



Children with difficulties, parenting training and action research

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Abstract

This article describes an action research project which compares two forms of intervention with families with children who were seen to have 'medium range' behavioural difficulties. The implications of this research for the delivery of parenting training programmes, and for services to families in general, are discussed. The research took place in an industrial urban area in the North of England. A programme of parenting training was compared with a social skills and self-esteem programme for the young people within the target families. Both interventions were effective, however, the parenting intervention was more effective. Areas of particular improvement were parents' perceptions of more considerate and helpful behaviour in their children, and lower levels of hyperactivity, a reduction in levels of parental depression, and increase in children's sense of self-esteem and self-confidence.

Key words: parent training, behaviour difficulties

Introduction

How far is it possible to help and support children and families where there are difficulties through the means of a parenting training course? How effective might such a form of intervention be when compared with direct groupwork with children and young people? This article seeks to begin to answer these questions. It describes and reflects upon the results of a recent action research project in the United Kingdom that evaluated the effectiveness of a parenting training intervention for families where there were children and young people with medium range behaviour difficulties, compared with a groupwork intervention with a matched sample of children and young people that was focused on improving their social skills, self-esteem and feelings of self-efficacy.

However, it seems that much that is written about parenting, the need for parenting training, and particularly the effects of parenting programmes is based on informal feedback or rhetoric rather than rigorous evaluation (Barker, Campbell and Place, 2000; Barlow and Coren, 2003; Miller and Sambell, 2003). Additionally, there is a danger of oversimplifying what we mean and understand by 'parenting'. It is a complex and diverse area, and this complexity is echoed but not always reflected by the range of ambiguity in respect of state policies and professional practices in relation to intervention and parenting (Henricson, 2003). To assist in the process of developing practice based on evidence rather than simple exhortation, this paper presents research findings in respect of a time limited parenting programme, the Looking Forward Project, undertaken recently in the North East of England.

In the United Kingdom there has been an increasing drive at a social policy level to look at the ways in which health and welfare services can become 'joined up' to more effectively improve the lives of citizens. One example of this approach was the formation of Health Action Zones, (HAZs) which were time limited initiatives that had a specific role:

"HAZs are multi-agency partnerships between the NHS, local authorities (including social services), the voluntary and business sectors and local communities. Their aim is to tackle inequalities in health in the most deprived areas of the country through health and social care modernisation programmes as well as tackling key priorities such as CHD, cancer and mental health, and issues such as teenage pregnancy, drug (misuse) prevention in vulnerable and young people and smoking cessation, they are addressing other interdependent and wider determinants of health, such as housing, education and employment, and linking with other initiatives. HAZs also act as trailblazers for new ways of working and integrating these services and approaches being developed into mainstream activity." (www.ohn.gov.uk/ohn/partnerships/haz.htm)

As part of this programme, limited funding was available for short term projects that could contribute towards HAZs achieving these aims. The research described in this article was an action research project undertaken by staff from Northumbria University funded by the Tyne and Wear Health Action Zone in the north east of England. The Tyne and Wear Haz covered a predominantly urban area, where the previously dominant heavy industries that provided the economic infrastructure of the area – coal mining, shipbuilding, iron and steel production – have largely disappeared, only partly being replaced by 'new' industries such as call centers, new technology businesses, and leisure and cultural industries. There are relatively high levels of adult unemployment and economic and social disadvantage in the area – within Tyne and Wear at the time of the research 8.2% of the adult male population were eligible to claim unemployment benefit, and average disposable household income per head was only 88% of the UK national average. (www.tyne-wear-research.gov.uk)

Following an analysis of existing services, it was decided that in the area covered by the HAZ that, whilst agencies were looking to provide 'joined-up services' to tackle social disadvantage, there was a gap in the range of services then currently available with regard to the provision of parenting training. It was perceived that this gap in services was particularly evident in relation to families where there were children and young people with middle range behaviour difficulties – where the problems, if not resolved, might lead to the families being seriously disrupted or the children having to be admitted to state care. It was thus decided to develop and evaluate an action research project for this target group. To do this, the action research project developed, ran and evaluated a parenting programme, comparing it with a programme designed for increasing young people's self-esteem that was also developed, run and evaluated.

Methods

Choice of Sample

To facilitate the research the project implemented and evaluated a parenting programme for use with families with children aged 11-16 years whose behavioural problems had brought them to the attention of social services, education or the police. Intentionally, the action research focussed on families with children and young people aged 11-16 with 'middle-range difficulties', as it was seen that these are often a group who do not receive services until the families' and youngsters' problems worsen when intervention may then prove too late to prevent more serious crises. To operationalise the concept of 'children with middle range difficul-

ties', we specifically sought to avoid those with the most severe behavioural problems by not including in the target group children and young people who had a serious offending career, or where child protection was an immediate and very grave concern, or where the child had been permanently excluded from school. In order to evaluate the effectiveness of parent training with the target population, a comparison group was established which offered a self-esteem programme for the young people themselves. This was deemed preferable to comparison with a 'non-intervention' group, since spontaneous improvement in the short term is quite rare (Loeber et al., 1993).

Referrals came from local authority social services, youth offending teams, local authority education departments, and health and voluntary sector bodies within two local authorities within the Tyne and Wear HAZ area of the North East of England. To facilitate referral, meetings with teams and managers in the agencies were convened to discuss the project and the criteria that were being used for inclusion. Information packs for families were disseminated via link workers, to enable families to explore with their worker the aims, content and practicalities of each of the interventions.

These organizations were asked to seek the agreement of relevant families known to them to be approached to participate in the research, these families were then personally interviewed to enable the intervention to be fully explained and to allow them, if they chose to participate, to give informed consent. There was a 100% take up rate of the offer with all families interviewed. Having recruited the families via these agencies, the project randomly assigned families to one of two groups. For the intervention group families were assigned to the experimental group, where parents then participated in the 'Let's Talk Parenting' programme. For the comparison group families were assessed and the young people were asked to participate in the self-esteem programme. It was decided, for ethical reasons, not to have a third group where no intervention was offered, given that it was perceived by the families and agencies involved that the families were 'in need.' Both the programmes used in this research were then delivered by professionals experienced in their use, and venues were sought that were local to the families.

The families recruited were predominantly lone-parent families (66%), in all cases headed by the mother. On average there were 3 siblings in the family, and in the majority of cases (70%) the index child was male. The geographical area from which the samples were drawn is a highly urbanised one, in which there are lower levels of ethnic minority populations than the national average. The region is one of two that have the smallest ethnic minority population in the UK at 2% of each region's population, compared with London, which has the highest proportion at 29%. In fact, both the two local authorities from which the majority of the sample was drawn had, according to the most recent census figures, a 98.1% white population, compared with a national average of 91.3% (<http://www.statistics.gov.uk/census2001>).

In the event, all the families referred were white and English speaking, thus there was no need to translate the training materials used into languages other than English. Obviously this would not be the case for other areas of the UK or indeed for some other countries – in fact it is clear that it would be essential to provide a programme in the language with which people were most familiar and competent.

Choosing the intervention

To establish which might be the most appropriate parenting intervention, we audited available training and education programmes. In relation to their epistemological orientation and

methodology, these programmes can be located within two broad perspectives – ‘Behaviour Modification Training’ and the ‘Solution Focused Approach’.

- *Behaviour Modification Training* involves parents learning how to develop pro-social behaviours in their children, whilst decreasing their deviant behaviours (Kazdin, 1997; Cunningham et al., 1997; Webster-Stratton, 1993).
- *A Solution-Focused Approach* seeks to emphasize for parents the positive elements of their present parenting approach and support them in their individual parenting situation (Selekman, 1999; Sharry, 1999).

To achieve the desired intervention for the purposes of this action research, it was decided to use a solution-focused parenting groupwork programme, ‘Let’s Talk Parenting’ (Miller & Ward, 1999). It was judged as the appropriate parenting programme for the target group for two main reasons. Firstly, it was decided to use a solution-focussed approach as behaviour modification programmes are generally seen to be unsuccessful with young people over 10 years of age (Dishion & Patterson, 1997; Kazdin, 1997; Golding, 2000). Having decided therefore to adopt a solution-focused approach, ‘Let’s Talk Parenting’ was chosen as it provided sessions which were aimed at effecting change in all major domains (parental attitudes/attachment/self-esteem/behaviour management/motivation). It also had the merit of having been initially designed for use in England, therefore there was the expectation that it would be more culturally and socially relevant than a programme designed initially for another national context.

In this research the parenting intervention was based on a modified version of a previously designed programme called *Lets Talk Parenting*. This is a parenting education programme of eight sessions designed primarily for use with parents of children of 11 and above. The first: *Getting to know each other* provides an opportunity for parents to meet each other and the facilitators, to establish ground rules and deal with matters regarding confidentiality. Designed to be very informal and relaxed, this session aims to set the tone for what follows. In Session 2, *The parenting job*, parents think through the wide range of tasks in the parenting role and how these change according to the age and stage of their child. *Naming feelings* which is Session 3 can be very challenging and requires skilled and sensitive facilitation. Parents reflect on their own childhood memories and their hopes and dreams for their own children, which are often for them to have an upbringing quite different from their own. Session 4, *Getting along together* is a chance for parents to think about new ‘scripts’ to replace some of the habitual behaviours and language patterns that they may have developed. Session 5, *Understanding each other* looks at non verbal behaviours and how to read these signals. In the final 3 sessions: *Making choices* looks at rewarding positive behaviour; *Setting an example* considers the significance of parents as role models and *Where do we go from here?* celebrates what has been achieved and helps parents to set personal goals for the future.

The programme is designed to give small groups of parents opportunities to reflect together and discuss a range of parenting issues in facilitated situations with highly skilled and trained parenting educators. Each session is expected to last up to 2 hours with time within this for general conversation at the beginning and end with some light refreshments. Each session begins with a recap of the previous points covered and finishes with time for parents to identify steps they are going to take before the next meeting which they can choose to share.

Let’s Talk Parenting was originally commissioned by the Northumbria (now National) Probation Service for use by Youth Offending Teams with parents where the difficulties were extreme and statutory orders had been made. The Looking Forward project was targeted at families where the difficulties had not been of such a degree but nevertheless there were significant concerns expressed by professionals involved with the families.

For the purposes of the Looking Forward project it was felt that there were gaps in the original programme, so two additional sessions to the *Lets Talk Parenting* were designed and delivered. These new sessions included an 'education' component, where parents explored the biological and emotional changes affecting their son or daughter during the ages 11-16, to assist them in understanding their children. The other additional session designed was a 'community' session, where parents were informed about and were encouraged to meet and access other agencies or groups within their local areas, with the intention that these might provide ongoing support for the parents after the formal programme had finished.

As with the parenting groups, the self-esteem groups were carried out in community settings close to the young people's homes, and transport was provided. The self-esteem groups each followed a manual format that had been constructed by the practitioners, based on an amalgamation of the successful elements of their current practice (Bevan & Reynolds 2002). The eight session programme used games and activities as the main medium to address the theme of the session. Each began with a warm-up exercise the aim of which was to help the children become more relaxed and develop a sense of trust in each other. Standard group ground rules were established from the outset and then each session focused upon a particular theme – feeling positive about myself, communication skills, problem solving, trusting people, understanding feelings, maintaining relationships, and anger management. The activities were interactional and contained significant elements of role play and movement. For example, the session which particularly focused upon anger management began with discussion and mutual sharing of causes, provocations and solutions. Then the young people would try out different techniques and report on how successful they felt. The session would close with each young person identifying a situation or a technique that they would try out over the intervening week and part of the following session would be to receive feed-back on how this homework had gone.

At the end of the programme each group met socially for a meal in a local restaurant. This not only offered a positive sense of finish to the sequence, but also allowed the team leaders the opportunity to observe the young people in a social context and see if the reported changes in their interaction were evident in everyday situations.

This type of group was chosen because of the increasing value being seen in comparing active interventions to "placebos" that also have some impact upon functioning (Fleischhacker et al., 2003). Review of this type of approach shows that it is capable of reducing aggressive behaviour at home, and improve peer skills, though on the whole the approach has not been shown to have marked or lasting benefit (Taylor et al., 1999). This makes it a good active placebo – there is a clear professional input to the young people, but it is not of great effectiveness when formally evaluated.

Choice of measures

A range of pre- and post-intervention assessments was carried out with each family. These included the Strength & Difficulties Questionnaire (both self- and parent-report) (Goodman 1997); the Self-Description Questionnaire for children (Marsh, 1990), and the Adult Well-being Questionnaire (Snaith et al. 1978). Although the numbers recruited for the programme were relatively small, there were high completion rates for both elements of the programme. 17 families completed the parenting intervention and 15 families the young person's self-esteem intervention, which constituted over 80% of the families which entered the project – there being similar high levels of completion between the two interventions.

Results

This section will firstly consider the results from the sample that experienced the parenting training approach, and then the sample that experienced the self-esteem development approach.

One of the major findings following the parenting intervention was that parents reported higher levels of considerate, helpful and sharing behaviours in their children and lower levels of restlessness and hyperactivity. Thus parents perceived their children as being easier to parent and also more contented. This might indicate a change in perceptions rather than a change in behaviour – what was clear was that parents viewed their children more positively. However, when the data was further analysed it did seem that there had been an actual as opposed to a perceived shift in the children and young people's behaviours. The young people reported through the Strengths and Difficulties Questionnaire that there had been a significant increase in their positive social behaviour following the parenting intervention. They also reported they believed themselves to be more considerate of others, sharing and helpful than before the intervention.

A second major finding following the parenting intervention was that there was a reduction in the levels of depression identified by the parents themselves following their participation in the 'Let's Talk Parenting' programme, with mean scores on the Adult Wellbeing Scale falling to levels that were average for the population.

Interestingly, these changes for parents who had been involved in the parenting programme were echoed in changes for the children and young people of this group. The young people reported significantly increased levels of self-esteem, specifically in their views of how physically attractive they are, their sense of self worth and self-satisfaction, their self-confidence and overall self concept.

What then of the results from the sample of families where the children and young people themselves were the direct focus of the intervention via groupwork aimed at improving their self-esteem? A major positive finding for this group was the parents of the children and young people concerned reported significantly lower levels of headaches, unhappiness, nervousness and anxiety in the young people following their participation in the self-esteem programme.

When it came to the children and young people themselves, they reported a significant decrease in 'overall difficulties', with less difficulties in the areas of positive social behaviour, hyperactive behaviour, anxiety, conduct and interaction with peers. The youngsters who had been the recipients of the 'self-esteem' programme also felt they had become more truthful and dependable.

Which families most benefited from the Parenting intervention?

Based on the results of this research, it seems that the families who most benefited from the parenting intervention were those where prior to the intervention parents had 'possible problem' levels of depression, however, levels of anxiety and poor temper control were judged to be borderline.

Additionally, those families that appeared to benefit most from the parenting intervention were where parents described the young people as having high levels of restlessness and hyperactivity; serious difficulties in the areas of anger, fighting and lying and some difficulties in the areas of sharing, helpfulness and being considerate. In these families, based on the pre intervention assessments, it seemed that the children and young people did not describe them-

selves as having difficulties in any areas other than high levels of difficulty in fighting, lying and anger. They did however appear to have very low self-esteem, specifically within the areas of relating to peers and parents, how well they did at school, how they felt about themselves in general, how honest and trustworthy they were, and how emotionally stable they felt.

As with the parenting intervention sample families, the 'self-esteem programme families' were nominated for intervention because they were seen to contain children and young people with medium range behaviour difficulties. Based on the results of this evaluation, it seems that the families who most benefited from the direct intervention approach with the children and young people themselves were those where prior to the intervention overall, the young people demonstrated low self-esteem. This low self-esteem was specifically in the areas of interacting with peers and parents, how well they felt they did at school, in their sense of self-worth and self-satisfaction, in how trustworthy they felt they are, and how emotionally stable they felt. Additionally, the young people also demonstrated the likelihood of a depressive disorder.

What were the parents' overall impressions of the parenting programme? Overwhelmingly, the comments were positive, some highlighted the impact for themselves, e.g.,

"It was like a little treat mid-week"

"I really missed going that one week"

Others emphasised the difference that participation had had on the parenting process:

"After two to three weeks it started to make a difference at home. I sit and talk to her (daughter) more now. Things are getting better"

"I got lots of assertiveness from it"

"The benefits I reap from it was no end"

"It would be a good idea if a few more people could go on it"

Other comments underlined the parents' appreciation of the programmes and their content:

"It's better than I expected, as the weeks went on"

"(The) advice was simple and to the point – there was plenty of information and suggestions"

Comments could be summarised by one mother's view that:

"I just wish there could have been something like this for when I was going through hell a few years ago – I could really have done with it then"

Discussion

Parenting today is increasingly acknowledged as stressful, a situation made worse by the seemingly inexorable changes in social structures and attitudes (Sidebotham 2001). How best to offer assistance in these circumstances is clearly a challenge, and parenting programmes are becoming more common as a mechanism of response, with diverse groups of professionals providing facilitation (Long et al., 2001). This action research project has demonstrated significant improvements for both parents and young people within the parenting interventions. Specifically, the parenting programme has been shown to effect change in the major parenting domains of attitude towards/perception of the child by the parents:

- sense of affect/attachment
- parental self-esteem/self-efficacy

- motivational shift

This action research process involved the delivery of a parenting programme and a self-esteem programme to matched families in relation to children's behaviour difficulties, and evaluating the interventions and the outcomes. Whilst both programmes brought some positive changes, the parenting intervention appears to have been the more effective. These results are in line with similar focussed projects (Hartman et al., 2003), which have found a significant decrease in negative parenting interactions towards their children and a decrease in the children's conduct problems. Interestingly, this work also highlighted that boys with elevated ratings of attentional problems benefited as much as boys without.

It is also worthy of note that the Looking Forward Project provided the three key components for successful, sustainable programmes, as identified from the existing literature. The factors necessary to facilitate multi-disadvantaged and vulnerable families' sustainability throughout the programmes include transport for those participating in the groups, child-care for the families whilst parents were in the groups, and easily accessible non-threatening venues. (Brems et al., 1995; Jackson, 1983). If these supports are not available, it is likely that, regardless of the levels of need or commitment, some parents will have difficulties in regular attendance at the groups. This is particularly relevant for families facing social exclusion, where their lives are often chaotic and they are faced with multiple risk factors that affect their ability to attend a group on a regular basis. Such factors included depression, low self-esteem, low income, substance abuse, domestic violence, and lack of family or community support.

However, this was a time-limited research project, and the challenges of embedding appropriate parenting programmes into the everyday portfolio of services should not be underestimated. If agencies are focussing on 'crisis work', they may struggle to prioritise linking parents and youngsters into a proposed preventative service, even when such a service might have substantial benefits for all.

Conclusion

In considering the parent training materials available at present, all presume western cultural norms, and the vast majority have been developed for the US market. In this case the materials had been developed and designed for a United Kingdom context. How far it is possible to use materials developed in one country in other countries – not simply at the level of language – but also in relation to culturally specific norms and expectations within particular countries? The evidence to answer this is still lacking, and clearly such a key area merits further comparative research.

This research was targeted at intervention into families where children and young people were experiencing middle range behavioural difficulties. However, 'middle' should not be confused with 'average', the difficulties were ones that were experienced as problematic by the family members, were affecting their quality of life, and were at risk of becoming more serious. As such, they warranted intervention but had not always been the subject of ongoing assistance from agencies because of the pressure on such agencies to have to focus their limited resources on cases nearer to the point of family breakdown. Whilst such a prioritisation of intervention by agencies is understandable, it is problematic in that generally later intervention means that as the problems are more serious they are likely to be more difficult to resolve. The action research described here was time-limited and relatively inexpensive – the total cost of designing and adapting the materials for the two elements of the programme, running the groups, and conducting the research was less than 70,000 euros. As such, the cost benefits are potentially

significant in that, based on these research findings it would seem that appropriately targeted and organised parenting groups can bring about positive outcome change for families where there are children with medium range difficulties.

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