# rolling out the Incredible Years parenting programme across Wales - the lessons to be learned

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## The context USA and UK – 1990s

- USA few publicly funded services but lots of high quality research
- UK publicly funded health and education services but little demand for outcome evaluation and little quality research
- My goal to bring evidence based services to Wales

### Wales

- Population 3 million, majority in Sth Wales
- Economically poor, loss of coal and steel industries in Welsh Valley communities in South Wales
- 200,000 children live in poverty\* (1/3<sup>rd</sup> of all children aged 0 16)
- Significantly lower incomes than England or Scotland
- Highest unemployment levels among UK countries and rising

<sup>\*</sup>poverty defined as income after housing costs below 60% of the median income' for families. This equates to £78/child and £86/adult per week

## My work - the initial steps

- Psychology degree London University 1969
- Research work in London and MA 1969-1973
- Clinical child psychologist from 1976 for 30+ years in NHS mainly in Child and Adolescent Mental Health Service (CAMHS)
- Long term interest in disadvantaged families
- Early exposure to the work in the 70's, Patterson etc., showed relevance of social learning theory to conduct disorder
- Doctorate early 90s addressing service access issues (or lack of them) for families in poverty with children with behavioural difficulties

### Early research experience

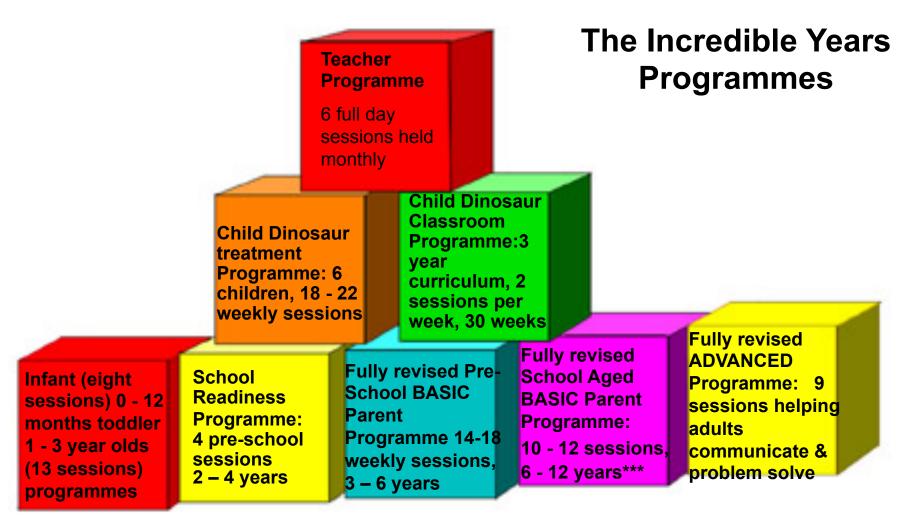
- 1988 joint appointment with Bangor University
- 1995 the Wales Office of Research and Development in Health and Social Care (WORD) established
- 1996 funding from first WORD grant round, an RCT evaluation of my own parent programme for high challenge CAMHS referred children
- Worked well and good long term follow-up but lacked tools for fidelity and replications

### The size of the problem

- CD a large and growing problem affecting up to 10% of the population
- North West Wales had 30,000 children
- So 3,000 at risk for CD
- CAMHS service were receiving 300 referrals a year, (my programme reached 30/annum) most children and families were getting nothing
- We needed a programme with evidence and tools for effective delivery
- 1999 I trained to deliver IY parent programme

## Why IY? A Blueprint for Violence Prevention

- US OJJDP funded the Center for Violence Prevention, University of Colorado, to identify programmes with real evidence for prevention or reduction of violence, they needed:
- RCT evidence
- Independent replication
- Long term follow-up
- Replication in service settings
- Tools for fidelity
- Only 11 of the 900 reviewed were identified as "Blueprints for Violence Prevention", including



\*\*\*The School aged programme also has an additional four session unit on helping your child to do their best in school

## Changing understanding of child mental health

- 1999 Welsh Government was established with devolved responsibility for health and education,
- 2000 Sure Start launched in Wales
- 2000 I started to deliver the IY parent programme to CAMHS referred parents of CD children
- 2001 Everybody's Business published by Welsh Assembly Government (the message - child mental health is everybody's business, teachers, GPs, HVs).
- This changed CAMHS services across Wales & they developed a new strand - CAMHS primary care
- My post was split, to include core CAMHS specialist for children with severe conduct disorder and support CAMHS primary care services.

## North Wales Sure Start developments

- 3 I had worked in North Wales since 1976
- S Local SS managers knew me and asked about parenting programmes
- Staff trained in IY in 11 Centres across North Wales
- Only place in UK where same programme was delivered across a number of services
- My post allowed me to support them
- © Created the opportunity for an RCT

## North and Mid-Wales Sure Start parenting research

- Parents of high risk three and four year olds (over the clinical cut off on the ECBI)
- Most families below the poverty index
- A randomised controlled trial
- 12 groups from 11 Sure Start areas across North and Mid Wales
- Follow-up at 6, 12 and 18 months post-intervention and now at 3 years

### Recruitment strategy

- Sure Start areas disadvantaged BUT...
- Of behaviour problems in 3 and 4 yo's
- Mealth Visitors work with all families with pre-school children
- They know which families are struggling
- Training for HVs in effective recruitment strategies
- Research HV employed to support recruitment

### Success rate from recruitment

- Health Visitors (HVs) see all families but visited 221 families that they thought needed support
- Children identified that met criteria and agreed to be seen by the research team (164) 81%
- © Eligible parents that signed up (n = 153) 93%
- Conclusion: HVs know their families and could identify those at risk and recruit them to the intervention



## Sample information



- 3 153 parents recruited, living in Sure Start areas
- Children were reported by parents as being within the clinical range on ECBI
- 2:1 randomisation intervention:control
- Recruited by HVs who went to families where they thought the parent would report the child having difficulties

### Address service access issues

- **3** Transport
- **G** Creche
- Timing during school day when other children in school
- **Meals**
- 83% of participants attended 7= sessions with mean attendance of 9.2 sessions and raise issue of targeting

### Results

ECBI analyses (Control N = 47, Intervention N = 85)

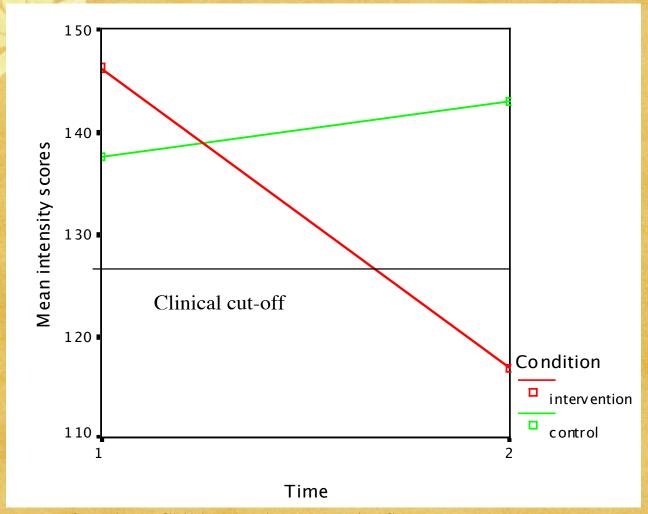
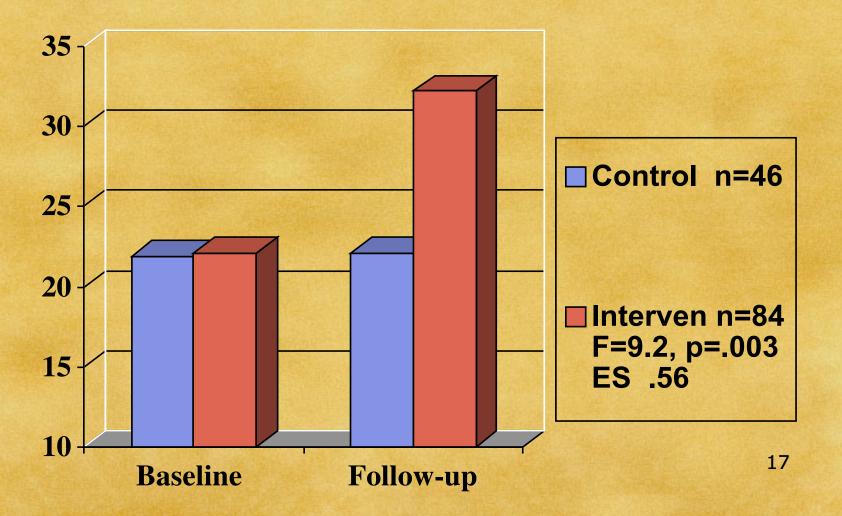


Figure 2. Eyberg Child Behaviour Intensity Scores

Clinical effect of 1.05. ANOVA: significant interaction p = .001, significant main effect of time, p = .001 and condition, p = .037. Paired t-test, p = .001. Ind 2-sample t-test p = .001

1. Positive parenting: (sum of praise, affectionate, positive affect, problem-solving)

Measured using the DPICS (Dyadic Parent-Child Interaction Coding Scheme



## The same pattern of results occurred for other measures:

#### For parents:

O'Leary - parenting practices, clinical effect size of 1.03 for the intervention condition between baseline & follow-up 1

PSI - parental stress levels (clinical effect size = .97)

BDI - depression levels (clinical effect size = .74)

#### For index children:

Kendall SCRS - self-control (clinical effect size = .55)

Conners - hyperactivity (clinical effect size = .78)

Social competence (clinical effect size = .78)

#### For sibling nearest in age to index child (n = 53):

ECBI problem (clinical effect size = .32)

ECBI intensity (clinical effect size = .4)

## the Sure Start RCT key features of success

- **A local champion me**
- **G** A research team
- Available leader training, supervision and support
- S Trained and enthusiastic staff
- Managers on board
- S Funding from Health Foundation

### Factors contributing to success

- Programme with evidence for the target population was chosen
- Recruitment strategy ensured that the right families were targeted and recruited
- Service access issues addressed
- Implementation fidelity addressed
- © Delivery and outcome evaluated
- © Dissemination strategy planned

## **English Sure Start outcomes**

- Money given to services across England
- Only vague guidance on what to deliver
- £30m evaluation showed small effects on a huge sample but only for less disadvantaged families - opposite effect for high risk families
- Alerted Government to the need to specify services that work not just give money
- Our study became highly policy relevant

## Child and Family policy developments in Wales

- Early Welsh Sure Start (2000) like England was funded without central direction re: programmes to be delivered
- 2005 Welsh Government (WG) published first Parenting Action Plan for Wales and based on early results from my Sure Start RCT, WG funded IY parent leader training for all 22 Authorities across Wales
- Training commenced in 2006 now in the sixth year of funding for training, materials etc. for parenting work across Wales

## How we developed the strategy

- Annual conferences in North and South Wales with research and practice focus
- Publications, annual newsletters and academic articles
- Wales wide surveys of leaders and programme dissemination
- Responses to Welsh Government policy papers on health, education, poverty, etc
- Research programme extended and Research Centre created

- Annual reports to Welsh Government
- Managers workshops developed on evaluation and fidelity
- Evidence to WG Children and Young People's Committee reviewing the Parenting Action Plan
- Contribution to NICE, Westminster Government strategy, referenced twice in Hansard
- International recognition of the work in Wales in Ireland, Portugal, Australia, Poland, Denmark, Czech Republic etc.



## Things we did

- The leader surveys
- Developed workshops for managers on evaluation and fidelity
- Obtained further funding to evaluate other IY programmes
- © Developed a 25 year strategy
- Supported infrastructure development mentor support in three Authorities, peer coaches in six Authorities

## Welsh Government developments

- Monitored the results of our research
- **Continued funding parent leader training**
- S Translated IY parent and teacher books into Welsh
- © Developed their Flying Start programme
- **Commissioned review of suitable** parenting programmes (IY included)
- S Funded research on IY toddler programme in FS areas across Wales 26



## Other WG funding



- Funded our conferences and newsletter
- Supported our evidence on fidelity by funding supervision
- Now funding training and supervision in the teacher and child programmes

## Leader surveys 2004, 2008, 2010

- © Enthusiasm from trained people
- Good use of training translating into service delivery
- All 22 AYs delivering the parent programme (300/annum, across Wales) but this is still small in relation to the sample, maybe 3,000 per annum?
- Mainly in early intervention services
- Leaders still short of resources and time but manager fidelity workshops helping



### Other activities



- Developed workshops for managers on evaluation and fidelity
- Obtained further funding to evaluate other IY programmes
- © Developed a 25 year strategy
- © Continued to research the programmes

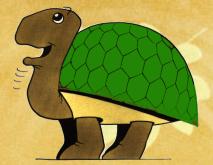
## Parenting Programme: research completed

- Welsh Sure Start study: short- and long-term outcomes, outcomes for children at risk of adhd, mediators and moderators of change, maternal depression outcomes, key group leader behaviours
- Pathfinder project: parenting 8 13 year olds outcomes
  - •Toddler Programme: 1 − 2 yos, outcomes
    - Nursery Staff Programme: outcomes
      - Foster Carer: outcomes



- Pilot Small group Dina therapeutic programme
- ✓ Pilot classroom Dina in KS1 with 4 7 year olds
- © Pilot TCM with teachers of 4 7 yo's

## **Current Studies**

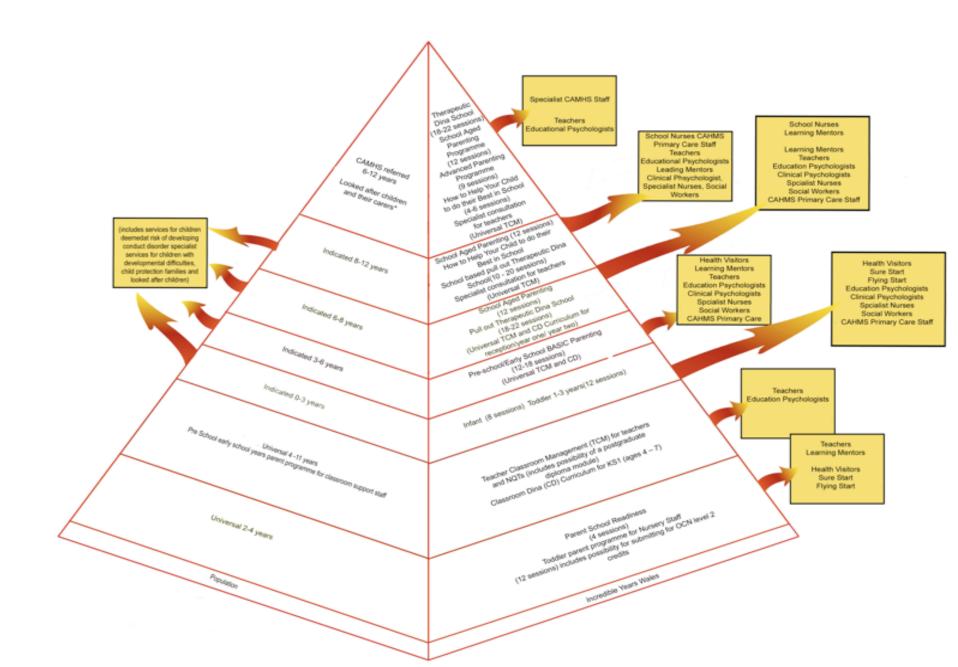


- IY Therapeutic Dino School for children in 24 schools – extra coaching for high risk young children already receiving classroom Dina and with TCM trained teachers
- IY School Readiness Programme for parents of children as they enrol in school delivered by school staff to build the home-school link
- IY Baby Programme for parents and babies during their first year of life delivered by health care staff

## Teacher classroom mangement programme roll out

- Progress with teacher and child
- SG Dina commenced in CAMHS in 2001
- One LA, Gwynedd adopted the TCM and Classroom Dina curriculum and implement it in all 102 primary schools
- **CSTCM RCT** showed good outcomes
- Welsh Gov has funded training and resources since 2010
- Staff in 21 Ays trained in TCM and in 19 AYs in Classroom Dina

#### Incredible Years Programme Strategy for Wales







## Thank you

For further information please visit our research website

www.incredible-years-walesresearch.bangor.ac.uk

or

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