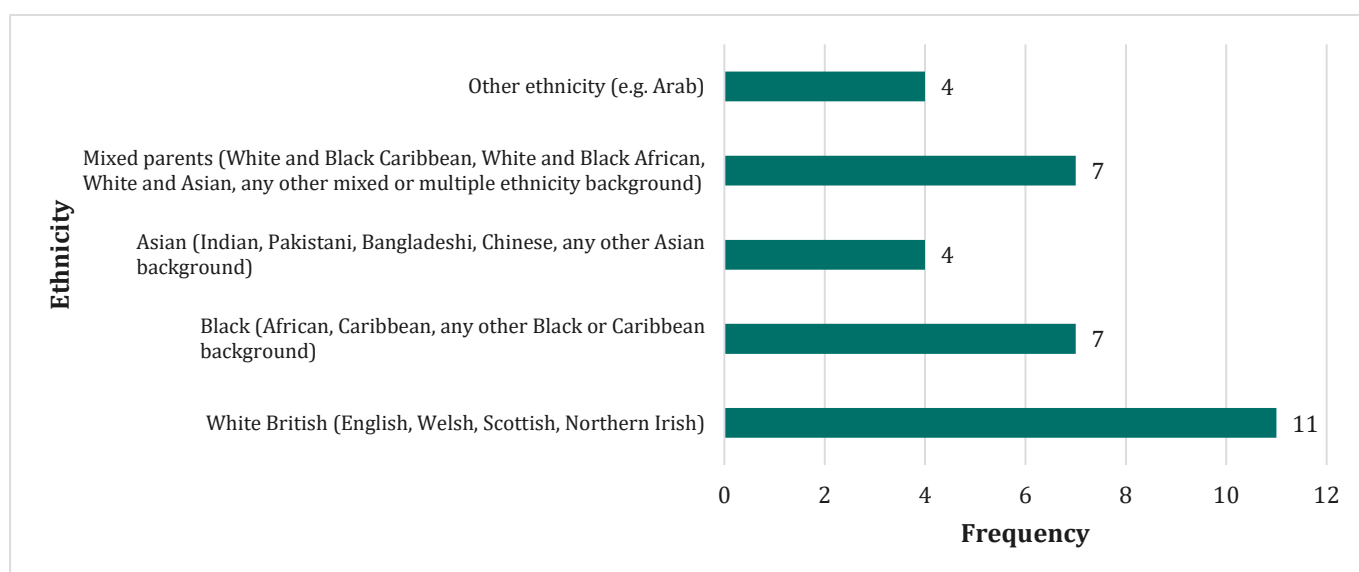




Figure 3: Delivery setting ([link to raw data](#))

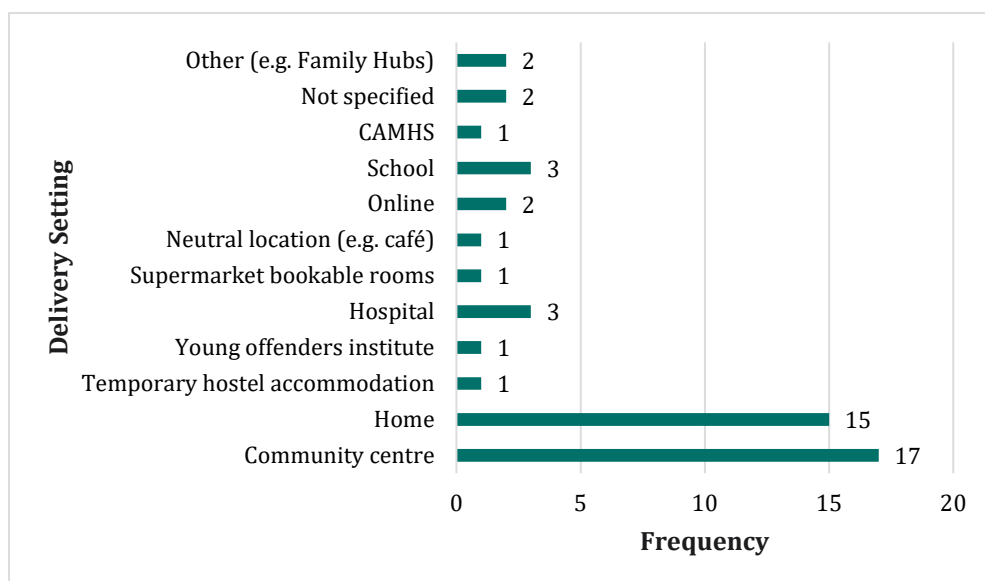
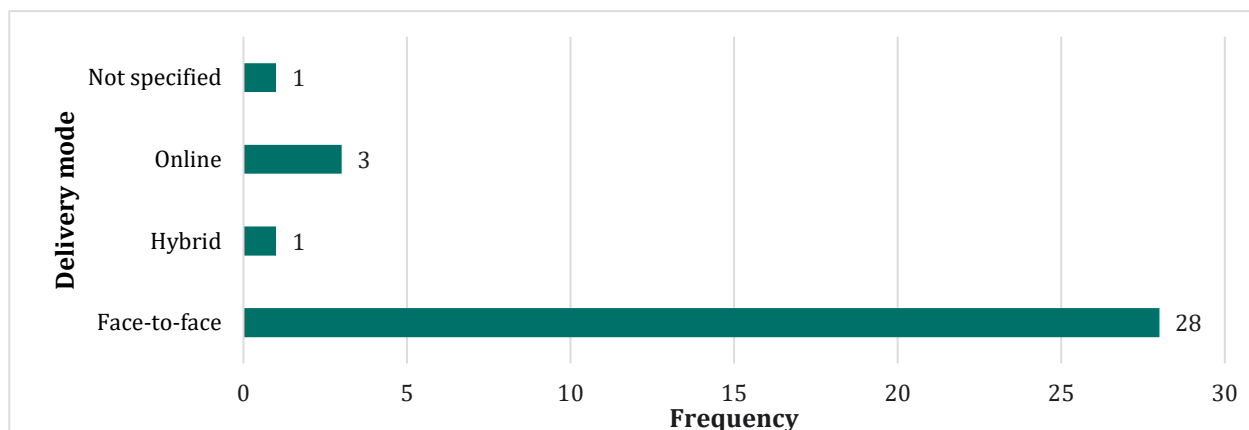


Figure 4: Delivery mode ([link to raw data](#))

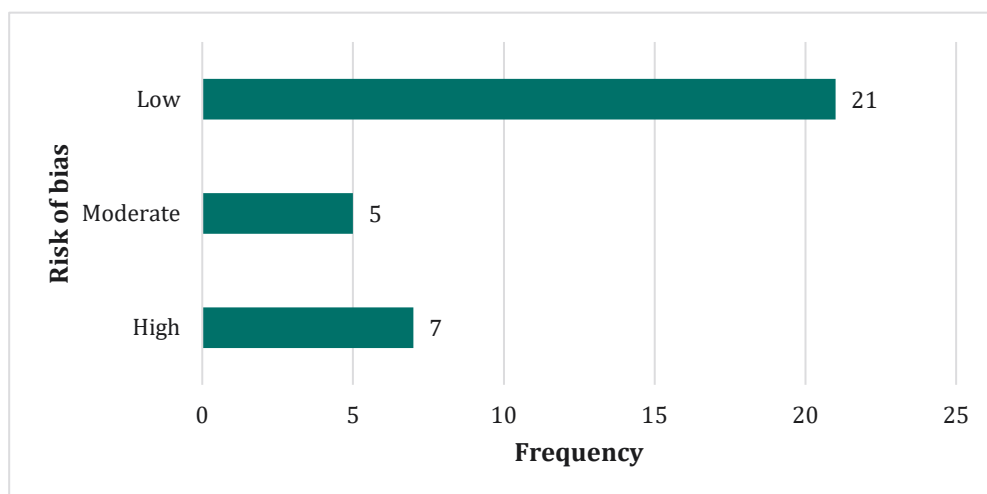


Risk of bias

The quality of reporting of all studies was found to be acceptable for inclusion in the review. Using the CASP Checklist Tool, we found the methodological quality of included studies ranged from low to high (see Figure 5 below). Methodological quality was most often inhibited by poor reporting on research design, lack of discussion relating to the relationship between researchers and participants, and lack of information on data collection methodology. The full table is in Appendix C.



Figure 5: Risk of bias judgement (CASP Checklist Tool) ([link to raw data](#))





FINDINGS

Table 5 below presents an overview of the findings of this review, and the research question(s) each finding relates to. This is followed by a ‘certainty of evidence’ score, based on the GRADE-CERQual assessment (see Appendix D). The table also presents the papers contributing to each finding – i.e. the papers that provide evidence to answer the research questions.

Table 5: Overview of findings

Finding statement		RQ	Certainty of evidence	Contributing papers
1	Practitioner interpersonal behaviours are essential to building trusting relationships and empowering parents.	1	High	Barnicot et al., 2023; Bradley et al., 2020; Butler-Coyne et al., 2017; Day et al., 2020; Domoney et al., 2019; DWP, 2022; Ipsos Mori, 2017; Ipsos Mori, 2018; Kantar Public, 2022; Kaptan et al., 2022; Smith et al., 2015; Stevens, 2018; Whittaker et al., 2014; Whittaker et al., 2022; Wilson et al., 2018
2	Considerations around delivery mode are important in meeting the individual needs of parents.	1	Moderate	Abel et al., 2020; Barnes & Stuart, 2016; Bradley et al., 2020; Buston, 2018; Buston et al., 2022; DWP, 2022; Kaptan et al., 2022; Lucas et al., 2021; Smith et al., 2015; Tarleton & Heslop 2021
3	Parents appreciate interventions that consider the wider individual needs and context of their own lives.	2	Moderate	Barnes & Stuart, 2016; Barnicot et al., 2023; Bradley et al., 2020; Buston et al., 2018; Buston et al., 2019; Butler et al., 2021; Butler-Coyne et al., 2017; DWP, 2022; Ipsos Mori, 2017; Ipsos Mori, 2020a; Lever Taylor et al., 2019; Whittaker et al., 2014; Wilson et al., 2018
4	Parents and practitioners value interventions that recognise the intertwined relationship between parents’ practical and psychological needs and the needs of their children.	2	High	Abel et al., 2020; Buston, 2018; Butcher & Gersch, 2014; Butler-Coyne et al., 2017; DWP, 2022; Lever Taylor et al., 2019; Smith et al., 2015; Whittaker et al., 2014; Wilson et al., 2018.



Finding statement		RQ	Certainty of evidence	Contributing papers
5	Multi-agency collaboration is important in providing holistic support to parents from professionals trained in intervention delivery across organisations.	1	High	Buston, 2018; Butler et al., 2021; Day et al., 2020; Ipsos Mori, 2017; Ipsos Mori, 2018; Ipsos Mori, 2019; Ipsos Mori, 2021; Kantar Public, 2022; Smith et al., 2015 Tarleton & Heslop 2021; Wilson et al., 2018.
6	Parents value a proactive approach that is tailored to their individual needs and offers flexibility.	1	Moderate	Barnicot et al., 2023; Day et al., 2020; DWP, 2022; Foltz et al., 2022; Ipsos Mori, 2017; Ipsos Mori, 2019; Ipsos Mori, 2020a; Kantar Public, 2022; Lucas et al., 2021; Smith et al., 2015; Stevens, 2018.
7	Fathers often appreciate receiving parenting support and can be keen to engage in programmes, but practitioners and the system around them sometimes struggle to work with fathers independently or alongside mothers.	2	Moderate	Barnes & Stuart, 2016; Barnicot et al., 2023; Buston et al., 2018; Butler et al., 2021; Butler-Coyne et al., 2017; DWP, 2022; Kaptan et al., 2022; Lever Taylor et al., 2019; Lucas et al., 2021; Whittaker et al., 2022
8	Parents and practitioners identify various barriers to intervention accessibility, including struggles with literacy and written comprehension, interventions that are not culturally matched to parents' experiences, or interventions that are not accessible to disabled parents.	1	Moderate	Bradley et al., 2020; Buston, 2018; Butler et al., 2021; Day et al., 2020; DWP, 2022; Foltz et al., 2022; Kaptan et al., 2022; Whittaker et al., 2014; Whittaker et al., 2022; Wolfenden et al., 2022
9	Engagement is greatly facilitated when there are clear goals and realistic expectations set between parent and practitioner.	1	Moderate	Ipsos Mori, 2017; Ipsos Mori, 2018; Kantar Public, 2022.
There are some common practices that parents appear to value across different forms of interventions. These include:				
10a	Experiences and relationships that build confidence in their parenting abilities.	2	High	Barnicot et al., 2023; Bradley et al., 2020; Buston et al., 2022; Ipsos Mori, 2018; Lucas et al., 2021; Stevens, 2018; Tarleton & Heslop, 2021; Whittaker et al., 2014; Wilson et al., 2018



Finding statement		RQ	Certainty of evidence	Contributing papers
10b	Space to reflect on their parenting, their experiences of being parented, and their desires and motivations to become a better parent.	2	High	Barnicot et al., 2023; Butcher & Gersch 2014; DWP, 2022; Smith et al., 2015; Whittaker et al., 2022
10c	Opportunities to increase parents' understanding of their child's inner world, and how their parents' behaviours may affect them.	2	Moderate	Barnicot et al., 2023; Butcher & Gersch 2014; DWP, 2022; Smith et al., 2015; Whittaker et al., 2022

In what follows, the findings are presented and discussed according to the research questions explored in this review.

RQ1: What are the barriers and enablers to successful implementation and fidelity of parenting interventions targeted at families with multiple and complex needs?

Six of the findings we identified provided answers to RQ1. These findings included evidence from 21 of the studies extracted. The findings relate to key enablers for successful implementation such as practitioner behaviours and skills, delivery mode, multi-agency working, and flexibility. Key barriers around accessibility are identified, such as poor literacy or reading comprehension among parents, interventions that are not culturally aligned to parents' values, and interventions that do not meet the needs of certain population groups.

Overall, these findings offer useful insights around effective implementation, which often requires a whole-systems approach to supporting parents, from leadership to frontline practitioners across different agencies. The findings show that questions around the best delivery mode or helpful adaptations to interventions can only be answered with reference to the needs of the specific population, because different approaches to delivery mode are shown to suit different groups and always involve some trade-offs. Generally, however, the evidence shows that flexible and proactive approaches can lead to improvement in engagement. These approaches include practitioners being amenable to childcare needs, mindful of accessibility barriers, and setting up clear communication channels, being mindful of any technological barriers.

We found limited evidence on barriers and enablers to intervention fidelity. However, the evidence shows that parents prefer flexible and tailored interventions, which consider their individual needs.



RQ2: What are the views, experiences, and preferences of parents experiencing complex and multiple needs regarding the acceptability and usefulness of parenting interventions?

Six of the findings we identified provided answers to RQ2. These findings included evidence from 22 of the studies extracted. The findings show a positive picture of parents' engagement in parenting interventions, reflecting many studies in which participants were highly engaged in the research and often with the interventions themselves. The studies covered both qualitative evaluations of specific interventions, and studies seeking parents' views on children's social care services and parenting support more generally. Parents reported that they were dedicated to supporting their children and keen to improve their parenting practices and build stronger relationships. In general, parents receiving specific interventions were more positive about the support received, while parents asked about more generic parenting support were more negative. However, this may reflect the design of different studies rather than specific features of the interventions.

Overall, both mothers and fathers were generally appreciative of support in the form of non-stigmatising parenting interventions and identified a variety of activities and components that were perceived as helpful to improve parenting practices and the parent–child relationship. Interventions that promote confidence, reflection, and an improved understanding of child development are all valued by parents. However, the findings also show that parents seek support for themselves through accessing parenting interventions, particularly parents with multiple experiences of deprivation and unmet need. Parents clearly see their own mental, physical, and emotional health as vital to securing good outcomes for their child, and some parents felt that other forms of support for themselves as adults were not available to them elsewhere. Therefore, parenting programmes that explicitly meet parents' needs and offer support to parents as people, rather than simply aiming to improve their parenting, were preferred. This was echoed by practitioners, who sometimes found themselves supporting parents in other ways beyond simply improving parenting practices – either by design within the intervention model or because other agencies were not available. Some practitioners also expressed frustration that parents' needs were not being met elsewhere, suggesting that this acted as a barrier to parental engagement in parenting interventions. Given the current pressures facing public services, parents who have multiple and complex needs may not always receive the required support from other services. Therefore, interventions must work on parenting as it fits around parents' other responsibilities, challenges, and wider social and cultural context.



Narrative summary of findings

Finding 1: Practitioner interpersonal behaviours are essential to building trusting relationships and empowering parents

Contributing studies: Barnicot et al., 2023; Bradley et al., 2020; Butler-Coyne et al., 2017; Day et al., 2020; Domoney et al., 2019; DWP, 2022; Ipsos Mori, 2017; Ipsos Mori, 2018; Kantar Public, 2022; Kaptan et al., 2022; Smith et al., 2015; Stevens, 2018; Whittaker et al., 2014; Whittaker et al., 2022; Wilson et al., 2018

Across all levels and types of need, the personal attributes of a practitioner were considered a key determinant in supporting intervention engagement. Parents valued practitioner attributes such as ‘encouraging’, ‘non-judgemental’, ‘open’, ‘honest’, and ‘non-patronising’, and felt that the best practitioners enabled parents to feel heard. The presence of these attributes ultimately allowed trusting relationships to form between practitioner and parent, essential in encouraging engagement and change. Some parents specifically appreciated practitioners taking a more open and personal approach to facilitation – for example, by sharing their own experiences of parenthood or of living arrangements (e.g. temporary accommodation). Across a variety of interventions and settings, parents appeared to value building connections with practitioners based on identified similarities and shared experiences – perhaps because these connections undermined shame or stigma the parent may have felt when accessing an intervention.

“She did seem to feel like she was part of us, like you could sense that she was like one of us, she kind of understood where we were coming from.”
– Highly deprived socio-economic status, Bradley et al., 2020

“It’s using that caring, nurturing approach that can really help, and them knowing that they’re not going to be judged.”
– Keyworker, Kantar Public, 2022

There was, however, acknowledgement that building trust takes time and a level of intensity from both parties. Facilitators to the building of a strong relationship included an initial home visit, communication outside the scheduled sessions and regular attendance from the parent. Moreover, it requires a consistent workforce, with parents noting the challenges in building relationships when practitioners continually leave the role.

“I think sessions are easy when you have the same therapist (facilitator) for all sessions. Because I had counselling sessions before and I was feeling much more stressed because the counsellor changed a lot. So, I just do not like it because when you start having a relationship with someone to talk about things, and then they change and then you have to start from the beginning.”
– Refugee/asylum seeker, Kaptan et al., 2022

Parents also remarked how they appreciated interventions underpinned by approaches that shift the focus away from ‘needs’ and towards resources and strengths (Caiels et al., 2021). In doing so, they empower parents to focus on the positives and give confidence in their ability to be a parent.



“It’s the first time I’ve had someone actively saying how good something was about the way I did something ... having someone saying that you are doing something well when you’re feeling like you’re failing at it all can only help.”
– Perinatal personality disorder, Barnicot et al., 2023

The step-down process can bring an end to long-standing relationships built between practitioners and parents. Practitioners note that the step-down process can be an anxious time for families, and that the process should be done gradually, phasing out visits and contact.

“For me it is important that there is a transitional closure, an opportunity to tie up any loose ends and to check in with the family whilst taking a step back. As a large part of this role is co-ordination, you often bring in other services to support and it is important that not all these services close at once. It’s a bit like scaffolding – it’s better to take a pole away at a time rather than the whole lot at once. This way you can be sure the foundations you’ve built don’t crumble.”
– Keyworker, Ipsos Mori, 2018

Confidence in finding 1: high.

Finding 2: Considerations around delivery mode are important in meeting the individual needs of parents

Contributing studies: Abel et al., 2020; Barnes & Stuart, 2016; Bradley et al., 2020; Buston, 2018; Buston et al., 2022; DWP, 2022; Kaptan et al., 2022; Lucas et al., 2021; Smith et al., 2015; Tarleton & Heslop 2021

Studies highlighted the need for practitioners to consider the appropriateness of group or individual delivery approaches when working with parents with multiple and complex needs.

Group delivery

The perspectives of parents on group delivery were directly related to the success of its implementation, with positive experiences arising from strong group cohesion and practitioners with the skills to navigate challenging conversations and multiple individual needs in a group setting. For those where category of need was particularly socially isolating (e.g. learning difficulties, prison), group delivery was helpful to engagement and parents felt empowered to be in the same room as other people facing similar problems. It also provided space to build support networks with like-minded individuals and share problems and solutions. Identifying commonalities in parental experiences across the group was important in developing an open and reflective space to share experiences. This was particularly felt by mothers of newborns.

“The other mums give you advice. Because there’s this one girl, this is her first child and she’s having grief with her mum as well. I was like ‘Hmm, I know exactly where you’re coming from. I can help you with that’ ... I’ve always thought I was a bad mum, always. ... Well, it’s [the group] helped me a lot. I’m more confident.”
– Higher level of need based on risk for child maltreatment, Buston et al, 2022



“I was unsure at first because I am not a people person. At first, we didn’t know each other, but now we all chat.”

– Teenage motherhood, Barnes & Stuart, 2016

However, both parents and practitioners were concerned about maintaining confidentiality and the impact of disclosing private or sensitive issues in front of the group. Generally, parents initially felt unsure about group delivery and shared apprehensions relating to perceived stigma and anxieties around feeling judged by group members. This may be particularly heightened where need is particularly stigmatising, such as mental health difficulties or severe deprivation (e.g. homelessness). Creating a safe group space takes time and relies on confidentiality on the part of both the facilitator and parents.

“I just don’t want anyone coming into my privacy just because we live in the same place, and then we’re going to see each other in the class, but then that didn’t happen, [the peer facilitator] respected and everything that happened here was here, and when we talked, you know, it didn’t come out.”

– Highly deprived socio-economic status, Bradley et al., 2020

Moreover, the group dynamics and attendance impacted level of engagement. Where certain individuals were disruptive or where attendance fluctuated, cohesion of the group was impacted and parents reported feeling less engaged and less willing to share their experiences. In these cases, success depended on the skills of the facilitator in balancing the needs of different members of the group and re-creating open and positive relationships with new participants arriving each session.

Individual

Working on a one-on-one basis (sometimes online) with a parent was more common where parents were facing mental health challenges or stigma. Practitioners noted that self-directed interventions (e.g. Triple P Positive Parenting Programme with self-help workbook) offered a greater level of flexibility and independence. Intervention delivery could work around the needs of the parents. Moreover, practitioners felt that they couldn’t cover the same content in a group setting as they could one-on-one (e.g. weaning, supporting mothers post-partum), although conversely group settings were also cited as allowing content to be covered that would be less likely to be provided one-on-one (e.g. supporting parents to massage a baby). Intervention fidelity was not discussed. Lastly, parents may be more likely to disclose sensitive issues when one-on-one (and online), either for privacy reasons or for fear of stigma. This was noted by the refugee/asylum seeker community.

“You know some people love gossiping and they always judge others. They speak behind you and say terrible things. This is why I don’t want anyone to know about my worries or stress. Online delivery helped me in this way, it gave me privacy and distance from others.”

– Refugee/asylum seeker, Kaptan et al., 2022

Confidence in finding 2: moderate.



Finding 3: Parents appreciate interventions that consider the wider individual needs and context of their own lives

Contributing studies: Barnes & Stuart, 2016; Barnicot et al., 2023; Bradley et al., 2020; Buston et al., 2018; Buston et al., 2019; Butler et al., 2021; Butler-Coyne et al., 2017; DWP, 2022; Ipsos Mori, 2017; Ipsos Mori, 2020a; Lever Taylor et al., 2019; Whittaker et al., 2014; Wilson et al., 2018

Treating parents in isolation from the wider challenges they face can inhibit engagement and mean parents cannot appropriately implement the skills they are learning. Overall, there was a perception that parents with a greater level of need were less able to engage with interventions. Practitioners noted that for a range of parents with multiple and complex needs (including those of homelessness, poor mental health, and domestic abuse), it was difficult to find the ‘right time’ for a parenting intervention given the capacity constraints families with adversities face. Moreover, they noted that they found prioritising parenting interventions challenging, when they had to ensure that a family’s basic needs were met first. This led to wider discussions about the level of service provision available and their attempts to meet this unmet need. The quotation below outlines this, whereby a practitioner notes the importance of having a wider team (e.g. a mental health worker) around them to support them. Where this isn’t possible, this increases the capacity need of the practitioner.

“... so, it’s having, it’s having the mental health worker there to, you know, kind of support your work, but they don’t have the capacity and we don’t have the capacity either to kind of do that, so it is, it, it’s more about higher up people, funding and all that sort of stuff.”

– Practitioner, Butler et al., 2021

At times, parents disengaged from an intervention when they felt strategies being taught were not reflective of their situational context. The example given below refers to a homeless mother being taught ‘timeout’ strategies.

“I remember one lesson in discipline was about the naughty step, and it was like ‘I have no spare naughty step!’ ... I’m like ‘apart from the toilet, there’s not really a place I can put him and he’s on his own’.”

– Highly deprived socio-economic status, Bradley et al., 2020

Practitioners saw great value in conducting home visitations because it allowed them to better acknowledge the complexity of the families’ lives. This was also appreciated by the parents, who often argued that staff “need to understand our lives” (parent, selected risk factors for maltreatment, Whittaker et al., 2014). Practitioners also felt that home visitation enabled more long-standing, durable outcomes as staff were better able to implement strategies within the real-world context of a family’s environment.

Confidence in finding 3: moderate.



Finding 4: Parents and practitioners value interventions that recognise the intertwined relationship between parents' practical and psychological needs and the needs of their children

Contributing studies: Abel et al., 2020; Buston, 2018; Butcher & Gersch, 2014; Butler-Coyne et al., 2017; DWP, 2022; Lever Taylor et al., 2019; Smith et al., 2015; Whittaker et al., 2014; Wilson et al., 2018.

The relationship between parents' needs and the needs of their children is complex, and practitioners report challenges in managing the needs of both parties. Practitioners and parents are in agreement that in many cases, the child's needs can only be met effectively when their parent receives dedicated support for the challenges they are facing.

“If you want [my baby] to do well, we need to be well as well. Well, I need to be well.”

– Mother, Lever Taylor et al., 2019

The perceived value of parenting interventions arises from the idea that a child is deeply affected by the behaviours of their parent. Therefore, professionals working with families often recognise that the best way to support the child may be to support the parent. Practitioners often feel that parents will only be able to implement change in their parenting behaviours, including through engaging in parenting interventions, once other more pressing issues in their lives have been addressed. This might include addressing practical challenges that the parent is facing due to poverty or homelessness, as well as psychological barriers to engagement, including mental illness.

“If you've got a parent with mental health problems, with horrendous childhood experiences, with domestic violence, with any of these really horrible experiences, unless you do some work about getting them to understand their own behaviour, and also letting go of that hurt, you really haven't got a chance in getting them to change what they're doing with their child.”

– Practitioner, Smith et al., 2014

Perhaps in response to this perception, some interventions explicitly seek to improve parenting practices through focusing on the emotional, social, or practical needs of the parent. In this model, meeting the parent's needs is a part of the theory of change, indirectly leading to improved parenting practices and benefits to the child.

“If we can do that [create a positive relationship] for those dads, then they can do that for their children 'cause they know that it feels good to have somebody be positive. If we can help someone to know how it feels to have somebody else thinking about you, then can they open up something for their little one.”

– Barnardo's Manager, Buston, 2018



Parents appear to appreciate receiving help for their mental health, substance use, or other challenges in the context of parenting interventions, which allows them to become better parents. Parents value the aspects of interventions that give them a space to address their own needs.

“If I hadn’t had those 12 weeks with all of mine, I don’t think I’d be able to cope because it wasn’t only for the children, it was the adult talk as well, being able to tell Lizzie [home visitor] anything you know ‘I’ve had a really awful week’ or ‘this has happened and ...’”

– Parent, Butcher & Gersch, 2014

Parents also expressed frustration with interventions or practitioner behaviours that they feel do not recognise that their unmet needs are entwined with their child’s experiences and outcomes.

“ ... I was like, ‘Look, I’ve been telling you for ages that I haven’t been parented. I’m the one who needs the help, not the kids.’ ... And then after that everybody calmed down and started talking ... ”

– Mother, Lever Taylor et al., 2019

Some parents feel that their child’s needs are wrongly disaggregated from their own by children’s social workers and other professionals who are delivering parenting interventions or assessing parenting capacity. Some parents discussing their experiences with social workers felt that social workers seeking to assess their parenting capacity were ‘setting them up to fail’ when they did not appreciate the impact of their complex needs and the support they need when considering their ability to parent.

“I can’t see him unless I’ve got someone watching my every move with him ... How can you expect me to learn to be a mum when I can’t even wake up next to my baby?”

– Mother, Lever Taylor et al., 2019

On the other hand, professionals and practitioners who are focused on meeting the child’s needs must make a judgement in each case about the extent to which that child’s needs will be best met by supporting their parent. Sometimes parents appear to accurately identify that professionals concerned for a child’s welfare will move away from offering support to meet the parent’s needs and towards a more judgemental and assessment-focused approach. Whether this is the right approach is debated by parents and professionals in the literature; fundamentally, the children’s social care system is set up with the aim of protecting children’s welfare. In many cases, this may be best achieved through improving parenting practices by meeting parents’ own complex needs which are impacting on their ability to parent.

Confidence in finding 4: high.



Finding 5: Multi-agency collaboration is important in providing holistic support to parents from professionals trained in intervention delivery across organisations

Contributing studies: Buston, 2018; Butler et al., 2021; Day et al., 2020; Ipsos Mori, 2017; Ipsos Mori, 2018; Ipsos Mori, 2019; Ipsos Mori, 2021; Kantar Public, 2022; Smith et al., 2015 Tarleton & Heslop 2021; Wilson et al., 2018.

Multi-agency partnerships

Practitioners spoke of the challenges they face when working with families experiencing multiple and complex needs, with one noting that they need to wear “10 different hats each day” (Whittaker et al., 2014: p. 14). In particular, individuals presenting with a diagnosis of personality disorders and severe mental illness may benefit from a multi-agency approach, with practitioners aiming to work closely with CAMHS and other mental health workers. This cross-organisation approach works best when all professionals have awareness of intervention fidelity and aims. It requires training needs to be met, both within and across organisations to enable a joined-up thinking approach. Where there is not joint understanding, this can prove prohibitive to intervention delivery and, ultimately, parental engagement.

This theme is also borne out in studies that focused on incarcerated fathers. Here, engagement levels fluctuated due to clashes in “embedded institutional ways of working, between the host institution and delivering organisation” (Buston 2018: p. 164). Practitioners spoke of the “resistance of prison staff” to the goals and aims of the intervention and that activities that may seem ‘nurturing’ and to the core of the intervention, could be seen as ‘alien’ to the prison staff.

“It’s a very difficult environment to do this in. Not because people are deliberately obstructive, people just don’t work in that way ... I don’t think it’s a malicious thing ... It’s just that they don’t know [this way of working]. Stuff that we [Barnardo’s] just do without thinking and I think ‘oh, they’ll just know how to do that’, and they don’t.”

– Practitioner, Buston, 2018

There was a concern at the organisational and cultural separation of CAMHS and the wider adult services, with practitioners feeling ill-equipped to assess and manage parental mental health difficulties. There was further concern that for those affected by personality disorders, specialised interventions from other services would be required, as traditional group-based interventions could exacerbate parents’ emotional and interpersonal functioning. There was a need for agencies to cross-collaborate to optimise referral processes, and provide a more holistic level of care, which is considered vital when working with parents of multiple and complex need.

“I think it is multi-agency working. It is not only the child and the family in those ... [hard-to-reach]. You have to identify the whole family dynamic in those, and mostly there are a lot of social issues in those families. Mental issues in the mum, personality disorder in the mum, learning difficulty in mum, and not being able. It’s mainly factors around the mum or the dad themselves – the parents or the



carers themselves – and that’s a big piece of work.”

– Practitioner, Smith et al., 2015

Public sector resource pressures

Moreover, there was a frustration from practitioners that their attempts to facilitate parental access to mental health support and other public services were at times unsuccessful. Keyworkers in the Supporting Families programme felt that their work with families was highly impacted by public sector resource pressures, waiting lists, and gaps in other services, especially adult mental health, CAMHS, social housing, and financial aid or debt advice. When Supporting Families keyworkers were able to refer families to other relevant services, the programme was seen to be more effective and allow the parents to progress through the programme. Where these services weren’t available, frontline practitioners (especially social workers) felt that their role expanded and that they were seen by other services as having a “fix all” responsibility, which was untenable within the boundaries of a parenting-focused intervention. Frontline practitioners delivering the interventions also felt frustration that other professionals within their local system often did not understand their [frontline practitioner] role, and what the intervention was designed to achieve. Practitioners identified that if parents were able to access other public services (especially mental health services) alongside parenting interventions, further statutory intervention could be avoided further down the line.

Data sharing

Successful multi-agency collaboration is best achieved when there are adequate data-sharing practices in place. Practitioners placed great value on data sharing as a means to achieve the whole-family working model that underpins programmes such as Supporting Families. Data sharing enabled keyworkers to 1) identify and target families for earlier intervention; 2) support effective practice through providing frontline workers with up-to-date information about support the family was receiving from other services; and 3) monitor outcomes (e.g. making payments by results claims).⁹

Nevertheless, professionals spoke of barriers to data sharing, especially with colleagues working in health. Practitioners identified concerns around breaching GDPR regulations and not having (or not knowing about) the necessary data-sharing agreements between services. These barriers ultimately reduce the ability of all professionals involved to fully understand the family’s journey, leading to both disjointed working and a concern that families must repeat their story.

“There is a lot of confusion at the moment. It’s not pretty, it’s a really messy scenario. I’m not comfortable everyone has a grip on it – we’d like to do some simple messages around what we should and shouldn’t do.”

– Troubled Families Coordinator, Ipsos Mori, 2019

⁹ When a family successfully achieves an outcome (as set out by the National Framework), a local authority can make a claim for payment (known as ‘payment by results’).



“They [health partners] have always been quite distant and they have been very, very strict in terms of data sharing and I think that is just their policy.”
– Troubled Families Coordinator, Ipsos Mori, 2019

Confidence in finding 5: high.

Finding 6: Parents valued a proactive approach that was tailored to their individual needs and offered flexibility

Contributing studies: Barnicot et al., 2023; Day et al., 2020; DWP, 2022; Foltz et al., 2022; Ipsos Mori, 2017; Ipsos Mori, 2019; Ipsos Mori, 2020a; Kantar Public, 2022; Lucas et al., 2021; Smith et al., 2015; Stevens, 2018.

Practitioners need to be aware of the psychological, situational, and cultural barriers that can inhibit engagement, delivery, and perceived usefulness of an intervention. They should be both proactive, thinking of such barriers before start-date, and reactive to the dynamic needs of the individual when working with them. The whole-family working model as used within Supporting Families was seen as a crucial component in the success of working with families. Such a holistic approach enables the practitioner to develop a comprehensive understanding of a family’s situation and dynamics within the family, and subsequently better tailor approaches to that need.

Psychological barriers

Psychological barriers centred around stigma and low self-confidence and were present across all types and level of need. Parents spoke of worry that, by attending interventions, they may appear as a ‘bad parent’ and that other services, such as social services, may become involved in their lives due to attending a parenting intervention.

“ ... Worrying – Will that judgement then lead to something? Will I be considered an ‘okay parent’ and if I’m not an ‘okay parent’ will they start intervening more than I want them to in my family life?”
– Parent, higher level of need based on risk for child maltreatment, Smith et al., 2015

These worries may be exacerbated where parents are dealing with personality disorders or severe mental illness. Keyworkers on the Supporting Families programme felt that certain needs, primarily mental health, inhibited engagement. Here, parents may be less willing to accept or commit to support and have greater instability in their lives. Keyworkers also noted that where mental health issues were not being addressed, they made progression towards improving parenting or attending training incredibly difficult.

Situational barriers

Parents spoke of a range of situational barriers that inhibited attendance or engagement in an intervention. Working parents found it challenging to schedule sessions around work commitments, and sessions held in the evening were often considered to be most draining. Interventions that offered a level of flexibility were well received by parents. This could involve giving parents a choice of session times and having higher intensity at the start of the intervention,



slowly decreasing over time. Moreover, this included adjustments to account for other parental commitments such as school holidays and medical appointments. Location could be another barrier, with sessions often being missed due to late-running public transport. There was also a concern over the financial burden travelling on public transport can have on families, particularly those in poverty. Lastly, length, duration, and relevance of interventions were seen as barriers to engagement and subsequent retention. Where sessions were teaching about behaviours parents felt they had already mastered, this was often considered patronising and frustrating.

Cultural barriers

Where feasible, parents appreciated working with a practitioner from the same cultural background as them, because there was a level of commonality and understanding from the outset. This also extended to group-based delivery and activities.

“It was helpful that we were assigned to a facilitator that understood the cultural dynamic behind our parenting. In terms of my husband’s background and my background, it was helpful that facilitator was able to understand and share some of our experiences. That affinity allowed us to feel more comfortable in the intervention.”

– DWP, 2022

Within the Supporting Families programme, keyworkers noted that marginalised groups such as families with language barriers or traveller families were often difficult to engage. These cultural barriers meant communication and the ability to build up trusting relationships were inhibited. Moreover, engagement in an intervention may go against family traditions or an accepted way of parenting.

Confidence in finding 6: moderate.

Finding 7: Fathers often appreciate receiving parenting support and can be keen to engage in programmes, but practitioners and the system around them sometimes struggle to work with fathers independently or alongside mothers

Contributing studies: Barnes & Stuart, 2016; Barnicot et al., 2023; Buston et al., 2018; Butler et al., 2021; Butler-Coyne et al., 2017; DWP, 2022; Kaptan et al., 2022; Lever Taylor et al., 2019; Lucas et al., 2021; Whittaker et al., 2022

Fathers perceived there to be real benefit in attending and contributing to parenting interventions.

Themes around reconstructing masculinity and fatherhood were brought up repeatedly. Many aspired to tackle the ‘hypermasculinity’ image that goes with, for example, being in prison, instead wanting to display behaviours associated with being ‘good fathers’ – for example, by being attentive, warm, and sensitive. Fathers felt that by participating in a parenting intervention, the development of such behaviours would be facilitated. This is important because other studies remarked on the ‘gendered’ practice as a barrier to fathers participating in interventions. Many of



the fathers assumed that parenting interventions were only for mothers and that they would be perceived as optional extras in parenting support interventions. Practitioners were also mindful that for some there is a lack of awareness or experience when working with fathers.

“[Practitioners] are very comfortable working with mothers, you know, that’s the norm ... and even if unconsciously they don’t want to exclude fathers, they would ... they’d find themselves kind of doing that anyway.”

– Substance misuse intervention practitioner, Whittaker et al., 2022

Fathers noted that uptake and retention in a parenting programme would be more likely if the programme took a holistic, whole-family approach to intervention delivery. Where feasible,¹⁰ mothers also often appreciated the presence of the father both within the intervention itself and being reintroduced into the responsibilities of parenting. Where multiple and complex needs exist, stress is already likely heightened. Co-parenting can reduce some of the stress and burden faced as a single mother, and mothers were grateful that not all responsibility of childcare had been placed on them.

“We are all doing [PuP] together, it’s something you can get out of together. Because everything is kind of separate at the moment, like [my partner]’s not really been involved in anything, it’s kind of all sort of been on me, and I found that a bit frustrating, and putting me proper under pressure sometimes, because I’m thinking ‘well why is everything end at me!’ and he’s kind of like being left in the background ... everything’s kind of changing [now], he is involved and people are involving him in things and it’s kind of like, turned round a bit ... [and] he’s involved.”

– Partner of substance-abusing man, Whittaker et al., 2022

From a practitioner perspective, more upskilling is required to ensure professionals are adequately trained to support fathers and at times there remains a lack of awareness of appropriate referral pathways.

Confidence in finding 7: moderate.

¹⁰ We recognise that in some instances (e.g. domestic abuse; abusive relationship), whole-family approaches may not be safe or warranted.



Finding 8: Parents and practitioners identify various barriers to intervention accessibility, including struggles with literacy and written comprehension, interventions that are not culturally matched to parents' experiences, or interventions that are not accessible to disabled parents

Contributing studies: Bradley et al., 2020; Buston, 2018; Butler et al., 2021; Day et al., 2020; DWP, 2022; Foltz et al., 2022; Kaptan et al., 2022; Whittaker et al., 2014; Whittaker et al., 2022; Wolfenden et al., 2022

Parents spoke of the need for practitioners to make reasonable adjustments to intervention delivery to ensure all parents felt included. In what follows, we have outlined specific examples found in the literature where, without such reasonable adjustment, it is likely the parent would not be able to gain full benefit from the intervention and be more likely to disengage.

Deaf community (North Wales)

Despite the UK Equality Act 2010 provisions, many parenting interventions are often not accessible due to being in the medium of spoken and written English, as opposed to British Sign Language (BSL). Findings suggested that although materials were often written in an 'easy-to-read' style, they were not always available in BSL. It is important that deaf attendees can see the speaker's facial expressions and body language, so practitioners should be mindful of seating arrangements. Similarly, ground rules around turn-taking and disruptive behaviour should be set from the outset, and reiterated at the start of each session. Only one person should speak at a time, because an interpreter can only relay information from one person speaking, and deaf parents will not be able to process multiple conversations at once. Regarding time and space, interventions should be delivered in a sufficiently large space, with visuals concentrated in one part of the room. Professionals should also be expected to account for the additional time required to allow for the relaying of information through an interpreter. Lastly, practitioners should be mindful of the activities delivered and how inclusive they are to the whole group. Mindfulness exercises can be challenging to the deaf community, for example, and can prove uncomfortable, because they cannot follow facilitator instructions if closing their eyes. Together, such points highlight the nuances and specificities that working with different populations bring in delivering an intervention.

Literacy skills

Studies often noted that parents with multiple and complex needs had anxieties regarding their literacy skills, and this served as a leading barrier to parental engagement. Nevertheless, by using a strengths-based approach, practitioners could offer support by encouraging parents to focus on 'what they know, not what they don't'.

"There were a couple of sections on 1 week that I just couldn't get my head round, I couldn't understand the phrasing, I couldn't get behind the concept and I struggled to deal sort of that week ... I struggled to reach the full benefits but then



I think when I saw [facilitator] to review the week she said don't get hung up on the things that you can't, just concentrate on the things that you do."
– Adult with paranoid schizophrenia, Wolfenden et al., 2022

Practitioners also noted that often parents would be reluctant to disclose or acknowledge such difficulties, often due to stigma or embarrassment. This then meant providing adequate support was more challenging and professionals needed to be reactive to the situation.

Use of workbooks

Overall, workbooks were considered helpful to engagement as a delivery method. Workbooks which offered visual aids and avoided long passages of text and jargon were preferable for engagement and delivery. Both parents and professionals suggested other formats could be developed beyond a workbook, such as audiobooks or smartphone apps to make the content more interactive and appealing.

Confidence in finding 8: moderate.

Finding 9: Engagement is greatly facilitated when there are clear goals and realistic expectations set between parent and practitioner

Contributing studies: Ipsos Mori, 2017; Ipsos Mori, 2018; Kantar Public, 2022.

Interventions that include goal setting can be empowering for families and facilitate increased engagement. This may be achieved through an objective strengths-based assessment tool. It is important that parents feel included in the goal-setting process and feel empowered to drive change. Where goals have been set, practitioners should continue to reassure parents that progress is being made, and wherever possible provide tangible evidence of progress. Where goals are unrealistic, or unachievable within the family context, disengagement is likely to occur.

“Goal setting can again be dependent on the family, if they are reluctant to engage it can possibly be a good way to engage as they are setting the goals themselves with support from the keyworker, it can put the onus back on the family and empower them to make changes.”

– Keyworker, Ipsos Mori, 2018

“There's no point in me going in and setting targets that aren't going to be achievable because that's setting that family up to fail.”

– Keyworker, Kantar Public, 2022

Goals can be considered as long-term, formal objectives, or something more fluid and flexible. Where parents experience greater instability in their day-to-day lives, keyworkers felt that the more formal objective setting was less successful. Indeed, a family's engagement level at the stage of goal setting can be a strong predictor of whether the intervention would lead to successful outcomes.

“The families that want to see [their action plan] take ownership of it more; they're the families that I find when we close they don't come back or if they do



they might come back with something completely different than they went in for in first place.”

– Keyworker, Ipsos Mori, 2017

As part of the goal-setting stage, practitioners should set clear expectations, in terms of both what the programme can achieve and the behaviours expected from the families themselves. Keyworkers note that one of the biggest drivers of disengagement in a programme is when families feel their expectations aren't being met.

“When we have people disengage with Early help, it's because they just want things done for them, and then because you're not doing that, then they disengage.”

– Keyworker, Kantar Public, 2022

Confidence in finding 9: moderate.

Finding 10: There are some common practices that parents appear to value across different forms of interventions. These include:

a. Experiences and relationships that build confidence in their parenting abilities

Contributing studies: Barnicot et al., 2023; Bradley et al., 2020; Buston et al., 2022; Ipsos Mori, 2018; Lucas et al., 2021; Stevens, 2018; Tarleton & Heslop, 2021; Whittaker et al., 2014; Wilson et al., 2018

Similar to Finding 1, parents consistently spoke of the ability of practitioners to build confidence and self-esteem to help them become better parents. Practitioners' focus was continually on what parents were doing right, or well, and providing a safe space for parents to learn and make mistakes. As noted in Wilson et al., (2018), building parenting confidence enables parents to feel a greater sense of agency in their parenting behaviour and, importantly, an increased sense of hope. Approaches pertinent to building confidence tended to be underpinned by strengths-based, group-based, face-to-face delivery and were strengthened when the relationship between practitioner and parent was strong.

“It gave me confidence to feel like ‘Okay, I'm getting this right, I am a good enough parent, I am a good enough mummy' ... I felt really quite empowered after.”

– Perinatal personality disorder, Barnicot et al., 2023

“I've always thought I was a bad mum, always. ... Well, it's [the group] helped me a lot. I'm more confident.”

– Parental mental health, Buston et al., 2022

Confidence in finding 10a: high.



b. Space to reflect on their parenting, their experiences of being parented, and their desires and motivations to become a better parent

Contributing studies: Buston et al., 2019; Buston et al., 2022; Domoney et al., 2019; DWP, 2022; Smith et al., 2015; Whittaker et al., 2022.

Providing space for reflection was deemed beneficial to encourage positive change by both parents and practitioners alike. Mothers and fathers spoke of a determination and motivation to provide their children with a ‘better’ and ‘different’ childhood, and many perceived parenting interventions as being useful in allowing space to reflect on difficult experiences in their own childhood.

“I think in pregnancy, it [the reflective work] is so important, because you do start to ... you start to look at your own childhood and things. That was what was quite good that we did, you know, starting to think about things that your parents did that you wouldn’t do. Or things that your parents did that you would do. Like, thinking about your own parenting, and how your upbringing ... Aye, so there was two coordinators, and the three of us. Four out of five of us [in the group] had fathers with alcohol issues.”

– New mother, Buston et al., 2022

Practitioners spoke of the need for parents to acknowledge that their parenting behaviours could influence the behaviour of the child. Those who weren’t ready to do so or were unable to make changes to their own behaviour displayed a reduced motivation and desire to engage with the intervention. There was an awareness among practitioners and parents of the need to create an appropriate environment for reflective discussions in group settings, with sufficient time dedicated to allowing group bonding before attempting discussions that required sharing personal experiences and feelings.

Confidence in finding 10b: high.

c. Opportunities to increase parents’ understanding of their child’s inner world, and how their parents’ behaviours may affect them

Contributing studies: Barnicot et al., 2023; Butcher & Gersch 2014; DWP, 2022; Smith et al., 2015; Whittaker et al., 2022

Parents appreciated interventions that made them reflect on their own behaviour from the perspective of a child. In doing so, parents spoke of an increased understanding of why their child may be behaving in a certain way, and of the developmental needs of that child. Moreover, this increased connection and communication with the child can serve as an important motivator for wanting to break negative cycles in parents’ lives. Parents spoke of wanting to make positive behavioural changes to make the child feel more safe and secure.

“Oh, a lot better. More, a better understanding of his way of thinking ... I can understand where he’s coming from as a kid, and not knowing things ... I do get why, sometimes, they react the way they react ... and not understanding ... and security and safety, and how important that is, to feel secure.”

– Incarcerated male, Whittaker et al., 2022



“[VIPP-PMH] made such a huge difference into you understanding yourself as a parent, the child, and improving that relationship ... so the child feels confident they want to talk to you. This to me is priceless.”

– Perinatal personality disorder, Barnicot et al., 2023

Confidence in finding 10c: moderate.

Confidence in qualitative findings

We used GRADE-CERQual to assess the evidence certainty of findings. Three findings could be considered ‘high’ and six considered as ‘moderate’. Typically, studies had minor issues in methodological presentation and coherence of data. Many studies served a rich source of data which offered breadth and depth to the research questions we were looking to answer in this review. The full assessment is in Appendix D.



DISCUSSION

Key findings

This systematic review aimed to synthesise the qualitative evidence to explore the perceptions, acceptability, and usefulness of parenting interventions designed to support parents with multiple and complex needs in the UK. It looked to answer the following research questions:

1. What are the barriers and enablers to successful implementation and fidelity of parenting interventions targeted at families with multiple and complex needs?
2. What are the views, experiences, and preferences of parents experiencing complex and multiple needs regarding the acceptability and usefulness of parenting interventions?

After screening 442 studies, 33 were included in this review, and thematic analysis, informed by Braun and Clarke (2006) was undertaken. We then assessed the findings using the GRADE-CERQual framework, resulting in 10 finding statements:

1. Practitioner interpersonal behaviours are key to building trusting relationships and empowering parents.
2. Considerations around delivery mode are important in meeting the individual needs of parents.
3. Parents appreciate interventions that consider the wider needs and context of their own lives.
4. Parents and practitioners value interventions that recognise the intertwined relationship between parents' practical and psychological needs and the needs of their children.
5. Multi-agency collaboration is important in providing holistic support to parents from professionals trained in intervention delivery across organisations.
6. Parents value a proactive approach that is tailored to their individual needs and offers flexibility.
7. Fathers often appreciate receiving parenting support and can be keen to engage in programmes, but practitioners and the system around them sometimes struggle to work with fathers independently or alongside mothers.
8. Parents and practitioners identify various barriers to intervention accessibility, including struggles with literacy and written comprehension, interventions that are not culturally matched to parents' experiences, or interventions that are not accessible to disabled parents.
9. Engagement is greatly facilitated when there are clear goals and realistic expectations set between parent and practitioner.
10. There are some common practices that parents appear to value across different forms of interventions. These include:
 - a. Experiences and relationships that build confidence in their parenting abilities.
 - b. Space to reflect on their parenting, their experiences of being parented, and their desires and motivations to become a better parent.



- c. Opportunities to increase their understanding of their child's inner world, and how their parents' behaviours may affect them.

Each finding is underpinned by a strength of evidence rating as per the CERQual methodology.

While these statements capture the many adversities parents with multiple and complex needs may face, they also speak to the value and benefits interventions can have for this population. The statements can be broadly split across three themes: practitioner skillset and knowledge; local-level multi-agency working, and whole-family, holistic approaches, which together inform our two research questions.

Practitioner skillset and knowledge

Parents consistently spoke of characteristics such as empathy, compassion, and honesty as being important to building a long-lasting, trusting relationship between themselves and the practitioner. These skills take time to develop and require a level of intensity on the part of both the practitioner and parent to achieve. For example, having clear and constant lines of communication.

From the outset, it is also important to set achievable and realistic goals. Practitioners should constantly monitor these and whenever possible demonstrate where progress is being achieved. This can help parents feel empowered and foster motivation to continue to make progress.

Lastly, practitioners should be aware of the wider individual needs often present when working with parents with multiple and complex needs. These can include social (e.g. childcare needs), psychological (e.g. mental health needs), physical (e.g. physical impairment), or environmental (e.g. accessing location) needs. Engagement was facilitated when intervention delivery was flexible to the individual needs of the families.

Local-level multi-agency working

Parents with multiple and complex needs face many adversities that inhibit engagement in parenting programmes. It is important that these adversities are viewed and managed using an intersectional lens, as opposed to singularly. In this review, a multi-agency approach has perhaps best been evidenced when working with parents with mental health needs and the involvement of adult mental health services.

Moreover, a successful multi-agency approach requires clear data-sharing procedures from a broad range of professions. Where procedures aren't in place, both parents and practitioners can be unsure of referral pathways, meaning parents may miss out on the timely support they require. The evidence, such as research on the Supporting Families programme in England, speaks to the many barriers of adequate data sharing.

Whole-family, holistic approach

Both parents and practitioners spoke of their preference for whole-family working where it is feasible. Mothers often found this approach to be empowering and to enable a shifting of parental responsibility onto the father. Fathers also spoke of their desire to be involved more in the



parenting of their child, where feasible, and to be a better parent than their own past experiences. Whole-family interventions were seen as one way of achieving this.



LIMITATIONS

Strength and limitations of the review methods

Compared with traditional narrative methods, systematic reviews offer more objective means of appraising evidence. This systematic review has followed a well-defined and transparent methodology that should facilitate replication reviews in the future. Our robust extraction process allowed us to extract on a range of equality, diversity, inclusion and equity (EDIE) characteristics. Given the diversity of populations found within the British social care system, capturing these characteristics has been important in looking to contextualise findings within specific populations.

Nevertheless, as a topic, this field is ever-growing. Our search methods, and consequently our findings, are only valid up to our end search date (June 2024). Evidence on implementation features of hybrid/online delivery is still immature and the long-lasting impacts of COVID-19 are yet to be explored in the literature. Moreover, our PICOTs were broad in nature, particularly those on ‘population’ and ‘outcome’. With a more defined scope, our findings would have likely been more nuanced and specific.

Strengths and limitations of available evidence

Methodological limitations and clarity in reporting

While we tried to extract as much data as possible from the extracted studies, we often found important information (to this review) to be missing, particularly around the specificity of EDIE characteristics (e.g. using the overarching term “Asian” as opposed to recognising the sub-populations that fall beneath this term). Moreover, information around study delivery and implementation features was at times missing (e.g. delivery mechanisms). We recognise that such a limitation may not be the wish of the author but rather the result of restrictions placed on them (e.g. word count).

On the other hand, and particularly in the grey literature, the level of information was often overwhelming. In some instances, the grey literature reported on multiple interventions and for extraction purposes it was challenging to capture all this information in a succinct and meaningful format. Moreover, our focus on qualitative studies may also mean we have potentially missed a large body of evaluative literature (i.e. randomised controlled trials (RCTs)/quasi-experimental design (QEDs)) that has a substantial implementation component. In future reviews, it would be advisable to have a mapping stage to quantify the extent to which evaluative research had such a component.



Coherence and relevance of data

Given that the data is specific to a UK context, the findings hold great relevance to readers who work in, or have knowledge of, the British social care system. We do recognise that insights may have been missed by not including international literature. However, we feel that given the specificities of the population in scope (multiple and complex needs), transferring qualitative findings from one country to another would be challenging and potentially misleading. For example, poverty is measured and defined differently in North America from in the UK. Similarly, the demographic make-up of the international literature can be very different from that of the UK population. For example, Hispanic and Latino populations are frequently studied in North American literature. Nevertheless, the findings of this review do support the wider literature despite our caveats around our PICOTs (e.g. Koerting et al., 2013 (USA, Australia, Canada, and UK) and Williams et al., 2022 (Southeastern Europe)).

A challenge in this review has been distilling the breadth of our PICOTs, and particularly that of ‘population’. ‘Multiple and complex needs’ is an all-encompassing term across a range of needs, as reflected in our inclusion criteria. At times, it was challenging to develop themes that could be generalised across populations. Where we did identify findings specific to a particular group (e.g. a particular disability), we highlighted this in the results.

Adequacy of the data and gaps in available data

Our findings are reliant on studies of small sample sizes. While sample sizes are naturally smaller in qualitative studies, this does limit the generalisability of findings outside the specificities of a single study. Likewise, the heavy reliance on self-reported data reflects the preferences of single individuals in a moment in time and may not be reflective of the population at large. Moreover, views and preferences tend to be collected post-intervention from those who complete the full intervention. Therefore, the views of those who leave the intervention are not collected and this can in turn bias the results and perspectives. Lastly, while the review has focused on a population inclusive of 0–10-year-olds, there is a greater prevalence of literature aimed at parents with children under 5. This may be reflective of the early intervention landscape in the UK, together with midwifery care available in the pre-/post-natal stage. For children over 5, gaps in the data remain.



RECOMMENDATIONS AND NEXT STEPS

The findings of this review lead to recommendations that support the implementation, delivery, and success of parenting interventions for families with multiple and complex needs. Providing these evidence-based parenting interventions is a core recommendation of the accompanying ‘Parenting Through Adversity’ Practice Guide, which also recommends various practitioner behaviours that parents consistently cite across research studies as important for their engagement and continued participation in parenting support.

Family-first approach

The findings strongly reinforce a family-first approach¹¹ that involves working in partnership with families to better understand their circumstances to ensure a holistic and individualised approach to support. Family-first approaches include ensuring the correct delivery mode and timing of intervention, tailoring delivery to accommodate flexibility, and ensuring that barriers to intervention accessibility – including cultural and physical barriers to access – are acknowledged, discussed, and mitigated with parents.

Local authority leaders responsible for family help and children’s social care workforce development should empower practitioners to deliver proactive approaches to support that is tailored to individual need and offers flexibility. National policy should support local leaders to enable practitioners to have the knowledge and skills they need to support the children and young people they work with. It should also support local leaders to provide the workforce with suitable opportunities to deepen their knowledge, develop new skills, and put learning into practice in line with the Children’s Social Care National Framework.¹²

Practitioner and parent relationships

Findings from this review show that practitioner interpersonal behaviours are key to building trusting relationships and empowering parents to engage in interventions. Practitioners taking time to invest in relationships is valued by families with multiple and complex needs. This also supports continued engagement in an intervention. Much like taking a family-first approach,

¹¹ See: ‘Children’s Social Care: Stable Homes, Built on Love consultation response’.
https://assets.publishing.service.gov.uk/media/650966a322a783001343e844/Children_s_Social_Care_Stable_Homes__Built_on_Love_consultation_response.pdf

¹² See:
https://assets.publishing.service.gov.uk/media/657c538495bf650010719097/Children_s_Social_Care_National_Framework__December_2023.pdf



parents value when practitioners provide time and space for reflection and promote confidence-building in parenting abilities, which is only successful when trust is built between parties.

Local leaders should empower practitioners to ensure capacity is held for investing in trusted relationships with families. The system through which families are supported should also consider how capacity can be made, without compromising practice, to facilitate opportunities for trust to be built before, during, and after the delivery of an intervention. Local leaders should also support and embed opportunities for practitioners to reflect on practice through regular and ongoing supervision, both individually and in groups.

Local implementation

This study's findings also reinforce the need for adequate multi-agency working and data-sharing procedures to support join up across organisations and delivery partners for the benefit of families. Multi-agency collaboration supports holistic, family-first approaches to delivery across the system and, when established correctly, supports professionals to deliver across organisational boundaries and services.

Multi-agency collaboration is only successful with good data sharing across partners. The Child Wellbeing and Schools Bill¹³ makes provision for a consistent child identifier (also known as a single unique identifier or SUI). The bill states that designated persons would include the consistent identifier when processing information about a child for safeguarding and promotion of welfare purposes. This supports the findings on the importance of ensuring that information is shared between professionals so they can intervene before issues escalate; it is vital to enhance join up across organisational boundaries.

Government's recent announcement in 'Keeping children safe, helping families thrive'¹⁴ states that there should be multi-agency child protection teams in every local authority. With safeguarding children involving many different agencies, this is an important policy step that enables practitioners to aid families in accessing the support they require across organisations.

Research recommendations

Future research should continue to evaluate the implementation and acceptability features of interventions delivered through hybrid means or online. Many studies included in this review were delivered face-to-face, in a group setting. While online delivery can be of benefit for those who cannot attend face-to-face interventions, we are still yet to fully understand the impact of losing the group dynamics and supportive networks that group delivery can bring. More research is required to understand the adaptations interventions can make based on delivery mode, and the impact of these adaptations on intervention delivery and efficacy.

¹³ See: <https://bills.parliament.uk/bills/3909/publications>

¹⁴ 18 November 2024. See: <https://www.gov.uk/government/publications/keeping-children-safe-helping-families-thrive>



EDIE characteristics were not always reported in the studies included in this review. As such, researchers should continue to think about the importance of EDIE characteristics in the make-up of their samples and the impact this has on experiences and perceptions. Findings should explore the experiences and lives of families from different ethnic groups when considering delivery and efficacy of an intervention. This could include, for example, cultural adaptations when working with ethnically minoritised families (e.g. translation of materials; use of language that is sensitive to culture and faith) or exploring the dynamics of a group when working with a mixture of ethnicities (e.g. is there a power imbalance; do all members of the group feel included?).



REFERENCES

- Asmussen, K. and Brims, L. (2018) *What works to enhance the effectiveness of the Healthy Child Programme: An evidence update*. Early Intervention Foundation. Retrieved 26 September 2024 from <https://www.eif.org.uk/report/what-works-to-enhance-the-effectiveness-of-the-healthy-child-programme-an-evidence-update>
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative research in psychology*. 3 (2), 77–101.
- Butler, J., Gregg, L., Calam, R. and Wittkowski, A. (2020) Parents' perceptions and experiences of parenting programmes: A systematic review and metasynthesis of the qualitative literature. *Clinical child and family psychology review*. 23 (2), 176–204.
- Caiels, J., Milne, A. and Beadle-Brown, J. (2021) Strengths-based approaches in social work and social care: Reviewing the evidence. *Journal of Long Term Care*. 401–422.
- Koerting, J., Smith, E., Knowles, M. M., Latter, S., Elsey, H., McCann, D. C., ... and Sonuga-Barke, E. J. (2013) Barriers to, and facilitators of, parenting programmes for childhood behaviour problems: A qualitative synthesis of studies of parents' and professionals' perceptions. *European child & adolescent psychiatry*. 22, 653–670.
- Lewin, S., Booth, A., Glenton, C., Munthe-Kaas, H., Rashidian, A., Wainwright, M., Bohren, M. A., Tunçalp, Ö., Colvin, C. J., Garside, R. and Carlsen, B. (2018) Applying GRADE-CERQual to qualitative evidence synthesis findings: Introduction to the series. *Implementation Science*. 13, 1–10.
- NSPCC. (2024) *Parental mental health problems*. Retrieved 26 September 2024 from <https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems>
- Pote, I., Doubell, L., Brims, L., Larbie, J., Stock, L. and Lewing, B. (2019) Engaging disadvantaged and vulnerable parents: An evidence review. *Early Intervention Foundation*, 1–93.
- Stanley, N., Cleaver, H. and Barnes, D. (2009) 'The impact of domestic violence, parental mental health problems, substance misuse and learning disability on parenting capacity' in Horwath, J. (ed.) *The child's world: Assessing children in need*, 2nd edn. London: Jessica Kingsley.
- Vseteckova, J., Boyle, S. and Higgins, M. (2022) A systematic review of parenting interventions used by social workers to support vulnerable children. *Journal of Social Work*. 22 (4), 992–1030.
- Welch V, Petticrew M, Tugwell P, Moher D, O'Neill J, Waters E, et al. (2012) *PRISMA-Equity 2012 extension: reporting guidelines for systematic reviews with a focus on health equity*. *PLoS Med*;9(10).



Williams, M. E., Foran, H. M., Hutchings, J., Frantz, I., Taut, D., Lachman, J. M., ... and Heinrichs, N. (2022) Exploring factors associated with parent engagement in a parenting program in southeastern Europe. *Journal of Child and Family Studies*. 31 (11), 3097–3112.



APPENDICES

Appendix A: Example search strategy and search results for CINAHL database

Number	Query	Limiters/ expanders	Last run via	Results
S8	S1 AND S2 AND S3 AND S4 AND S5 AND S6	Limiters – publication Year – 2014–2024 Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	47
S7	S1 AND S2 AND S3 AND S4 AND S5 AND S6	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	90
S6	“United Kingdom” OR UK OR “Great Britain” OR “British Isles” OR England OR “Northern Ireland” OR Scotland OR Wales	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	403,693



Number	Query	Limiters/ expanders	Last run via	Results
S5	ethnography OR “mix* method*” OR “grounded theory” OR “qualitative research” OR qualitative study OR “qualitative method*”	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	249,681
S4	perspective* OR view* OR perception* OR opinion* OR experience OR barrier* OR enabler* OR fidelity OR intervention fidelity OR acceptability OR usefulness	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	997,697
S3	interview OR “focus group” OR survey OR “Implementation and process evaluation” OR IPE OR phenomenology	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	739,367
S2	“Parent* intervention” OR “parent* program*” OR “parent* training” OR “parent skill training” OR “parent* therap*” OR “parent* support” OR “parent* education”	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	17,720



Number	Query	Limiters/ expanders	Last run via	Results
S1	Parent* OR famil* OR caregiver* OR complex need* parent OR complex need* family OR multiple need* parent OR multiple need* caregiver OR vulnerable parent* OR vulnerable famil* OR Deprived famil* OR substance abuse* famil* OR substance abuse* parent* OR alcohol addict* famil* OR alcohol addict* parent* OR drug addict* famil* OR mental health OR incarceration OR intimate partner violence OR IPV OR “adolescent mother*”	Expanders – apply equivalent subjects Search modes – find all my search terms	Interface – EBSCOhost Research databases Search screen – advanced search Database – CINAHL Plus	868,400



Appendix B: Reference list of included studies

Note: Study ID in brackets.

(343) Abel, K. M., Bee, P., Gega, L., Gellatly, J., Kolade, A., Hunter, D., Callender, C., Carter, L. A., Meacock, R., Bower, P. and Stanley, N. (2020) An intervention to improve the quality of life in children of parents with serious mental illness: The Young SMILES feasibility RCT. *Health technology assessment*. 24 (59), 1.

(488) Barnes, J. and Stuart, J. (2016) The feasibility of delivering group family nurse partnership. *Journal of children's services*. 11 (2), 170–186.

(258) Barnicot, K., Parker, J., Kalwarowsky, S., Stevens, E., Iles, J., Ramchandani, P. and Crawford, M. (2023) Mother and clinician experiences of a trial of a video feedback parent–infant intervention for mothers experiencing difficulties consistent with ‘personality disorder’: A qualitative interview study. *Psychology and psychotherapy: Theory, research and practice*. 96 (2), 480–503.

(7) Bradley, C., Day, C., Penney, C. and Michelson, D. (2020) ‘Every day is hard, being outside, but you have to do it for your child’: Mixed-methods formative evaluation of a peer-led parenting intervention for homeless families. *Clinical child psychology and psychiatry*. 25 (4), 860–876.

(577) Buston, K. (2018) Recruiting, retaining and engaging men in social interventions: Lessons for implementation focusing on a prison-based parenting intervention for young incarcerated fathers. In *Imprisoned Fathers* (pp. 54–70). London: Routledge.

(63) Buston, K., O’Brien, R. and Maxwell, K. (2022) The case for targeted parenting interventions with reference to intergenerational transmission of parenting: Qualitative evidence from three studies of marginalised mothers’ and fathers’ participation in parenting programmes. *Child care in practice*. 28 (3), 274–289.

(588) Buston, K., O’Brien, R., Wight, D. and Henderson, M. (2019) The reflective component of the Mellow Bumps parenting intervention: Implementation, engagement and mechanisms of change. *Plos one*. 14 (4), e0215461.

(473) Butcher, R. L. and Gersch, I. S. (2014) Parental experiences of the ‘Time Together’ home visiting intervention: An Attachment Theory perspective. *Educational psychology in practice*. 30 (1), 1–18.

(554) Butler, J., Gregg, L., Calam, R. and Wittkowski, A. (2021) Exploring staff implementation of a self-directed parenting intervention for parents with mental health difficulties. *Community mental health journal*. 57 (2), 247–261.

(567) Butler-Coyne, H., Hare, D., Walker, S., Wieck, A. and Wittkowski, A. (2017) Acceptability of a positive parenting programme on a mother and baby unit: Q-methodology with staff. *Journal of child and family studies*. 26, 623–632.



- (52) Day, C., Briskman, J., Crawford, M. J., Foote, L., Harris, L., Boadu, J., McCrone, P., McMurrin, M., Michelson, D., Moran, P. and Mosse, L. (2020) An intervention for parents with severe personality difficulties whose children have mental health problems: A feasibility RCT. *Health technology assessment*. 24 (14), 1.
- (609) Department for Works and Pensions. (2023) Reducing Parental Conflict programme 2018 to 2022: Diary research with parents accessing interventions. Retrieved from <https://www.gov.uk/government/publications/reducing-parental-conflict-programme-2018-to-2022-diary-research-with-parents-accessing-interventions>
- (476) Domoney, J., Fulton, E., Stanley, N., McIntyre, A., Heslin, M., Byford, S., Bick, D., Ramchandani, P., MacMillan, H., Howard, L. M. and Trevillion, K. (2019) For baby's sake: Intervention development and evaluation design of a whole-family perinatal intervention to break the cycle of domestic abuse. *Journal of family violence*. 34, 539–551.
- (64) Foltz, A., Cuffin, H. and Shank, C. (2022) Deaf-accessible parenting classes: Insights from Deaf parents in North Wales. *Societies*. 12 (4), 99.
- (655) Ipsos Mori. (2017) National Evaluation of the Troubled Families Programme 2015–2020: Qualitative case study research. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/5a821a29e5274a2e8ab57810/Service_transformation_Case_studies_research_Part_2.pdf
- (646) Ipsos Mori. (2018) Troubled Families qualitative case study research. Phase 2: Wave 1. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/5c82810aed915d07cf4c2foc/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_Case_studies_research_part_3.pdf
- (637) Ipsos Mori. (2019) Troubled Families Programme qualitative case study report. Phase 2: Wave 2. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/5ec63fc1e90e0754d1dedf2e/Case_study_research_part_4.pdf
- (635) Ipsos Mori. (2020a) Troubled Families Programme national evaluation: Staff survey among Troubled Families Employment Advisors. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/605c5a51e90e0724c14950ef/4_Staff_Survey_-_Troubled_Families_Employment_Advisers.pdf
- (634) Ipsos Mori. (2020b) Troubled Families Programme national evaluation: Survey among Troubled Families keyworkers. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/605c5a3de90e0724c0df46c2/3_Staff_Survey_-_Keyworkers.pdf
- (633) Ipsos Mori. (2020c) Troubled Families Programme national evaluation: Survey among Troubled Families Co-ordinators. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/605c596a8fa8f545de89ee8d/2_Staff_Survey_-_Troubled_Families_Coordinators.pdf



- (632) Ipsos Mori. (2021) Supporting Families Against Youth Crime fund evaluation. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/605c5952e90e0724cad2c9af/1_Evaluation_report_-_Supporting_Families_Against_Youth_Crime.pdf
- (26) Jidong, D. E., Ike, J. T., Husain, N., Murshed, M., Francis, C., Mwankon, B. S., Jack, B. D., Jidong, J. E., Pwajok, Y. J., Nyam, P. P. and Kiran, T. (2023) Culturally adapted psychological intervention for treating maternal depression in British mothers of African and Caribbean origin: A randomized controlled feasibility trial. *Clinical psychology & psychotherapy*. 30 (3), 548–565.
- (666) Kantar Public. (2022) Supporting Families Programme: Qualitative research. Retrieved 3 October 2024 from https://assets.publishing.service.gov.uk/media/62445f3d8fa8f5276d1f9f51/Supporting_Families_-_Effective_practice_and_service_delivery_-_Learning_from_local_areas.pdf
- (262) Kaptan, S. K., Varese, F., Yilmaz, B., Andriopoulou, P. and Husain, N. (2022) “Online delivery gave me privacy and distance from others”: Feasibility trial and qualitative evaluation of an online intervention for refugees and asylum seekers; LTP+ EMDR G-TEP. *Counselling and psychotherapy research*. 22 (4), 876–888.
- (482) Lever Taylor, B., Mosse, L. and Stanley, N. (2019) Experiences of social work intervention among mothers with perinatal mental health needs. *Health & social care in the community*. 27 (6), 1586–1596.
- (187) Lucas, S. E., Mirza, N. and Westwood, J. (2021) “Any d*** can make a baby, but it takes a real man to be a dad”: Group work for fathers. *Qualitative social work*. 20 (3), 718–737.
- (72) Smith, E., Koerting, J., Latter, S., Knowles, M. M., McCann, D. C., Thompson, M. and Sonuga-Barke, E. J. (2015) Overcoming barriers to effective early parenting interventions for attention-deficit hyperactivity disorder (ADHD): Parent and practitioner views. *Child: Care, health and development*. 41 (1), 93–102.
- (80) Stevens, M. (2018) Parents’ experiences of services addressing parenting of children considered at-risk for future antisocial and criminal behaviour: A qualitative longitudinal study. *Children and youth services review*. 95, 183–190.
- (570) Tarleton, B. and Heslop, P. (2021) Mellow Futures – An adapted parenting programme for mothers with learning difficulties in England and Scotland. Professionals’ views on the outcomes. *Health & social care in the community*. 29 (5), 1275–1284.
- (532) Whittaker, A., Elliott, L., Taylor, J., Dawe, S., Harnett, P., Stoddart, A., Littlewood, P., Robertson, R., Farquharson, B. and Strachan, H. (2022) The Parents under Pressure parenting programme for families with fathers receiving treatment for opioid dependency: The PuP4Dads feasibility study. *Public health research*. 10 (3), 1–153.
- (146) Whittaker, K. A., Cox, P., Thomas, N. and Cocker, K. (2014) A qualitative study of parents’ experiences using family support services: Applying the concept of surface and depth. *Health & social care in the community*. 22 (5), 479–487.



(66) Wilson, R., Weaver, T., Michelson, D. and Day, C. (2018) Experiences of parenting and clinical intervention for mothers affected by personality disorder: A pilot qualitative study combining parent and clinician perspectives. *BMC psychiatry*. 18, 1–7.

(113) Wolfenden, L., Calam, R., Drake, R. J. and Gregg, L. (2022) The triple P positive parenting program for parents with psychosis: A case series with qualitative evaluation. *Frontiers in psychiatry*. 13, 791294.



Appendix C: Full CASP assessment for qualitative studies

This appendix sets out the CASP assessment for each studies, underpinned by the following questions:

Q1: Was there a clear statement of the aims of the research?

Q2: Is a qualitative methodology appropriate?

Q3: Was the research design appropriate to address the aims of the research?

Q4: Was the recruitment strategy appropriate to the aims of the research?

Q5: Was the data collected in a way that addressed the research issue?

Q6: Has the relationship between researcher and participants been adequately considered?

Q7: Have ethical issues been taken into consideration?

Q8: Was the data analysis sufficiently rigorous?

Q9: Is there a clear statement of findings?

Q10: How valuable is the research?

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Judgement
Abel (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Barnes (2016)	Yes	Yes	Can't tell	Can't tell	Can't tell	No	Yes	No	Yes	Yes	High
Barnicot (2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Bradley (2020)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Low
Buston (2018)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Low



Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Judgement
Buston (2020)	Yes	Yes	Can't tell	Yes	Can't tell	No	Yes	Can't tell	Yes	Yes	Moderate
Buston (2022)	Can't tell	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes	Yes	Moderate
Butcher (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Butler (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Butler-Coyne (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Day (2020)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Low
Department for Works and Housing (2023)	Yes	Yes	Can't tell	Can't tell	Yes	Can't tell	Can't tell	Yes	Yes	Yes	High
Domoney (2019)	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Yes	Yes	High
Foltz (2022)	Yes	Yes	Can't tell	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Yes	Moderate
Ipsos Mori (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Ipsos Mori (2018)	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Low



Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Judgement
Ipsos Mori (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Ipsos Mori (2020a)	Yes	Yes	Can't tell	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes	Yes	High
Ipsos Mori (2020b)	Yes	Yes	Can't tell	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes	Yes	High
Ipsos Mori (2020c)	Yes	Yes	Can't tell	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes	Yes	High
Ipsos Mori (2021)	Yes	Yes	Yes	Can't tell	Yes	No	Can't tell	Yes	Yes	Yes	Moderate
Jidong (2023)	No	Yes	Can't tell	Yes	Can't tell	Can't tell	Yes	Yes	No	Can't tell	High
Kantar (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Kaptan (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Lever Taylor (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Lucas (2021)	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Smith (2015)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Can't tell	Low



Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Judgement
Stevens (2018)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Low
Tarleton (2021)	Can't tell	Yes	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes	Moderate
Whittaker (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Whittaker (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Wilson (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Wolfenden (2022)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Low



Appendix D: Full GRADE-CERQual assessment for qualitative findings

#	Summarised review finding	GRADE-CERQual assessment of confidence	Explanation of GRADE-CERQual assessment	References
1	Practitioner interpersonal behaviours are essential to building trusting relationships and empowering parents.	High confidence	No/very minor concerns regarding methodological limitations; no/very minor concerns regarding coherence; no/very minor concerns regarding adequacy; and minor concerns regarding relevance (instance of multiple/complex need not identified in one study)	Barnicot et al., 2023; Bradley et al., 2020; Butler-Coyne et al., 2017; Day et al., 2020; Domoney et al., 2019; DWP, 2022; Ipsos Mori, 2017; Ipsos Mori, 2018; Kantar Public, 2022; Kaptan et al., 2022; Smith et al., 2015; Stevens, 2018; Whittaker et al., 2014; Whittaker et al., 2022; Wilson et al., 2018
2	Considerations around delivery mode are important in meeting the individual needs of parents.	Moderate confidence	Minor concerns regarding methodological limitations; moderate concerns regarding coherence (findings related to benefits of specific delivery modes over others are not reflected in the overall study finding); no/very minor concerns regarding adequacy; and minor concerns regarding relevance (one study does not strictly meet our inclusion criteria of a parenting intervention as delivered to child)	Abel et al., 2020; Barnes & Stuart, 2016; Bradley et al., 2020; Buston, 2018; Buston et al., 2022; DWP, 2022; Kaptan et al., 2022; Lucas et al., 2021; Smith et al., 2015; Tarleton & Heslop 2021



#	Summarised review finding	GRADE-CERQual assessment of confidence	Explanation of GRADE-CERQual assessment	References
3	Parents appreciate interventions that consider the wider needs and context of their own lives.	Moderate confidence	No/very minor concerns regarding methodological limitations; moderate concerns regarding coherence (some study findings are focused on barriers rather than enablers, which is not reflected in the overall study finding); moderate concerns regarding adequacy (findings lack detail across studies, which does not reflect a richness in the dataset for this finding); and minor concerns regarding relevance (some studies do not include information on implementation enablers and barriers)	Barnes & Stuart, 2016; Barnicot et al., 2023; Bradley et al., 2020; Buston et al., 2018; Buston et al., 2019; Butler et al., 2021; Butler-Coyne et al., 2017; DWP, 2022; Ipsos Mori, 2017; Ipsos Mori, 2020a; Lever Taylor et al., 2019; Whittaker et al., 2014; Wilson et al., 2018
4	Parents and practitioners value interventions that recognise the intertwined relationship between parents' practical and psychological needs and the needs of their children.	High confidence	No/very minor concerns regarding methodological limitations; minor concerns regarding coherence (contradictory findings in one study); no/very minor concerns regarding adequacy; and no/very minor concerns regarding relevance	Abel et al., 2020; Buston, 2018; Butcher & Gersch, 2014; Butler-Coyne et al., 2017; DWP, 2022; Lever Taylor et al., 2019; Smith et al., 2015; Whittaker et al., 2014; Wilson et al., 2018.



#	Summarised review finding	GRADE-CERQual assessment of confidence	Explanation of GRADE-CERQual assessment	References
5	Multi-agency collaboration is important in providing holistic support to parents from professionals trained in intervention delivery across organisations.	Moderate confidence	No/very minor concerns regarding methodological limitations; moderate concerns regarding coherence (because findings overemphasise lack of multi-agency collaboration as a barrier rather than framing it as an enabler); moderate concerns regarding adequacy (because of a low number of studies and variable richness of data across these studies); and no/very minor concerns regarding relevance	Buston, 2018; Butler et al., 2021; Day et al., 2020; Ipsos Mori, 2017; Ipsos Mori, 2018; Ipsos Mori, 2019; Ipsos Mori, 2021; Kantar Public, 2022; Smith et al., 2015 Tarleton & Heslop 2021; Wilson et al., 2018.
6	Parents valued a proactive approach that was tailored to their individual needs and offered flexibility.	Moderate confidence	Minor concerns regarding methodological limitations; no/very minor concerns regarding coherence; moderate concerns regarding adequacy (not a large body of evidence or very rich); and no/very minor concerns regarding relevance	Barnicot et al., 2023; Day et al., 2020; DWP, 2022; Foltz et al., 2022; Ipsos Mori, 2017; Ipsos Mori, 2019; Ipsos Mori, 2020a; Kantar Public, 2022; Lucas et al., 2021; Smith et al., 2015; Stevens, 2018.



#	Summarised review finding	GRADE-CERQual assessment of confidence	Explanation of GRADE-CERQual assessment	References
7	Fathers often appreciate receiving parenting support and can be keen to engage in programmes, but practitioners and the system around them sometimes struggle to work with fathers independently or alongside mothers.	Moderate confidence	Minor concerns regarding methodological limitations (but key study has a strong methodology); minor concerns regarding coherence; minor concerns regarding adequacy (and six studies is comparatively few within this evidence base); and no/very minor concerns regarding relevance	Barnes & Stuart, 2016; Barnicot et al., 2023; Buston et al., 2018; Butler et al., 2021; Butler-Coyne et al., 2017; DWP, 2022; Kaptan et al., 2022; Lever Taylor et al., 2019; Lucas et al., 2021; Whittaker et al., 2022
8	Parents and practitioners identify various barriers to intervention accessibility, including struggles with literacy and written comprehension, interventions that are not culturally matched to parents' experiences, or interventions that are not accessible to disabled parents.	Moderate confidence	Minor concerns regarding methodological limitations; moderate concerns regarding coherence (data is disparate and not all captured in finding); minor concerns regarding adequacy (not very rich); and no/very minor concerns regarding relevance	Bradley et al., 2020; Buston, 2018; Butler et al., 2021; Day et al., 2020; DWP, 2022; Foltz et al., 2022; Kaptan et al., 2022; Whittaker et al., 2014; Whittaker et al., 2022; Wolfenden et al., 2022
9	Engagement is greatly facilitated when there are clear goals and realistic expectations set between parent and practitioner.	Moderate confidence	Minor concerns regarding methodological limitations; no/very minor concerns regarding coherence; moderate concerns regarding adequacy; and no/very minor concerns regarding relevance	Ipsos Mori, 2017; Ipsos Mori, 2018; Kantar Public, 2022.



#	Summarised review finding	GRADE-CERQual assessment of confidence	Explanation of GRADE-CERQual assessment	References
There are some common practices that parents appear to value across different forms of interventions. These include:				
10a	(a) Experiences and relationships that build confidence in their parenting abilities.	High confidence	Minor concerns regarding methodological limitations; no/very minor concerns regarding coherence; no/very minor concerns regarding adequacy; and no/very minor concerns regarding relevance	Bradley et al., 2020; Buston et al., 2022; Wilson et al., 2018; Stevens 2018; Whittaker et al., 2014; Lucas et al., 2021; Barnicot et al., 2023; Tarleton & Heslop 2021; Kaptan 2022
10b	(b) Space to reflect on their parenting, their experiences of being parented, and their desires and motivations to become a better parent.	High confidence	Minor concerns regarding methodological limitations; no/very minor concerns regarding coherence; minor concerns regarding adequacy; and no/very minor concerns regarding relevance	Buston et al., 2022; Smith et al., 2015; Domoney et al., 2019; Whittaker et al., 2022; Buston et al., 2019; DWP 2022
10c	(c) Opportunities to increase parents' understanding of their child's inner world, and how their parents' behaviours may affect them.	Moderate confidence	Minor concerns regarding methodological limitations; no/very minor concerns regarding coherence; moderate concerns regarding adequacy (fewer studies and less detailed data than other findings); and no/very minor concerns regarding relevance	Smith et al., 2015; Barnicot et al., 2023; Whittaker et al., 2022; Butcher and Gersch 2014; DWP 2022



Appendix E: Summary of included studies

Reference	Population	Instance of multiple/complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Abel et al., (2020)	Families (parents and children and/or wider family); practitioners; facilitators	Parental mental health	Young SMILES – Simplifying Mental Illness Plus Life Enhancement Skills	Setting: community setting Duration: 8 weeks Delivery mode: face-to-face	Beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention fidelity; intervention acceptability	Interviews; focus groups
Barnes and Stuart (2016)	Families (parents and children and/or wider family); facilitators	Teenage/ adolescent parenthood	Group Family Nurse Partnership	Setting: community centre Duration: from 16 weeks pregnancy to 12 months postpartum Delivery mode: face-to-face	Barriers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Survey; interviews; focus groups
Barnicot et al., (2023)	Parent(s); practitioners; other: researchers involved in linked RCT	Parental mental health	Video-feedback Intervention to promote Positive Parenting with Sensitive Discipline, adapted for Perinatal Mental Health (VIPP-PMH)	Setting: home; community centre Duration: 6 90-minute sessions over 12 weeks Delivery mode: face-to-face	Barriers; enablers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Interviews; implementation and process evaluation



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Bradley et al., (2020)	Parent(s); families (parents and children and/or wider family); facilitators	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective); highly deprived socio-economic status	EPEC-TA	Setting: home; other: visits to temporary accommodation hostel Duration: 10 weeks Delivery mode: face-to-face	Barriers; enablers; intervention fidelity; intervention acceptability	Survey; interviews
Buston et al., (2018)	Parent(s); other: Barnardo's manager	Parental substance use; parental incarceration; teenage/ adolescent parenthood	Being a Young Dad	Setting: Young Offenders Institution Duration: 10 weeks, or 6 weeks condensed if fathers due to leave prison Delivery mode: face-to-face	Barriers; enablers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Interviews; implementation and process evaluation; other: participant observation of the programme and informal interaction



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Buston et al., (2020)	Parent(s)	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective); parental substance use; parental mental health; past or current experience of intimate partner violence; parental childhood experience of maltreatment or other adverse childhood experiences	Mellow Bumps	Setting: hospital; supermarket bookable rooms Duration: 6 weeks Delivery mode: face-to-face	Barriers; enablers; beneficiary experiences/ perspectives; professional experiences/ perspectives; other: specific to one component of the intervention (reflective work)	Implementation and process evaluation



Reference	Population	Instance of multiple/complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Buston et al., (2022)	Parent(s)	Parental substance use; parental incarceration; parental mental health; past or current experience of intimate partner violence; parental childhood experience of maltreatment or other adverse childhood experiences	Being a Young Dad, Mellow Bumps, Enhanced Triple P for Baby	Setting: hospital; neutral venue (e.g. cafe); prison Duration: between 6 and 10 weeks Delivery mode: face-to-face	Beneficiary experiences/perspectives	Interviews



Reference	Population	Instance of multiple/complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Butcher and Gersch (2014)	Parent(s); families (parents and children and/or wider family); practitioners; facilitators	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective); children with severe child socio-emotional and conduct problems	Time Together	Setting: home Duration: 10 weeks Delivery mode: face-to-face	Beneficiary experiences/perspectives	Interviews
Butler-Coyne et al., (2017)	Practitioners	Parental mental health	Baby Triple P Positive Parenting Programme	Setting: hospital Duration: not specified Delivery mode: face-to-face	Professional experiences/perspectives; intervention acceptability; other: intervention feasibility	Other: Q-methodology
Butler et al., (2021)	Practitioners	Parental mental health	Every Parent's Self-Help Workbook	Setting: home Duration: N/A Delivery mode: self-directed	Barriers; enablers; professional experiences/perspectives	Interviews



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Day et al., (2020)	Families (parents and children and/or wider family); other: keyworkers	Parental mental health; children with severe child socio-emotional and conduct problems	Helping Families Programme – Modified	Setting: home; community centre Duration: 16 weeks Delivery mode: face-to-face	Barriers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Implementation and process evaluation; other: mixed-methods feasibility trial with process evaluation
Department for Work and Pensions (2023)	Parent(s)	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	7 interventions under the Reducing Parental Conflict (RPC) programme	Setting: range of settings (inc. community centres) Duration: various Delivery mode: online; hybrid	Barriers; enablers; beneficiary experiences/ perspectives; intervention acceptability	Interviews; other: diary entries to mobile app
Domoney et al., (2019)	Parent(s)	Past or current experience of intimate partner violence	For Baby's Sake	Setting: community centre/private location Duration: up to 2.5 years Delivery mode: face-to-face	Beneficiary experiences/ perspectives	Interviews; other: mixed-methods pilot intervention evaluation and IPE



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Foltz. (2022)	Parent(s)	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Not specified	Setting: not specified Duration: not specified Delivery mode: face-to-face	Beneficiary experiences/ perspectives	Interviews; other: case study
Ipsos Mori (2017)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: home; community centre Duration: N/A Delivery mode: face-to-face	Beneficiary experiences/ perspectives; professional experiences/ perspectives	Interviews; focus groups
Ipsos Mori (2018)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: home; community centre Duration: N/A Delivery mode: face-to-face	Barriers; enablers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Interviews



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Ipsos Mori (2019)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: home; community centre Duration: N/A Delivery mode: face-to-face	Professional experiences/ perspectives	Focus groups
Ipsos Mori (2020a)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: Jobcentre Duration: N/A Delivery mode: face-to-face	Barriers; professional experiences/ perspectives	Survey
Ipsos Mori (2020b)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: home; community centre; school; other: family hubs Duration: N/A Delivery mode: face-to-face	Barriers; professional experiences/ perspectives	Survey



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Ipsos Mori (2020c)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: home; community centre; other: family hubs Duration: N/A Delivery mode: face-to-face	Barriers; professional experiences/ perspectives	Survey
Ipsos Mori (2021)	Parent(s); families (parents and children and/or wider family); practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families Against Youth Crime	Setting: community centre; school; CAMHS Duration: N/A Delivery mode: face-to-face	Barriers; enablers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Survey; interviews; other: qualitative case studies involving interviews and observations of interventions
Jidong et al., (2023)	Parent(s)	Parental mental health	Learning Through Play plus Culturally adapted Cognitive Behaviour Therapy (LTP+CaCBT)	Setting: online Duration: 12 sessions Delivery mode: online	Beneficiary experiences/ perspectives; intervention acceptability	Interviews; focus groups



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Kantar Public (2022)	Practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Supporting Families	Setting: home; community centre Duration: N/A Delivery mode: face-to-face	Professional experiences/perspectives	Interviews; focus groups
Kaptan et al., (2022)	Parent(s)	Traveller, refugee, asylum seeking, or undocumented migrant status	Learning Through Play and EMDR Group Traumatic Episode Protocol (LTP + EMDR G-TEP)	Setting: online Duration: not specified Delivery mode: online	Barriers; enablers; beneficiary experiences/perspectives; intervention acceptability	Other: mixed-methods single group feasibility trial
Lever Taylor et al., (2019)	Parent(s)	Parental mental health	Not specified	Setting: home Duration: not specified Delivery mode: face-to-face	Beneficiary experiences/perspectives	Interviews



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Lucas et al., (2021)	Parent(s); practitioners; facilitators	Parental mental health; highly deprived socio-economic status	Dad's Group	Setting: community centre Duration: not specified Delivery mode: face-to-face	Beneficiary experiences/ perspectives; Professional experiences/ perspectives	Interviews; focus groups; other: observation
Smith et al., (2015)	Parent(s); practitioners	Children with severe child socio-emotional and conduct problems; with higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Not specified	Setting: community centre; schools; CAHMS; SureStart; SALT; Portage Duration: not specified Delivery mode: not specified	Barriers; enablers; beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Interviews



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Stevens, M. (2018)	Families (parents and children and/or wider family); practitioners	Children with severe child socio-emotional and conduct problems; with higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Not specified	Setting: home; community centre; clinic Duration: not specified Delivery mode: face-to-face	Barriers; enablers	Interviews
Tarleton and Heslop (2021)	Parent(s)	Parental intellectual disability	Mellow Futures	Setting: home; community centre Duration: 20 weeks Delivery mode: face-to-face	Beneficiary experiences/ perspectives; professional experiences/ perspectives	Survey; interviews



Reference	Population	Instance of multiple/ complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Whittaker et al., (2014)	Parent(s); practitioners	With higher-level needs who were offered an intervention based on selected risk factors for maltreatment (selective)	Not specified	Setting: community centre Duration: not specified Delivery mode: face-to-face	Beneficiary experiences/ perspectives	Survey; interviews; focus groups
Whittaker et al., (2022)	Parent(s)	Parental substance use	Parents under Pressure (PuP4Dads)	Setting: not specified Duration: median 28 weeks Delivery mode: face-to-face	Beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Interviews; focus groups; other: expert event with stakeholders
Wilson et al., (2018)	Parent(s); families (parents and children and/or wider family); practitioners	Parental mental health	Helping Families Programme	Setting: home Duration: 16 weeks Delivery mode: face-to-face	Beneficiary experiences/ perspectives; professional experiences/ perspectives; intervention acceptability	Interviews



Reference	Population	Instance of multiple/complex need	Intervention name	Intervention characteristics	Outcomes assessed	Qual data collection methods
Wolfenden et al., (2022)	Parent(s)	Parental mental health	Triple P (Self Help Workbook)	Setting: home Duration: 10 weeks Delivery mode: face-to-face	Barriers; enablers; beneficiary experiences/perspectives; intervention acceptability	Interviews



Appendix F: Accessibility text

Figure 1. PRISMA flow diagram

The image is a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram, depicting the process of identifying, screening, and including studies in a systematic review. It shows two main identification pathways: studies from databases and academic resources (left) and studies identified via other methods (right). Below is a breakdown of the flowchart:

Left Pathway: Identification of studies via databases and registers

1. Identification

Records identified from:

- Global dataset: 20,680
- Updated search: 3,888
 - ASSIA: 493
 - Cochrane: 608
 - IBSS: 206
 - Medline: 1,429
 - Psycinfo: 1,645

Records removed before screening:

- Duplicate records removed: 940
- Records marked as ineligible by automation tools: 16,220

2. Screening

Records screened:

- Global dataset: 4,640
- Updated search: 2,948
- Records excluded: 6,831

Reports sought for retrieval:

- Global dataset: 582
- Updated search: 175
- Reported not retrieved: 2

Reports assessed for eligibility:

- Global dataset: 582



- Updated search: 173
- Reports excluded:
 - Publication type: 116
 - Study design: 53
 - Comparator: 67
 - Context: 14
 - Intervention: 61
 - Population: 315
 - Outcomes: 9
 - Language: 1
 - Duplicate: 2

3. Included:

Studies included in review: 106

Reports of included studies: 131

Studies included in the meta-analysis: 95

Right Pathway: Identification of studies via other methods

1. Identification

Records identified from:

- Global dataset: 346
 - Systematic reviews: 10

2. Screening:

Reports sought for retrieval:

- Global review: 190
- Systematic reviews: 64
- Reported not retrieved: 0

Reports assessed for eligibility:

- Global review: 190
- Systematic review: 64
- References in included papers: 3
- Reports excluded
 - Global review:
 - Publication type: 5
 - Population: 143
 - Language: 1
 - Systematic review:



Study design: 1
Comparator: 12
Intervention: 16
Population: 18

The PRISMA flowchart systematically tracks the progression from identification to final inclusion, showing how studies were filtered and excluded at each stage.

[\(Click here to return to report\)](#)