

Parent and caregiver coaching for children, young people and families

Evidence summary

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About this resource

This evidence summary is aimed at occupational therapists working with children, young people and families. It is accompanied by an infographic to help explain the topic to others if needed. The evidence presented below is from peer-reviewed studies that have been included in systematic reviews. ^(1, 2, 3, 4, 5) Additional studies and other resources have been included to provide further information on coaching in occupational therapy.

Coaching is aligned with national policy drivers which emphasise personalisation of care such as supported self-management in the *NHS long term plan*. ⁽⁶⁾ This resource focuses on coaching parents/caregivers, rather than professionals such as teachers, or coaching children directly. It focuses on coaching that is used as the main intervention approach rather than as an adjunct to another intervention.

Key terms defined

- **Coaching** is a positive and strengths-based managed conversation that supports an individual’s goal setting and goal attainment, focusing on learning and development. ⁽⁷⁾ Schwellnus et al ⁽⁸⁾ proposed that coaching is a client-centred partnership where the client and the coach work together collaboratively. The researchers emphasise the need for creativity, self-discovery and self-determination so that the client can reflect upon what is important and a priority for them. Therefore, adopting a coaching approach means that the intervention would focus on the client’s priorities, future growth and development of the client’s potential and capacity.
- **Parent** is used in this resource to indicate any caregiver in the child’s life with parental responsibility for that child.
- **Telecare/ Telerehabilitation/ Telehealth/ Technology enabled care services (TECS)** is the remote delivery of care usually via the internet/online, telephone or the use of assistive technology.

What is the purpose of this intervention?

Coaching is a strengths-based and empowering approach. It aims to help children/young people and families to develop the awareness, knowledge, and skill required to enable participation in everyday life. ^(9, 10)

Is this intervention effective?

Parent coaching has evidence of improving educational outcomes, child development, motor outcomes, language, function, child behaviour and reducing parental stress. ⁽¹⁾ Parent coaching has been implemented with parents of autistic children, children with increased likelihood of disability, children with cerebral palsy, children with a developmental disability, children with brain injuries, children with learning difficulties and children with behaviour disorders. ⁽¹⁾ The evidence for coaching ranges from strong to weak. The evidence has been presented using Novak and McIntyre’s evidence alert traffic light grading system ⁽¹¹⁾ indicating the quality of the evidence supporting the effectiveness of an intervention by a colour:

- Green – high quality – the practitioner can ‘DO IT’,
- Yellow - lower quality or conflicting – the practitioner can ‘PROBABLY DO IT’.
- Red – evidence shows the intervention is ineffective – the practitioner should ‘STOP’.

Evidence Rating	Parent population	Outcome	Reference
DO IT	Children with increased likelihood of disability	Educational outcomes	Novak and Honan ⁽¹⁾
	Low social economic status families	How often parents read with their children	Cahill and Beisbier ⁽¹²⁾
	Typically developing infants and toddlers (0-5yrs)	Behavioural approaches such as increasing fluid intake, scheduled toileting visits, and positive reinforcement for in-toilet elimination to teach toileting.	Gronski and Doherty ⁽¹³⁾
	Autistic children and children with developmental delay aged 0 -5yrs	Sleep performance outcomes, including reducing crying, decreasing the number and duration of night wakings and time to fall asleep (sleep latency) and increasing sleep duration.	Gronski and Doherty ⁽¹³⁾

PROBABLY DO IT	Autistic children	Educational outcomes, reduced parent stress, improved behaviour	Novak and Honan ⁽¹⁾
	Children with cerebral palsy	Motor outcomes	Novak and Honan ⁽¹⁾
	School-aged children with Attention Deficit Hyperactivity Disorder	Sleep outcomes for child and daily functioning for child and caregivers	Cahill and Beisbier ⁽¹²⁾
	Infants and toddlers with increased likelihood of or with disability	Social and emotional development and parent relational outcomes	Novak ⁽¹⁴⁾
	Children with developmental disability	Development, motor and language skills	Novak and Honan ⁽¹⁾
	Children with brain injuries	Improved parenting and child behaviour	Novak and Honan ⁽¹⁾
	Children with learning difficulties	Parental stress	Novak and Honan ⁽¹⁾
	Autistic children	Improved function	Novak and Honan ⁽¹⁾
	Children with behaviour disorder	Improved behaviour	Novak and Honan ⁽¹⁾

	Children with sensory integration difficulties	Improved function and reduced parent stress	Allen et al ⁽⁵⁾
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*Colour scheme based on “The Evidence Alert Traffic Light System” developed by Novak and McIntyre. ⁽¹¹⁾

What is involved in this intervention?

The ‘key ingredients’ of coaching have been variously described as: emotional support and empathy, structured learning process, information exchange and education, joint planning, goal setting, observation, action, reflection, feedback and generalisation ^(15, 16) and should focus on the relationships between family members or carers and take a family-centred approach. The goals of the family are central to this process.

There is considerable variety in how parent coaching is delivered. Studies reviewed had between 1 and 12 intervention sessions, some of which were delivered face-to-face, some were delivered via telehealth. Most of the parent coaching described occurred 1:1 but group interventions have also been used. There is emerging evidence that group parent coaching intervention can increase child functional outcomes and reduce parent stress. ⁽¹⁷⁾ Coaching can take place with or without the child present.

There are several specific coaching interventions and approaches used by occupational therapists. These include Occupational Performance Coaching, ⁽¹⁵⁾ Topic, Goal, Reality, Options and Way forward (TGROW) model, ⁽¹⁸⁾ solution-focused coaching ⁽¹²⁾ and health coaching. ⁽²⁾ Some coaching approaches focus on specific activities of daily living (for example, sleep, reading) or impairment. Other techniques that can be used to complement coaching include motivational interviewing ⁽¹⁹⁾ and Acceptance and Commitment Therapy. ⁽²⁰⁾ Therapists should consider the evidence for the specific approach used, the client group and the targeted outcomes when deciding which coaching approach to use.

What specialist equipment is required?

Parent coaching is low-cost and no specialist equipment is required. Interventions via telehealth require appropriate secure technology.

What qualifications, skills and training are required?

It is recommended that occupational therapists carry out additional training or study before they start coaching parents. Training in general coaching skills is widely available and there are many resources to support self-directed study. Particular coaching interventions have specific training procedures and some have certification processes.

What is the time commitment?

The parent needs to allow time for the coaching (between 1 and 12 sessions) and time to practice or reflect on strategies between sessions. The occupational therapist will need time to plan, deliver and record the intervention, measure outcomes, complete records and related administration tasks.

What settings are used to carry out this intervention? Are specialist venues required?

Coaching can be carried out in any setting or via telecare. No specialist venues are required. Natural environments are favourable and if observations are being made or skills are being coached with the child present, these ideally should occur during typical daily routines such as at snack time or in nap routines. ⁽¹³⁾

Cautions and contraindications

Occupational therapists should use their professional reasoning to select the most appropriate tools for intervention. Factors of poor fit may include grief over a recent diagnosis, a relational crisis or cognitive difficulty in sustaining a goal focus.

What is the potential impact of introducing this intervention into services?

In line with a tiered service approach, ⁽²¹⁾ parent coaching can support targeted and specialist service provision. By focusing on the family or parent's own goals there is the potential to improve participation and health outcomes for both parent and child. ⁽²⁾

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