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Executive summary

This report synthesises key messages for policy-makers, service managers and commissioners about interventions to improve children's behaviour, based on evaluations of 14 programmes that have been funded through the Prevention and Early Intervention Initiative in the Republic of Ireland and Northern Ireland. The programmes include group-based parent training courses, classroom management training for teachers, a whole-school approach to promoting children's social and emotional learning, an early childhood care and education project, after-school and community mentoring programmes, and a home-based early intervention programme designed to support families from pregnancy until their child starts school.

This report is the latest update to the *Improving Child Behaviour* report which was first published in 2013; it incorporates additional evaluations that have become available in the interim.

This is one of a series of reports on what can be learned from the Prevention and Early Intervention Initiative about influencing different aspects of children's development.

Summary of key learning points

Given the high cost, financial and otherwise, of untreated behavioural problems, the evidence so far from the Prevention and Early Intervention Initiative supports the case for investing in both universal and targeted evidence-based programmes that aim to improve children's pro-social behaviour and reduce anti-social behaviour.

The evidence does not suggest that one type of programme should be supported at the expense of another. It suggests that there is a need for a range of services and programmes to support parents and children in different ways and at different points in their lives.

There is a real willingness and enthusiasm among managers and practitioners to adopt new ways of working to support children and families. This is a valuable resource, offering the potential to make significant improvements to existing services.

Providing teachers and parents with new skills and techniques to manage children's behaviour reduces their levels of stress. This in turn allows them to create more positive environments for the children in their care, and is thus conducive to better behaviour.

Working directly with children who are exhibiting behavioural and other difficulties through mentoring projects and after-school programmes requires careful attention to interpersonal dynamics. Programmes that bring together children exhibiting behaviour problems in a group setting need to be approached with particular care since they may end up worsening the behaviour of some children through negative peer group influence. Similarly, programmes that involve pairing a young person 'at risk' with a mentor require careful attention to making a good match, if they are to achieve positive improvements in children's behaviour.

Programmes often need time to 'bed down' and allow sufficient time for practitioners to develop their skills before there is a measurable impact on children's behaviour. Programmes should not be dismissed out of hand if they do not show immediate positive results, although the evidence should

point in a positive direction. Understanding how a programme is expected to lead to improved outcomes for children (for example, through changing parents' behaviour or increasing teachers' classroom management skills) is helpful in allowing 'steps on the way' to be assessed. Longer-term follow-ups of children would be useful, as well as measures taken immediately after a programme has finished.

Interventions should be explicit as to which outcomes they aim to improve in the short, medium and long term, and how these can be meaningfully measured. Qualitative findings have demonstrated that parents and practitioners perceived positive programme effects on children's outcomes that were not necessarily supported by the quantitative measures. This highlights the importance of comparison with children not taking part in a programme, in order to show its true impact, as well as ensure that the right outcomes are being meaningfully measured.

There may be additional longer-term financial benefits from programmes that are able to improve teachers' capacity to manage children's behaviour and to promote children's social and emotional learning, because their skills will be applied to subsequent cohorts of children as well as those involved in the original intervention. Therefore, collecting information about possible cost benefits over time would be useful for interventions delivered in an education setting, where the initial costs for delivery may be incurred by the Department of Education, but the long-term cost savings are accrued by another Department such as those responsible for employment or justice.

The costs of childhood behaviour problems are borne by a wide range of agencies, thus underlining the need for a partnership approach to planning and funding services that aim to promote positive behaviour and reduce behaviour problems in children and young people. Many of the savings are in the future rather than immediate, requiring a commitment to long-term planning in the face of more immediate budget constraints.

Good support for those delivering a new programme is very important and should continue to be provided if interventions are rolled out on a wider scale.

Many programmes that aim to improve children's behaviour involve working with parents. Getting parents involved in a programme in the first place, and keeping them involved thereafter, is a key issue. It may require a compromise between maintaining programme fidelity (delivering the recommended 'dose' of an intervention) and responding to the preferences of parents for a less intensive or intrusive level of support.

Various strategies have been shown by these evaluations and the wider literature to improve recruitment and retention of parents in programmes to improve their children's behaviour. They include providing crèche facilities alongside parenting programmes; developing strong trusting relationships between the service provider and the parent, young person or child receiving the service; and flexibility in the timing, frequency and location of sessions. Local consultation to ensure that any new service reflects local needs is also important.

Overall, the evaluations show that evidence-based programmes developed elsewhere can be used successfully in the Republic of Ireland and Northern Ireland, with modifications made to adapt them

to local circumstances. However, the time and care needed to get such adaptation right should not be underestimated

Section 1: Background to the report

The Prevention and Early Intervention Initiative

For more than a decade, The Atlantic Philanthropies has been funding an initiative to promote prevention and early intervention for children and young people in the Republic of Ireland and Northern Ireland. This has involved investing, sometimes jointly with government, in a cluster of organisations that have developed and delivered services based on evidence of what works. The Atlantic Philanthropies has invested some €127 million in 20 agencies and community groups running 52 prevention and early intervention programmes in Ireland and Northern Ireland. These include a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, youngballymun and Preparing for Life in North Dublin). The Prevention and Early Intervention Initiative supports services working in a wide range of areas, such as early childhood, parenting, children's learning, child health, behaviour and social inclusivity.

'Capturing the Learning' project

A condition of funding required the organisations to rigorously evaluate the effectiveness of their services in improving outcomes for children. The goal was to help the communities in which they operate, but also to share their learning so that policy-makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

The 'Capturing the Learning' project, led by the Centre for Effective Services (CES), involves a process of synthesising the collective learning from many of the projects in the Prevention and Early Intervention Initiative: collating data and information from multiple sources and perspectives, and distilling out overarching messages about 'what works'. The CES website, www.effectiveservices.org, provides further details on each of the innovations, planning reports, implementation reports, evaluation reports and other useful resources.

The present report is one of a series of reports synthesising what we have learned from the Prevention and Early Intervention Initiative thus far about improving child behaviour. It is the latest update to the *Improving Child Behaviour* report, which was first published in 2013, and it incorporates additional evaluations that have become available in the interim.

Other reports from the 'Capturing the Learning' project focus on what we have learned from the initiative about influencing parenting,¹ children's learning,² social inclusivity³ and children's health and development. A report examining what the organisations learned about choosing, developing and implementing innovations and evaluating their outcomes is also available.⁴

¹ Sneddon and Owens, 2013

² Sneddon and Harris, 2013

³ McGuirk, 2013

⁴ Sneddon et al, 2012

Structure of the report

This report summarises key learning, both from the Prevention and Early Intervention Initiative and from international evidence, on how to promote positive child behaviour and reduce childhood behavioural problems. Following this introduction, it is organised in five sections, as follows:

Section 2 sets out the case for investing in interventions to improve children's behaviour, based on the research evidence about the prevalence of childhood behaviour problems, their impact on children and on society, and the fact that there are interventions which have been shown to make a positive difference. This is a brief overview of key evidence rather than a comprehensive review of the literature about specific programmes. More detail can be found in the literature reviews included in many of the individual evaluation reports of the programmes delivered through the Prevention and Early Intervention Initiative.

Section 3 describes the 14 programmes covered in this report.

Section 4 summarises findings on the impact of the programmes on measures of children's behaviour. The evaluation reports provide a wealth of information about how the programmes were delivered and how they were received by staff and participants, which provides useful learning for those responsible for developing preventive and early intervention services.

Section 5 discusses the findings, including key issues and common themes that emerge from the evaluation reports.

Finally, **Section 6** summarises the overall conclusions and key learning points from these evaluations of programmes to improve children's behaviour.

Section 2: Why does improving children’s behaviour matter?

Introduction

Good social and emotional skills are important if children are to do well in life. Such skills derive from the quality and stability of children’s early experiences in their families, and provide the foundation for positive relationships with others and the ability to engage in learning experiences once children start school. The quality of the parent-child relationship has been identified as being associated with the emergence of behaviour problems in early childhood,⁵ and it predicts the persistence of such problems in school-aged children.⁶

When behavioural problems emerge, they are primarily grouped as externalising (such as defiance and aggression) and internalising (such as anxiety/depression and withdrawal). Left untreated, up to half of behavioural problems in pre-school children develop into later mental health problems, including oppositional defiant disorder, conduct disorder and depression.⁷ A prediction by the World Health Organization indicates that by 2030 internalising problems (such as depression) will be second only to HIV/AIDS in the international burden of disease, with an estimated prevalence of one in seven school-age children.⁸

The prevalence of behavioural problems

Emotional and behavioural problems in children are common and disabling. Cohort studies in Western countries typically report that around 1 in 10 school-aged children display clinically significant conduct problems, while a greater proportion show some signs of difficulty.⁹ Rates similar to these have been found in Ireland and Northern Ireland.¹⁰ A commonly used measure is the Strengths and Difficulties Questionnaire (SDQ), which is completed by parents, teachers or children themselves and classifies children’s behaviour as ‘normal’, ‘borderline’ or ‘abnormal’. The Growing Up in Ireland study¹¹ found that 15% of children were rated by their parents as ‘abnormal’ or ‘borderline’ on the SDQ at the age of nine years. In the *Millennium Cohort Study* sample of children in Northern Ireland, 13% scored outside the ‘normal’ range at the age of 7.¹² This amounts to a large number of children displaying emotional or behavioural difficulties in childhood who may be at risk of difficulties in later life as a result. The *Millennium Cohort Study* found a strong association between indicators of problematic behaviour at age seven years, and the equivalent measures at ages five years and three years, thus suggesting that behavioural problems are relatively stable and are unlikely to remedy themselves over time without help.

Behavioural difficulties and emotional problems tend to be found at a higher rate among children living in more disadvantaged circumstances (for example, having a mother with lower educational qualifications, being brought up in a lone-parent household or living in poverty) and boys show higher levels of overall problems than girls. Again, these patterns were replicated in the cohort

⁵ O’Gorman and Scott, 2007

⁶ Campbell, 1995

⁷ Campbell, 1995

⁸ Mathers and Loncar, 2006

⁹ Melzer et al, 2000, *Task Force on Student Behaviour in Secondary Schools*, 2006, NICE, 2006

¹⁰ Nixon, 2012; Hansen et al, 2010

¹¹ Nixon, 2012

¹² Hansen et al, 2010

studies conducted in Ireland and Northern Ireland. In the UK, a survey carried out in 1999 and again in 2004 by the Social Survey Division of the Office for National Statistics estimated that approximately 10% of children aged 5–15 years had a mental disorder: 5% had clinically significant conduct disorders; 4% were assessed as having emotional disorders – anxiety and depression – and 1% were rated as hyperactive.¹³ Prevalence rates of mental disorders were greater among children living in poverty, with double and triple the rate of disorders found depending on the measure of poverty used. Recent work relating to disadvantage in Ireland suggests prevalence rates of 25%¹⁴ to 40%.¹⁵

The negative impact of disadvantage on children’s emotional and behavioural well-being in Ireland is also demonstrated by the high rates of behavioural problems found in baseline surveys conducted as part of the evaluation of programmes in the Prevention and Early Intervention Initiative. These programmes were usually located in disadvantaged neighbourhoods and found higher rates – for example, 25% of children with significant social and behavioural difficulties in the classes of teachers participating in the Incredible Years Teacher Classroom Management Programme in schools in the Limerick area.

The consequences of behavioural problems

The prognosis for children with conduct problems is poor, with outcomes in adulthood including criminal behaviour, alcoholism, drug abuse, domestic violence, child abuse and a range of psychiatric disorders.¹⁶ Even when children have less severe difficulties, this can have a negative impact on their ability to learn and can also disrupt the learning of other children in the class. Challenging behaviour places teachers under significant levels of stress, which can in turn lead to burn-out and issues with recruitment and retention.¹⁷

Conduct problems are costly, due to the trauma and psychological problems caused to others who are victims of crime, aggression or bullying, together with the financial costs of services for treatment of both the condition and its long-term consequences. This might include community youth justice services, prison services, social services, psychiatric, general practice and A&E services, and the costs of unemployment and other benefits. A UK study covering a limited selection of these costs suggested that by the age of 28, costs for individuals with a clinical diagnosis of conduct disorder were ten times higher than for those with no problems, and costs for those with less severe behavioural problems were three and a half times higher.¹⁸ One estimate puts the long-term economic impact on society of unresolved conduct disorder at more than £1 million sterling for one individual over their lifetime.¹⁹ Given the potentially high costs of untreated conduct disorder, it is not surprising that programmes which are effective in reducing early problems have often been assessed as cost-effective.²⁰

¹³ Meltzer, Gatward, Goodman and Ford, 2003

¹⁴ Hyland, Mháille, Lodge and McGilloway, 2013

¹⁵ Banks, Shevlin and McCoy, 2012

¹⁶ Dretzke et al, 2009

¹⁷ Task Force on Student Behaviour in Secondary Schools, 2006

¹⁸ Scott et al, 2001

¹⁹ Muntz et al, 2004

²⁰ Furlong et al, 2012, Edwards et al, 2007

The effectiveness of interventions to improve children's behaviour

The positive news is that there is now a range of programmes, both universal and targeted, that have been shown to reduce negative behaviours and promote positive pro-social skills among children and young people. Systematic reviews of international research evidence have provided support for the effectiveness of different approaches. Some of the strongest evidence exists for behavioural and cognitive-behavioural group-based parenting programmes as a treatment for children with conduct problems.²¹ Universal school-based programmes that aim to promote children's social and emotional learning through a whole-school approach have also been shown to be effective.²² High-quality care and education services for pre-school children have a positive impact on their social and emotional development as well as their educational achievement, especially for children living in disadvantaged circumstances.²³

A targeted or universal approach?

There are different routes to better outcomes for children, even within a focus on early intervention and prevention. One approach is to attempt to make small gains for a large number of children through delivering universal programmes in pre-school or school settings that seek to improve children's social and emotional competence. Another approach is to seek to make big gains with a small, targeted high-risk group. Both are valid ways of improving children's behavioural outcomes. Universal programmes are usually less intensive and thus cost less per child, but on the other hand the greater cost of the targeted interventions is focused on those who will probably show more significant improvements and who, if not 'treated', would be likely to incur greater service costs in the future. Attempts to decide which approach works better have generally concluded that it is not a case of either/or: both are needed.²⁴

A focus on children or their parents?

The international research evidence suggests that a multi-faceted approach is likely to be the most effective. Webster-Stratton and Taylor²⁵ reviewed different types of intervention (parent-focused, child-focused, classroom-focused and various combinations of these) to prevent young children going on to develop behavioural problems as adolescents. They concluded that there are effective examples of all of these, although interventions that address multiple risk factors (at home, school and within the child) seem to have the best results, and child-focused interventions generally have better outcomes when combined with parent or teacher training. The conclusion of a comprehensive review by the RAND Corporation²⁶ of early interventions (not just those designed to reduce behaviour problems) is: *'The evidence is strongest for targeted programmes that follow a clear protocol, but that address multiple issues rather than having a single focus, and can be varied according to individual need and professional judgement'*.

²¹ Dretke et al, 2009; Furlong et al, 2012

²² Durlak and Weissberg; 2010, Adi et al, 2007

²³ NHS Centre for Reviews and Dissemination, 1997

²⁴ Allen, 2011; Statham and Smith, 2010

²⁵ Webster-Stratton and Taylor, 2001

²⁶ Karoly et al, 2005

Improving recruitment and avoiding drop-out

Katz et al²⁷ reviewed barriers to the inclusion and engagement of parents in support services, noting that this is a particular issue for early intervention because, unlike more intensive ‘crisis’ services where there is often a degree of compulsion, preventive services usually rely on parents actively seeking help or voluntarily accepting help offered to them. Often, those who may need help the most are those who do not seek it out or who are unwilling to accept the services that are offered. Refusal and drop-out rates can be high, for example, 50% or higher for parenting programmes.²⁸ Successful approaches to increasing engagement include the development of trusting personal relationships between providers and service users, flexibility in timing of sessions, availability of childcare, a welcoming ‘service culture’ and responsiveness to what parents want.²⁹

Recent evidence suggests that parenting programmes may be able to widen their reach if they are offered in different ways. For example, the developer of the Triple P Programme has recently demonstrated in a randomised controlled trial (RCT) that an online version of the programme (Triple P Online), delivered over the Internet, is also effective in reducing children’s early-onset behavioural problems, with improvements maintained six months later.³⁰ For some parents, accessing self-help parenting support in their own home at a time to suit them is far more acceptable than attending a parenting group. For other parents, a course run by their (trained) peers rather than in a conventional professional-led format may be more appealing and may still achieve positive results. For example, a peer-led parenting intervention called Empowering Families, Empowering Communities, which was developed specifically to engage ‘hard-to-reach’ families in a disadvantaged London borough, was able to significantly reduce children’s behaviour problems compared with a waiting list control group, and demonstrated high levels of treatment retention (92%) and user satisfaction.³¹

The policy framework

Policy in both the Republic of Ireland and Northern Ireland acknowledges the importance of promoting children’s social and emotional development, and of intervening early to address problems when they arise. In Northern Ireland, all primary schools are required by the Department of Education to address children’s social and emotional learning through Personal Development and Mutual Understanding (PDMU) lessons, which are a statutory part of the Revised Primary Curriculum for Northern Ireland, and in Ireland this is addressed through the Social, Personal and Health Education (SPHE) curriculum. In Ireland, the *National Children’s Strategy*,³² *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People (2014–2020)*³³ and *The Agenda for Children’s Services: A Policy Handbook*,³⁴ and in Northern Ireland the ten-year strategy *Our Children and Young People – Our Pledge*,³⁵ *Delivering Social Change*³⁶ and *Making Life*

²⁷ Katz et al, 2007

²⁸ Spencer, 2003

²⁹ Katz et al, 2007

³⁰ Sanders et al, 2012

³¹ Day et al, 2012

³² Department of Health and Children, 2000

³³ DCYA 2014

³⁴ OMC, 2007

³⁵ OFMDFM, 2006

³⁶ <http://www.ofmdfmi.gov.uk/delivering-social-change> Accessed 19 January 2016

*Better: A whole system strategic framework for public health 2013-2023*³⁷ all emphasise the need for broad-based support to enhance the development of all children and flexible, community-based interventions to meet the needs of children and young people deemed to be at risk.

Both jurisdictions have developed structures to encourage agencies to work more closely together to plan and deliver such services, through Children and Young People's Services Committees in Ireland and the Children and Young People's Strategic Partnership in Northern Ireland. In Ireland, the Child and Family Support Agency, Tusla, has been set up to oversee at national level the provision of a wide range of support services for children and families who need additional help, including children with behaviour problems.³⁸ Both countries share a commitment to developing services based on partnership with families and to providing services that are 'evidence informed' and have been shown to work.

Summary

Conduct problems are common, disabling and costly. Improving children's pro-social behaviour and reducing anti-social behaviour can pay dividends both for individual children and families and for wider society. A variety of interventions exist that have been demonstrated internationally to improve behavioural outcomes for children. Some of these have been delivered in Ireland and in Northern Ireland through the Prevention and Early Intervention Initiative, and this report summarises what can be learned from the evaluations of these programmes.

³⁷ DHSSPS, 2014

³⁸ DCYA, 2012

Section 3: The programmes

Introduction

Many of the programmes and services being offered through the Prevention and Early Intervention Initiative (PEII) aim to improve outcomes for children across a number of dimensions, recognising that children's physical, social, emotional and cognitive development is closely intertwined and that a 'whole child' approach can often deliver the best results. Some programmes work directly with children, others with their parents, and some combine both child and parent interventions. The three large-scale model PEII projects, operating in disadvantaged areas of Dublin, address multiple aspects of children's and families' lives through a variety of different programmes and services.

The evaluations that have been drawn on for this report all measured outcomes for children in terms of improvements in their behaviour, either by improving positive ('pro-social') behaviour or by reducing the level of behaviour problems, or both. Because parents are such an important influence on child behaviour, there is inevitably a large overlap with the programme evaluations that were included as source material in the *Parenting* report in this series.³⁹ However, as well as parenting programmes, this child behaviour report draws on evaluations of programmes working with children in pre-school, home, school and community settings, and a programme to help teachers manage classroom behaviour. Four programmes in the report aim to influence children's behaviour and conduct, but do not include a parenting component.

- **Incredible Years Teacher Classroom Management** trains and supports teachers in classroom management techniques.
- **Big Brothers Big Sisters Ireland** is a youth mentoring programme which matches a volunteer mentor with a young person (mentee) to promote positive youth development.
- **Promoting Alternative Thinking Strategies (PATHS)** is a whole-school social and emotional learning (SEL) programme that seeks to change or build upon a school's ethos and culture. It involves scripted lessons delivered by teachers during normal class time.
- **Tús Maith** is a programme designed to improve children's school readiness skills using the High/Scope, PATHS and REDI curricula and guided by the Barnardos Quality Framework. It is a centre-based programme operating in eight early years centres which target disadvantaged children between three and five years of age.

Table 2 provides an overview of the 14 relevant programmes for which evaluation reports are currently available, including information about their duration and target group. More detail about each programme and how it was assessed can be found in the original evaluation reports (see www.effectiveservices.org).

³⁹ Sneddon and Owens, 2012

Table 2: Overview of the 14 programmes addressing child behaviour

Organisation	Service/Programme	Target group(s)	Duration/intensity	Description
Archways	Incredible Years Parent Training programme	Parents of children aged 3–7 years	2–2.5 hours per week for 12–14 weeks	Trains parents to support their children’s social and emotional development.
	Incredible Years Teacher Classroom Management programme	Teachers of children aged 4–7 years	One day per month for five months	Trains and supports teachers in classroom management techniques.
	Incredible Years Parent and child training for children with ADHD	Children with ADHD aged 3–7 years and their parents	Incredible Years Basic Parenting programme: 20 weekly two-hour sessions Incredible Years Dina Programme: 18 weekly two-hour sessions	IYBP: trains parents to support their children’s social and emotional development. Incredible Years (IY) Dina Programme: focuses on building friendship skills; teaching problem-solving strategies; enhancing emotional literacy and anger management; and enhancing school performance. Parents receive weekly letters and phone calls. Programme delivery is tailored to the specific needs of children with ADHD symptoms.
	Functional Family Therapy	Young people aged 11–18 years referred to the programme due to emotional and behavioural problems	A short-term, intensive therapy of 16–22 sessions, with up to 26–30 sessions for more complex issues.	A family-based therapy programme which treats young people and their families dealing with relationship issues, emotional and behavioural problems, conduct disorder, substance misuse and delinquency. Functional Family Therapy (FFT) has three phases. The first phase is designed to motivate the family towards change; the second phase teaches the family how to change a specific critical problem identified in the first phase; and the final phase helps the family to generalise their problem-solving skills.
Barnado’s NI	Promoting Alternative Thinking Strategies (PATHS)	Children aged 5–11 years	1–2 hours per week for two years	A whole-school social and emotional learning programme that aims to build a positive school ethos and develop children’s emotional understanding and pro-social skills. Scripted lessons are delivered by teachers.
Foróige	Big Brothers Big Sisters Ireland	Young people aged 10–18 years	1–2 hours per week for at least one year	Youth mentoring programme which matches a volunteer mentor with a young person who is at risk of antisocial behaviour or is otherwise vulnerable.
Longford Westmeath Parenting Partnership	Triple P Parenting Programme (Levels 1–5)	All parents in Longford Westmeath of children aged 0–7 years	Two-hour standalone session (Level 3) or eight weeks (Level 4)	A multi-level parenting programme focused on reducing childhood emotional and behavioural problems. Includes support for parenting in the

				general population, but the focus here is on Levels 3 and 4 aimed at parents who are experiencing problems with their children.
Northside Partnership	Preparing for Life (PFL)	Families of children aged 0–5 years	Fortnightly home visits and a range of other supports for five years	An intensive home-based early intervention/prevention programme designed to support families from pregnancy until their child starts school.
Parenting NI	Odyssey - Parenting Your Teen	Parents of young people aged 11–18 years	Two hours per week for eight weeks	A group training programme for parents of teenagers, which was developed by Parenting NI. The overall aim is to improve family functioning. Parents refer themselves to the service.
Childhood Development Initiative	Mate-Tricks	Children aged 9–10 years	1.5 hour sessions twice a week for one year, and six parent sessions and three family sessions	An after-school mentoring programme focused on supporting pro-social behaviour, reducing anti-social behaviour and developing confidence. Delivered in youth settings or school.
	Childhood Development Initiative (CDI) Early Years	Children aged 2.5–3 years and their parents	Preschool and other types of support for two years	An early care and education programme designed to support all aspects of children's development, including their social and emotional learning.
Lifestart	Lifestart Growing Child Parenting Programme	Parents of children aged 0–5 years	Monthly home visits of between 30 minutes and 60 minutes for five years	To help parents to support their child's physical, intellectual, emotional and social development and to promote school readiness.
Barnardos	Tús Maith	Children aged 3–5 years in disadvantaged areas	One year	A centre-based programme operating in eight early years centres that target disadvantaged children.
Barnardo's NI	Ready to Learn	Children aged 4–8 years	Three one-hour weekly sessions delivered after school over three academic years	Universal, voluntary after-school programme for children at primary school level that also works with parents. It aims to enhance children's literacy skills, and, as a secondary outcome, children's social, emotional and behavioural regulation skills.

Characteristics of the programmes

The 14 programmes included in this report represent a considerable diversity of approaches and investment of resources, ranging from parent training courses lasting two hours a week for a matter of weeks (Incredible Years, Triple P and Odyssey - Parenting Your Teen) to a five-year programme offering families many types of support including regular home visits by a trained mentor (Preparing for Life and the Growing Child Parenting Programme). They cover the whole age range of children, from pre-birth to age 18 years, and include programmes designed for those who are already exhibiting difficulties (often described as targeted interventions) and programmes open to all children or families in a particular class or geographical area (universal interventions). In reality, the targeted/universal distinction is often less clear-cut than it first appears, since even the 'universal' programmes delivered through the Prevention and Early Intervention Initiative were almost always focused on areas of significant disadvantage, where parents and children were facing above-average levels of difficulty and problems.

Eleven of the 14 programmes were delivered in Ireland and three programmes (Odyssey - Parenting Your Teen, Ready to Learn, and PATHS) were delivered in Northern Ireland. They include a mixture of evidence-based interventions that have been widely used and shown to be effective outside of Ireland, such as **Triple P**, **Functional Family Therapy** and **Incredible Years**, and programmes that have been developed locally, drawing on evidence of ‘what works’, and sometimes incorporating aspects of existing programmes. **Odyssey - Parenting Your Teen**, for example, is an original programme developed by Parenting NI, following identification of a lack of support for parents of adolescents, and is underpinned by the authoritative parenting style, which research suggests leads to more positive outcomes. **Ready to Learn** (Barnardo’s NI) is a voluntary after-school programme for children at primary school level that also works with parents. It draws on evidence of the ingredients needed for an effective after-school programme. It aims to enhance children’s literacy skills and, as a secondary outcome, children’s social, emotional and behavioural regulation skills. **Growing Child Parenting Programme** is a parent-directed child-centred learning programme on child development delivered to parents of children aged from birth to five years of age. It aims to help parents to support their child’s physical, intellectual, emotional and social development and to promote school readiness.

Preparing for Life is also a ‘home grown’ programme, but draws on the principles and theoretical components of intensive home visiting programmes, such as the Nurse Family Partnership,⁴⁰ or Family Nurse Partnership as it is known in the UK. However, Preparing for Life is offered to all pregnant women in the catchment area rather than being targeted at particular ‘high risk’ groups, and the support continues until the child is aged four years rather than two years. Two levels of the programme have been evaluated in an RCT – a high-support group and a low-support group. The progress of these families was compared to a matched comparison group from a different community who received no intervention. The high-support group received mentoring via regular home visits, and participants in the high-support group were also offered the Triple P Positive Parenting Group Programme.

The **CDI Early Years** programme, developed by the Childhood Development Initiative in Ireland, also draws heavily on an existing intervention developed in the USA, the HighScope Curriculum for pre-school children, but adds in a range of other services to support children’s development, including access to a speech and language therapist and parent facilitators to encourage home-school links. **Big Brothers Big Sisters (Ireland)** is a modified version of Big Brothers Big Sisters America, adapted to the Irish context.⁴¹ The **Tús Maith** programme components involve a fusion of three main strands, including the integration of the Barnardos existing HighScope curriculum model and the Quality framework, with the REsearch-based Developmentally Informed (REDI) programme (a programme that was research informed and designed to support the development of specific child learning and social/emotional outcomes). The programme was specifically designed to meet the needs of children attending Barnardos pre-schools and to support them in reaching the outcomes as listed previously.

In Northern Ireland, the **Promoting Alternative THinking Strategies (PATHS)** whole-class programme to promote social and emotional learning was adapted to reflect local issues by including additional

⁴⁰ Olds, 2004

⁴¹ Dolan, Brady, O’Regan, Russell, Canavan and Forkan, 2011a

material on fostering mutual respect and understanding, and the programme was renamed Together 4 All. Finally, the **Mate-Tricks** after-school programme in Tallaght West was created by combining aspects of two existing evidence-based interventions that aim to promote pro-social behaviour – the Strengthening Families Programme and the Coping Power Programme.

Given their diversity, it is clearly difficult to make direct comparisons between the outcomes achieved by the different programmes. However, Section 4 of this report summarises what the evaluations have found thus far about the impact of these programmes on the specific outcome of improving children’s behaviour. This is followed in Section 5 by a discussion on the findings, including common themes and key issues that emerge from the evaluation reports.

Section 4: Findings – Impact on child behaviour

Introduction

There is an understandable tendency for the conclusions of evaluation reports to highlight any significant differences that have been found, and to focus on aspects of children's behaviour that have been shown to improve, rather than those that have not changed. This can mean that the evaluations that are the most thorough in their reporting may appear to produce more mixed results than those that are more limited or selective in their presentation of findings. This contributes to the difficulty in creating a clear overall picture of the extent to which the programmes are succeeding in improving children's behaviour.

This section of the report describes how the 14 programmes assessed change, lists for each programme the main behavioural outcomes found post-intervention, and provides an overview of whether programmes achieved, according to standardised measures, a significant improvement, a positive trend, no difference, or a negative impact on children's behaviour.

Measuring outcomes

When evaluating the impact of particular interventions on child outcomes, some research methods and study designs provide better evidence than others. The RCT design is generally considered to provide the most valid and reliable evidence. This is because the design of an RCT minimises the risk of variables other than the intervention influencing the results. In an RCT, one group of children or parents is randomly allocated to participate in the programme and another is allocated to act as a control (often a 'waiting list control', who receive the service later, once comparisons with the original participants have been made). The findings generated by RCT studies are seen as better reflecting the effect of the intervention than the findings generated by other research designs.

It should be noted that an RCT design is not appropriate for all research questions: it may not be practical to implement (for example, due to a lack of appropriate measures) or there may be ethical issues (for example, denying children a service that they may need in order to have a control group). When it is not practical or appropriate to use an RCT, researchers may use other designs to estimate the impact of an intervention, including, for example, quasi-experimental designs or retrospective designs. Typically, participants in a quasi-experimental design study are not randomly allocated to either the intervention group or the control group. Instead, the researcher usually decides which participants receive the intervention and which do not. In a retrospective study, the intervention under investigation has already occurred. Researchers do not follow participants over time; rather, they collect available relevant data (through archival data and/or interviews with participants) and estimate the impact of the intervention after the fact. Depending on the data available, it may be possible to compare a control group with an intervention group.

Even when evidence is available from high-quality RCTs, evidence from other study types can still be relevant. For example, while RCTs can tell us something about *whether* an intervention worked to improve outcomes among children, they cannot tell us *how* or *why* it worked. Other research methods and designs, including qualitative research, may be better placed to answer such questions. Qualitative research encompasses a range of methods and designs typically focused on perceptions

and meanings. Typical qualitative research methods include the use of focus groups, individual interviews, and observations. Many of the RCTs conducted as part of the Initiative also included primarily qualitative process evaluations to provide additional information on implementation of the programmes and how it was experienced by staff and services users alike.

Most of the evaluations in this report used an RCT design. Eleven of the 14 evaluations used the same measure, the Strengths and Difficulties Questionnaire (SDQ), to assess whether there had been changes in children's behavioural outcomes. The SDQ is a widely used scale that can be completed by parents, teachers or children themselves. It has separate subscales for conduct problems, hyperactivity, emotional symptoms, peer relationship problems and positive (pro-social) behaviour. It is particularly useful in providing population norms, so that children can be categorised as having a 'normal', 'borderline' or 'abnormal' SDQ score. Programmes tend to judge their success either by increasing children's scores on the positive subscale and reducing them on the negative ones, or by moving children out of the 'borderline' or 'abnormal' categories into the 'normal' range. Other validated measures used to assess changes in children's emotional and behavioural outcomes after participation in these programmes included the Eyberg Child Behaviour Inventory (ECBI) and the Child Behaviour Checklist (CBCL).

Many of the evaluations also collected other information about changes in children's behaviour – from non-standardised questionnaires, interviews with parents and staff, or direct observation of children in the classroom setting. For example, the evaluation of Functional Family Therapy (FFT) incorporated a qualitative study with families in addition to an RCT. The qualitative study pointed to some of the reasons why the intervention was effective. Qualitative findings described the helpful aspects of therapy identified by families, including the provision of a safe context within which to discuss problems, the availability of therapists who provided ongoing support, the reduction of negativity and the generation of hope, and the positive impact of FFT behaviour change interventions on family life. Families also reported that FFT led to a number of helpful outcomes, especially improved understanding of adolescents' behaviour, improvements in family relationships, and strengthening parental roles. This provides a useful adjunct to the scores on standardised measures. If a programme has not achieved a significant impact on the main outcome measures but shows a trend in the right direction, combined with positive evidence from other information sources, this 'triangulation' of data increases confidence that the programme is effective.

Impact of the programmes on child behaviour

Table 2 presents the main outcomes of the 14 programmes in relation to child behaviour. Findings from the Preparing for Life Programme are drawn from outcome reports at 6, 12, 18, 24, 36, and 48 months. It should be noted that the same outcome measures were not necessarily used at each time point. The findings from the Incredible Years BASIC Parent Training Programme represent outcomes from 6-month and 12-month follow-ups post-intervention and the 6-month follow up from the Incredible Years Teacher Classroom Management Programme. A 12-month follow-up of children assigned to a teacher in the intervention group for the Incredible Years Teacher Classroom Management Programme was not possible, as these children had moved up a class. Thus, the findings below for this programme represent outcomes from the 6-month follow-up study.

Table 2: Impact of the programmes on measures of children's behaviour

Programme	Impact on child behaviour
Incredible Years Parent Training (6 and 12 months post-intervention)	<p><i>A randomised controlled trial study showed</i></p> <ul style="list-style-type: none"> • Significant improvement on total SDQ score • Problem behaviour scores within 'normal' range after intervention • Significant improvement on ECBI • Significant decrease in behaviour problems (home observation) • Significant improvement on ECBI for siblings' behaviour (12 months only)
Incredible Years Teacher Classroom Management (6 months post-intervention)	<p><i>A randomised controlled trial study showed</i></p> <ul style="list-style-type: none"> • No significant change in total SDQ score • Significant improvement in peer problems subscale • Marginal improvement in emotional symptoms subscale • Fewer incidents of negative or disruptive behaviour by children (classroom observation) • No significant difference on measures of child positive behaviour and general compliance in the classroom
Incredible Years (Parent and child training for children with ADHD)	<p><i>A randomised controlled trial study showed</i></p> <ul style="list-style-type: none"> • Significantly reduced levels of hyperactivity and inattentiveness among children in the parent training group. • Significantly higher levels of pro-social behaviour post-intervention among children in the parent training group. • Parents in the parent training group used significantly fewer forms of harsh discipline and improved parental instruction. • Qualitative findings indicate that the combined programme was viewed favourably by parents and children, and had led to improvements in child behaviour.
Functional Family Therapy	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • The drop-out rate from FFT was very low. • Compared with the comparison group, those families who participated in FFT reported significantly greater improvement in adolescent conduct problems and family adjustment. • Improvements shown immediately after treatment were sustained at three months follow-up. • Clinical recovery rates were significantly higher in the FFT group than in the control group. • Compared with teenagers, parents perceived a greater degree of improvement in a greater number of domains of adolescent behavioural problems.
Preparing for Life	<p><i>A randomised controlled trial study showed:</i></p> <p>Significant improvements:</p> <ul style="list-style-type: none"> • At 12 months, children in the high treatment group, compared with those in the low treatment group, were less likely to be at risk for social and emotional difficulties. • At 18 months, significant effects were found for personal-social competence. • At 24 months, children in the high treatment group scored more favourably in the individual subdomains of 'sleep' and 'other problems' of the Child Behaviour Checklist (CBCL), and the total CBCL score. • At 24 months, children in the high treatment group also scored more favourably regarding the clinical cut-offs for externalising and

Programme	Impact on child behaviour
	<p>internalising behaviour, as well as the total cut-off score.</p> <ul style="list-style-type: none"> • At 24 months, children in the high treatment group scored lower than children in the low treatment group on the Brief Infant-Toddler Social and Emotional Assessment (BITSEA) problem score, which measures externalising problems, internalising problems and dysregulation. Children in the high treatment group were also less likely to be at the cut-off point for behavioural problems. • At 36 months, children in the high treatment group were less likely to exhibit somatic complaints, sleep problems, or aggressive behaviour as measured by the CBCL. They also had lower total externalising problems and total problems scores, and were less likely to score above the cut-off point on these two domains. • At 48 months, children in the high treatment group were less likely to score above the cut-off point for internalising and externalising problems as measured by the CBCL.
Promoting Alternative Thinking Strategies (PATHS)	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • Significant improvement on some subscales, e.g. empathy, cooperation • Significant improvement on some other measures, e.g. identifying emotions from pictures and explaining why a conflict occurred • No significant difference in pupils' observed behaviour in class or play period • Total SDQ scores not compared
Big Brothers Big Sisters Ireland	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • No significant difference on the misconduct measure (behaviour improved for both groups over time). • Trends in relation to drug and alcohol use were promising, but non-significant. • Parents of mentored young people rated their children's pro-social behaviour more highly. • Young people taking part in the programme were more hopeful about their lives and their future. • Stronger impact on young people from one-parent households
CDI Early Years	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • No significant difference in total SDQ scores (both groups improved over time). • Tendency for more intervention group children to be categorised as 'normal' for their conduct, peer relationships, pro-social behaviour and hyperactivity, but not significant
Triple P (Levels 3 and 4)	<p><i>A quasi-experimental study showed:</i></p> <ul style="list-style-type: none"> • <i>Level 3:</i> Reduction in problem behaviour, and parents less likely to view their child's behaviour as problematic • <i>Level 4:</i> Significant improvement in all child behaviour measures (total SDQ and all subscales and ECBI) and parents less likely to view their child's behaviour as problematic • Significant reduction in children in borderline/abnormal category (Level 4 only)

Programme	Impact on child behaviour
Odyssey - Parenting Your Teen	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • No significant difference in teenagers' total SDQ scores • Parents significantly more likely to perceive their teens to be less moody and less likely to engage in delinquent behaviour • Parents less likely to perceive their teens' behaviour as malicious
Mate-Tricks	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • No significant difference on most measures • Significant increase in anti-social behaviour (child self-report on CBCL) • Positive trend in children's tactics to deal with conflict
Tús Maith	<p><i>A quasi-experimental study showed:</i></p> <ul style="list-style-type: none"> • Significant improvements over time for expressive behaviour and compliance at post-assessment and follow-up. • Overall significant decrease in disruptive behaviour, as measured by the Applied Social Behaviour Inventory, but a significant increase between pre-assessment and post-assessment, and a significant decrease between post-assessment and follow-up. • Significant positive effects on SDQ conduct problems, emotional symptoms, peer problems and pro-social behaviour over time. • A negative trend between pre-assessment and post-assessment for conduct problems and emotional symptoms before improvements were found at follow-up. • Significantly lower proportion of children were classified as abnormal on SDQ conduct problems, peer problems, pro-social behaviour, total difficulties, or difficulties with emotion, concentration or behaviour over time. • Subgroup analysis indicated positive programme effects on the social and behavioural skills measured. The programme had a positive effect for children from two-parent families on expressiveness, for Traveller children on compliance and pro-social behaviour, and children from Irish backgrounds on pro-social behaviour; children with these attributes in Tús Maith settings had better outcomes than children with similar attributes in the comparison settings.
Growing Child Parenting Programme	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • No statistically significant differences on measures related to child behaviour, but positive trends were found, including increased pro-social behaviour and decreased difficult behaviour.
Ready to Learn	<p><i>A randomised controlled trial study showed:</i></p> <ul style="list-style-type: none"> • Children in the intervention group were less likely to display problem behaviour at the end of the study. • There was no difference between children in the intervention group and children in the control group in relation to the development of emotional skills. • Children in the control group outperformed children in the intervention group in relation to social skills.

Key to measures used: SDQ = Strengths and Difficulties Questionnaire; ECBI = Eyberg Child Behaviour Inventory; CBCL = Child Behaviour Checklist; BITSEA = Brief Infant Toddler Social Emotional Assessment

Overview of impact

Table 3 shows that the interventions produced complex findings in relation to children’s behavioural outcomes, often showing improvements in some aspects but not in others. Table 4 attempts to summarise the overall impact on children’s behaviour of the interventions included in this report, categorised as ‘significant improvement’, ‘positive trend’, ‘no difference’ or ‘negative impact’. It is worth noting that outcomes often vary depending on who is doing the reporting. For example, the negative impact of the Mate-Tricks after-school programme in worsening anti-social behaviour was based on measures completed by the children themselves, whereas parents’ and teachers’ reports were more positive about the impact of this programme on children’s behaviour.

Table 4: Summary of programme impact on child behaviour

Significant improvement <i>(significant result on one or more measures used)</i>	Positive trend <i>(significant result on one or more subscales of measures used)</i>	No difference <i>(no significant differences observed on measures used)</i>	Mixed findings <i>(some positive and some negative effects shown)</i>	Negative impact <i>(significant negative result on one or more measures used)</i>
Incredible Years Parent Training Programme	Incredible Years Teacher Classroom Management		Tús Maith Ready to Learn	Mate-Tricks
Triple P (Levels 3 and 4)	Incredible Years Parent and Child Training for Children with ADHD			
Functional Family Therapy	Big Brothers Big Sisters			
Preparing for Life	PATHS			
	CDI Early Years			
	Odyssey - Parenting Your Teen			
	Growing Child Parenting Programme			

The assessment in Table 4 is based, where possible, on findings from the evaluations in respect of actual changes in children’s behaviour, recorded through standardised measures such as the SDQ and the CBCL. It does not reflect the other changes that a programme might have made – for example, in the home or classroom environment – which might be expected to have a positive impact on children’s behaviour but perhaps are beyond the timescale of the post-intervention measures. For example, Odyssey - Parenting Your Teen resulted in parents feeling less stressed and better able to communicate with their adolescent children, even though there was no significant difference on SDQ scores between the adolescents whose parents had participated in the programme and the control group. The Incredible Years Teacher Classroom Management Programme made a significant difference to teachers’ classroom management strategies; this difference was maintained one year after receiving initial training, resulting in teachers using more praise and fewer negative techniques (such as shouting and threats) and allowing children more time to respond before repeating instructions. Pre-school teachers participating in the CDI Early

Years programme reported that the conflict resolution approach which they were trained to adopt through the intervention had resulted in key changes in their practice when dealing with difficult situations in the classroom.

Such changed environments represent an important positive effect of the programmes and may be stages on the way to improvements in children's behaviour. They also have the potential for a wider 'ripple effect' on other children, and not just those participating in the programme, as discussed in Section 5 of this report.

The experimental RCT research design is the most robust test of whether a programme has made a difference to outcomes for children and families, and that any changes are not due to other factors such as a general improvement over time. But it also sets a high bar for a programme to be judged successful, especially since many of the evaluations compared the impact of the programme not against outcomes for children receiving no service, but against outcomes for children who were receiving a 'service as usual'. For example, the children participating in the CDI Early Years programme were compared with children who mostly received two years of pre-school provision, although not following the same curriculum approach and without the various additional forms of support. The control group of young people in the Big Brothers Big Sisters Ireland evaluation were offered various 'standard' youth activities. In Northern Ireland, children in schools participating in the PATHS Programme were compared with children in schools offering lessons in Personal Development and Mutual Understanding, a requirement of the Revised Primary Curriculum for Northern Ireland, which has similar aims to the PATHS Programme although with a less intensive focus on improving behaviour. In these circumstances, it is a particularly tough test for a programme to be able to demonstrate significantly greater improvements in children's behaviour compared to the control group.

Summary

The majority of the programmes were able to deliver improvements in children's behaviour compared to a control group. This was not always at a statistically significant level, but was almost always a positive change in the right direction. Just one programme, Mate-Tricks, was shown to have a negative impact on children's behaviour, at least as reported by the children themselves, and this programme was subsequently halted. The programmes also led to positive improvements in the strategies of adults (teachers and parents) for managing children's behaviour; in addition, it led to reductions in the stress that children's difficult behaviour created for them.

The findings highlight the importance of the relationship between time and the emergence of positive outcomes. For example, the Tús Maith evaluation showed a significant increase in disruptive behaviour between the pre-intervention assessment and the post-intervention assessment. However, by the follow-up assessment time period, there was a significant decrease in disruptive behaviour. Similarly, a negative trend was found between pre-assessment and post-assessment for conduct problems and emotional symptoms before improvements were found at follow-up. The Preparing for Life evaluation studies also found different significant differences across the evaluations at 6, 12, 18, 24, 36 and 48 months.

The evaluations strongly suggest that programmes which have been shown to work outside of Ireland and Northern Ireland can be adapted to suit the local context and can deliver similarly successful outcomes, provided that the promising trends that have been found to date continue.

Section 5: Discussion of findings, key issues and common themes

In addition to reporting on the impact of the interventions in terms of outcomes for children, the evaluations often included process studies which provided useful information about how the programmes were implemented and the issues that arose in their delivery. This section of the report draws together some of these key issues and common themes; it also discusses the findings presented in Section 4 on the extent to which the programmes were able to effect improvements in children's behaviour.

Acceptability to parents and children

One issue that is highlighted in the literature discussed in Section 2 is the importance of programmes being able to attract and retain their target group. While a school-based intervention delivered to a whole class may have little difficulty in reaching its intended audience, parenting programmes or interventions that require parents as well as children to participate typically fail to engage a high proportion of those invited to attend.

This was an issue for a number of programmes in the Prevention and Early Intervention Initiative (PEII), where organisers struggled to recruit sufficient participants. Take-up was often slower than anticipated and the intervention was delivered to fewer children or parents than had been originally envisaged. An important message for those implementing new programmes is the need to develop good mechanisms for ensuring that a programme will be accessed by those for whom it is intended. This could include developing strong interagency links in order to facilitate appropriate referrals, or it could involve modifying recruitment processes or other aspects of the programme in the light of experience. Many Triple P practitioners, for example, would have preferred a recruitment strategy whereby public health nurses referred suitable parents and they set up a course in response to demand, rather than the practitioners setting up a group and then trying to recruit enough parents to attend.

Programmes may also need to be modified in order to avoid participants dropping out, although too great a departure from the programme manual (lack of fidelity) risks reducing the proven effectiveness of an intervention. The Preparing for Life (PFL) Programme, for example, specifies a home visit of at least 30 minutes every week, but many parents in the PFL programme found this too intensive and preferred to receive visits every fortnight or month. The interim evaluation of the programme notes that reducing the frequency of visits helped to ensure a low drop-out rate and high participant satisfaction.

CDI's Mate-Tricks after-school programme also faced difficulties in involving parents, despite the best efforts of the programme facilitators. Methods that were tried included holding repeat or 'catch-up' sessions, visits to the home, communication by text and telephone, and a willingness to be flexible about the times and dates of sessions. The Incredible Years Parent Training Programme included provision of a crèche, which many parents said was important in enabling them to attend.

Acceptability to practitioners

Interviews with staff delivering the programmes showed that many were very positive about the new skills and techniques they were learning and about the potential for the interventions to make a

real difference for the children and families they worked with. In some cases, the evaluation revealed that the programme made a significant difference to their professional lives. For example, some of the teachers participating in the Incredible Years Teacher Classroom Management Programme reported that they had been experiencing high levels of stress due to children's disruptive behaviour in the classroom and that the techniques they learned through the programme gave them useful strategies which improved not only the classroom environment but also their experience of teaching. Pre-school practitioners in the CDI Early Years programme felt that the new curriculum had greatly improved their practice and they could not envisage returning to their previous ways of working with young children. There was a general willingness among practitioners to adopt new methods and approaches, and to adhere to the requirements of 'manualised' programmes.

Adapting programmes to fit local circumstances

All of the programmes participating in the Prevention and Early Intervention Initiative undertook local needs analyses, engaged in extensive consultation and considered the research evidence in order to select the programmes that they would deliver through the Initiative. Those who selected evidence-based programmes developed elsewhere (such as Triple P, Incredible Years, PATHS and Big Brothers Big Sisters) generally made some modifications to the programme in order to make it more suitable for the local context. Generally, the evaluations show that it is possible to make minor adaptations without compromising the integrity of the programme and to still achieve positive or promising results in relation to improving children's behaviour. However, the process of making changes to manuals (and agreeing this with the original programme developers) could be very time-consuming. In some cases, it created difficulties for those delivering the programme because the new materials were not ready, or not tested thoroughly enough, when the programme was due to begin. The overall message is that evidence-based programmes can be successfully modified to suit local circumstances and policy requirements, but that time and care is needed in order to get this right, and this should not be underestimated when introducing new programmes.

Building expertise over time

Staff delivering a new programme often needed time to become familiar with it and it is possible that stronger effects may be seen from a programme if it continues to be offered by the same practitioners to future groups of children and/or parents. This is suggested by the evaluation of CDI Early Years, which found that the second cohort of children to start the programme had significantly better scores on some measures after the programme ended than did those children joining it in its first year. There appeared to be a 'bedding down' effect, with pre-school staff reporting greater confidence in their delivery of the programme in the second year. Other evaluations also reported that staff gained confidence and expertise as they became more familiar with a new programme or service. Staff confidence, adherence to the intervention and expertise is important, as highlighted by the retrospective evaluation study of Functional Family Therapy, which indicated that therapy completers who were treated by high-adherent therapists had the most favourable outcomes. Almost 60% of these cases were recovered after FFT, with poorer outcomes for those treated by low-adherent therapists.

Supporting staff

The support provided for those delivering the programmes was important in keeping staff engaged and positive about the interventions. A key factor in the widespread satisfaction of practitioners with the new programmes was the attention paid to their training and support. Most of the programmes were 'manualised', with clear structures and procedures to follow, and many practitioners found this helpful, especially when backed up by support from the programme developers. Teachers participating in the Incredible Years Teacher Classroom Management training, for example, particularly valued the support they received from group leaders and the safe, non-judgemental environment that they provided. This contributed to the teachers' willingness to adopt a new approach to classroom management. In the Big Brothers Big Sisters Ireland programme, volunteer mentors who were paired with a young person were supported by paid coordinators located in local youth facilities. Many of these coordinators had once been mentors themselves and thus had good knowledge and insight into the programme, which enabled them to provide effective support.

Targeting

The programmes addressing child behaviour within the Prevention and Early Intervention Initiative included some which were open to all in a particular school, class or neighbourhood, and some where participants were referred or chose to take part on the basis of identified need. Both targeted and universal programmes were able to achieve positive changes in children's behaviour, but there was a tendency for the targeted programmes to have a greater effect. This is partly because when children are already displaying behavioural problems, there is more scope for improvement when compared with those who already score well within the normal range on measures such as the SDQ. However, achieving smaller changes for larger numbers of children, as may happen with programmes delivered to whole classes, is also worthwhile. Such universal programmes also help to avoid the stigma that can be felt by children or parents when they are singled out for support on the basis of experiencing problems.

Delivery settings

The programmes were delivered in a wide range of settings. The parenting programmes (Triple P, Incredible Years Parent Training Programme, Incredible Years for parents of children with ADHD, and Odyssey - Parenting Your Teen), Functional Family Therapy and Tús Maith were all held in local community settings, with the exception of the Growing Child Parenting Programme and Preparing for Life, which were delivered in parents' homes. Three programmes were delivered in schools (CDI Early Years, PATHS, and Incredible Years Teacher Classroom Management), while the Mate-Tricks after-school programme was usually held off the school premises in a local youth facility (although one school chose to have sessions held at the school itself). The mentors provided by the Big Brothers Big Sisters Ireland Programme met their allocated young person at a mutually agreed location, whereas the Preparing for Life Programme focused on the family home as the main site for delivering support.

Rather than demonstrating a particular advantage for one type of delivery setting over another, the evaluations (backed up by the wider research literature) tend to suggest that the most promising approach is to address the multiple environments in which children live their lives. Many of the programmes do take this holistic approach. For example, CDI Early Years includes support for

children's families as well as a pre-school curriculum, and the Incredible Years Programme is usually delivered as a set of three linked components focused on parents, teachers and children themselves, although here the teacher training and parent training components were offered singly rather than in combination. This facilitated a comparison of the effectiveness of the two approaches, but the researchers evaluating the teacher training element concluded that rather than one being better than the other, the strongest effects on children's behaviour would probably be achieved by a combination of parent, child and teacher training, as envisaged by the programme developers.

Dosage

A common finding across several programmes (Big Brothers Big Sisters, Mate-Tricks, Preparing for Life) was that more positive outcomes were found for those parents and/or children who were most engaged with the programme. This is partly an effect of dosage, whereby those who are more engaged tend to attend more sessions, receive more home visits or meet more frequently with their mentors. Manualised programmes, such as those delivered through the Initiative, have clear guidelines for the amount of service to be provided, and the fact that those participants who received less than the recommended 'dose' tended to do less well points to the importance of programme fidelity. However, it is not as simple as needing to make additional efforts to encourage reluctant participants to receive more of a service. Other factors may also be contributing to the differential effect, such as a 'readiness to change' among those willing to engage more fully. What this finding does highlight is the importance of good local consultation, thorough needs analysis and effective recruitment strategies in order to ensure that new programmes reflect local needs and the preferences of potential participants as far as possible.

Age-appropriate outcome measures

Children and young people from a wide age range (i.e. from infancy through to adolescence) were involved in the programmes covered in this report. The findings suggest that the choice of outcome measures should reflect the evolving capacities of the children and young people. For example, PFL was a longitudinal study tracking outcomes for children at ages 6 months, 12 months, 18 months, 24 months, 36 months and 48 months. With regard to child behaviour, a range of measures were used at the different time points, with some spanning all time points, such as the Ages and Stages Questionnaire (Squires et al, 1999) which measures the same domains using age-appropriate questionnaires at different time points. Some measures were used only at specific time points, including as measures to assess 'difficult temperament' at six months. As children developed, new measures were introduced, for example, the Child Behaviour Checklist was introduced at 24 months and the SDQ was introduced at 48 months (both completed by parents). While the one-off measures may tell us something interesting in their own right, comparing changes over time on the same measures may be a more appropriate means of monitoring changes in the effectiveness of the programme over time. The evaluation of Functional Family Therapy (FFT) utilised the parent and adolescent versions of the SDQ, reflecting the capacity of adolescents to engage with this type of measure. When considering child behaviour over time, care should be taken to use measures that are age-appropriate and, in cases where different measures are used at different time points, the rationale for using different measures should be articulated.

Interagency cooperation

As described in Section 2 of this report, untreated childhood behaviour problems can require significant expenditure by a variety of agencies when children are older, in order to deal with the consequences, including remedial education, mental health services, domestic violence and child abuse services, and the criminal justice system. The costs are thus borne by a range of agencies, which strengthens the case for a partnership approach to addressing child behaviour problems. The planning and oversight of the programmes discussed in this report were generally supported by a multi-agency group. A positive aspect of the Prevention and Early Intervention Initiative is the way in which it has increased collaboration between those providing services for children, coupled with improved planning and reduced duplication at a local level. However, some of the evaluation reports commented on the need for greater involvement by partner organisations in delivering the programmes, and expressed concerns about the extent of ongoing commitment to an interagency approach in the light of reorganisations and budget cuts.

Cost-effectiveness

In times of limited resources, it is particularly important that money is invested in the services that produce the best value for money. These are not always the cheapest services at the point of delivery, and savings may occur sometime in the future. The savings may also accrue to a different agency from the one spending money on the intervention. This underlines the argument in favour of long-term, integrated planning of services to support children and their families.

Two of the evaluations included in this report analysed the cost of providing the programmes and considered whether they were likely to save money in the long run: both concluded that they would.

The Incredible Years Parent Training Programme cost an average of €1,463 per child and it was estimated that it would cost €2,232 to bring the average child in the study to below the clinical cut-off point for serious behavioural problems. Based on reduced use of specialist services by the intervention group, the programme was judged to be highly cost-effective, especially when compared with other more intensive (and costly) alternatives, with estimated savings of €4,021–€4,824 per child over a 10-year period alone. These savings accord with findings from other studies of group-based parenting programmes, primarily Incredible Years, reported in a recent Cochrane Review.⁴²

The Incredible Years Teacher Classroom Management Programme was the other programme in the Prevention and Early Intervention Initiative to include a cost-effectiveness analysis. It cost far less to deliver per child than the Parent Training Programme (just over €100 per child or €2,012.92 per teacher), as the cost was divided between a far greater number of children. The teacher training programme achieved less significant changes in children's behaviour, as would be expected from a universal intervention, but was also judged to represent a cost-effective approach to reducing children's behaviour problems.

⁴² Furlong et al, 2012

Section 6: Conclusions

Almost all of the programmes discussed in this report were able to achieve improvements in children's behaviour, even if this more commonly took the form of a positive trend rather than a statistically significant difference when compared with the control group. Most of the evaluations measured relatively short-term outcomes, immediately post-intervention or a few months later, and it is possible that some effects on behaviour may emerge at a later date through changes in practitioners' or parents' behaviour over time. Given the high cost, financial and otherwise, of untreated behavioural problems, the evidence so far from the Prevention and Early Intervention Initiative (PEII) supports the case for investing in both universal and targeted evidence-based programmes that aim to improve children's pro-social behaviour and reduce anti-social behaviour.

The evidence does not suggest that one type of programme should be supported at the expense of another. It suggests that there is a need for a range of services and programmes to support parents and children in different ways and at different points in their lives. However, it is important that all services are designed based on good evidence of 'what works'. The wider research literature, reinforced by the findings from evaluations of programmes within the PEII, suggests that successful programmes which improve children's behaviour share a number of characteristics:

- they are underpinned by a clear theory about how they work;
- they deliver a service consistently according to programme guidelines, but are also flexible in responding to the needs and circumstances of local families;
- they address multiple aspects of children's lives;
- they are supported by a community strategy;
- they use well-trained programme providers.

Key learning points

Taken together, the evaluations of these programmes to improve children's behaviour provide important information for policy-makers about how to plan and deliver services for children in Ireland. Key messages include:

- There is a real willingness and enthusiasm among managers and practitioners to adopt new ways of working to support children and families. This is a valuable resource, offering the potential to make significant improvements to existing services.
- Providing teachers and parents with new skills and techniques to manage children's behaviour reduces their levels of stress, which in turn allows them to create more positive environments for the children in their care, and is thus conducive to better behaviour.
- Working directly with children who are exhibiting behavioural and other difficulties through mentoring projects and after-school programmes requires careful attention to interpersonal dynamics. Programmes that bring together children exhibiting behaviour problems in a group setting need to be approached with particular care, as they may end up worsening the behaviour of some children through negative peer group influence. Similarly, programmes that involve pairing a young person 'at risk' with a mentor require careful attention to making a good match, if they are to achieve positive improvements in children's behaviour.

- Programmes often need time to ‘bed down’; they need to allow sufficient time for practitioners to develop their skills before there is a measurable impact on children’s behaviour. Programmes should not be dismissed out of hand if they do not show immediate positive results, although the evidence should point in a positive direction. Understanding how a programme is expected to lead to improved outcomes for children (for example, through changing parents’ behaviour or increasing teachers’ classroom management skills) is helpful in allowing ‘steps on the way’ to be assessed. Longer-term follow-ups of children would be useful, as would measures taken immediately after a programme has finished.
- There may be additional longer-term financial benefits from programmes that are able to improve teachers’ capacity to manage children’s behaviour and to promote children’s social and emotional learning because their skills will be applied to subsequent cohorts of children as well as those involved in the original intervention.
- Good support for those delivering a new programme is very important and should continue to be provided if interventions are rolled out on a wider scale.
- Many programmes that aim to improve children’s behaviour involve working with parents. Getting parents involved in a programme in the first place, and keeping them involved thereafter, is a key issue. It may require a compromise between maintaining programme fidelity (delivering the recommended ‘dose’ of an intervention) and responding to the preferences of parents for a less intensive level of support.
- Various strategies have been shown by these evaluations and the wider literature to improve recruitment and retention of parents in programmes to improve their children’s behaviour. They include providing crèche facilities alongside parenting programmes; developing strong trusting relationships between the service provider and the parent, young person or child receiving the service; and flexibility in the timing, frequency and location of sessions. Local consultation to ensure that any new service reflects local needs is also important.
- The costs of childhood behaviour problems are borne by a wide range of agencies, underlining the need for a partnership approach to planning and funding services that aim to promote positive behaviour and reduce behaviour problems in children and young people. Many of the savings are in the future rather than immediate, requiring a commitment to long-term planning in the face of more immediate budget constraints.
- Overall, the evaluations show that evidence-based programmes developed elsewhere can be used successfully in Ireland and Northern Ireland, with modifications made to adapt them to local circumstances. However, the time and care needed to get such adaptation right should not be underestimated.

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Appendix: Learning from programmes outside the Prevention and Early Intervention Initiative

While many of the programmes that have been introduced through the Prevention and Early Intervention Initiative (PEII) show promising results, suggesting the benefits of making them available to a greater number of children and families, it is important to remember that there are other evidence-based programmes operating in Ireland and in Northern Ireland which have also been shown to lead to positive outcomes in relation to children's behaviour. These were not part of the PEII, but should also be considered when deciding which programmes to support in the future. They include:

Parents Plus parenting programmes

Parents Plus is an evidence-based parenting programme developed in the Republic of Ireland by Professor Carol Fitzpatrick, Dr John Sharry and other Irish professionals in the Mater Child and Adolescent Mental Health Service.

The Parents Plus programmes are practical and positive evidence-based parenting courses, using video input to support and empower parents to manage and solve discipline problems, promote children's learning and develop satisfying and enjoyable family relationships. There are now three programmes aimed at three different age groups:

- Parents Plus Early Years Programme (1–6 years);
- Parents Plus Children's Programme (6–11 years);
- Parents Plus Adolescent Programme (11–16 years).

The Parents Plus programmes have been subject to four randomised controlled trials (RCTs) and three independent evaluations in Ireland and the UK. In all, the 10 studies have shown that the programmes are effective in reducing behaviour problems in children, reducing parental stress and achieving high parent satisfaction. The Parents Plus Adolescent Programme has recently been evaluated using an RCT within secondary schools in Kerry and Cork in Ireland. Results found that adolescents displayed significant reductions in total difficulties and conduct problems, decreased parental stress, increased parental satisfaction and significant improvements in parent-defined problems and goals.⁴³

Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is an evidence-based behavioural parent training programme developed in the 1970s by Dr Sheila Eyberg for children aged 2–7 years and their caregivers. It is used extensively in clinical services in Ireland and Northern Ireland.

PCIT is aimed at young children experiencing emotional and behavioural disorders, and places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT outcome research has demonstrated statistically and clinically significant improvements in the behaviour problems of pre-school-age children, with an estimated benefit-to-cost ratio of around 3.5:1.

⁴³ Nitsch, 2011

Strengthening Families Programme

The Strengthening Families Programme (SFP) is a 14-session family skills training programme designed to increase resilience and reduce the risk factors for substance misuse, depression, violence and aggression, involvement in crime, and school failure in high-risk 12–16 year-old children and their parents. Parents and children attend both separately and together.

Positive results from over 15 independent research-replicated studies and a Cochrane Systematic Review have demonstrated that the SFP is robust and effective in increasing protective factors by improving family relationships, parenting skills and young people's social and life skills.⁴⁴ The programme is being delivered in the Republic of Ireland through probation services and local drug and alcohol community groups in 52 sites covering all counties. It is also delivered widely across the Western Health and Social Care Trust in Northern Ireland in collaboration with organisations including the PSNI, Social Services and the Drugs & Alcohol Service; in the Northern Health and Social Care Trust area, it is being delivered in partnership with the Trust called Action for Children, the Northern Area Early Intervention Project, Barnardos Family Connections and others. A similar partnership approach to delivery is in operation through Belfast City Council with the Department of Justice, Youth Justice Agency, Falls Community Council and Barnardos.

Findings from a quasi-experimental study conducted with 250 high-risk youths and families in Ireland suggest that the SFP is effective in reducing behavioural health problems in Irish adolescents, improving family relationships and reducing substance abuse. In addition, the Irish interagency collaboration model is a viable solution to recruitment, retention and staffing in rural communities where finding sufficient skilled professionals to implement the SFP can be difficult.⁴⁵

⁴⁴ Kumpfer et al, 2010, Foxcroft et al, 2003

⁴⁵ Kumpfer et al, 2012