Incredible Years Wales Research Centre

Response to additional questions from Professor Judy Hutchings and Dr. Tracey Bywater

Following the oral presentation by Dr. Bywater and Bridget Large we were asked to respond to two further questions. We feel that our views on the specific questions 22 and 23 were answered indirectly during our oral evidence but also in more detail in our response to the draft Child Poverty Strategy, which we now enclose (Appendix A - minus the original appendices to the response, most of which we have submitted to the Committee with other documents). We summarise below the relevant information from our own research and service delivery experience to clarify our views in these two questions

Question 22: The Welsh Government's policies in relation to parenting have now moved beyond the parenting action plan. Do you have a view on the government's new integrated family approach? Are you satisfied that the specific needs of parents will not be lost in the wider approach to families?

We think the family approach is sound since many families face multi-factorial difficulties including parenting problems, mental health and substance misuse problems, poverty, unemployment and so on. We describe in our response to the draft Child Poverty Strategy how parenting interventions have significant benefits to adults in terms of transferrable skills and improvements in mental health and confidence. We are concerned about how to identify, and support, high-risk children and their families. Our main concerns, based on our research and service delivery experience are that services should be evidence based and delivered well, with fidelity, so that they are effective. This requires staff receiving support with adequate time, resources, and supervision (Hutchings et al., 2005; Hutchings et al., 2007a; Mihalic et al., 2002, 2003). These important factors are often overlooked or reduced in busy service settings. A further problem, as our response to the Poverty Strategy makes clear, relates to targeting of ‘at risk’ families or children. There are children living in high-risk Flying Start areas who are not at risk of developing antisocial behaviour and experiencing academic failure, (including some who live in poverty) and there are children living outside Flying Start areas that are at risk but who either do or do not live in poverty. We discuss this in our response to the draft Child Poverty Strategy.

In our response we compare the recruitment process applied in our Sure Start (SS) and Flying Start (FS) research projects. In the former, we recruited children within SS areas that were at risk of CD but in the FS research our only entry criterion was that that the family lived within an FS area. The samples were very different in terms of risk and, despite both parenting interventions being successful (Hutchings et al., 2007a, 2007b; Bywater et al., 2009; Griffith et al., 2010) but the targeted approach adopted in our Sure Start study clearly both recruited and engaged more high-risk families.

In our strategy pyramid for developing the IY programmes across Wales (Appendix B) we show how the various IY programmes can be incorporated into a coherent plan for services across agencies. Appendix C gives a description of the programmes and how they fit into the strategy pyramid (Appended to our Child Poverty Response). This model could be adapted to incorporate other evidence-based programmes.

Question 23: How would you like to see parenting work taken forward by the Welsh Government? Do you think that Wales needs a national parenting strategy and updated action plan?

We do believe that the Parenting Action Plan has resulted in the delivery of some very effective services across Wales, some of which have put Wales at the forefront of work in this field. It has highlighted the importance of early intervention and put the focus on evidence-based work. This is now well accepted so it is important that this is consolidated with a national strategy that incorporates the lessons learned during the first five years, and continues to develop and refine its strategies to achieve the best balance of universal, indicated and targeted service provision.

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Appendices

Appendix A – Page 3: Our response to the Child Poverty Strategy Consultation Document, excluding appendices (previously submitted with appendices)

Appendix B – Page 35: Strategic IY Pyramid

Appendix C – Page 36: A description of the programmes and how they fit into the strategy pyramid above

APPENDIX A

The Welsh Assembly Government Draft Child Poverty Strategy

Response from Professor Hutchings and Dr. Bywater on behalf of the Incredible Years Wales (IYW) Team, Bangor University

August 2010

Executive Summary

The IYW Team has discussed the draft Welsh Assembly Government (WAG) Child Poverty Strategy. Our response describes what we have learned from our work in Wales to empower parents and children, by equipping them with the skills to overcome the disadvantaging risk factors associated with poverty. The work of our Centre and the IY programmes generally can contribute to the Child Poverty Strategy, as they have to the Parenting Action Plan for Wales since 2006.

Our comments are presented in four parts:

1. General comments
2. Lessons learned from our work in Wales on improving child outcomes, parental mental health and teacher competencies using the IY programmes
3. A suggested integrated plan for delivery of the IY parent child and teacher programmes that could also act as a template for the incorporation of other programmes
4. General conclusions in relation to issues for WAG to consider generally and our potential contribution to the strategy

Key general messages. WAG should:

- continually review best practice evidence from across the world
- specify appropriate evidence based programmes for use in Wales
- provide guidance on how service staff should be adequately trained and resourced to deliver evidence based programmes effectively
- ensure that individual families receiving bespoke services get evidence based interventions
- establish evidence in Wales for programmes that are included in the strategy

- have a range of outcomes including parental engagement, parental mental health, child outcomes, sibling outcomes, and particularly longer term outcomes
- develop a robust method of identifying children at risk of poor outcomes both within and outside areas of high social exclusion
- explore ways of incentivising staff training through linking it to externally recognised qualifications
- ensure that programmes target children and their needs across settings, including through intervention for parents, children and teachers
- continue to fund training in the IY programmes for service staff across Wales in recognition of the high standards of delivery achieved in our research trials and the effective outcomes

The potential contribution from the IY team to the strategy:

Areas for possible contribution from the IYW team:

1. Advising on the use of evidence based programmes to support families, schools and children, including but not restricted to the IY programmes
2. Training and supervising delivery staff to maintain a high standard in delivery of IY programmes
3. Ensuring programme fidelity through ongoing supervision for 'quality assurance' in IY and other evidence based programmes and disseminating our outcomes on effective programme leader skills
4. Providing literature reviews on relevant programmes and strategies
5. Undertaking evaluations, both process and outcome evaluations, of programmes in use in Wales, including longer term studies that track change over time
6. Advising on appropriate outcome and process measures for service use
7. Disseminating evidence of current research and outcomes from using the IY programmes throughout Wales
8. Advising on strategies for the identification of 'high risk' children
9. Advising on tackling engagement, buy-in, and retention of high-risk families in programmes
10. Contributing to decision making on combining universal and targeted programmes and developing a strategy for targeting children across settings through support to parents, teachers and children themselves.

Introduction

Our response introduces the Incredible Years (IY) team at Bangor University and reports on our experience of delivering evidence-based programmes to prevent or reduce child behaviour problems and educational underachievement in Wales. The majority of our work has been in high-risk communities but we have also worked with whole school populations and in clinical settings. We discuss what we have learned and its relevance to the Child Poverty Strategy.

The IY programmes, for Parents, Children and Teachers, were developed over the last 30+ years by Professor Webster-Stratton at the University of Washington, Seattle. The programmes have been researched in high quality randomised controlled trials (RCTs). Appendix A provides a brief summary of the development of the programmes in Wales, where we have been delivering and researching them for 10 years. Appendix B has a diagrammatic representation of the programmes. We have published extensively on the effectiveness of the programmes in Wales. Appendix C contains our recent publications list. Training for facilitators to deliver the programmes has been funded by the Welsh Assembly Government (WAG) since 2006, as part of the Parenting Action Plan for Wales. Initially training was for facilitators to lead the parent programme but for the last two years has also included for the child and teacher programmes. WAG funding has also contributed to our dissemination work via our newsletter and annual conference and the translation of the IY parent and teacher books into welsh.

The IY team is based in the IY Centre at Bangor University and comprises a group of researchers and clinicians who train and support health, education, and social care staff in the statutory and voluntary sectors to deliver the IY programmes. The research group has grown in partnership with the clinical professionals that have delivered the programmes, providing training and consultation and overseeing their delivery, ensuring that they were delivered as intended.

The team is led by Professor Hutchings, a clinical child psychologist, who heads the research and trainer teams. Although recently retired from her NHS work, Professor Hutchings holds an honorary NHS contract. Appendix D gives the list of current staff, research students and trainers. Appendix E includes a description of the curricula for IY Parent, Child and Teacher programmes and Appendix F gives a brief description of the research outcomes achieved in Wales using the programmes.

Likely future developments for the IY Centre.

Our research activity now has a broader focus than when the IY Centre was first established. We are researching effective developmental assessment and ways of assessing parent-child, teacher-child, and child-child interaction. We have researched effective collaborative leader skills that are relevant more widely than just for the IY programme. We are supporting the Brighter Futures Initiative with Birmingham City Council and the Dartington Social Research Unit, evaluating three evidence-based programmes, IY, TripleP and PATHS. With colleagues in the National University of Ireland, Maynouth we are undertaking a Cochrane review of parenting programmes for young children with conduct disorder (Furlong, McGilloway, Bywater, Hutchings et al. 2010), and we collaborate with the Maynouth team in the national evaluation of IY in Ireland. We are currently discussing our broader remit with Bangor University and have plans to establish a Centre for Evidence Based Early Intervention for Children's Psycho-Social Development. This would incorporate the activities of the current IY Centre whilst reflecting our broader and developing role.

Overview of our response to the draft child poverty strategy

We have reviewed the consultation document and the referenced reports.

1. What are your views on our three strategic objectives?

Our response focuses primarily on the third strategic objective: to reduce inequalities for children living in poverty, but our parenting work is also relevant to the second objective to improve the skill levels of parents and young people in low-income families.

2. What are your views on the policy action we set out in the Delivery Plan?

The policy action is highly relevant to the objectives although, in the present economic climate, some policies will be difficult to control from within Wales, particularly in relation to increasing income. We explore how our knowledge and experience of working in Wales can contribute to reducing inequalities for children in poverty. We emphasis the importance of targeting interventions and of ensuring that tailored or bespoke interventions for individual families are evidence based.

3. Do you think the policy action set out in the Delivery Plan will enable us to achieve our three strategic objectives and our vision for 2020?

We comment specifically on those for which our experience is relevant. In broad terms they seem very appropriate but there are issues around the delivery of services that need detailed planning to

ensure the success of the policies.

4. What is the best way to integrate local multi-agency support for families living in poverty?
In part 3 we describe the potential contribution of the IY programmes to multi-agency working and how this format could be expanded to incorporate other interventions within Wales, such as the Strengthening Families programme.

Our response:
Our comments are in four parts:

1. General comments
2. Lessons learned from our work in Wales on improving child outcomes, parental mental health and teacher competencies using the IY programmes
3. A suggested integrated plan for delivery of the IY parent child and teacher programmes that could also act as a template for the incorporation of other programmes
4. General conclusions in relation to our potential contribution to the strategy

PART 1: General comments

1.1 Overview

Evidence for the vulnerability of children living in poverty is well set out in the draft Strategy but would benefit from further work to identify and target children effectively. The family focus is excellent recognising both immediate family needs and long term needs of children.

We recommend a further review of evidence in relation to the twin goals of reducing poverty and improving children's longer-term outcomes. There is mixed evidence as to the benefits for young children of encouraging their primary carers to work. There are also many low-income families whose children are not at risk of long-term problems. For a single parent, working can at times result in only a marginal increase in income and is not necessarily associated with benefits to children. Our brief literature search has revealed a number of studies that are relevant but a comprehensive literature search would identify additional relevant studies.

The benefits of the American Head Start project, begun in 1964, are still being debated (Ludwig & Phillips, 2008). The initial Head Start work focused on giving children an enriching experience in nurseries but some studies have suggested that, without parallel interventions with the families, these benefits are not long lasting so the twin focus on parenting and nursery provision is essential.

Even where benefits from Head Start are demonstrated they are relatively insignificant when compared with the outcomes achieved by studies of structured interventions such as the Abercedarian Project (Ramey & Campbell, 1991), the Olds Nurse-Home visiting programme, (Olds, Eckenrode, Henderson, Kitzman et al. 1997; Olds, Henderson, Cole and Eckinrode 1998; Olds, Henderson & Kitzman, 1994; Olds, Robinson, Pettit, Lucker et al. 2004), the IY parent programme (Webster-Stratton,1998; Hutchings, Bywater, Daley, Gardner et al. 2007) and the Perry Pre-School programme (Parks, 2000). This confirms the importance of identifying effective programmes and resourcing staff to engage with parents and deliver programmes successfully.

The early results from the Sure Start evaluation in England showed the difficulties of engaging higher risk families to engage in services through universal provision within an area (Belsky, Barnes & Melhuish, 2007), a result to some extent mirrored in our Flying Start research discussed in Part 2.

The recent Westminster Government proposal that people should move to find work may not be

effective in terms of child outcomes, even if it is feasible. Moving disadvantaged families out of high-risk areas can have short term benefits (Laventhal & Brooks-Gunn, 2004), but in the longer term can have significant negative effects on child outcomes relative to those of children remaining in disadvantaged areas (Laventhal & Brooks-Gunn, 2005).

Poverty is not the only risk factor for poor child outcomes and current plans to target by area will only reach around 50% of families living in poverty (Belsky et al. 2007). Furthermore not all children living in poverty are at risk of poor long-term outcomes. A robust strategy will need to be in place to ensure effective identification of at-risk children.

1.2 Identification of need

Our own work, and that of a number of other investigators, shows clearly that longer term risk for children can be substantially reduced regardless of levels of poverty or other disadvantaging circumstances, if the right parent programme is delivered collaboratively and effectively (Gardner, Hutchings, Bywater, & Whitaker, 2010; Hartman, Stage, & Webster-Stratton, 2002). We discuss these findings further in Part 2.

Our Sure Start work holds important lessons (as discussed below in Part 2). The proposed IY strategy for Wales (see Part 3 of our response and linked appendix) could provide a template for service provision (universal, indicated and clinical) that could be expanded to incorporate other evidence based programmes such as Strengthening Families. This programme, like IY, is already being delivered in Wales and is identified as among the best evidence based programmes in the world, being one of only eleven programmes with Blueprint status for violence prevention (Mihalic, Fagan, Irwin, Ballard et al. 2002). www.colorado.edu/cspv/blueprints/index.html.

1.3 Bespoke services

Bespoke services are problematic if they result in the delivery of interventions that are not evidence based. There is a feeling among some professionals that manualised, evidence based, programmes are deskilling for professionals and not relevant in particular cultural contexts. In fact effective programmes have an essential core curriculum but also work with individual families on their own personal goals ensuring that people "get what they came for" (Hutchings, Gardner, & Lane, 2004). This explains the effectiveness of the IY programmes in Wales, Ireland, Norway, Canada, Jamaica, Portugal, US, England (see for example Morch, Clifford, Larsson, Rypdal et al. 2004; Seabra-Santos & Gaspar, 2008; Baker-Hennigham & Walker, 2009). Studies have also demonstrated the effectiveness of the parent programme with different cultural groups (Caucasian, Spanish, Asian

and African Americans) (Reid, Webster-Stratton & Beauchaine, 2001) and in Wales with different populations (single parents, children with high frequency of behavioural, social or emotional difficulties or intensity of problem behaviours, families on low incomes, young parents, depressed mothers). In our Welsh Sure Start study none of these factors were significantly associated with poorer outcomes for children (Gardner, Hutchings, Bywater, & Whitaker, 2010).

Bespoke services needs to be tied closely to a menu of identified evidence based programmes, with the bespoke element being the mode of delivery. The IY parent programme, for example, is effective when delivered on a one to one basis for families reluctant or unable to attend the programme delivered in a group format. This can also be particularly relevant to the needs of isolated families in rural communities. Additionally the IY programmes have been delivered to specific targeted populations, including children with developmental difficulties, ADHD, autism and attachment disorders. Such groups are effective provided that staff have sufficient knowledge about the particular difficulties being experienced by children to enable them to help parents, or carers, to set realistic goals.

1.4. Needs of clinically referred children

In relation to clinically referred children it is important that CAMHS services deliver interventions according to the National Institute for Health and Clinical Excellence (NICE) guidance (NICE, 2006; NICE 2008) which specifically says that the first intervention for young children with conduct disorder and/or ADHD should be an 8 to 12-session parent programme, such as the IY or TripleP programmes. Far too often the parents of CAHMS referred children are referred to community parenting groups where leaders may not have the experience of working with such children and find it difficult to help parents to set realistic and achievable goals. CAMHS services across Wales should be audited in relation to their compliance with current NICE guidance for Conduct Disorder and ADHD.

1.5. Children in the care system

Whilst a primary goal is to support children within their own families, there needs to be a strategy of support for children for whom living with biological parents is not possible. The IY work with foster carers (Bywater, Hutchings, Linck, Whitaker et al. in press) is relevant but would only be part of a strategy that includes the assessment of prospects for reintegration into birth families and/or facilitating decisions to provide permanent alternatives for children in care. The programme has

also been trialled with foster carers and biological parents attending together (Linares, 2006) which could prove to be a useful model where the goal is return to birth parent/s.

1.6 Integrated services

The Strategy focuses on the need for integrated services. From our perspective it is particularly important that health provision is integrated with other services. In terms of early intervention, health visitors are a key resource in recognising vulnerable children and families. This was borne out in our Sure Start (SS) research for which health visitors undertook the initial engagement with families of high-risk pre-school children. They identified families, 92% of whom had children at significant risk of developing conduct disorder. They have also been active in our research with parents of one- and two-year-old children in Flying Start (FS) areas and now with parents of babies in the first six months of life, also living in high-risk communities. They are an invaluable resource with considerable expertise in identifying high-risk families. They have considerable knowledge of child development and child management. The English Sure Start evaluation reported that health led services produced better outcomes, probably reflecting the ability of health visitors to identify and build relationships with high risk families and also their knowledge of relevant underpinning principles (Belsky, Barnes and Melhuish, 2007).

1.7 Service provider skill levels

The success of the IY programmes, like all effective programmes for high-risk populations, is based on three essential components; content, process and access. It needs content that is evidence based and relevant to the problem being addressed. In the case of children at risk of conduct disorder and antisocial behaviour, the underpinning theoretical knowledge in effective programmes is social learning theory. It also needs staff with the skills needed to engage service users and work collaboratively with them. Finally it needs the additional resources to enable people to access services, transport, crèche facilities and meals. This has been described in more detail (Hutchings, Gardner and Lane, 2004) in an article that was included in Support from the Start (Sutton, Utting & Farrington, 2004), a research report published by the then Department for Children, Schools and Families (this article is included in Appendix G). The general issue that arises is the importance of recognition of the high level of skills needed for professional staff to engage and retain high-risk families in interventions. This is an area of considerable expertise within the IY research team and is discussed further in Part 2. Working with collaborators in health, education, social care and

voluntary sector settings we have developed strategies for staff support and fidelity of programme delivery that ensure outcomes similar to those achieved in efficacy trials in academic settings.

Summary of key points from Part 1

- There is a need for a through review of evidence in relation to both the impact of poverty on children and the long term effectiveness of interventions designed to reduce it
- Robust strategies for identifying children at risk of poor outcomes should be developed
- The strategy should incorporate plans to support children at risk who are not living in targeted high risk areas
- The focus must be on interventions that work and on ensuring that bespoke services are evidence based
- There is a need to support children within the care system
- The strategy needs to acknowledge and build on the important role for health visitors in early identification of children at risk of poor outcomes
- The level and range of leader skills and resources needed to work effectively with high risk families must be acknowledged and plans to ensure adequate training, supervision and resources must be specified

PART 2. Evidence from Wales on improving child outcomes, parental mental health and nursery staff and teacher competencies using the IY programmes

Two aspects of the Strategy link most directly to our expertise, that of support to families and care staff of children aged 0 -3 and improving educational outcomes both through parenting support and through work in schools and nurseries. Our expertise relates to both service provision and evalauation. Appendix F describes the research outcomes achieved to date in Wales using the IY programmes. This section covers the core principles that have underpinned the work and which hold useful lessons in developing the Strategy.

2.1 Lessons from our parenting research

2.1.1 The Sure Start Study

In our research in SS areas across North- and Mid-Wales we rigorously evaluated the IY parent programme, by targeting families deemed to be at highest risk of poor outcomes for their children. The inclusion criterion was parents reporting that their three- or four-year-old was within the clinical range on the Eyberg Child Behaviour Inventory (ECBI, Robinson, Eyberg, & Ross, 1980). This is a well-validated measure for identifying children at risk of conduct disorder, antisocial behaviour and educational underachievement.

Targeting was not the prevailing philosophy within SS services. However enthusiasm for the programmes, and for the linked supervision and support that the research programme provided, led to 11 SS areas participating in the research. Health visitors reviewed their caseloads and approached families whom they though had children at high risk for developing conduct disorder. In order to ensure high levels of parental engagement, we drew on our experience of delivering the programme to parents of CAMHS referred children. The research team oversaw recruitment to the trial. Health visitors were trained in how to present the programme in a non-confrontational way to families. This ensured that there was no implied criticism of parents by acknowledging their view of the child as one that had some difficulties, and was therefore harder to parent. Ninety-two percent of parents approached by health visitors rated their child's behaviour as within the clinical range for conduct problems, and over seventy percent of this sample had two or more disadvantaging factors. It was clear that health visitors were well aware of the needs of families within their caseloads that were at risk of poor outcomes for their children and effective at engaging them.

The short and longer-term results of the study were remarkable, see Appendix F, with evidence of significant improvements in child behaviour (including that of no-referred siblings), parenting competencies and maternal depression (Hutchings, Bywater, Daley, Gardner et al. 2007, Bywater, Hutchings, Daley, Whitaker et al. 2009). Furthermore significant benefits were achieved as much by the most disadvantaged as by the less disadvantaged participants (Gardner, Hutchings, Bywater, & Whitaker, 2010).

2.1.2 Maternal depression

Typically 50% of children in the clinical range for behavioural problems have mothers with clinical levels of depression (Alpern & Lyons-Ruth, 1993; Webster-Stratton & Hammond, 1988; Hutchings, 1996a). This means that the improvement in maternal depression in our Sure Start study was an important finding, and we have had similar results in all of our parenting interventions using the IY parent programmes.

Whilst all parenting programmes work to some extent, only the more collaborative skill building programmes achieve benefits for parental mental health, due to the focus on observation skills, practice and realistic goal setting (Hutchings, Lane and Kelly, 2004; Hutchings, Bywater, Williams and Whitaker, submitted). Furthermore an improvement in parental mental health appears to be important in terms of the long-term maintenance of improvements in parenting and in outcomes for children (Hutchings, Lane and Kelly, 2004). A Cochrane review has also reported on parenting programmes as an effective treatment for maternal depression for similar reasons (Barlow, Coren and Stewart-Brown, 2003). Since mental health problems represent a significant barrier to obtaining employment this is in area where our work can be specifically contributing to increasing the employability of parents.

2.1.3 Comparison of Sure Start (SS) and Flying Start (FS) samples in our studies

One reason for describing the SS study in some detail is because it contrasts with our recent experience of working in FS areas, where we have researched the IY Toddler parent programme with parents of one- and two-year-old children. Despite the criteria for selecting FS areas being associated with high levels of disadvantage, the sample that we recruited were considerably less disadvantaged than those in our Sure Start study. This appears to have been due to the differing recruitment procedures. It is not possible to select one- and two-year-old children for presence of behaviour problems and in this study we asked our FS facilitators (the majority of whom were

health visitors) to engage parents within their areas for recruitment into the research. We did not use a screening tool or give detailed instructions to health visitors in this study as we did in the SS study. Although the study demonstrated improved parental mental wellbeing, reduced maternal depression and reduced negative parenting (Griffith, 2010) the sample was very different in terms of some key indicators of deprivation and some crucial outcome measures.

The percentage of families living below the recognised poverty index in our FS sample (61%), while still considerably higher than the national average (35%), was considerably lower than that of the sample recruited in the SS study (89%). See Figure 1 below.

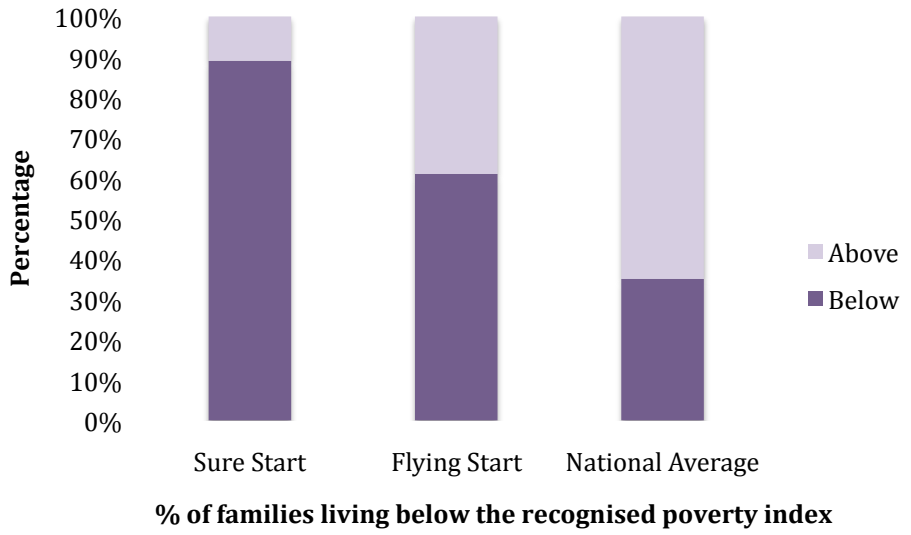

Figure 1: Percentage of families living below the nationally recognised poverty line. (National Average data extracted from Office of National Statistics, 2007)

The mean Beck Depression Inventory scores (Beck, Ward, Mendelson, Mock & Erbaugh, 1961; Beck, Ward, Steer & Brown, 1996) at baseline in our SS and FS studies were markedly different between the two samples. FS mothers self-reported a mean score of 10.82 (SD 9.44), whereas our targeted SS mothers reported considerably higher levels of depression, M = 16.48 (SD 10.39). This equates to 37% of the SS sample as above the clinical cut-off for moderate to severe depression, by comparison with 16% of FS parents.

Parental responses to the Parenting Stress Inventory (Abidin, 1990) similarly showed the mean total stress scores for our targeted SS mothers was higher at 100.36 (SD 23.47) than it for FS mothers,

76.01 (SD 20.54). Using a clinical cut off of 90, 67% of the SS families were in the clinically significant range for parental stress in comparison to 21% of the FS families.

Risk factors associated with families living in disadvantaged areas include living in a workless household, lone parent household, a large family (3 or more children), parent without educational qualifications, poor quality/overcrowded housing and living in an area of high crime. Data was gathered on the number of cumulative risk factors each family had for the SS and FS studies using the SED6, a measure of cumulative risk factors, (Hutchings, 1996b). On average the SS sample had a higher number of multiple risk factors M= 2.91, (SD 1.5) compared to FS families M=2.7 (SD 1.65). Risk factors have a cumulative effect, that is, the more risk factors a person has the more likely they will have difficulties later in life.

The implication of these findings is that, like the English Sure Start study (Belsky, Barnes and Melhuish, 2007), without targeting **within** high risk areas we will not get services to the most disadvantaged and highest risk families. Our conclusion from this comparison is that whilst FS areas are identified as high risk and many of our FS sample had significant difficulties, some interventions need to be targeted on individuals, not just areas, to ensure that the 'harder to engage' families are recruited. The WAG strategy needs to be clear about how services will be delivered to indicated or targeted populations. This is discussed further in our proposed IY strategy in Part 3.

2.1.4 Universal programmes

We have seen some success by initially offering universal programmes that gradually become accessed by higher risk families. The 12-session IY Basic parent programme was offered in a local school in North Wales and was delivered by teachers partnering with selected parents. Initial take-up was by the less disadvantaged families but as the reputation of the programme became established more parents asked to attend and the school has already achieved over 40% of children's parents having attended the course. This work has been taken further in Gwynedd with training for teachers in the delivery of the four-session school readiness parent programme that is currently being researched in Gwynedd schools. We see the 4-session IY School Readiness programme as the most likely intervention with potential for universal roll out, depending on school buy-in and resource commitment. This programme also aims to improve home-school links, something also known to improve children's academic engagement and educational outcomes

(Webster-Stratton, 1999). On the strength of the relationships established it is possible to signpost families to targeted services.

2.1.5 Accidental injury in children

Accidental injury is a significantly greater risk for children living in poverty and also for children with behavioural difficulties regardless of income levels. Children that do not follow rules put themselves in danger and poor parental monitoring and supervision skills add to this risk. There is limited evidence for the efficacy of safety programmes per-se, however a recent Cochrane review finds that multifaceted parent programmes may be effective, particularly for families at risk of adverse child health outcomes (Kendrick, Barlow, Hampshire, Polnay, & Stewart-Brown, 2009). This confirms the importance of incorporating safety awareness into more general parenting that focuses on strengthening parent-child relationships and more effective parental monitoring. The IY Toddler and Baby programmes incorporate substantial accident prevention and safety components and we are currently assessing this as part of our research trial of the IY Baby programme.

2.1.6 The components of more effective interventions?

One reason why our interventions in Wales have produced such good outcomes is the attention to fidelity, ensuring that they were delivered as initially designed and researched (Hutchings, Bywater, & Daley, 2007). Even high quality evidence based programmes often do not work as well when rolled out into everyday service settings. This has resulted in a new field of enquiry, translational research that focuses on what is needed to achieve good outcomes in service settings (Mihalic, Fagan, Irwin et al. 2002). The Society for Prevention Research (http;//www.preventionresearch.org) has published extensive guidelines on what is needed to ensure that interventions delivered in the real world are effective. This has recently been reviewed (Hutchings, submitted) in relation to the work that has been undertaken in Wales and the guidance provides an excellent basis for evaluating service provision. A copy of this paper is included in Appendix H.

There have been 45 years of parenting research since Wahler and colleagues (Wahler, Winkel, Peterson & Morrison, 1965) first developed a programme for parents of children with behavioural problems. This has allowed plenty of opportunity to establish the key components of more effective interventions (Hutchings, Gardner, & Lane, 2004; Eames, Daley, Hutchings, Whitaker et al., in press). The core content of the programme must be manualised (and replicable) but the delivery skills are complex to train and support. All of these were addressed in our SS trial.

It is important to recognise both the skill levels needed to deliver programmes effectively to parents in challenging circumstances and the resources needed. In our research trials group leaders attended weekly supervision during which they received feedback from IY trainers on videotapes of sessions that they had delivered. This resulted in the previously reported good outcomes and high parental retention rates. Eighty-eight percent of parents in our SS trial, and 60% of parents attending the FS intervention attended more than 2/3rd of the 12 sessions (a level considered to be an effective treatment dose). It was part of the agreement with services that to participate in the research service/delivery staff would be given 1 ½ days a week for the 12 sessions of the programme to provide all of the wrap around that makes interventions effective. This included weekly phone calls to all parents, preparation for the next session, attending supervision and contacting parents that did not attend. Our Wales wide leader survey, undertaken in 2008, recorded that the IY parent programme had been delivered in all 22 Authorities in Wales. However many of the 129 group leaders, trained under the WAG funded scheme, reported that they were still struggling get adequate time and resources to deliver the programmes well. Appendix I includes the summary of the 2008 survey and this contains lessons that need to be considered as the Strategy is taken forward.

2.1.7 Engagement

Another component that we have included in the research groups is ensuring that group leaders have time to establish relationships with potential group members prior to commencing the intervention. This again is particularly important for parents that might not initially see the relevance of the programme to their circumstances. It is unlikely that a parent will sign up for something when they are not sure what it is or who is involved in delivering it. Alongside this it is clear from research that it is important that the programmes are delivered in comfortable surroundings with other wrap around facilities, including transport, crèche provision, and snacks that are recommended as part of IY delivery to encourage to attendance and retention of parents who may otherwise struggle to attend.

2.2 Lessons from our nursery staff, child and teacher programme research

Although the main focus of our research has been with the IY parent programmes, we have also made considerable progress in implementing and evaluating the evidence based IY child classroom and Therapeutic Dinosaur School social and emotional curriculum (Dino School) and Teacher Classroom Management programme (TCM) in Wales. We have also used the Toddler parent

programme with nursery staff. See appendix F for a summary of outcomes from our evaluation studies.

Training to deliver the classroom Dino programme and the TCM programmes is currently funded by WAG for all Authorities in Wales. Gwynedd and Powys have led the way in implementing these programmes that have been taken up with enthusiasm by teachers (see Appendix J for an extract from the 2009 IY Wales newsletter with reports on activity in Gwynedd and Powys Schools).

2.2.1 Nursery staff project

This project was funded by the North Wales Research Grant Committee to evaluate the Toddler programme with nursery staff from two FS Nurseries in Caernarfon, Gwynedd. Thirteen nursery workers (Mean age = 30 years, *SD* = 8.89) and 35 children (Mean age = 31.37 months, *SD* = 7.22) under their care were recruited for participation in the study. The results demonstrated that the 12-week Toddler programme was effective at reducing problematic child behaviour in the Nursery setting, increasing staff competence and reducing stress associated with working with children at high-risk of developing conduct disorders. In addition nursery staff submitted portfolios of their work and were awarded Open College Network (OCN) level 2 credits. The OCN accreditation was originally obtained by Powys, working in collaboration with Coleg Powys and a number of Powys parents have completed it. It is available to parents if their group leaders register them with an OCN provider. For some parents this was their first formal qualification.

2.2.2 Teacher Classroom Management (TCM) programme

The IY TCM programme has been delivered in response to the needs of teachers to engage and manage challenging children in their classes. Evidence from North West Wales suggests that such children are arriving in reception classes in increasing numbers, particularly with increased levels of inattentivity (Hutching, Williams, Martin & Pritchard, in press). The TCM programme is a five-day training that helps teachers to establish effective classroom rules and use positive discipline strategies. It has practical classroom assignments and incorporates a structured approach to behaviour planning for high-risk children. It has been well received locally (Hutchings, Daley, Jones, Martin, et al. 2007). Evidence of its effectiveness had been demonstrated from a randomised controlled trial in Gwynedd (Martin, 2010) showing increased teacher competencies and reduced problematic child behaviour. Like the parent programme it is based on a collaborative philosophy and helps to develop teacher-pupil relationships and problem solving skills.

Teachers need ongoing support to manage the problem behaviours that they deal with in their classrooms. The IY TCM programme is acceptable to Key Stage 1 and 2 teachers (Hutchings, Daley, Jones, Martin et al. 2007) and is one of the few evidence-based programmes to support teachers. It also supports the collaborative foundation phase philosophy based on learning through experience. We recommend continuation of training for staff from Authorities across Wales to deliver this programme. It has become clear however, in Gwynedd, where staff from every primary school have received the TCM training, that they also need ongoing support in behaviour planning for high risk children as this is a complex and time consuming process. Training to deliver this programme has ongoing WAG funding and staff from 21 Authorities in Wales have been trained to deliver it. The TCM programme has also been accredited as a module of the MEd. course at Bangor University but, to date, has only been taken up by post-graduate students. This could be developed particularly in relation to the support needs of newly qualified teachers (NQTs).

2.2.3 Classroom Dinosaur School Curriculum (Dino School)

This is a three-year, evidence based, social and emotional curriculum for KS1 children. As with the teacher programme it was first implemented in a small number of schools in Gwynedd. Following Estyn inspections that specifically noted the benefits to the schools of implementing this programme (Hutchings, Williams, Martin and Pritchard, in press), Gwynedd have implemented the classroom Dino school programme in all of their 102 primary schools. There is now WAG funding for training and staff, from across Wales, and staff from school in 19 Authorities now trained.

2.2.4 Small Group Therapeutic Dino School programme

This clinical intervention was developed before the universal classroom curriculum and has been well researched, and demonstrated to be clinically effective, with children with clinical levels of problems. It is a programme designed for groups of up to six referred children and it improves children's problem solving and peer relationship skills as well as reducing behaviour problems (Webster-Stratton & Hammond, 1997). It has been delivered successfully in Wales in a North West Wales CAMHS service (Hutchings, Bywater, Daley & Lane, 2007).

Recently the programme was delivered in a Gwynedd school, as a pilot study, to identified high-risk children who had TCM trained teachers and receiving the classroom Dino curriculum. The philosophy behind this small trial was that high-risk children need additional social and emotional

skills training as a pre-requisite to engaging in an academic curriculum. The impressive results from this small trial (Hutchings, Bywater, Gridley, Whitaker et al. submitted) led to the larger and more rigorous Lottery funded randomised controlled trial in 20 Gwynedd schools to evaluate the benefits of the Small Group Dino curriculum for identified high-risk children, scoring in the 'abnormal' range on the teacher-completed Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997).

Summary of key points from Part 2

We have learned similar lessons with the child and teacher programmes to those learned with the IY parent programmes, in particular that excellent outcomes can be achieved with sufficient attention to fidelity of delivery and resourcing of service staff (Hutchings, Bywater, Eames, & Martin, 2008; Martin, 2010). The WAG funded training, as part of the Parenting Action Plan, incorporated supervision for trained programme leaders and, in 2010/11, is also funding training for locally based peer coaches to support staff in their Authorities through supervision.

The key points from Part 2 are similar to those in Part 1 but have been illustrated with reference to our experience of using the IY programmes in Wales. However these apply to the delivery of any intervention:

1. the importance of using evidence based and replicable programmes
2. the need to target in different ways to include both high-risk areas and high-risk families
3. the need to train staff to engage parents in ways that are non-confrontational and do not imply poor parenting but to support children who might have more difficulties than some other children
4. the need to support staff to ensure that interventions are delivered with fidelity by staff that are appropriately trained and supervised and adequately resourced
5. the importance of ongoing and rigorous evaluation of outcomes, using measures of retention, robust outcome measures and long-term follow-up
6. the need to assess the broader outcomes, including identification of key parenting skills such as observation skills, problem solving and realistic goal setting that impact on parental mental health and the employability of parents
7. the need to target children through interventions in a variety of settings, home, nursery and school and to support the staff in all of these settings in the use of evidence based programmes
8. the benefits of establishing external qualifications for parents and teachers attending courses which should be further explored

PART 3. A proposed integrated plan for delivery of IY parent child and teacher programmes

Based on the success achieved in using all of the IY programmes in North Wales and their growing use across Wales, we developed a strategy to show how the programmes could be incorporated into a co-ordinated plan across agencies (Figure 2). The components are described in more detail in Appendix K that also has recommendations regarding continued training across Wales for programme leaders.

Whilst this applies specifically to the IY programmes, it could provide a template for how to develop a strategy involving other programmes. It identifies universal, selective and targeted applications, identifying the relevant programme and the staff that would be appropriate to deliver it to that population.

The plan makes use of all of the IY programmes, for parents, children and teachers. It should be reiterated that whilst the programmes may be the same for different populations, in terms of their core content, it is important that the people who deliver them have the relevant professional skills to understand the needs and goals of the target population with whom they are working. They need the knowledge of the programme and the skills to ensure that parents, children and teachers are able to take an achievable goal from a session on which to work prior to the following session. Programmes must be individualised to meet the needs of individual participants, despite sticking to the core curriculum, and this is a core part of fidelity within the IY programmes (Webster-Stratton & Reid, 2010)