Foundations
What Works Centre for Children & Families

Department
for Education

PRACTICE GUIDE:
PARENTING DISABLED CHILDREN AND YOUNG PEOPLE

And those with special educational needs

Practice Guides support the Children's Social Care National Framework.[1] They set out the best available evidence to support senior leaders, practitioners, and practice supervisors in local authorities to inform and improve the commissioning and development of services to drive effective local practice.

Senior leaders include but are not limited to Directors of Children's Services, Directors of Public Health, Local Authority Chief Executives, Elected Members (including Lead Members for Children's Services), and children's services commissioners. This guide is also relevant to senior leaders in other agencies that commission, fund, or deliver programmes in local areas, including in health, education, and voluntary and community sector organisations.

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[1] See: https://assets.publishing.service.gov.uk/media/657c538495bf650010719097/Children_s_Social_Care_National_Framework__December_2023.pdf

In addition to the usual life stressors, there are often wider impacts on families when caring for a disabled child or young person, and those with special educational needs. Parent carers for this group of children may move in and out of statutory and non-statutory thresholds for children's social care support. The route that disabled children and young people take when accessing support can include universal and targeted Early Help, Children in Need (section 17 of the Children Act 1989), Child Protection (section 47 of the Children Act), and Children in Care (sections 20 and 31 of the Children Act). For this reason, all four outcomes of the Children's Social Care National Framework may be relevant for disabled children, young people, and their families, including those with special educational needs:

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

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

CONTENTS

INTRODUCTION

All parents are likely to need help and support with their child and for some this may require a statutory social care intervention. This Practice Guide recognises that although parenting a disabled child or young person can be a rewarding and an enriching experience, it is likely to be very different from other parenting experiences. For some parent carers of disabled children and young people, they will need intensive, targeted support across the entirety of childhood, and for some into adulthood. It is also likely that the type of support that parent carers of disabled children and young people need may be different from the needs of other families who are supported by social care.

All disabled children are Children in Need under section 17 of the Children Act 1989. This guide acknowledges disabled children and young people as children first and that responsibility for their support spans the whole system, delivered in partnership with their parent carers. The need to identify parenting support that is effective, useful, and acceptable to parent carers, and has a positive impact on child outcomes, is therefore a priority for researchers and local areas.

This Practice Guide is based on findings from a robust evidence review of parenting support for parent carers of children and young people aged 0 to 25 years with a range of disabilities, including special educational needs. The evidence review report, which included substantial input from parent carers with experiences of caring for disabled children and/or young people, includes findings from an umbrella review,[2] meta-analysis,[3] and qualitative meta-synthesis.[4] You can read the full evidence review for more information.[5]

This Practice Guide also integrates the lived experiences of parent carers as well as practitioner experience from our Advisory Group.

Language

In writing this Practice Guide, Foundations and our partners are mindful of the importance of language choice and the collective responsibility we have not to reinforce or uphold wider discriminatory attitudes and practices.

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[2] An umbrella review is a type of research that uses rigorous methods to collect evidence from multiple existing systematic reviews and meta-analysis and summarises them to answer a research question.

[3] A meta-analysis is a statistical method that combines findings from multiple independent studies to produce a single, more robust conclusion about the effect of a particular intervention, programme, or support.

[4] A meta-synthesis is a method used to combine findings from multiple qualitative studies with the aim of identifying key themes, theories, or concepts that offer a more comprehensive understanding of a particular topic.

[5] See: https://foundations.org.uk/wp-content/uploads/2025/07/parenting-interventions-parents-carers-children-and-young-people-with-disabilities.pdf

We recognise that there are important considerations in how language is used when talking about disability and/or special educational needs, and that views about acceptable language have changed over time. Some terms that were previously widely used may no longer be appropriate or accurate. Disabled children and/or young people may have individual language preferences when referring to themselves, their disability, or their needs.

In this Practice Guide, identity-first language (e.g. 'autistic child') is used throughout to recognise that disability is not something that is caused by the individual. We have adopted the social model of disability[6] to recognise the discriminatory attitudes and social or environmental barriers that disabled people face.

Throughout this guide, when reference is made to 'disabled children and young people' or 'children and young people', this is inclusive of children and young people who may have special educational needs. We recognise that although children and young people with SEN may fall within the Equality Act 2010, they may not identify as being disabled.

Policy context

This Practice Guide has been written at a time when the policy and delivery landscape relating to the support provided to disabled children, young people, and their families is going through a period of change and reform. A supporting policy note contains further detail on this.[7]

Who are the parent carers that this Practice Guide focuses on?

This Practice Guide focuses on parenting support for parent carers of disabled children and young people, and those with special educational needs, aged up to 25 years. In this Practice Guide, it is this particular groupof parent carersthat we are referencing, and not all parents. See the extended definitions for more information.[8]

What do we mean by parenting support?

In this Practice Guide we use the term 'parenting support' to broadly refer to parenting interventions, programmes, and services that support parent carers of disabled children and young people with their parenting, including parenting practices and the parent–child relationship.

For the purposes of this Practice Guide, we are referring to parenting interventions with defined eligibility criteria that have a clear structure and set of activities. We use the World Health Organization definition of parenting intervention.

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[6] The social model of disability is the understanding that disability is something that is created by society.This is because disabled people face barriers that stop them from taking part in society in the same way as non-disabled people.For more information see: The social model of disability - Sense

[7] See: https://foundations.org.uk/policy-overview-parenting-disabled-children-and-young-people-practice-guide

[8] See: https://foundations.org.uk/extended-definitions-parenting-disabled-children-and-young-people-practice-guide

Despite interventions with a flexible structure being included, completely unstructured interventions are not included (for instance, home visits or therapies that do not have a structured approach). Parenting interventions of all durations are included.

This Practice Guide does not cover support provided by and received within health services for disabled children and young people with a long-term health condition (such as asthma or diabetes). The NICE guidelines on support for disabled children and young people with severe complex needs, from birth to 25 years,[9] should be consulted for recommendations on evidence-based services for this cohort.

This Practice Guide recognises the multiple and intersecting challenges experienced by some parent carers of disabled children and young people. However, these additional vulnerabilities are not specifically addressed in this Guide. Readers are encouraged to also refer to Foundations' Practice Guide on 'Parenting through adversity – parents of babies & children 0 to 10',[10] and the forthcoming Practice Guide for this same cohort of families with children aged 11 to 19, to be published in autumn 2025, for evidence on parenting support for those experiencing multiple adversities.

Equality, diversity, inclusion, and equity (EDIE)

As part of Foundations' commitment to promoting equality, diversity, inclusion, and equity in our work, our evidence review examined the effectiveness of parenting programmes for supporting different populations of parent carers and disabled children and young people. We also looked at the experiences and views of different populations of parent carers and disabled children and young people regarding the usefulness of parenting programmes.

The different groups of parent carers and children and young people included in the evidence

Our evidence review included evidence involving different populations of parent carers and children and young people. The review explored factors that may impact access to parenting programmes and outcomes, including:

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

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[9] See: https://www.nice.org.uk/guidance/ng213
[10] See: https://foundations.org.uk/toolkit/practice-guides/parenting-through-adversity-0-10

Our evidence review found that most of the studies evaluating the impact of parenting programmes involved mothers as primary caregivers, with only a few studies identifying fathers and grandparents as primary caregivers involved in parenting programmes. Where reported, the age of caregivers ranged from 20 to 67 years, and the age of children and young people involved in programmes ranged from 0 to 25 years. However, parenting programmes typically targeted families of children in the early years (0 to 5 years) or those aged 6 to 12 years old.

The evidence shows that for most studies that reported the gender of the children and young people whose needs were being addressed by the parenting programmes, the majority involved parent carers of male children, particularly in studies focusing on autistic children and children diagnosed with, or showing potentially similar characteristics of, autism[11] or attention deficit hyperactivity disorder (ADHD). Other types of disabilities reported included cerebral palsy, hearing impairment, language impairment, intellectual disability, and acquired brain injury.[12]

For studies that reported on the ethnicity and socioeconomic status of families involved in the evaluation of parenting programmes, most of them involved caregivers from lower socioeconomic backgrounds, and the majority of the families involved in parenting programmes were from White backgrounds. Other ethnicities reported include African American, African, Asian, Indian, Pakistani, Caribbean, and mixed heritage. Although these ethnicities do not reflect the variety of ethnicities in the UK, we recognise that there are both similarities to and differences from the experiences of parent carers and disabled children and young people in the UK. These experiences may be influenced by factors such as community support systems, cultural backgrounds, and socioeconomic status.

We found very limited evidence of studies that have reported on population characteristics such as religion and sexual orientation.

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

Our evidence review assessed the effectiveness of parenting programmes for particular groups of parent carers and children and young people, and differences in programme effectiveness across different population groups. The different characteristics explored included type of disability and the age of children and young people.

The evidence shows that **parenting programmes are effective in improving outcomes for children and young people across all types of disabilities assessed in our evidence review.** The evidence also shows that parenting programmes, particularly those

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[11] Potentially similar characteristics of autism may include challenges with social communication and interaction; restrictive and repetitive behaviours and interests; and sensory sensitivities.Characteristics of ADHD may include inattention; hyperactivity (e.g. fidgeting, restlessness, difficulty sitting still); and impulsivity (e.g. difficulty with self-control).

[12] Acquired brain injury refers to brain damage that occurs after birth, which means that the injury is not hereditary or was not present at birth. Causes of acquired brain injury can include trauma from accidents or falls.

addressing behaviours that challenge, are most effective in improving outcomes for children aged 0 to 5 years old, highlighting the benefits of early intervention. However, parenting programmes that address behaviours that challenge were found to be effective in improving outcomes (for example, parental wellbeing) for parent carers of disabled children and young people across all ages.

There was a lack of evidence about the effectiveness of parenting programmes for different ethnic groups of parent carers and children and young people, particularly those from minoritised ethnic backgrounds. There was also limited evidence about the differences in effectiveness of programmes for male and female children and young people.

What the evidence tells us about the experiences of different populations of parent carers

The qualitative evidence shows that male and female caregivers experienced parenting programmes differently, because mothers were more likely to engage in parenting support and attend sessions. This contributed to an imbalance between the caregivers' knowledge and confidence when parenting their disabled child or young person and puts further responsibility onto one caregiver. Female parent carers who attended parenting programmes sometimes reported feeling burnt out and responsible for the entire family's functioning, and some male caregivers expressed frustration about being "left out". The evidence shows that both male and female parent carers appreciated parenting programmes that involve both parent carers, and when practitioners were confident engaging with fathers and male caregivers.

The evidence also shows that parent carers appreciated parenting programmes involving peer support. Particularly, parent carers from minoritised ethnic backgrounds identified parenting programmes involving peer support as an enabler to engagement, because it helped reduce feelings of isolation and stigma associated with their child's disability. Some parent carers reported that they found peer support particularly beneficial when they were matched with other parent carers who were from similar backgrounds to theirs.

Parent carers also identified economic uncertainty and the demands of paid work as a barrier to engaging in parenting programmes. Both female and male parent carers from a variety of ethnic backgrounds stated that work demands made it more challenging for them to engage in parenting support, with parent carers engaged in shift work specifically highlighting these difficulties. Long working hours were identified as a reason for non-attendance at parenting support sessions, as well as impacting on parent carers' motivation and energy to engage in implementing new parenting practices. Where one parent worked longer hours (often the male parent), this usually meant that the main responsibility of parenting and engaging in parenting support fell to the other parent, who could feel isolated and lacking in motivation. To facilitate engagement, parenting support should be sensitive to these factors and be creative in supporting families from lower socioeconomic backgrounds to engage with parenting support in a way that is accessible. This can include holding sessions at varying times, including in the evening.

UNDERSTANDING THIS PRACTICE GUIDE

This Guide contains two sections:

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

For Recommendations, the Guide identifies the strength of the evidence of interventions using the following scoring system:

STRONG EVIDENCE	**This rating is given if:** the evidence is from a meta-analysis or a narrative synthesis of at least two randomised controlled trials and/or quasi-experimental studies that were conducted in the UK or comparable high-income country; and have scored low on risk of bias assessment, with a minimum sample size of 20 in each group (the intervention and comparison group); and demonstrates effectiveness of the intervention(s).
GOOD EVIDENCE	**This rating is given if:** the evidence is from a meta-analysis or a narrative synthesis of at least two randomised controlled trials and/or quasi-experimental studies that were conducted in the UK or a comparable high-income country; and have scored at least moderate on risk of bias assessment, with at least 20 participants in the intervention group and less or more than 20 participants in the comparison group; and demonstrates efficacy of the intervention(s).
PROMISING EVIDENCE	**This rating is given if:** the evidence is from one randomised controlled trial or quasi-experimental study that was conducted in the UK or a comparable high-income country; and has scored low or moderate on risk of bias assessment, with less or more than 20 participants in each group (the intervention and comparison group); and demonstrates efficacy of the intervention(s).

Leaders are encouraged to use this Practice Guide to support commissioning and de-commissioning cycles using the best available evidence alongside local population and organisational data, professional knowledge, and lived experience. The recommendations should inform the ongoing review of local special educational needs and disabilities (SEND) sufficiency planning and decision making. The Key Principles will enable leaders to build on work to bring about the whole-system culture shift that is required when supporting parent carers of children and young people with SEND.

A summary grid at the end of the Practice Guide shows the strength of evidence underlying each recommendation. See the evidence annex for technical information on the underlying evidence behind each recommendation and key principle,[13] and the technical annex for the approach taken to assessing the strength of the evidence on individual interventions and how qualitative evidence has been integrated.[14]

Case studies on effective interventions are included within this Practice Guide, which draw from evidence on effective interventions and Foundations' Guidebook.[15] The case studies reference delivery models, workforce requirements, and how interventions can be implemented in local authorities.

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[13] See: https://foundations.org.uk/wp-content/uploads/2025/07/evidence-annex-parenting-disabled-children-and-young-people.pdf
[14] See: https://foundations.org.uk/wp-content/uploads/2025/07/technical-annex-parenting-disabled-children-and-young-people.pdf
[15] See: https://foundations.org.uk/about-the-guidebook/

KEY PRINCIPLES

These key principles should be used by senior leaders, practice supervisors, and practitioners. They should also be embedded into the culture of the local system, workforce development, and local offer design.[16]

Overall, **proportional**, and **non-stigmatising** support, that is underpinned by access to **individualised** and **tailored** parenting programmes that are **coordinated** across **formal and informal networks**, are the key themes from the evidence that apply to all levels of the system.

The Key Principles are grouped into two themes:

1. Whole-system culture
2. Working with families.

WHOLE-SYSTEM CULTURE

These key principles outline the conditions needed for effective parenting support at a system level. These principles speak to the required culture across the local system, including health and education, wider partnerships, leadership, and practice.

Key Principle 1: Implement different types of support to develop a mixed local offer that is responsive to the identified needs of families in the local area

Parent carers said that the parenting support they are offered is not always a good fit for their or their child's needs.

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[16] A local offer is a comprehensive guide designed and published by local authorities outlining the support and services available for disabled children and young people and those with special educational needs aged 0 to 25 years old, and their parent carers.

They appreciate support that caters to the specific interests or needs of their child, their child's disability, or the context of their family life. This will vary depending on the child's age and stage of development, as well as parent carers' developing understanding of their child's condition and their evolving needs.

Types of parenting support

Many parent carers appreciate parenting support delivered in group settings, which can allow them to develop valuable relationships with other parent carers through peer support networks or online forums, or in person during programme delivery.

Parent carers often prefer groups where other attendees have similar parenting goals and children with similar needs. Some parent carers appreciate connecting with peers who are in a similar situation to theirs, whereas others value hearing from more experienced parent carers who can help them gain a deeper understanding of their child and/or young person's needs and the services available to them.

However, some parent carers report struggling with peer support groups, due to varying levels of engagement, a lack of shared experiences with other parent carers in the group, and other parent carers in the group focusing on difficult aspects of parenting in a way that can feel demoralising.

To apply this evidence to practice

Senior leaders should:

- Assess local population needs, including the needs of disabled children and young people and their parent carers, to inform commissioning decision making or SEND sufficiency planning on the range and type of local evidence-based support.
- Offer a variety of parenting support locally which can be tailored to families' unique needs and strengths.
- Consider how the system can meet the holistic needs of parent carers so that parenting support is not seen in isolation and has the potential to form a wider package of support where there is assessed need.
- Co-develop a parenting offer with parent carers to reflect a range of parental preferences and needs relating to specific delivery methods (e.g. group, online, home visiting), programme designs (e.g. structured, modular, self-paced), and outcomes (e.g. behavioural, psychosocial, parenting practices).
- Provide their workforce with the relevant skills and experience to support diverse groups of parent carers with a range of preferences and needs.

Practice supervisors and practitioners should:

- Make it easier for families to find information about support and services for disabled children and young people and those with SEN, by familiarising themselves with the Local Offer, and helping parent carers to navigate it.

- Consider the demographic, developmental, and disability-related needs of the child/young person, as well as any additional parental needs and preferences.
- Use their assessment skills and knowledge of the local parenting offer to match the needs of disabled children/young people and parent carers to the support available locally.
- Jointly select the mode of parenting support with parent carers to closely align the support offer with their needs and preferences.
- Have the relevant skills and knowledge to deliver parenting support programmes, including using strengths-based approaches, relational ways of working, and the ability to manage complex group dynamics where relevant.

Key Principle 2: The local parenting offer should be coordinated with the formal and informal support networks around the child or young person

Parent carers of disabled children and young people frequently access support and engage with practitioners from various organisations across the multi-agency partnership, including education. This can mean that they can feel 'caught in the middle' of conflicting advice across the partnership or overwhelmed by different tasks and recommendations from different practitioners. For example, advice from parenting support programmes can sometimes seem to be at odds with the school's approach to their child's or young person's needs.

Effective parenting support requires strong place-based systems that coordinate services across organisational boundaries. This includes support provided by health, education, social care, and the community voluntary sector. When this coordination and collaboration is achieved, parent carers appreciate feeling part of a team.

Members of our Advisory Group report that some local areas have found that the Designated Social Care Officer role[17] has been instrumental in strategically integrating services. Our Advisers also highlighted how coordinated parenting support can be operationalised – for example, by adopting a key working model or using the new Family Help Lead Practitioner role (FHLP) outlined in the Family First Partnership Guide[18] to bring together support across the partnership.

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[17] The Designated Social Care Offer (DSCO) role provides the capacity and expertise to improve the links between social care services and the SEND system. The DSCO role supports both operational input (such as the contributions from care to education, health, and care assessments) and more strategic planning functions (such as the commissioning of care services such as short breaks) for disabled children and those with SEN. Local authorities are encouraged to implement the role of Designated Social Care Officer (DSCO) in each local area as part of the statutory duties outlined in Working Together to Safeguard Children. See: https://assets.publishing.service.gov.uk/media/6849a7b67cba25f610c7db3f/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf (page 66).

[18] See: https://www.gov.uk/government/publications/families-first-partnership-programme

To apply this evidence to practice

Senior leaders should:

- Establish the conditions for a shared multi-agency approach to parenting support, across health, education, social care, and community and voluntary organisations, so that parent carers receive consistent messaging.
- Coordinate this parenting offer with other therapeutic activities provided by health and education.
- Establish strong partnerships with education leaders locally to drive consistency of parenting messaging for parent carers.
- Utilise knowledge and skills from across the multi-agency partnership to support practitioners to work together and respond to the needs of families.
- Create the conditions for their workforce to build relationships with relevant partners to support service integration.

Practice supervisors and practitioners should:

- Coordinate the parenting support offer with other forms of support a family may be accessing across the multi-agency partnership.
- Where appropriate, make sure the child's or young person's network of both formal and informal caregivers is involved in parenting support in a way that fits their role and capacity.
- Work alongside and build strong relationships with colleagues in education settings to drive consistent messaging for the families you support.

Key Principle 3: Parent carers of disabled children and young people should experience effective, empowering, and non-stigmatising parenting support

Parent carers can sometimes find accessing parenting support stigmatising and feel that their parenting is being scrutinised by practitioners. This can lead to feelings of isolation and disempowerment. Parent carers may benefit from reassurance and encouragement in their parenting journey and often value practitioners who offer praise and positive reinforcement during parenting support.

Delivering this support to families

Non-judgemental, encouraging, and supportive practitioners can help allay parent carers' anxieties around accessing support and help build their confidence. For example, some parent carers find video-feedback interventions[19] particularly stress-inducing; however, this can be mitigated by a skilled and compassionate practitioner facilitating the support.

Parent carers appreciate practitioners who persevere in building relationships with their family, through enduring and consistent engagement throughout their child's life. For many parent carers, the practitioner's approach to working with their family is as important as the modality of the support itself.

Some parent carers experience parenting support as another responsibility that involves new and unfamiliar demands on their time. However, these demands can be integrated into family life with additional 'scaffolding' support before, during, and after parenting support is received to help them implement learnt changes. This could include lasting peer support groups or follow-up home visits that are tailored to needs alongside the parenting support offered to them.

As per Outcome 1 of the Children's Social Care National Framework, senior leaders, practice supervisors, and practitioners are expected to do everything they can to provide non-stigmatising support and address the risk of stigma in how they build relationships with families.

To apply this evidence to practice

Senior leaders should:

- Understand that families of disabled children and young people may face challenges that are associated with their child's disability rather than because of safeguarding concerns.
- Be proactive and create processes that allow families to access the support they need without stigma or fear of judgement.
- Build expertise about the complex and unique needs of parent carers of disabled children and young people by providing their workforce with the training and support they need to build positive and encouraging relationships with families.
- Embed and model a culture in local systems where parent carers are seen as experts on their own situation and active partners in their support.

Practice supervisors and practitioners should:

- Recognise that receiving help from children's social care can be stigmatising for some parent carers and be proactive in addressing this, both within direct practice and in the supervision of practitioners.

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[19] Video-feedback interventions aim to help parent carers to improve communication and interaction with their children through the use of recorded video clips of the parent carer interacting with their child. At the parenting sessions, a trained professional guides parent carers to reflect on the video clips, highlighting both challenging and positive moments.

- Understand that a family's involvement with parenting support is not an indication of problematic parenting or a parenting 'deficit', and see this in the context of the parenting challenges associated with their child's or young person's disability.
- Work in partnership with parent carers to develop positive and trusting relationships and build parents' confidence in their parenting abilities.
- Communicate clearly with parent carers about how they will continue to be supported once the parenting support comes to an end and agree a wider package of ongoing support should families require it.

WORKING WITH FAMILIES

This group of key principles relates to the way that the system and its workforce enable engagement and work with families during delivery of support and/or interventions.

Key Principle 4: Parenting support should be accessible, flexible, and sensitive to parent carers' needs. Practice should be adapted to overcome barriers to access

Parent carers appreciate parenting support that is flexible, accessible, and jointly selected by them. They appreciate having a sense of ownership and agency in the chosen type of support.

Delivery settings and characteristics

Various settings and delivery characteristics were highlighted by parent carers as facilitating accessibility and making it easier for them to attend and engage in parenting support.

Parent carers report online delivery and home visiting as the most convenient and practical locations for parenting support. However, sometimes technological obstacles (either through faulty equipment or limited access) can be highly disruptive in the context of online delivery. For some, however, holding the intervention at a separate physical location also offered benefits to their child and themselves. Parent carers also appreciate support that is structured, including specific taught strategies with a clearly identified rationale.

As per Outcome 1 of the Children's Social Care National Framework, practice should be adapted to overcome barriers for individual parent carers, taking account of their needs and preferences for how they receive support.

To apply this evidence to practice

Senior leaders should:

- Identify and address barriers to access and support for parent carers.

- Provide their workforce with suitable opportunities to deepen their knowledge and understanding of disability and inclusive practices, and support them to translate this learning into practice.
- Identify appropriate training and learning opportunities for those working with parent carers of disabled children and young people to support accessibility.

Practice supervisors and practitioners should:

- Help parent carers to identify the most appropriate form of parenting support, taking a holistic view of the family needs and preferences.
- Be aware of the range of delivery locations and offer support that can be accessed at the parents' own pace, and provide alternative tools and resources where needed.
- Set achievable goals with parent carers before starting a programme of parenting support.
- Access learning opportunities to develop their ability to deliver practice that is flexible, adaptable, and promotes accessibility.

Key Principle 5: Consider the role of family members and other caregivers in building a consistent and sustainable network of support around the disabled child or young person

Many parent carers feel strongly that parenting support works best when the wider context of their family life and support networks are considered. Coordination with wider networks is seen as crucial for engagement in parenting support.

Parenting support is relevant to a wider group than just parent carers alone.

Disabled children and young people are likely to be cared for by a variety of formal and informal caregivers. This can include family members, short break carers, and personal assistants. These may all be important people in a child's life, responsible for providing care and support. This network should be supported to understand the content of the parenting support, to ensure children are experiencing consistency in their care, and to reduce caregiving responsibilities for the child's primary caregiver.

Parent carers report multiple wider benefits of parenting support, beyond benefits just to themselves and their disabled child or young person. They say that the parenting support they receive can improve relationships between caregivers and within support networks, reduce tension within the wider family, and improve sibling relationships.

Support should promote the inclusion of fathers and male carers as part of a whole-family approach

Even when the support has not been embedded within the child's networks, or if only one parent has attended, parent carers feel that the benefit of parenting support can spread across the wider family. However, often only one parent carer (usually the mother) accesses parenting support, and the responsibility to 'teach' other caregivers, alongside trying to implement what is learnt, can be overwhelming.

Most parent carers feel that parenting support works best when other caregivers and especially fathers are included in parenting support. By engaging with fathers and male caregivers, positive outcomes from parenting support can be multiplied, giving the disabled child or young person more consistency in their care and further improving outcomes.

As per Outcome 2 of the Children's Social Care National Framework, practice should involve family networks at every stage.

To apply this evidence to practice

Senior leaders should:

- Target practice and service delivery at the whole family, including the disabled child or young person, their parent carers, and siblings where available.
- Provide their workforce with the training and support needed to engage meaningfully and effectively with the disabled child or young person's family members, including other formal and informal networks. This will help build a consistent and sustainable network of support for the disabled child or young person.

Practice supervisors and practitioners should:

- Recognise that the requirements and expectations placed on parent carers when accessing parenting support alongside their other caring tasks, daily life, and work can feel overwhelming and unmanageable.
- Be mindful that parenting support activities are proportionate and not overly onerous to incorporate into family life.
- Consider how parenting support can impact the wider network around the family, including siblings, extended family, personal assistants, and other caregivers and professionals.
- Engage proactively with fathers and other caregivers (including other professionals) in parenting support to alleviate some of the responsibilities often placed on mothers.
- Deliver support with a consistent and sustainable whole-family approach.

Key Principle 6: Adopt a holistic approach to parenting support by considering the needs of parent carers and encouraging opportunities for self-care and reflection

Parent carers often see ‘caring’ as a core part of their identities. Intensive caring demands can sometimes prevent caregivers from attending to their own needs and, often, parenting support can be the first place where time and space are carved out specifically for them.

When parent carers are overwhelmed, they are less able to engage in the support and ensure that changes made during support persist after the support has ended.

Working holistically with parent carers

Parent carers of disabled children report that they need support themselves, both as parent carers and as people, for their child to thrive. They strongly believe that their child is best helped when they themselves feel supported.

Parent carers place particular importance on finding time to care for themselves as a caregiver and feel they benefit from focusing on their own needs. This, in turn, positively impacts their parenting behaviours. Parenting support is felt to be successful when it makes a difference to parent carers’ wider lives or routines, rather than just their parenting strategies.

Parent carers prefer support that enables them to develop their sense of parental self-efficacy and agency, encouraging them to gain confidence in their parenting abilities. They report a range of outcomes from parenting support, including improvements to their resilience and their patience with their child, and providing them with the space to reflect more deeply on their role as a caregiver.

To apply this evidence to practice

Practice supervisors and practitioners should:

- Integrate opportunities for parent carers to practice self-care within parenting support by making space for reflection on their own wellbeing and helping them to consider ways in which they can look after themselves.
- Support parent carers to develop their confidence through offering praise and reassurance.

RECOMMENDATIONS

This Practice Guide recommends evidence-based parenting programmes that can be grouped into four categories, based on their mode of delivery and the outcomes they are designed to improve:

Parent-mediated programmes

Parent-mediated programmes are structured programmes aimed at supporting parent carers of children and young people with developmental disabilities by increasing parenting skills, knowledge, and confidence. They involve parent carers in learning and applying evidence-based strategies to support the development of their children or young people.

Evidence shows that parent-mediated programmes can promote parent–child interaction, address behaviours that challenge, and improve social interaction, language, communication, and daily living skills. Practice supervisors and practitioners can deliver parent-mediated programmes through role play, coaching/supervision, prescriptive instructions, and practice assignments within the home setting to support parent carers and their children and young people.

Behavioural parenting programmes

Behavioural parenting programmes are designed to support parent carers to develop skills and strategies to effectively manage the behaviour of their children and young people.

Behavioural parenting programmes focus on building positive parenting skills that support children's social and emotional growth and strengthen the parent–child relationship.

Psychosocial parenting programmes

Psychosocial parenting programmes are designed to support parent carers to provide a healthy social and emotional environment for their children and young people. These programmes are often aimed at promoting parental wellbeing and positive parenting practices, strengthening the parent–child relationship, and improving the overall wellbeing of both parent carers and their children and young people. They can be delivered as one-to-one individual sessions with a therapist, in group training or workshops, or online.

Family-oriented programmes

Family-oriented programmes aim to foster positive family dynamics, improve communication, and enhance awareness of family roles and relationships, by working with one or more members of the child's family. They are designed to improve family relationships, parenting knowledge and skills, and overall family wellbeing.

Family-oriented programmes are typically based on the family systems theory,[20] which views families as complex social systems in which each member (including parent carers, the child, and siblings) interact with one another while also exerting influence on each other's emotions, behaviours, and cognition. Family-oriented programmes recognise that disabilities, such as cerebral palsy and acquired brain injury, affect not only the child but also other family members. Therefore, family-oriented programmes aim to provide the necessary education and training to family members to better support them as caregivers. Programmes can be delivered online, at home, in the community, or in a clinic.

Although there are parenting programmes that are aimed at addressing specific child- and/or parent carer-related outcomes, most of the parenting programmes recommended in this Practice Guide target multiple outcomes (e.g. child behaviour, family wellbeing, and parenting practices) and can therefore be categorised under multiple groups of parenting programmes.

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[20] Kerr, M. E. (1981). Family systems theory and therapy. In: Handbook of family therapy, vol. 1, 226–264.

Recommendation 1: Offer evidence-based parenting support when an autistic child shows behaviours that challenge parent carer(s), to support them to manage challenging behaviours and promote the child’s social and interaction skills.

STRONG EVIDENCE

There is strong evidence that parent-mediated programmes can reduce behaviours that challenge, and promote social skills and interaction in autistic children aged 0 to 15 years old. This includes children without a formal diagnosis but who are showing potentially similar characteristics of autism.

Programmes that empower parent carers to be active partners in their child’s development by equipping them with the skills and knowledge to foster positive caregiver–child relationships and communication can lead to significant improvement in social engagement. Practice supervisors and practitioners should deliver programmes that focus on supporting parent carers to improve the child’s:

- Social responsivity: encouraging children to engage in shared interactions and respond to social cues.
- Functional communication: supporting children to use communication methods such as vocalisation to express their needs and desires.
- Positive social interaction: promoting positive moments between parent carers and their children.

Effective programmes with these features include the Social ABCs, the Primary Care Stepping Stones Triple P (PCSSTP), the Pre-school Autism Communication Trial (PACT), and the Parent Child Interaction therapy (PCIT).

To improve social and emotional skills in autistic children, practice supervisors and practitioners should deliver evidence-based programmes that can support children to build and use skills in different situations and contexts, using structured television series, computer games, and visual support cards. These programmes are typically delivered in the home setting under the supervision of a trained practitioner. *The Transporters* animated and translated television series is one such proven evidence-based programme, which consists of the following key components that should be adopted by practice supervisors and practitioners in programme design:

- Content that includes voice tone recognition activities.
- Facial expression and body posture recognition activities.
- Activities that teach the child or young person how to detect different strengths of emotions (angry, sad, happy, and afraid).
- Activities that teach how children and young people to integrate voice, face, body, and situational cues to detect how someone is feeling.
- Activities that teach children and young people relaxation strategies such as slow breathing and having helpful thoughts.

The box below provides further information about the following evidence-based programmes:

- Social ABCs
- Primary Care Stepping Stones Triple P
- Pre-school Autism Communication Trial
- Parent Child Interaction therapy
- The Transporters animated and translated television series.

SOCIAL ABCS

Intervention description

The Social ABCs is a parent-mediated, early intervention programme targeted at parent carers of children with social communication challenges that may be signs of autism. Through one-to-one coaching and prescriptive instructions, parent carers are taught strategies for supporting their children's social communication and interaction.

Target population

The Social ABCs is designed for autistic children aged 1 to 3 years old, and those with related social communication challenges. This includes children without a diagnosis but who are showing potentially similar characteristics of autism.

Intervention components

The Social ABC programme focuses on supporting the child to share meaningful, positive emotions with their primary caregivers, and improving the child's communication (that is, intentional, functional, directed, and vocal communication). During coaching, parent carers are supported to learn techniques in the context of play and during caregiving activities such as nappy changing, bath time, and meals. The aim is for parent carers to integrate the techniques into their day-to-day interactions with their child.

Who can deliver the intervention

The intervention is delivered by a trained practitioner (e.g. a social worker or a psychologist), who works directly with parent carers through one-to-one live coaching. The practitioner teaches parent carers the programme's strategies and then provides live coaching to help parent carers implement the strategies in their child's natural environment.

Intervention duration

The programme involves regular home visits from a trained practitioner over a 12-week period, with varying intensity:

- Week 1: 3 home visits
- Week 2: 2 home visits
- Weeks 3 to 8: 1 visit per week
- Weeks 10 and 12: 1 booster visit per week
- Weeks 9 and 11: check-in phone call.

Each home visit lasts about 1.5 hours and includes educational instructions and parent–child practice with live coaching.

Delivery setting

- Home
- Community (for example, a local park).

Find out more about the Social ABCs.*

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* See: https://socialabcs.ca/#:~:text=The%20Social%20ABCs%20is%20an,toddler%20communicate%20and%20interact%20socially

PRIMARY CARE STEPPING STONES TRIPLE P

Intervention description

Primary Care Stepping Stones Triple P is a parenting support programme for parents/carers of a child with a developmental disability (including autism) and/or mild to moderate behaviours that challenge.

Target population

Families of children aged 0 to 12 years old with a developmental disability.

Intervention component

The programme involves four individual sessions with a practitioner aimed at addressing specific challenges or helping to develop key developmental skills. During the sessions, parent carers are taught strategies for encouraging their child's emotional self-regulation, independence, communication skills, and problem-solving capabilities. The sessions involve the following:

- Session 1: The practitioner assesses the child's presenting behaviours and supports the parent carer to keep track of the child's behaviour.
- Session 2: The parent carer and the practitioner work together to co-produce a parenting plan.
- Sessions 3 and 4: The developed parenting plan is reviewed, refined, and followed up on.

Who can deliver the intervention

The programme is designed to be delivered by practitioners who regularly offer support to parents/carers who have a child with additional needs/disability from a range of professions, e.g. family support worker, health professional, social work, education, disability services, psychology, etc.

Intervention duration

The programme involves four individual sessions over a duration of about 15 to 30 minutes per session.

Delivery setting

- Primary care settings or other setting that parents are accessing help for children with additional needs/disabilities.

Find out more about PCSSTP in Foundations' Guidebook[*] and on the developer's website.[**]

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[*] See: https://foundations.org.uk/toolkit/guidebook/primary-care-stepping-stones-triple-p

[**] See: https://www.triplep.net/files/5216/2945/1633/ENG_Primary_Care_Stepping_Stones_Triple_P_LTR.pdfStones_Triple_P_LTR.pdf&data=05%7C02%7Ckim.johnson%40foundations.org.

PRE-SCHOOL AUTISM COMMUNICATION TRIAL (PACT)

Intervention description

PACT is designed to target social interactive and communication impairments in autistic children, including those without a diagnosis but who are showing potentially similar characteristics of autism. A short video (about 10 minutes long) of the parent carer playing or interacting with their child is reviewed in each session. The therapist and the parent carer assess video clips together to identify and discuss the child's communication needs. The therapist then supports the parent carer to identify positive moments and strategies that would work best for the child.

Target population

Families of autistic children aged 2 to 11 years old. The programme also targets children without a formal diagnosis but who are showing potentially similar characteristics of autism.

Intervention component

The programme consists of one-to-one clinic sessions between parent carers (with their child present) and a therapist. The programme aims to first enhance parental responsiveness and sensitivity to their child's communication and reduce mistimed parental responses, by working with parent carers and using video-feedback methods to improve parent–child interaction. Further strategies are then used to improve the child's communication, including familiar repetitive language, action routines, and pauses.

Intervention duration

An initial meeting is offered by the therapist to discuss the child's development, strengths, and needs. Families attend 2-hour clinic sessions every other week for 6 months, followed by monthly booster sessions for 6 months. Between sessions, families are given daily 30-minute home practices.

Delivery setting

- Home
- Clinic.

Find out more about PACT on the developer's website.*

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* See: https://www.pacttraining.co.uk/information-for-parents/#:~:text=What%20is%20PACT%3F,reviewed%20within%20each%20PACT%20session

PARENT CHILD INTERACTION THERAPY (PCIT)

Intervention description

PCIT is designed to treat disruptive behaviours or emotional challenges in children aged between 2 and 7 years old. The therapy involves coaching the caregiver on how to interact with the child in a positive and supportive way, while also teaching the child new skills and behaviours.

Target population

Families of children aged 2 to 7 years old who are experiencing social, behavioural, and/or emotional difficulties (for example, aggression, hyperactivity, and emotional distress).

Intervention components

The intervention includes a child-directed interaction (CDI) phase, where parents are coached to develop child-centred interaction skills to enhance the parent–child relationship, and a parent-directed interaction (PDI) phase, where caregivers learn additional behaviour management skills. The CDI phase of PCIT aims to enhance the parent–child relationship by maximising positive communication, attention, and imitation during child-led play. In the PDI phase, caregivers learn to use effective commands and implement additional behaviour management strategies for any remaining challenging behaviours. The overall goal for PDI is to create a supportive home environment by helping caregivers become consistent and predictable, and follow through with behaviour management skills.

Intervention duration

Families usually attend weekly 60-minute sessions over 14 to 16 weeks, although some families may need as few as 12 sessions and others more than 16 sessions.

Delivery setting

Outpatient clinics using both a clinic room and observation room (which can involve the use of a one-way mirror). PCIT can also be delivered in a clinic, hospital, at home, or online without the use of a one-way mirror.

Find out more about PCIT on the developer's website.*

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* See: https://www.pcit.org/#:~:text=The%20mission%20of%20PCIT%20International,of%20the%20organization%20for%20implementation

THE TRANSPORTERS ANIMATED AND TRANSLATED TELEVISION SERIES

Intervention description

The Transporters is an online animated and narrated children's television series developed to provide training in emotion recognition skills in autistic children aged 2 to 8 years old. The television series shows vehicles that move in a predictable way along tracks, such as trams, cable cars, and trains. Each vehicle has a real human face showing real human emotions.

Target population

Autistic children aged 2 to 8 years old.

Intervention components

The programme is made up of 15 episodes depicting 15 key emotions, including the 6 basic emotions (sadness, anger, happiness, surprise, fear, and disgust) and 9 more complex emotions and mental states (for example, unfriendliness, pride, excitement, sorry, kind, and jealousy). Each episode lasts for 5 minutes. The programme includes interactive quizzes to reinforce emotional learning and a user guide for parents. Parents are encouraged to use the guide to support their children to complete the quizzes.

Who can deliver the intervention

This is a caregiver-implemented programme. The online video resource can be shown to children by parent carers and teachers.

Intervention duration

15 online episodes, with each episode lasting 5 minutes.

Delivery setting

The Transporters can be used at home, at school, and in the clinic.

Find out more about The Transporters on the developer's website.*

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* See: https://www.autismcentreofexcellence.org/transporters

Recommendation 2: Offer evidence-based parenting support to parent carers of autistic children, or children with primary and secondary language impairment,[21] to improve language and communication.

STRONG EVIDENCE

There is strong evidence that parent-mediated programmes can improve language and communication in autistic children and children with primary and secondary language impairment aged 1 to 6 years old. This also includes children who have not been formally diagnosed but are showing potentially similar characteristics of autism or a language impairment.

For these children, evidence shows that the parent-mediated Early Start Denver Model (P-ESDM), the Social ABCs, PACT, and the PCIT programmes are effective in improving language and communication outcomes.

Practice supervisors and practitioners should deliver programmes that support parent carers to engage in a conversational and child-directed speech style with their children. This can include the use of simple words, dynamic verbs, and concrete nouns; and slowing down speeches with longer pauses to allow the child to process information. Evidence shows that following the child's lead and using non-directed play can lead to improvement in communication and language skills among autistic children or children with language impairment.

Parent-mediated activities like book reading and storytelling have also been found to be effective in improving children's language and communication. When sharing a book with the child, practice supervisors and practitioners should encourage parent carers to use reading behaviours that increase a child's verbal participation in telling the story. This includes avoiding book reading behaviours such as asking the child 'yes/no' or pointing questions, and reading without the child's participation. Practice supervisors and practitioners should encourage parent carers to use the following strategies when sharing a book with their child:

- Use "what?" questions, questions about attributes and function, repetition and praise.
- Use open-ended questions to support children to develop more sophisticated sentence-level skills.

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[21] Primary language impairment is a type of language disorder where a child struggles with expressive (communication) and/or receptive (understanding) language, sentence formation, or vocabulary despite typical hearing and cognitive abilities. For example, when a child struggles to follow directions because they do not fully understand the words being spoken to them. Secondary language impairment refers to a language disorder that is linked to an underlining condition, such as hearing loss, intellectual disability, autism, or Down syndrome. For example, an autistic child who experiences delays in language development.

The box below provides further information about the parent-mediated Early Start Denver Model (P-ESDM). See Recommendation 1 for information on the Social ABCs, PACT, and PCIT programmes.

PARENT-MEDIATED EARLY START DENVER MODEL (P-ESDM)

Intervention description

The Early Start Denver Model (ESDM) is an intensive, play-based intervention designed for autistic children aged 1 to 5 years old. It focuses on developing cognitive, communicative, and social-emotional skills through play and joint interactions within a shared activity. The parent-mediated version of ESDM teaches parents to implement the intervention techniques in their everyday life when engaging with their autistic child, while following their child's lead and interests.

Target population

Autistic children aged between 1 and 5 years old, and children who have not been formally diagnosed but are showing potentially similar characteristics of autism.

Intervention components

At least one parent carer (identified as the primary caregiver) and the child engage in 10 to 12 sessions delivered by a therapist in the home. Parents are taught ESDM techniques such as gaining the child's attention and motivating them, promoting two-way engagement and joint activity routines, enhancing verbal and non-verbal communication, and incorporating play skills.

Who can deliver the intervention

A certified therapist with a relevant degree in, for example, Early Years Education or Psychology, with training in the ESDM.

Intervention duration

Parents attend P-ESDM training sessions ranging from 1 to 2 hours per week over a 10- to 13-week period.

Delivery setting

- Home.

Find out more about P-ESDM in Foundations' Guidebook* and on the developer's website.**

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* See: https://foundations.org.uk/toolkit/guidebook/early-start-denver-model
** See: https://www.esdm.co

Recommendation 3: Offer evidence-based parenting support to parent carers of autistic children, and children with brain injury, ADHD, hearing loss, or intellectual disability, to improve parent–child interaction.

STRONG EVIDENCE

There is strong evidence that parent-mediated programmes are effective in improving parent–child interaction among families of autistic children, and children with brain injury, ADHD, hearing loss, or intellectual disability. There is also strong evidence that these programmes are effective in improving outcomes for children without a formal diagnosis but who are showing potentially similar characteristics of autism, ADHD, hearing loss, or intellectual disability.

The evidence shows that for children aged 0 to 12 years old, programmes such as the Parent Child Interaction Therapy, the New Forest Parenting Programme, Incredible Years Pre-school, and the Primary Care Stepping Stones Triple P have proven effectiveness. These programmes aim to teach parent carers about the characteristics of their child's disability and the ways in which they may affect the child's behaviour and the parent carer's relationship with the child.

Practice supervisors and practitioners should support parent carers to learn strategies for managing their child's attention-related difficulties and behaviours, as well as strategies for helping children manage their impulses. Other common features of effective programmes that should be adopted by practice supervisors and practitioners include supporting parent carers to:

- Set limits, develop routines, communicate clear messages, and avoid confrontations.
- Use quiet time and time out effectively.
- Use firm limits and distraction strategies to manage their child's behaviours that challenge.

The New Forest Parenting Programme and Incredible Years Pre-school are described in the box below. See the box in Recommendation 1 for information on the Parent Child Interaction Therapy and the Primary Care Stepping Stones Triple P programme.

NEW FOREST PARENTING PROGRAMME

Intervention description

New Forest Parenting Programme (NFPP) is for parents with a child between 3 and 11 years old with ADHD. Parents are visited at home by a trained practitioner who supports the parents to improve their understanding and management of their child's behaviour.

Target population

Children aged 3 to 11 diagnosed with ADHD and those without a formal diagnosis but who are showing potentially similar characteristics of ADHD.

Intervention components

Parents learn about the nature of ADHD and are introduced to a range of behavioural strategies for increasing their child's attention and reducing challenging behaviour. Some of these strategies are taught through games that engage children's attention, encourage their patience, and increase their concentration. The practitioner also observes the parent and child playing games together and provides feedback on the quality of their interaction.

Who can deliver the intervention

NFPP is designed to be delivered by trained practitioners with experience in family support, including:

- Social workers
- Family-support workers
- Psychologists
- Health visitors
- Nursery nurses.

Intervention duration

The intervention is delivered in weekly sessions of 1 to 1.5 hours' duration over 8 weeks.

Delivery setting

- Home.

Find out more about NFPP in Foundations' Guidebook* and on the developer's website.**

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* See: https://foundations.org.uk/toolkit/guidebook/the-new-forest-parenting-programme
** See: https://nfppprogram.com

INCREDIBLE YEARS PRE-SCHOOL

Intervention description

Incredible Years Pre-school is an evidence-based parenting programme for supporting parent carers with concerns about the behaviour of their children. The programme aims to teach parent carers about strategies to promote positive parent–child interactions and increase parenting confidence.

Target population

The programme targets children aged 2 to 9 years old demonstrating behaviours that challenge their parent carer.

Intervention components

Parent carers learn:

- Child-directed play skills aimed at building positive parent–child relationships and attachment.
- Strategies to strengthen nurturing parenting through coaching.
- School readiness and problem-solving skills.
- Strategies to establish predictable routines and rules, provide incentives for positive behaviour, and reduce challenging behaviour.

Parent carers are also given additional support through weekly calls with parent buddies and one of the group facilitators.

Who can deliver the intervention

Group sessions can be facilitated by social workers, psychologists, or professionals with expertise in parenting.

Intervention duration

Parent carers attend weekly 2-hour group sessions over a period of 18 to 20 weeks. Group size can range from 12 to 14 parent carers.

Delivery setting

- Nursery and other early years settings
- Schools
- Community centres
- Family hubs.

Find out more about Incredible Years Pre-school in Foundations' Guidebook* and on the developer's website.**

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* See: https://foundations.org.uk/toolkit/guidebook/incredible-years-preschool
** See: https://www.incredibleyears.com/early-intervention-programs/parents

Recommendation 4: Offer evidence-based parenting support to parent carers of autistic children and children with language impairment or intellectual disability, to reduce parental stress.

STRONG EVIDENCE

There is strong evidence that parent-mediated programmes can reduce parenting stress in parent carers of autistic children and children with language impairment or intellectual disability.

Evidence shows that for children aged 1 to 11 years old, programmes including PACT, PCIT, the Social ABCs, the parent-mediated Early Start Denver Model (P-ESDM), and the Parents Plus Early Years programme have proven effectiveness. These programmes are designed to support parent carers to implement effective parenting strategies in the home, increase parental confidence, and reduce parental stress. These features should be adopted by practice supervisors and practitioners in programme design and/or interactions with parent carers.

Practice supervisors and practitioners should also support parent carers to learn:

- Strategies for establishing predictable family routines.
- Strategies for reaffirming positive child behaviours.
- Strategies for discouraging behaviours that challenge the caregiver through age-appropriate discipline.

The box below provides a description of the Parents Plus Early Years programme. See Recommendation 1 for further information about PACT, PCIT, and the Social ABCs programmes, and Recommendation 2 for information about the P-ESDM programme.

PARENTS PLUS EARLY YEARS

Intervention description

Parents Plus Early Years is a parenting intervention for parents of children 3 to 7 years old who are worried about their child's behaviour. Parents are taught how to use effective parenting practices and create a predictable family environment that will help children learn how to regulate their own behaviour and reduce the risk of child behavioural challenges becoming long-term.

Target population

Families with concerns about the behaviour of a child aged 3 to 7 years old.

Intervention components

The intervention includes group and individual sessions. In the group sessions, parents are shown video footage of real-life parent–child interactions filmed both at home and in the clinic. Topics covered in these DVDs include building a positive parent–child relationship, encouraging child cooperation, and responding to misbehaviour. The video input is backed up by group discussion, practice exercises, skills role play, homework activities, and handouts.

The individual sessions, which include the parent, child, and therapist, are designed to give parents an opportunity to 'try out' the ideas raised in the group sessions, address specific parental concerns, and tailor the course to their child's individual needs. The use of video feedback created during the sessions is central to these sessions.

Who can deliver the intervention

Mental health practitioners with a Master's qualification or higher, who have completed the required Parents Plus facilitator training.

Intervention duration

Parent carers attend between 8 and 10 group and individual sessions, each session lasting 2.5 hours.

Delivery setting

- Outpatient health settings
- Home
- Children's centres or early years settings
- Primary schools
- Community centres
- Family hubs.

Find out more about Parents Plus Early Years in Foundations' Guidebook* and on the developer's website.**

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* See: https://foundations.org.uk/toolkit/guidebook/parents-plus-early-years
** See: https://www.parentsplus.ie

Recommendation 5: Offer evidence-based parenting support to parent carers of autistic children and children with ADHD, to promote positive parenting practices and improve parental wellbeing and the characteristics of the child's condition.

STRONG EVIDENCE

There is strong evidence that behavioural and psychosocial parenting programmes can lead to improvement in parenting practices and parental wellbeing among parent carers of autistic children and those with children diagnosed with ADHD. These programmes can also improve the overall characteristics of autism and ADHD among children with a diagnosis, and those without a formal diagnosis but who are showing potentially similar characteristics of autism or ADHD.

Behavioural parenting programmes

The evidence shows that behavioural parenting programmes that contain a higher number of sessions on negative consequences, such as 'planned ignoring' and 'correction', can significantly reduce behaviours that challenge in autistic children and children with ADHD. Planned ignoring is a strategy used by parent carers to avoid paying attention or reacting when a child is demonstrating a challenging but harmless behaviour. Correction, on the other hand, is a strategy used to modify or address behaviours that challenge, with the aim of preventing them from reoccurring and encouraging more positive behaviours.

Practice supervisors and practitioners should support parent carers to learn how to appropriately use planned ignoring and correction to produce the desired outcome. This can include teaching parent carers to:

- Only use planned ignoring when the child is demonstrating challenging but harmless behaviours. Planned ignoring should not be used for managing harmful behaviours such as biting or hitting.
- Manage attention-seeking behaviours. This can include not responding to or making eye contact with the child in response to challenging behaviours.
- Ensure that correction is not used as a strategy to punish the child, but to support and teach children to learn alternative behaviours.
- Use calm, solution-focused, and supportive corrective strategies.

- Use verbal cues (e.g. reminding the child of expectations) and non-verbal cues (e.g. using gestures or eye contact) to interrupt the challenging behaviour.
- Acknowledge and praise the child when they demonstrate appropriate behaviours.

To improve children's attention and reduce hyperactivity-impulsivity, practice supervisors and practitioners should target programmes at individual parent carers rather than groups of parent carers. The evidence suggests that programmes aimed at addressing behaviours that challenge are most effective in improving outcomes when delivered to individual parent carers.

For parent carers of children aged from 3 years old, evidence-based parenting programmes should be delivered by practice supervisors and practitioners to support them to promote positive parenting practices. In particular, programmes aimed at addressing behaviours that challenge should be delivered to parent carers of children in the early years, typically from age 3 to 5, to significantly promote positive parenting practices. Examples of programmes with proven effectiveness include:

- The New Forest Parenting Programme
- Incredible Years
- Parent Child Interaction Therapy.

Psychosocial parenting programmes

Evidence also shows that parent carer-focused psychosocial programmes are effective in reducing parental distress and depressive symptoms, as well as improving parent–child relationships. Practice supervisors and practitioners should deliver these programmes to parent carers of autistic children and children with ADHD, aged 1 to 11 years old. Common features of effective programmes that should be adopted by practice supervisors and practitioners in programme design and delivery include:

- Mindfulness-based or acceptance commitment therapy, delivered with or without parenting skills training, with a duration of about five to eight weeks.

Examples of these programmes include the Social ABCs, the P-ESDM, and the PACT.

See Recommendation 1 for further information about the Social ABCs and PACT, and Recommendation 2 for information about P-ESDM. Further information about the New Forest Parenting programme and Incredible Years can be found in Recommendation 3.

Recommendation 6: Offer evidence-based parenting support to parent carers of autistic children and children with cerebral palsy or acquired brain injury, to improve child development, cognitive skills, and emotional and psychological wellbeing.

STRONG EVIDENCE

There is good evidence that parenting programmes targeted at families with autistic children and those with children diagnosed with cerebral palsy or acquired brain injury can improve child development and cognitive skills, and the overall wellbeing of families.

Families with children diagnosed with acquired brain injury or cerebral palsy

Evidence shows that family-oriented programmes, like the I-InTERACT and the Counsellor-Assisted Problem-Solving (CAPS) programmes, are particularly effective for supporting families with children diagnosed with acquired brain injury or cerebral palsy. I-InTERACT, an internet-based family-oriented programme, is most effective for supporting families with children aged 3 to 9 years old, and the CAPS programme is effective when delivered to families with children aged 12 to 17 years old.

Practice supervisors and practitioners should deliver programmes that:

- Emphasise positive parenting strategies.
- Provide guidelines for behaviour management.
- Provide support to families to build responsive and positive relationships to address behaviours that challenge.

This can help improve family dynamics, reduce parental stress, and ultimately lead to improvement in the child's development, cognitive skills, and the family's emotional and psychological wellbeing. Practice supervisors and practitioners should target programmes at all family members involved in the child's care, including the child with acquired brain injury or cerebral palsy, parent carers, and siblings where available.

Other key features of the I-InTERACT and the CAPS programmes that should be adopted by practice supervisors and practitioners in programme design and delivery include:

- Supporting families to learn strategies such as staying positive and coping with stress.
- Supporting families to learn behaviour management and cognitive reframing22 skills.
- Using positive parenting skills in real life and in setting house rules.
- Supporting families to learn verbal and non-verbal communication and problem-solving skills.
- Handling crises and getting organised.
- Working with the child or young person's school.

Families with autistic children

For families with autistic children aged 0 to 4 years old, practice supervisors and practitioners should deliver proven evidence-based programmes designed to:

- Support families in better understanding how autism may be impacting their child.
- Support families to better engage with their child throughout the day. This can include supporting families to focus on creating opportunities for open communication, shared learning, and positive interactions with their autistic children.
- Support families to implement behaviour management strategies within their child's natural environment to improve communication, play, receptive understanding, and engagement.

The Family-Implemented TEACCH for Toddlers (FITT) programme is one such evidence-based programme with proven effectiveness in improving children's development and cognitive skills.

See further information on the I-InTERACT, CAPS, and FIIT programmes in the box below.

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22 Cognitive reframing is a technique used to reduce negative thoughts and emotions by intentionally changing your mindset to be able to view experiences, situations, relationships, or people in a slightly different perspective.

I-INTERACT

Intervention description

I-InTERACT is an online parenting programme designed to support parent carers of children who have experienced acquired or traumatic brain injury. It is aimed at supporting parents to understand the potential long-term outcomes of acquired brain injury and develop strategies to reduce parental stress and behaviours that challenge.

Target population

The programme targets parent carers of children aged 3 to 9 diagnosed with acquired/traumatic brain injury.

Intervention components

Key features include:

- An online training module that provides parents with information about acquired/traumatic brain injury and effective parenting strategies.
- Video-conferencing sessions where parents receive direct coaching from a psychologist, providing one-to-one guidance and support.

Who can deliver the intervention

The programme is delivered by certified clinical psychologists.

Intervention duration

A total of 6 months.

Delivery setting

- Online.

Find out more about I-InTERACT.*

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* See: https://cihr-irsc.gc.ca/e/53944.html

COUNSELLOR-ASSISTED PROBLEM-SOLVING (CAPS)

Intervention description

CAPS is a therapeutic technique where a psychologist or therapist helps parent carers and their children to identify, analyse, and resolve life challenges. The programme involves supporting families to break down complex issues into manageable steps and equipping them with the needed skills to cope more effectively and fostering self-efficacy and resilience.

Target population

Children aged 12 to 17 years old with acquired or traumatic brain injury.

Intervention components

The programme includes an initial 90-minute face-to-face session with the psychologist in the family home. During this initial session, the psychologist learns about the child's injury and how this has affected the child and the family. The psychologist then supports the family to identify mutually agreed goals to be addressed. Each subsequent session consists of a self-guided online activity on problem-solving skills with video clips modelling these skills and assignments that offer the family opportunities to practise the skills learnt. The content of the programme includes lessons on:

- Staying positive
- Problem solving
- Getting organised and working with the school
- Self-management
- Verbal and non-verbal communication
- Controlling your behaviour and handling crises
- Planning for the future.

Who can deliver the intervention

The programme is delivered by certified clinical psychologists.

Intervention duration

Sessions every other week for a total duration of three months, with a total of six videoconference sessions.

Delivery setting

- Home.

FAMILY-IMPLEMENTED TEACCH FOR TODDLERS (FITT)

Intervention description

The Family-Implemented TEACCH for Toddlers (FIIT) is a collaborative parent coaching model that is designed to support families to better engage with their autistic child and understand the characteristics of the child's condition. The programme uses structured techniques to facilitate children's expressive and receptive communication, play skills, and social communication, and to improve outcomes for the family, such as reduction in parental stress and improvement in the family's wellbeing.

Target population

Autistic children aged 0 to 4 years old and their parent carers.

Intervention components

Parent carers are provided coaching to:

- Better understand how their toddler learns.
- Use structured techniques to promote engagement with their child.

To do this, the delivery practitioner conducts an initial interview with the family to agree broad goals and determine a support plan for parent carers and their child. Weekly sessions are then conducted with a focus on achieving the agreed goals. During the sessions, parent carers learn ways of:

- Teaching their child at home.
- Building self-help and communication skills.
- Addressing behavioural challenges.

Practitioners also work directly with the child to model suggested techniques and then work with parent carers to implement the techniques with the child at home.

Who can deliver the intervention

Social workers or psychologists.

Intervention duration

45 to 60 minutes per week for 8 to 12 weeks, depending on the individual family's needs.

Delivery setting

The programme can be delivered virtually or in a clinic setting.

Find out more about FIIT.*

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* See: https://teacch.com/resources/teacch-for-toddlers-activity-photo-library/?wpv-ela-vs-library=early-learning-activity&wpv_aux_current_post_id=16522&wpv_aux_parent_post_id=16522&wpv_view_count=16598

CASE STUDIES

ALISHA'S STORY: THE NEW FOREST PARENTING PROGRAMME

The New Forest Parenting Programme (NFPP) is for families with a child between the ages of 3 and 11 with moderate to severe symptoms of Attention Deficit, Hyperactivity Disorder (ADHD).

NFPP is delivered by a single parctitioner to the parents through eight weekly home visits lasting two hours each. During these visits, parents learn about the nature of ADHD and are introduced to a range of behavioural strategies for increasing their child's attention and reducing challenging behaviour. Some of these strategies are taught through games that engage children's attention, encourage their patience, and increase their concentration. The practitioner also observes the parent and child playing games together and provides feedback on the quality of their interaction.

Alisha is a 4-year-old girl who lives at home with mum Pip and two siblings: her 6-month-old baby sister and 7-year-old brother. Alisha is inquisitive and full of energy and enjoys active play at the local park, fearlessly scaling the climbing frames. She attends pre-school three mornings a week and has been diagnosed with Developmental Language Disorder (DLD).The pre-school think that Alisha is showing characteristics of ADHD and they have initiated an Education, Health, Care Needs Assessment.

At home and in the community, Pip is struggling to manage Alisha's heightened emotional responses to situations, which can escalate very quickly. Recently, when it was time to leave the park, Alisha became distressed and would not respond to Pip's attempts to calm or distract her. Whilst Pip was momentarily distracted by the baby crying, Alisha managed to run out of the park and was found an hour later, safe and well hiding in a bush. When the pre-school became aware of this incident, they referred Alisha to the Child Development and Disability service and Pip was allocated a Family Help Lead Practitioner (FHLP), to start a S17 Child in Need Assessment.

Pip is a committed and loving mum. She works hard to meet her children's varying needs but is isolated and experiences low mood and depression, which mirror her parenting stress levels. Pip is care experienced herself and did not have a positive time growing up. These experiences left her feeling distrustful towards social workers and is fearful that asking for support will be seen as 'not coping', and that her children might be removed. Pip's best friend Jen is a registered childminder and has a child with additional needs. Jen has been encouraging Pip to open up to the FHLP and accept some support to help manage things at home.

The support offered

The FHLP Angie, visits Pip to build a relationship with her and the children, and to undertake the S17 assessment. At Pip's request, Jen is present during visits and Pip is noticeably more relaxed.

The parenting support matching process

Pip acknowledges that she struggles to deal with Alisha's "'meltdowns"' and feels their relationship is suffering as a result.

Angie and Pip discuss the local parenting offer, and together they identify the New Forest Parenting Programme (NFPP) as being the best match for Pip's support needs, which are:

- a home-based programme – Pip struggles to get Alisha to appointments on the bus
- to learn positive behaviour strategies to help Alisha self-regulate
- to nurture her relationship with Alisha and re-discover joy in spending time together.

Alisha's keyworker at pre-school is trained in the NFPP and and can deliver the parenting support. Pip is reassured because she and Alisha have an established relationship with the key worker.

Angie has providesd practical support to help Pip engage with the parenting support. The sessions are planned for when Pip's son is at school, and the local authority agrees to fund Jen to care for the baby during the sessions so Pip can fully engage with Alisha and the content.

Angie also coordinates bi-monthly network meetings involving Pip, Jen and the keyworker to ensure consistent strategies are used by all caregivers.

The early results

Pip completes the eight-week programme. Although sceptical at first about keeping a weekly diary, Pip found it helpful in identifying when Alisha is likely to become dysregulated. This has enabled Pip to prevent behaviours from escalating.

Pip feels she has learned so much from the NFPP practitioner and is now more confident in initiating games with Alisha. This has not only strengthened their relationship but has also improved Alisha's concentration. Pip reports that since attending the parenting support, she feels less stressed, although acknowledges that some days are better than others.

Pip feels less 'alone,' and the ongoing support from Angie, the pre-school and Jen has helped her to feel part of a wider team, and more positive about the future.

RESOURCES

Parenting Disabled Children & Young People Practice Guide (online summary)

Explore the summary version of the Practice Guide on our website: https://foundations.org.uk/toolkit/practice-guides/parenting-disabled-children-and-young-people

DOWNLOAD

Summary for Elected Members

This document summarises the Key principles and Recommendations of the Practice Guide to support elected members to reflect on their local offer for parents of disabled children and young people, and consider how it could be strengthened: https://foundations.org.uk/wp-content/uploads/2025/07/summary-elected-members-parenting-disabled-children-and-young-people

DOWNLOAD

Systematic review

Read the systematic review that underpins the Practice Guide. If you are an academic or a researcher, you might be particularly interested in this: https://foundations.org.uk/wp-content/uploads/2025/07/parenting-interventions-parents-carers-children-and-young-people-with-disabilities.pdf

DOWNLOAD

Extended definitions

Find out more about the scope and definitions for this Practice Guide: https://foundations.org.uk/extended-definitions-parenting-disabled-children-and-young-people-practice-guide

DOWNLOAD

Policy overview

Find out more about the policy overview for this Practice Guide: https://foundations.org.uk/policy-overview-parenting-disabled-children-and-young-people-practice-guide

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Legal Frameworks

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Find out more about the legal frameworks related to this Practice Guide: https://foundations.org.uk/legal-frameworks-parenting-disabled-children-and-young-people-practice-guide

Evidence annex

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Find out more about the underpinning evidence for each Key Principle and Recommendation and read recommendations for future research and evaluation. This might be of most interest to researchers or academics: https://foundations.org.uk/wp-content/uploads/2025/07/evidence-annex-parenting-disabled-children-and-young-people.pdf

Technical annex on methodology

DOWNLOAD

Find out more about the methodology used in the creation of this Practice Guide. If you have an interest in the production of evidence-based guidance, or are a researcher or academic, you may find this helpful: https://foundations.org.uk/wp-content/uploads/2025/07/technical-annex-parenting-disabled-children-and-young-people.pdf

EVIDENCE SUMMARY

Summary of the evidence underlying each recommendation:

RECOMMENDATION	STRONG EVIDENCE	GOOD EVIDENCE	PROMISING EVIDENCE
1. Offer evidence-based parenting support when an autistic child shows behaviours that challenge parent carer(s), to support them to manage challenging behaviours and promote the child's social and interaction skills	✔		
2. Offer evidence-based parenting support to parent carers of autistic children, or children with primary and secondary language impairment, to improve language and communication	✔		
3. Offer evidence-based parenting support to parent carers of autistic children, and children with brain injury, ADHD, hearing loss, or intellectual disability, to improve parent–child interaction	✔		
4. Offer evidence-based parenting support to parent carers of autistic children and children with language impairment or intellectual disability, to reduce parental stress	✔		
5. Offer evidence-based parenting support to parent carers of autistic children and children with ADHD, to promote positive parenting practices and improve parental wellbeing, and the characteristics of the child's condition	✔		
6. Offer evidence-based parenting support to parent carers of autistic children and children with cerebral palsy or acquired brain injury, to improve child development, cognitive skills, and emotional and psychological wellbeing		✔	