Supporting families with Incredible Years Programmes

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Overview

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- Parenting and parent programmes
- Incredible Years to improve outcomes
- Three 'preventative' RCTs
- Issues/lessons for policy and practice
  - Who do the programmes work best for?
  - Parent referral, engagement and retention
  - Facilitator training, fidelity of delivery and quality assurance

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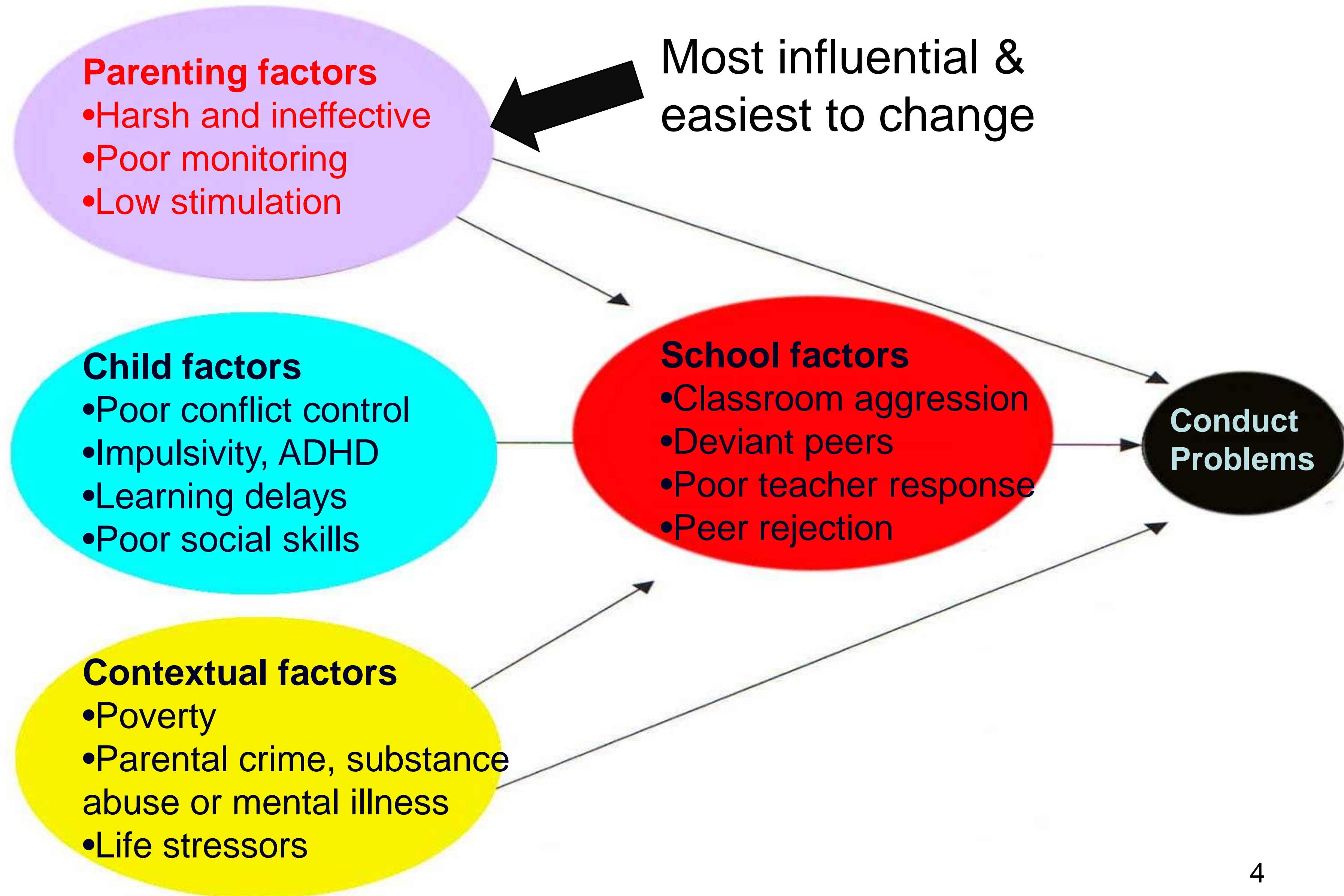
Parenting is …

... the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting refers to the activity of raising a child rather than the biological relationship.

Davies, Martin (2000). *The Blackwell Encyclopaedia of Social Work*. Wiley-Blackwell. p. 245. ISBN 9780631214519.

Risk factors for conduct problems



Child conduct problems are increasing & can lead to…

School problems:

- Poor attendance
- Special education needs
- Poor academic achievement

Relationship problems:

- Attachment problems
- Teenage parenthood
- Marital problems

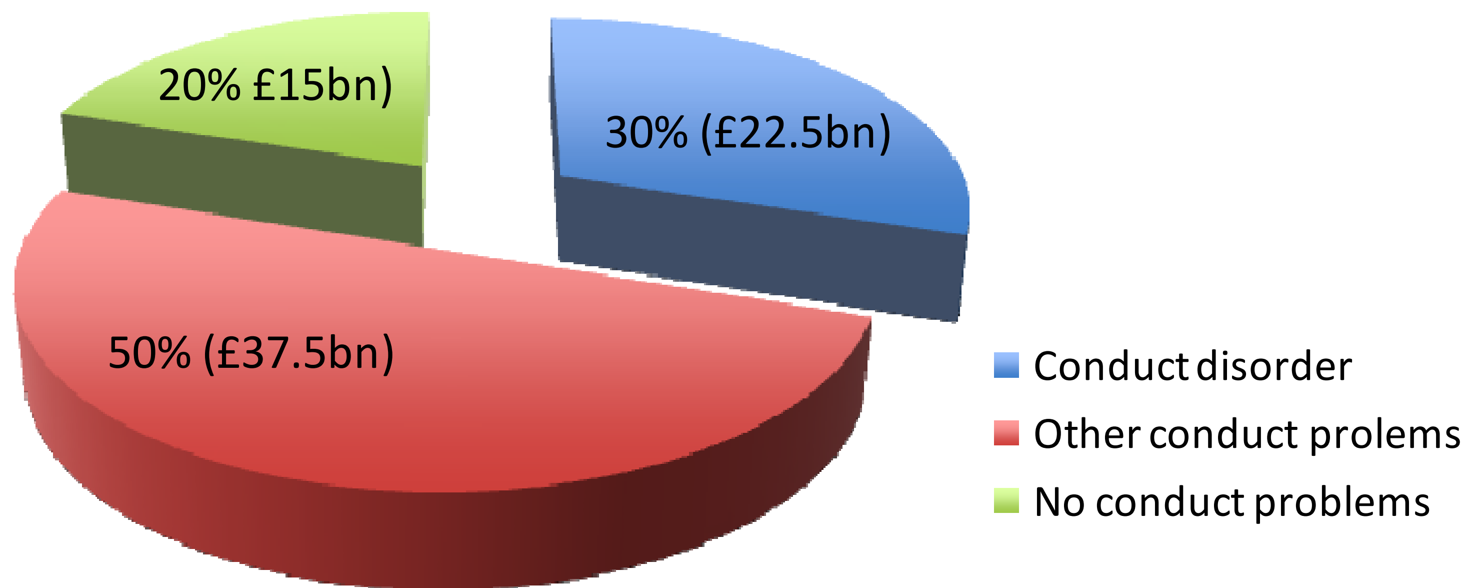
Health problems:

- Diagnosed conduct disorder
- Mental health issues

'Lifestyle' problems:

- Joblessness
- Criminal activities
- Drug taking

Crime (& annual cost) attributable to people who had conduct problems in childhood and adolescence in UK



Sainsbury Centre for Mental Health, 2009

The chance of a lifetime: Preventing early conduct problems and reducing crime

Parenting programmes enhance skills

- They can be:
  - 1 to 1, practitioner & parent
  - DIY, parent is given material and learns at own pace
  - Group format – typically 4-18 2hr weekly sessions, 12 parents
  - Targeted or universal, for specific group or open to everybody
- Many exist, few are evidence based - NAPP toolkit
- NICE (2006) promote Triple P & Incredible Years
- Effective programmes include elements such as:
  - Home based practice
  - Discussions
  - Video analyses
  - Role play

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Specific components of effective programmes

- New parenting skills must be modelled and rehearsed
- Home-based practice or ‘homework’
- Parenting programmes should be collaborative & emphasise *principles* rather than prescribe techniques
- Non-violent sanctions for negative behaviour
- Relationship building, praise, fun & play, rewards, reinforcement
- Must address difficulties in adult relationships or other family problems

Incredible Years

Objectives

- To prevent, reduce and treat aggression and behavior problems in young children.
- To promote social, emotional and academic competence in young children.
- To reduce the possibility of developing later delinquent behaviors and possible mental health or relationship problems.

Incredible Years suite of programmes

Teacher Classroom Management Program
6 full-day monthly workshops; ages 3-8 years

Child Dinosaur Treatment Program
6 children/group; 18-22, 2-hour weekly sessions; ages 4-8 years

Child Dinosaur Classroom Program
3 year curriculum, 2 lessons per week, 30-60 lessons/year; ages 3-8 years

Baby Parent Program
8-10 sessions; ages 0-8 mos.

Toddlers Parent Program
12-13 sessions; ages 1-3 years

School Readiness Parent Program
4-6 sessions; ages 2-4 years

Preschool BASIC Parent Program
18 sessions; ages 3-6 years

School Age BASIC Parent Program
12-16 sessions; ages 6-8 years and 9-12 years

ADVANCED Parent Program
9-12 sessions; ages 4-12 years

This one has been trialled in original 12 wk format in Wales, Ireland & England in RCTs

PARENTING
PYRAMID
Time
Out
Use
Selectively
Ignore,
redirect, distract:
Decrease Aggression
Use
Liberally
Effective Limit Setting:
Increase Cooperation
Praise & Incentives:
Build Social Competence
Play: Promote Positive
Parent-Child Relationships
The Incredible Years Training Series

Incredible Years effectiveness trials with a targeted population

1. Wales – Welsh 'Sure Start' Trial, led by Bangor University, funded by the Health Foundation

Delivered by Sure Start staff in 11 areas

Children 3-4 years at risk of conduct disorder

2. Ireland - National Evaluation of Incredible Years, led by Maynooth University, funded by Atlantic Philanthropies

Delivered by Archways staff in disadvantaged areas

Children 5-8 years at risk of conduct disorder

3. England –IY trial led by The Research Unit, Dartington, funded by Birmingham Council, as part of Birmingham's Brighter Futures Initiative

Delivered across the city by children centre staff

Children 3-4 years at risk of conduct disorder

The design

- Children ‘at possible risk’ of CD (ECBI or SDQ as screener)
- Randomly allocated families to intervention or waiting list control using 2:1 ratio, N=153(W),149(I),162(E)
- Saw intervention families at baseline and 3 follow-ups (2 in Birmingham), 6 months apart (2 visits/time point in Wales & Ireland for Observation of parent-child interaction)
- Saw control families at baseline and follow-up 1 then offered the intervention
- Measures were administered at each time point

Measures (not all trials used all measures)

About the family:

1. Demographic questionnaire
2. Service Utilisation Questionnaire (Chisholm et al., 2000)
3. Dyadic Parent-Child Interaction Coding System (DPICS; Eyberg & Robinson, 2000)

About the child:

1. Eyberg Child Behavior Inventory (ECBI; Eyberg & Ross, 1978)
2. Strengths & Difficulties Questionnaire (SDQ; Goodman, 1997)
3. Conners Parent Rating Scale (Conners, 1994)
4. Kendall Self Control Rating Scale (SCRS; Kendall & Wilcox, 1979)
5. Social Competence Scale (Fast Track Project)

About the parent:

1. Beck Depression Inventory (BDI-II; Beck et al., 1961, 1996)
2. Parenting Stress Index (PSI; Abidin, 1990)
3. EQ-5D Health-Related Quality of Life Questionnaire (Kind et al.,1995)
4. The Parenting Scale (Arnold, O'Leary, Wolff & Acker, 1993)

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Complex interventions

- **EVALUATION** – "to strengthen or empower", more recently it is defined as an assessment of value.
- Should we look at end outcome only or 'how we got there'?
- Social policy interventions, delivered in education, public health practice, or family and children services, are ***complex interventions*** (Medical Research Council (MRC), 2009).
- **Complex interventions** comprise several interacting components

Selected dimensions of complexity MRC (2009)

- *Number of components and interactions* between them - theoretical understanding is needed of ***how*** the intervention causes change, so that weak links in the causal chain can be identified and strengthened
- *Number and difficulty of behaviour changes* required by those ***delivering*** or ***receiving*** the intervention - a thorough process evaluation is needed to identify implementation problems lack of impact may reflect implementation failure rather than genuine ineffectiveness
- *Number and variability of outcomes* - a single primary outcome may not be most appropriate, a range of measures may be required

Evaluation Questions

1. OUTCOMES: Do the programmes meet the needs and improve outcomes for children and families who participate, i.e. do they work?

- Is the intervention effective?
- For which children and families are the interventions effective/not effective?
- What are the environmental/contextual circumstances that improve the likelihood of success?

2. COSTS: Do the programmes offer value for money?

- Initial & subsequent intervention delivery costs?
- Any impact on health, social, or education service use?
- Is the intervention cost effective?
- What are the longer term costs & benefits?

“Success is a science: If you have the conditions you get the results” Oscar Wilde (1854-1900)

3. PROCESS EVALUATION: Are the programmes implemented efficiently and effectively with fidelity?

- Was engagement, recruitment and retention successful?
- Is the programme implemented with fidelity in all fidelity categories?

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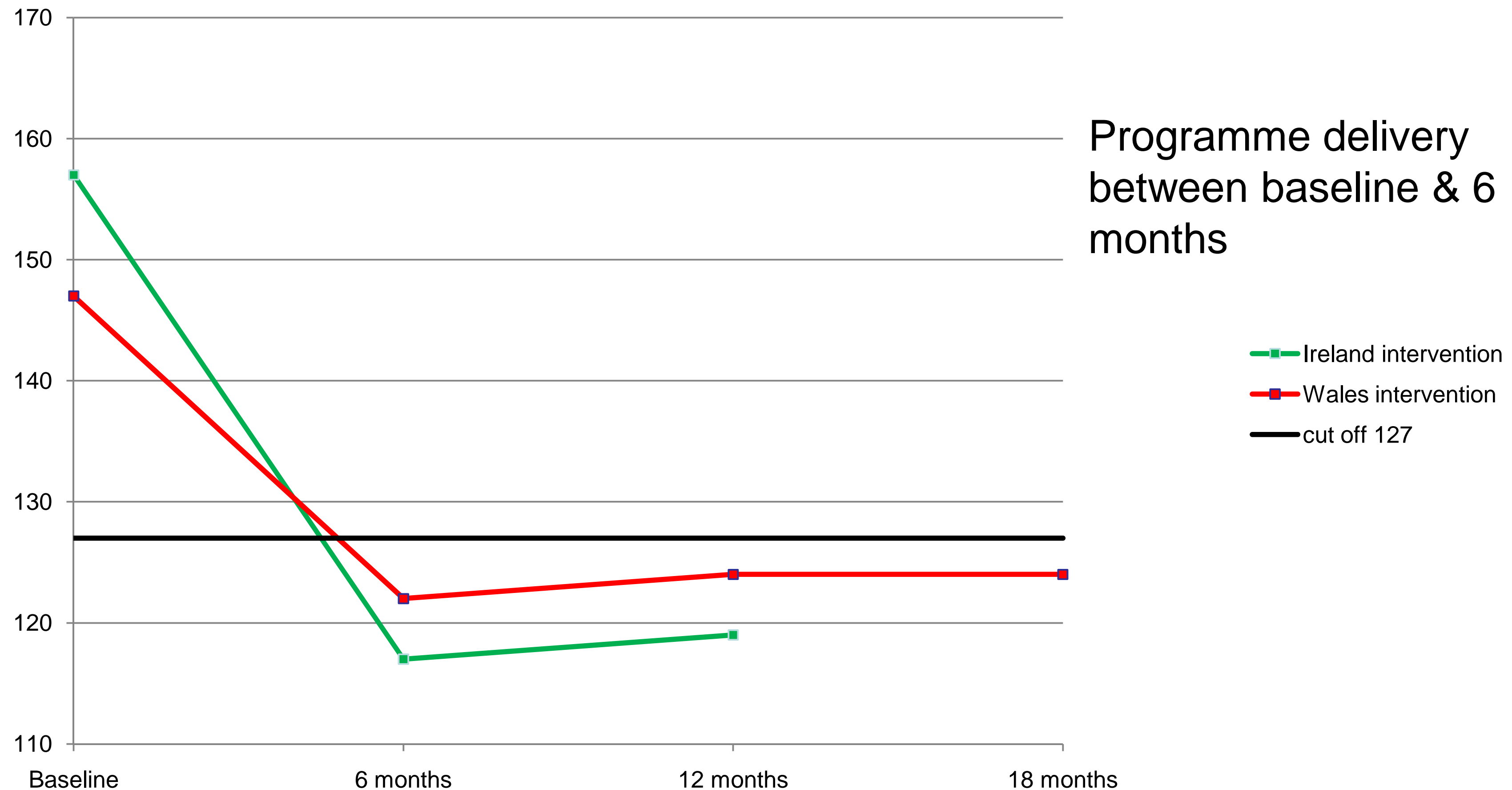
Child Behaviour – parent report (ECBI)



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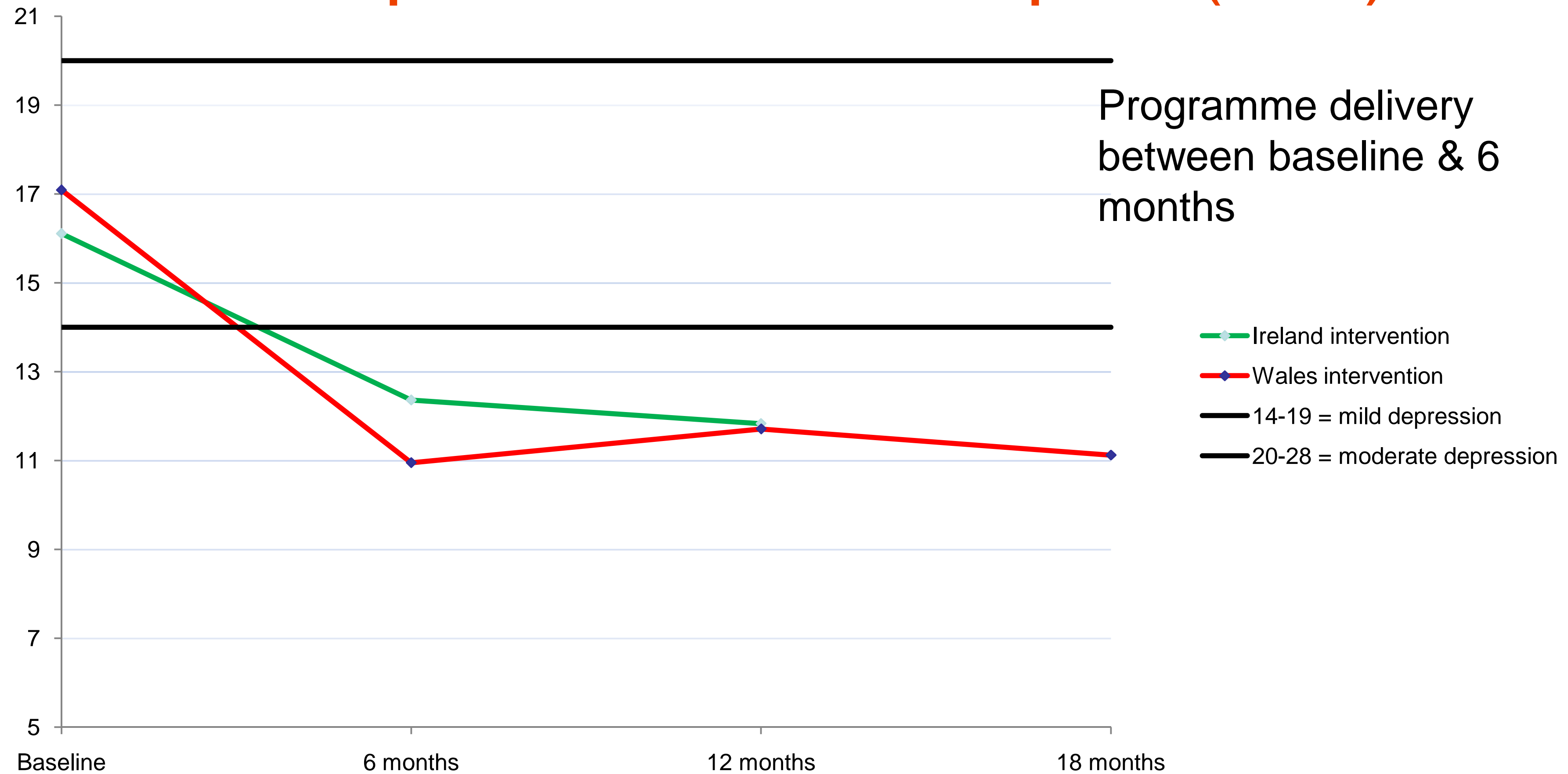
Parent Depression – self report (BDI)



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Summary of Main Outcomes (Wales & Ireland)

Observational findings:

- parents use more positive and less critical parenting
- Children are better behaved

Parent report findings:

- Parents report fewer child problem behaviours
- Child behaviours are less intense
- Reduction in parental depression & stress,
- Increase in parent skills/competency
- Reduction in child hyperactivity, conduct problems, increased social competence and self control, sibling improvements

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Moderators - for whom does it work?

Social disadvantage did not predict poorer outcome

Boys and younger children, and those with more depressed mothers, tended to show greater improvement in conduct problems post-intervention

Mediators - what are the active ingredients of change?

Observed positive parenting mediated treatment change, i.e. reduced child conduct problems

2. COSTS: Do the programmes offer value for money?

- What are the intervention delivery costs?
- Is the intervention cost effective?
- What are the longer term costs & benefits?
- Any impact on health, social, or education service use?

Intervention delivery costs

- Wales - £1934 per child for 8 children, £1289 for 12 children, (approx. £14,000 including facilitator training).
- Ireland £1358 per child based on 11 per group

Cost-effectiveness

- Wales - £73 (83 euros) per point improvement on the ECBI intensity score
= £5486 to bring highest intensity scoring child below the clinical cut-off point or £1344 for an average child
- Ireland comparable at 87 euros/point improvement

Cost benefits

• Cost and benefit data yields an internal rate of return for the programme of 11% (assuming that individuals with conduct problems spend an additional 5 months in unemployment, and that the savings from reductions in imprisonment occur only once and at the age of 30)

Service use

• Scott et al., (2001) CD costs £17,000/year, or £1m in a lifetime
• To prevent CD in 100 children = minimum saving of £1.7m/year
•Wales - £1,400/year in service use, gradual decline
•Ireland - substantial decline in the use of many primary care services, as well as less contact with social workers for those who received the treatment, no change for controls

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- Edwards, R.T., Ó Céilleachair, A., Bywater, T., et al., (2007). Parenting Programme for Parents of Children at Risk of Developing Conduct Disorder: Cost-Effective Analysis. *British Medical Journal*.
- O'Neill, D., McGilloway, S., Donnelly, M., Bywater, T., & Kelly, P. (submitted) A Cost-Benefit Analysis of Early Childhood Intervention: Evidence from a Randomised Controlled Trial of the Incredible Years Parenting Program.
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3. PROCESS EVALUATION: Are the programmes implemented efficiently and effectively with fidelity?

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Parent engagement

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	Referral method	Number referrals	Eligible (& could be contacted)	Participated (from contactable, eligible, consented)
Wales	Health visitors	240	74%	93%
Ireland	Health service waiting lists, schools, community-based agencies, self-referrals	233	64%	100%
England	Initially children centres, then nursery nurse, family support, schools, social workers	282 (2010)	17% (2009) 27% (2010)	

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Key Themes linked to participant engagement:

1. Organisational readiness
2. Target group & accuracy of demand analysis
3. Recruitment procedures
4. Publicity & referral materials
5. Context of an RCT
6. Staff workload
7. Cultural context

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Key Theme 1: Site readiness

- Delivery staff trained- quality, buy-in
- Resources – financial, space, staff and time
- Clear programme literature
  - Links to evaluation
  - Links to Brighter Futures Strategy
- Strategies to identify, contact & retain target parents

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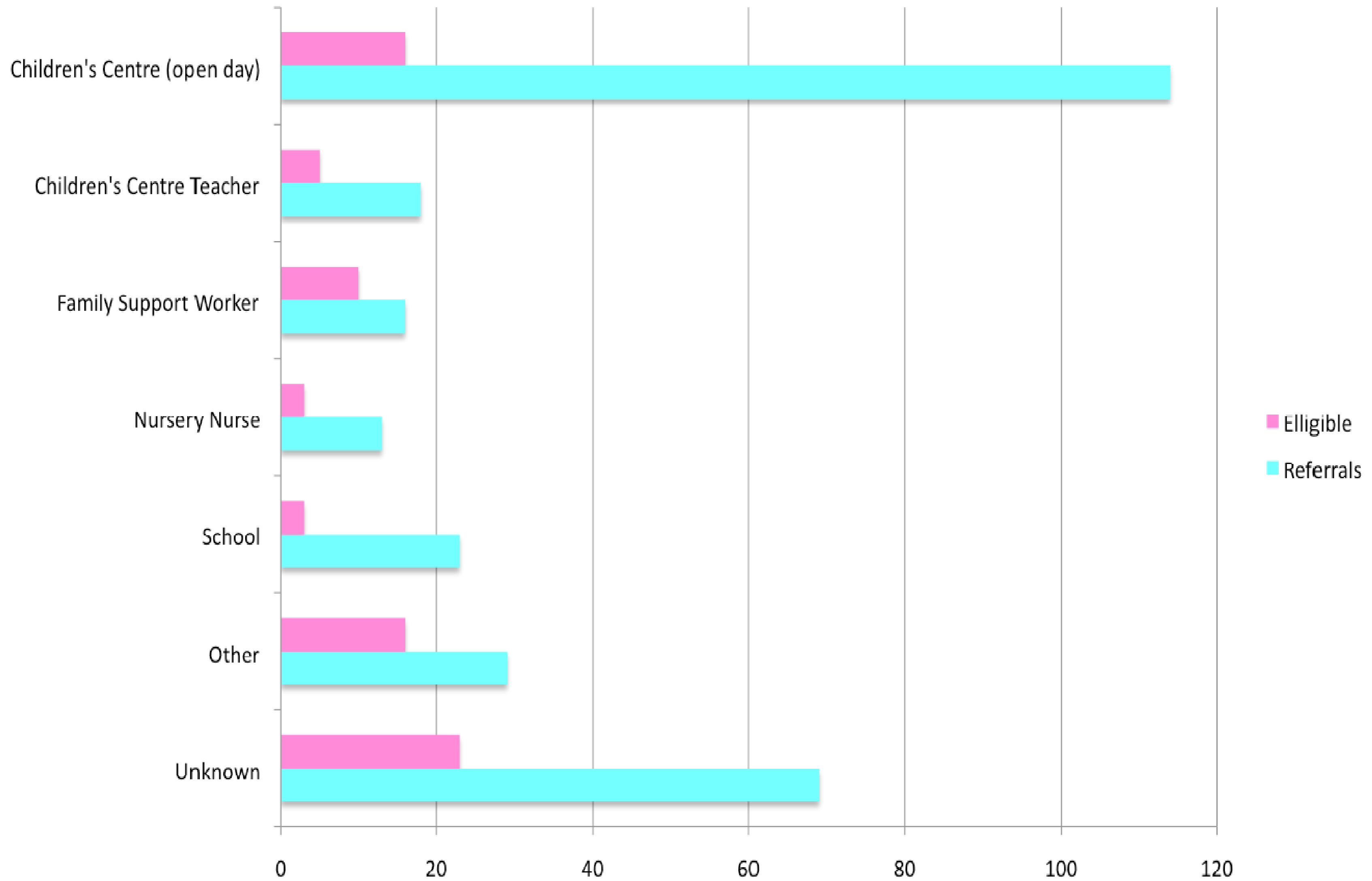
Perceived parental barriers to participation

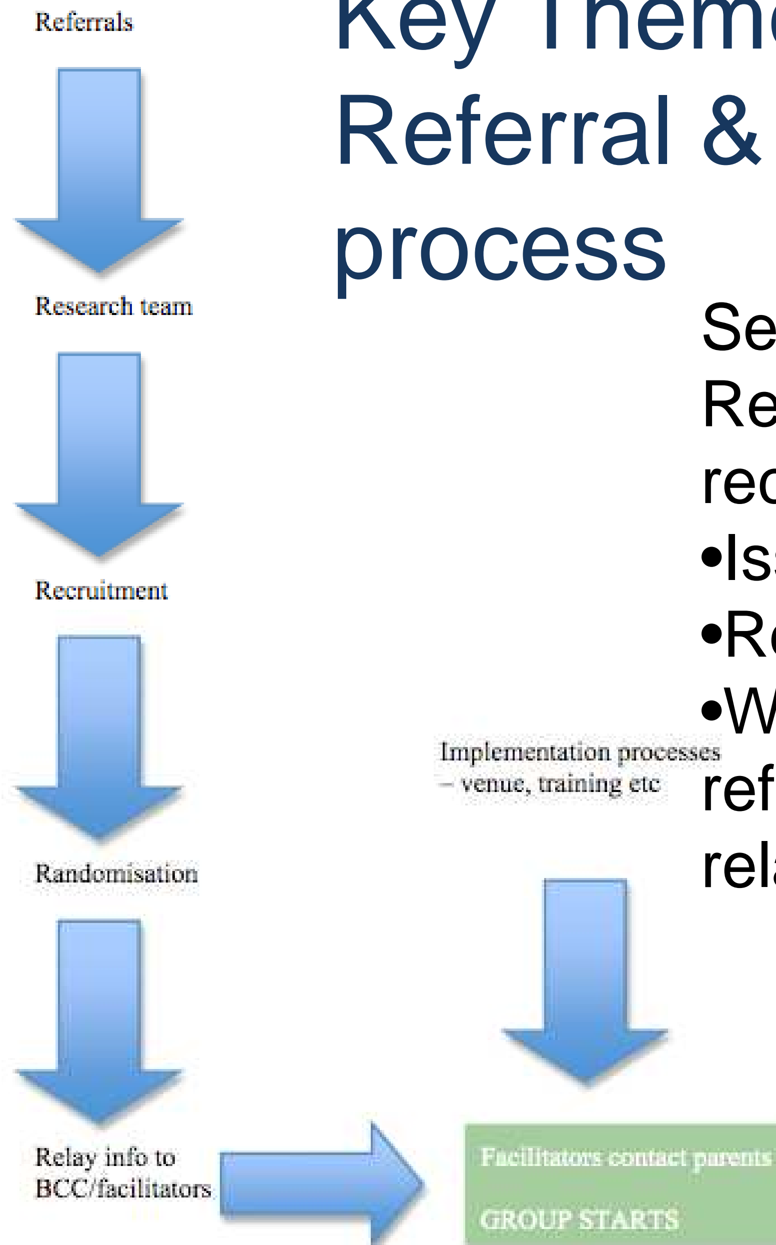
- There is no problem, the service is not relevant to me
- I already have existing support and don't need any extra help
- The service will be a burden: it will be too demanding
- I don't understand what the service involves
- I don't trust the service and the professionals involved
- My English is not very good, how will I manage
- Worried about discussing family life in group

Key Theme 2:
Target group – accurate estimates?

Centre	Referrals	Meet Criteria	Complete baseline	Not interested
(1)	24	5	4	1
(2)	47	19	16	2
(3)	18	6	2	2
(4)	60	10	4	4
(5)	68	17	7	3
(6)	65	19	11	5
TOTALS	**282**	**76**	**44**	**17**


Five most common sources of referrals to IY across all six Children's Centres
Children's Centre (open day)
Children's Centre Teacher
Family Support Worker
Nursery Nurse
School
Other
Unknown
0
20
40
60
80
100
120
Elligible
Referrals

Key Theme 3: Referral & recruitment process



Service-based referral
Researcher-based recruitment

- Issues – length of time
- Referral paperwork
- Worries of compromising referrer & family relationship

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Key Theme 4:Publicity & referral materials

- In easily understandable language
- Non-stigmatising
- Reach target group using appropriate means
  - Complex info given face-to-face
  - Coffee mornings, Nursery, play groups
- Translate information
- Use DVDs/quotes from peer groups – other parents

Key Theme 5:The context of an RCT

- Participating in the RCT/intervention
- Control group – why do we need one?
- Length of time controls wait
- Services as usual
- Analysis – ITT
- Difficult to standardise referral process – designated staff?
- Continuity of staff across time points

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Key Theme 6:Staff workload

- Referral to an RCT is additional to everyday role CC, schools, etc
- Wrap around care is issue – no time
- Time needed to:
  - Deliver with fidelity
  - Attend supervision
  - Call parents

Key Theme 7:Cultural context

- Referral
  - Publicity literature needs to be understandable
- Recruitment
  - Be aware of cultural norms/differences (Consent)
  - Translators required at initial telephone call & visits
  - Measures available in first language
- At group
  - Translators (number of languages)
  - Support if required

Lessons

- Referral and recruitment issue is complex & context bound
- Conduct thorough development work & process evaluation
- Employ ‘champions’ to raise profile of programme (& trial) & to obtain referrals
- Ensure referrers & facilitators are clear on evaluation requirements
- It takes time to establish a referral and recruitment framework
- After engagement, retain by maintaining contact & tackling barriers to attendance
- Better targeting of resources for engagement

Delivery & Implementation Fidelity

- is the programme delivered as designed?
- are all the core components present?
- to the right population?
- with appropriately trained staff?
- using the right protocols, techniques & materials?
- in the right context?

IY Training Across Wales (to date)

- All 22 Authorities in Wales delivering the parent programme
- WAG fund some training places
- BASIC Wales = 1302
- Infant Toddler BASIC = 235
- School Readiness = 176
- School-Age Add-On = 47

Lessons Learned to inform Policy & Practice

1. Know what outcomes/change are required
2. Select an evidence-based programme for the target population
3. Develop a strategy for recruiting the target population
4. Address relevant service access issues
5. Staff training and ongoing support
6. Reference/stakeholder groups/steering committee
7. Ensure implementation fidelity (process & delivery)
8. Evaluate programme delivery, costs, and outcomes LT (to be embedded within services)

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Diolch yn Fawr - and thanks for listening!

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Or access

http://www.incredibleyearswales.co.uk