ISRCTN76333739 https://doi.org/10.1186/ISRCTN76333739

Helping local authorities to help parents: the BeST Engage Project

Submission date
30/04/2026

Recruitment status
Recruiting

Registration date
20/05/2026

Overall study status
Ongoing

Last Edited
30/06/2026

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
Parenting programmes can improve children's behaviour and family wellbeing, but families living in more deprived areas are less likely to take part. This study tests a new toolkit (BeST Engage) designed to help Local Authorities improve how they promote and deliver parenting programmes, with the aim of increasing uptake and completion, especially among disadvantaged families.

Who can participate?
Local Authorities in the UK that deliver or commission parenting programmes for parents of children aged 4–18 years can take part. Parents are not recruited directly for the main trial; anonymised routine data are used. Some parents and Local Authority staff may take part in surveys or interviews.

What does the study involve?
Local Authorities start with usual practice and then, at different time points, begin using the BeST Engage toolkit. The toolkit provides guidance to improve communications, training and systems to increase engagement with parenting programmes. Local Authorities provide anonymised data on programme uptake and attendance. Some parents complete a short survey, and a smaller number of parents and staff take part in interviews.

What are the possible benefits and risks of participating?
Local Authorities may benefit from improved engagement with parenting programmes. Risks are minimal. The main study uses anonymised routine data, so there is no direct burden on parents. Surveys and interviews involve a small time commitment.

Where is the study run from?
The study is coordinated by Manchester Metropolitan University, with collaborators at Sheffield Hallam University, the University of Sheffield, and Queen Mary University of London. It takes place across Local Authorities in the UK.

When is the study starting and how long is it expected to run for?
May 2026 to July 2028

Who is funding the study?
National Institute for Health and Care Research (NIHR), Public Health Research Programme (NIHR168986) (UK)

Who is the main contact?
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Integrated Research Application System (IRAS)
372411

Central Portfolio Management System (CPMS)
74058

Study information

Scientific Title

A stepped wedge cluster randomised controlled trial of a Behavioural Science Toolkit to promote Engagement by socially deprived families in local authority delivered or commissioned parenting programmes suitable for school-age children (4-18 years)

Acronym
BeST Engage

Study objectives
To evaluate whether providing local authorities with the BeST Engage toolkit increases uptake and retention in parenting programmes among socially deprived families.

Research questions:
1. Does the use of BeST Engage, compared to the control (business as usual), result in higher uptake of parenting programmes by socially deprived families?
2. Does the use of BeST Engage, compared to the control (business as usual), result in greater completion of parenting programmes by socially deprived families?
3. Does the use of BeST Engage, compared to the control (business as usual), result in higher uptake of parenting programmes across all families?
4. Does the use of BeST Engage, compared to the control (business as usual), result in better uptake of parenting programmes for vulnerable families, i.e., black and minority ethnic families, young parents (aged under 25 years of age), and LGBTQ+ parents?
5. Does the use of BeST Engage, compared to the control (business as usual), result in greater completion of parenting programmes for vulnerable families, i.e., black and minority ethnic families, young parents (aged under 25 years of age), LGBTQ+ parents?

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 18/02/2026, Health and Education Research Ethics and Governance Committee (Brooks Building Manchester Metropolitan University, Manchester, M15 6GX, United Kingdom; +44 (0)7584 330586; FOHE-Ethics@mmu.ac.uk), ref: EthOS ID: 84816

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Stepped wedge cluster randomised controlled trial

Purpose
Health services research

Study type(s)

Health condition(s) or problem(s) studied
Low engagement (uptake and retention) in parenting programmes among socially deprived families

Interventions
A stepped wedge cluster randomised controlled trial comparing uptake and retention of parenting programmes suitable for school-age children in LAs during 'business as usual' control periods and BeST Engage Toolkit use intervention periods. LAs will be recruited and randomised to one of three sequences that will determine the time of introduction and use of the BeST Engage toolkit. Statistical analyses will examine differences in outcomes between control and intervention periods to determine whether the BeST Engage toolkit is effective in increasing uptake and retention of parenting programmes by socially deprived families.

Local Authorities (LAs) are the unit of randomisation. The primary outcome is the number of parents from areas of high deprivation who attend/complete at least one session of the parenting programme. The stepped wedge design means that all LAs are their own control and will gain access to the BeST Engage toolkit over the course of the study, incentivising participation. Different LAs will be randomised to three different sequences and will start to use BeST Engage at different times. LAs will be allocated to the 3 sequences in a 1:1:1 ratio. Allocations will be stratified according to average IDACI scores for each LA (<0.330 or >=0.330) and percentage of White-British citizens (<85.6% or >=85.6%) for each LA.

The BeST Engage intervention is a toolkit consisting of behavioural science informed content to enable LAs to develop:
1. Parent-facing resources:
Content and design briefs to develop letters, leaflets, posters, social media to address capability, opportunity and motivation
1.1. Image guidance
1.2. Text guidance
1.3. QR code/link to translated versions in key languages

2. Professional-facing resources:
Training guide to address capability, opportunity and motivation
Checklist to evaluate the ease of access to the parenting programme with suggestions for how to make improvements (e.g., opt-out appointments)

3. Video (for both parents and professionals):
Content and design brief to develop videos about the parenting programme to address capability, opportunity and motivation
3.1. Content guidance
3.2. Guidance on who should feature in the video

Initially, each LA will use their current resources (during the control period), and then BeST Engage will be introduced. LAs will have a 3-month transition period to use the toolkit to create new resources, during which time, the sharing of routine data collected will be paused to avoid the possibility of contamination. After this transition period the developed resources will be used, and this period onwards will be the intervention period. The LAs will continue to collect routine data on uptake and retention, sharing with the research team until the end of the planned follow-up.

Intervention Type
Behavioural

Primary outcome(s)
1. Uptake of parenting programmes: attendance at ≥1 session measured using anonymised routinely collected data at control period (varies in length from 3-9 months); intervention period (varies in length from 3-9 months); follow-up period (7 months); variations are a function of sequence

Key secondary outcome(s)
1. Retention in parenting programmes: the proportion of sessions offered that are attended, measured using anonymised Local Authority (LA) administrative data submitted to a secure database using the study Excel template, at control period (varies in length from 3-9 months); intervention period (varies in length from 3-9 months); follow-up period (7 months); variations are a function of sequence

2. Number of sessions attended, measured using anonymised Local Authority (LA) administrative data submitted to a secure database using the study Excel template, at control period (varies in length from 3-9 months); intervention period (varies in length from 3-9 months); follow-up period (7 months); variations are a function of sequence

3. Uptake, retention and session attendance by subgroup (ethnicity, age <25, LGBTQ+): attendance at ≥1 session, proportion of sessions offered that are attended and number of sessions attended, stratified by participant subgroup (ethnicity, age <25 years, and LGBTQ+ status), measured using anonymised Local Authority (LA) administrative data submitted to a secure database using the study Excel template, at control period (varies in length from 3-9 months); intervention period (varies in length from 3-9 months); follow-up period (7 months); variations are a function of sequence

4. Referral method: self vs professional referral, measured using anonymised Local Authority (LA) administrative data submitted to a secure database using the study Excel template, at control period (varies in length from 3-9 months); intervention period (varies in length from 3-9 months); follow-up period (7 months); variations are a function of sequence

Completion date
31/07/2028

Eligibility

Key inclusion criteria
Note that these inclusion criteria relate to the eligibility of local authorities (sites) to take part in the trial. The study does not require direct recruitment of participants.

1. Local Authorities in England delivering specified parenting programmes
2. Parents eligible for free parenting programmes suitable for children aged 4-18 years
3. Families in areas of high deprivation (top 30% Income Deprivation Affecting Children Index [IDACI])

Healthy volunteers allowed
Yes

Age group
All

Lower age limit
0 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Note that these exclusion criteria relate to the eligibility of local authorities (sites) to take part in the trial. The study does not require direct recruitment of participants.

1. Local Authorities not offering specified parenting programmes
2. Local Authorities unable to provide required anonymised data

Date of first enrolment
01/05/2026

Date of final enrolment
29/02/2028

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
There is no recruitment of participants into this study
N/A
N/A
England
N/A

Sponsor information

Organisation

Manchester Metropolitan University

ROR
https://ror.org/02hstj355

Funder(s)

Funder type

Funder Name
Public Health Research Programme

Alternative Name(s)
NIHR Public Health Research Programme, The Public Health Research (PHR), PHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be stored in a publicly available repository (OSF)

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website			15/05/2026	No	No