



AN AUDIT OF EVIDENCE-BASED PARENTING PROGRAMMES IN NORTHERN IRELAND

January 2016

Centre for Effective Services

The Early Intervention Transformation Programme (EITP) is a Northern Ireland Executive/Atlantic Philanthropies Delivering Social Change Signature Programme, funded jointly by the Delivering Social Change fund, DoH, DE, DoJ, DfC, DfE and The Atlantic Philanthropies. EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

This report was produced for the Early Intervention Transformation Programme and funded by Atlantic Philanthropies. This report is primarily intended to inform the decision making relating to the development of the Early Intervention Transformation Programme projects.

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Executive Summary

Introduction

The Early Intervention Transformation Programme (EITP) is a Northern Ireland Executive/Atlantic Philanthropies Delivering Social Change Signature Programme, funded jointly by the Delivering Social Change fund, DoH, DE, DoJ, DfC, DfE and The Atlantic Philanthropies. EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

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The Centre for Effective Services (CES) was requested to provide independent support to the Public Health Agency (PHA) in relation to Workstream Two of Early Intervention Transformation Programme (EITP). Specifically, this was to identify evidence-based parenting programmes that, subject to implementation and local fit circumstances being conducive, have the potential for future consideration by funders and other stakeholders. The first stage of this process involved a review of parenting programmes and identification of approximately 10 evidence-based parenting programmes, to span the period from pre-birth to 18 years, which were being delivered in NI at that time. The eleven programmes initially identified, are listed below.

Figure 1: Evidence-based parenting programmes delivered in NI, as identified in CES Review 2014

Universal	Targeted
Families and Schools Together (FAST)	Family Nurse Partnership (FNP)
Family Links Nurturing Programme (FLNP)	Functional Family Therapy (FFT)
Triple P	Incredible Years
	Mellow Parenting
	Multi-systemic Therapy (MST)
	Parents Plus
	Solihull Approach Parenting Group (Solihull)
	Strengthening Families

The second stage in the provision of support to the Public Health Agency (PHA) comprised a mapping and auditing of these eleven parenting programmes across NI, in order to promote a greater understanding of the provision and implementation circumstances of each programme. (The list was reduced to ten as the Triple P programme is not currently delivered in NI). The Report provides an overview of the provision of these parenting programmes, presents a more detailed analysis of the implementation circumstances of each individual programme and highlights a range of issues for further consideration.

Policy Context

The current policy agenda places significant emphasis on the value of parenting education and support for all families who require this kind of assistance across NI. A range of government strategies, guidance and reports highlight the critical importance of prevention and early intervention approaches and the specific contribution which evidence-based and evidence-

informed programmes and provision can make towards supporting families and improving outcomes for parents and children. The Report briefly explores a number of these, including the UNCRC, the 'Marmot' Review, the NI Public Health Strategy: 'Making Life Better', Review of Sure Start Programmes, the EITP and the NI Commissioner for Children and Young People/Atlantic Philanthropies' report into government expenditure on children and young people in NI.

Present Context for Delivery of Parenting Programmes

The current provision and delivery of parenting programmes in NI is diverse and complex. A range of statutory, community, and voluntary agencies and organisations are delivering programmes across a wide variety of settings, including Sure Start projects, family centres, schools, Health and Social Care Trust premises and family homes. The Audit sought to generate a more detailed understanding of the current provision and implementation circumstances of each of the 10 parenting programmes, including mapping where these evidence-based programmes are being delivered in NI, identifying the level and nature of parents' participation in the programmes, establishing the current situation regarding staffing, training, funding, evidence gathering and evaluation and exploring the current implementation opportunities and challenges associated with the delivery of each programme. While the diverse and changing nature of parenting programme funding and providers and the level of resources available to the Audit, meant that not every provider of the ten programmes was included, the Audit can be regarded as a useful assessment of the current 'implementation circumstances' for each of the programmes, based on the information supplied by providers.

Methodology

A two-stage methodological process was employed. Firstly, a questionnaire was developed in consultation with the PHA, informed by previous audits of parenting programmes, and peer reviewed by colleagues within CES and reviewed by the Early Years Intervention Coordinators in the Trusts. Questionnaires were sent to 132 potential programme providers and 76 were completed. Telephone interviews were completed with a sample of 24 programme providers in order to explore a range of qualitative issues in more detail. The questionnaires and telephone interviews pertaining to each parenting programme were compiled and analysed, using an analysis framework.

Findings from the Audit

Programme Delivery

The findings revealed that providers of the ten evidence-based parenting programmes have quite different experiences in terms of programme implementation and different views regarding programme delivery and impact. Some have been involved in the delivery of a programme for some time and across different Trust areas, while others had only recently completed training and were about to deliver a programme for the first time. In other cases, respondents indicated that a parenting programme was no longer being delivered in NI or provision was coming to an end. There is also variation in the length of programmes and number of parents on waiting lists. Although programmes are both universal and targeted, many providers direct their programme towards a specific group(s) of parents. A review of the profile of parents participating in programmes indicated that the vast majority are female and a significant percentage are lone parents. The Report contains more details regarding the age range of parents, the proportion who participate in

programmes with a partner, percentage who come from a BME background and programme completion rates.

Training

The Audit examined the nature of the training given to programme providers and the number of staff trained and delivering programmes. The responses reveal that there is considerable diversity in the type of training required, with programmes involving more therapeutic approaches (e.g. MST and FFT) requiring more intensive training and ongoing supervision. Other programmes require staff to undertake 2-4 days initial training and to then participate in mentoring, supervision or peer support (FLNP, Incredible Years, Mellow Parenting, Strengthening Families, Parents Plus). In some cases, this is delivered mainly in-house and for other programmes, support is provided by the programme originator. Information supplied by programme providers in relation to the numbers of staff trained was not always complete, therefore for some programmes, the figures collated are estimates. From the data collected, the number of staff trained and delivering the various programmes ranged from three for FFT to over 120 for Incredible Years.

Evidence and Evaluation

The majority of those who participated in the Audit reported employing a combination of in-house and externally devised evaluation tools to gather evidence and to evaluate parenting programmes. Providers of every programme described their utilisation of standardised questionnaires, such as Strengths and Difficulties Questionnaires (SDQs) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Questionnaires and evaluation forms are also widely used with parents or families and feedback is gathered on a weekly, monthly and/or quarterly basis. Feedback from parents was generally described as very positive with only a few exceptions and a majority of providers confirmed that parents' views are taken into consideration, however the extent to which it actually informs the content and delivery of programmes varies considerably. Programme providers also referred to recent or current local and national programme evaluations where they were aware these had been or were being completed.

Providers were also asked to comment on the extent to which programmes are delivered with fidelity. Most providers emphasised the importance of fidelity in programme delivery referring to the need to adhere to programme manuals and specified resources. Where programmes had been devised to encourage and integrate parents' suggestions (Parents Plus) or to be adaptable in order to 'fit' with the local context (FAST), providers noted that fidelity is underpinned by a robust supervisory process and programme quality protocol.

Funding Arrangements

Funding for delivery of the ten evidence-based parenting programmes comes from a variety of sources and may be used to employ staff, facilitate staff training, purchase manuals or resources as well as deliver programme. At the time of the Audit, the PHA was providing funding towards the delivery of the Family Nurse Partnership programme and a number of other programmes. Delivery of the Incredible Years programme through Sure Start projects was supported through recurrent funding from the Department of Education. Other programmes were funded through a range of statutory and/or charitable agencies. Programme providers were also asked to calculate the cost of programme delivery. This varied significantly as for some programmes staff salaries were attached, while for others, costs were limited to training and resources.

Implementation Opportunities and Challenges

Parenting programme providers were asked to identify key implementation opportunities and challenges associated with the delivery of their programmes. In terms of opportunities, providers referred to the potential for a parenting programme to complement and effectively integrate with other services and support provided to parents, through mental health, education, social care and family support provision. Some respondents also acknowledged that a parenting programme could support early intervention and promote effective engagement with 'hard to reach' families where other interventions had proved unsuccessful. A range of other opportunities are also highlighted in the report. With regard to challenges, key challenges highlighted by many respondents related to the limited availability of resources, including staff, time and funding. The time intensive nature of some programmes was underlined and as were the various barriers to programme expansion, including dedicated resources to promote programmes and the absence of a regional strategy. Respondents to the Audit were also asked to comment on the nature of collaboration between programme providers. Feedback suggested that this is not widespread across programmes and was described by some respondents as 'fragmented'. Programme providers proposed that more strategic thinking was required to identify the possible benefits of greater collaboration although some believed that there would be potential benefits for families and providers if this were implemented.

Areas for Consideration

In this section of the report, a number of areas were identified for further exploration and consideration. These include the need to develop a central directory or database of evidence-based parenting programmes, the challenges in effectively comparing different parenting programmes and defining programme success, variations in the extent to which programmes are implemented with fidelity, funding challenges, the availability of resources, limited engagement between programme providers and the current status of some of the evidence-based parenting programmes included in the report and the potential requirement to review this list. The section concludes with a brief consideration of the importance of quality implementation and how an implementation framework – particularly implementation 'enablers', could support providers to further strengthen the planning, delivery and evaluation of parenting programmes in NI.

1. Introduction

Background

The Early Intervention Transformation Programme (EITP) is a Northern Ireland Executive/Atlantic Philanthropies Delivering Social Change Signature Programme, funded jointly by the Delivering Social Change fund, DoH, DE, DoJ, DfC, DfE and The Atlantic Philanthropies. EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

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The Early Intervention Transformation Programme (EITP) has four workstreams, each led by different government agencies and departments and focusing on different support and outcomes for children, young people and their families. Workstream Two aims to support families as problems arise, before statutory intervention is required. Five Early Intervention Support Services are providing support to families and these are being aligned to existing Family Support Hubs to ensure an integrated network of early intervention support is provided. A toolkit of services will be offered through the Early Intervention Support Service.

The Centre for Effective Services (CES) was requested to provide independent support to the Public Health Agency (PHA) in relation to Workstream Two of the EITP. Specifically, this has involved identifying evidence-based parenting programmes that, subject to implementation and local fit circumstances being conducive, have the potential for future consideration by funders and other stakeholders. The first stage of this process involved a review of parenting programmes and the identification of approximately 10 evidence-based parenting programmes, to span the period from pre-birth to 18 years, which were being delivered in Northern Ireland at that time. The Review provides detailed information about each programme, including the programme aim, target parent group, mode of delivery, staffing and training requirements, costs, results and evidence base. This was completed in 2014.¹ The eleven programmes initially identified, are listed in the table below. They are a combination of universal and targeted programmes.

Figure 1: Evidence-based parenting programmes delivered in NI, as identified in CES Review 2014

Universal	Targeted
Families and Schools Together (FAST)	Family Nurse Partnership (FNP)
Family Links Nurturing Programme (FLNP)	Functional Family Therapy (FFT)
Triple P	Incredible Years
	Mellow Parenting
	Multi-systemic Therapy (MST)
	Parents Plus
	Solihull Approach Parenting Group (Solihull)
	Strengthening Families

¹ Sneddon & Doherty, 2014.

The second stage in the provision of support to the Public Health Agency (PHA) comprised a mapping and auditing of these eleven parenting programmes across NI, in order to promote a greater understanding of the provision and implementation circumstances of each programme. This Report documents the findings emerging from the Audit.

Policy Context

The current policy agenda places significant emphasis on the value of parenting education and support for all families who require this kind of assistance across Northern Ireland. A range of government strategies, guidance and reports have highlighted the critical importance of prevention and early intervention approaches and the specific contribution which evidence-based and evidence-informed programmes and provision can make towards supporting families and improving outcomes for parents and children.

The UN Convention on the Rights of the Child (UNCRC)

The UNCRC recognises the primary role of parents and family in the care and protection of children and acknowledges the importance of ensuring parents are provided with the appropriate skills and support to raise their children². Article 18 of the UNCRC states that;

‘For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children’.

Review of Health Inequalities, England: The Marmot Review

The strategic review of health inequalities in England post 2010; ‘Fair Society, Health Lives’ (The Marmot Review), advocated a life course approach to tackling health inequalities, based on the assessment that ‘disadvantage starts before birth and accumulates throughout life’.³ In light of this, the Review identified ‘giving every child the best start in life’ as its highest priority recommendation. Amongst its policy recommendations, the Review includes ‘providing routine support to families through parenting programmes, children’s centres and key workers, delivered to meet social need via outreach to families.’

NI Public Health Strategy: Making Life Better

The NI Public Health Strategy (2013-2023); ‘Making Life Better’, takes account of the life course approach proposed in the Marmot Review reflecting this in several key themes including the first theme - giving every child the best start in life⁴. One of three key long term outcomes associated with this theme is ‘good quality parenting and family support’. The Strategy highlights the government’s recognition of the need to shift investment towards early intervention services and programmes for children and families, referencing a number of relevant projects, programmes which will directly or indirectly support the development and implementation of universal and targeted parenting programmes. These include the Delivering Social Change Programme, Families Matter Strategy, Department of Education policies and programmes for early years and primary

² <http://www.unicef.org/crc/>

³ The Marmot Review, 2010.

⁴ PHA, 2013.

school children and the Early Intervention Transformation Programme (EITP). Amongst its initial commitments, the Strategy sought to promote and support positive parenting through various activities including the establishment of Family Support Hubs and the expansion of various initiatives and evidence based parenting support programmes, the establishment of the EITP and roll out of the Family Nurse Partnership programme.

Early Intervention Transformation Programme

As noted above, the Early Intervention Transformation Programme (EITP) is part of the Delivering Social Change Programme which aims to improve outcomes for children and young people across NI through embedding early intervention approaches. Workstream Two of the programme aims to support families when problems arise before they require statutory involvement. Five new flexible Early Intervention Support Services are being introduced across NI and these will deliver a range of practical and therapeutic supports to families, including parenting support and education⁵.

Review of Sure Start Programmes

A recent review of Sure Start programmes in NI sought to assess the extent to which investment in Sure Start is helping to secure improved wellbeing and development outcomes for children and families in the most disadvantaged areas in NI⁶. Sure Start's focus on early intervention and the provision of services in relation to health, early years care and education and wellbeing to families in disadvantaged areas means that the programme is closely aligned to various DE and wider government priorities. The Review states that all Sure Start projects in NI offer evidence-based or evidence-informed parenting programmes and that evaluation data based on parents' feedback is currently being mapped onto the Regional Parenting and Family Support Strategy for the Sure Start programmes to ensure a consistent approach across all projects. Findings from the Review suggest that robust evidence is not consistently collected across Sure Start projects. One recommendation therefore proposes the development of a central suite of tools and processes to collate robust evidence of Sure Start outcomes, including the impact of parents' participation in programmes, while another proposes that DE's high level outcomes framework be employed to agree outcome targets, including those relating to the 'development of parents'.

Public Expenditure on Children and Young People

The NI Commissioner for Children and Young People (NICCY) recently published a report into government expenditure on children and young people in NI. This was commissioned by NICCY and the Atlantic Philanthropies.⁷ As well as exploring levels of expenditure on children and young people, the report reflects on the proportion of expenditure directed towards prevention and early intervention work and the levels of investment in evidence-based programmes. For the purposes of the research, evidence based programmes were defined as 'interventions that have been tested rigorously using robust comparison group evaluation and found to be effective'⁸. The Blueprints for Healthy Youth Development⁹ database was identified by the researchers as the highest standard of online databases of programmes and government departments were then asked to indicate the amount of expenditure committed

⁵ <https://www.dhsspsni.gov.uk/articles/early-intervention-transformation-programme>

⁶ Department of Education, 2015.

⁷ Kemp et al, 2015.

⁸ Ibid, p.12

⁹ www.blueprintsprograms.com

explicitly to Blueprints-approved evidence-based programmes. The findings revealed that only a very small proportion of the total expenditure was directed towards evidence-based programmes. It was acknowledged however, that the study was completed before the EITP was introduced and that other evidence-based programmes may be delivered.

Context and Purpose of Audit

The current provision and delivery of parenting programmes in NI is diverse and complex. A range of statutory, community, and voluntary agencies and organisations are delivering programmes across a wide variety of settings, including Sure Start projects, family centres, schools, Health and Social Care Trust premises and family homes.

The purpose of the Audit, as agreed with the PHA, was to generate a more detailed understanding of the current provision and implementation circumstances of each of the 11 parenting programmes identified through the Review. This included documenting:

- where these evidence-based programmes are being delivered in NI;
- which organisations and agencies are currently delivering the programmes;
- the number and profile of parents participating in the programmes;
- the nature of parents' participation in the programmes;
- in relation to each programme, the current situation regarding staffing, training, funding, evidence gathering and evaluation;
- current implementation opportunities and challenges associated with the delivery of each programme, and;
- the nature of collaboration between parenting programme providers.

As there is currently no central directory or database of parenting programmes in NI, efforts were made to identify programme providers from data collected in previous audits and research, and information obtained from the PHA, programme licence holders and a wide range of individuals, organisations and agencies with knowledge of parenting programmes in NI.

The researchers went to significant efforts to identify parenting programme providers. However, given the diverse and changing nature of parenting programme funding and providers, as well as the level of resources available to the Audit, not every provider of the 11 programmes was identified. However, the Audit can be regarded as a useful assessment of the current 'implementation circumstances' for each of the 11 parenting programmes, based on the information supplied by providers during the audit process.

The term 'implementation' has been defined as the 'art and science of incorporating innovations into typical service settings to benefit clients (children, families, adults and communities).¹⁰ Identifying core components or specific actions which contribute to the successful implementation of programmes, services or policies is helpful in guiding and supporting their development as well as identifying areas requiring change or improvement. Implementation is regarded as a process, which occurs in incremental stages and whilst there is some variation in the literature, the research points to four main stages. The first two stages consist of exploratory and planning activities and

¹⁰ National Implementation Research Network (NIRN), 2009.

the third stage involves implementation and operationalisation of a programme or service. Embedding and evaluation are features of the fourth stage¹¹.

During the exploratory and planning stage, a range of factors should be assessed before a decision is made to adopt and implement a programme, service or policy ('innovation'). These include identifying the *needs* of those who will engage with the innovation, assessing that the innovation *fits* with current initiatives, priorities, structures and values and identifying the necessary *resources* (IT, staffing, supervision etc.) required to deliver the innovation. Consulting the *evidence* regarding what works, with whom and what is cost effective, to ensure that an innovation is *ready for implementation* and that internal expertise exists to implement it, is important. An assessment should also be made of the *capacity*, (staffing, finance, structure) to implement an innovation¹².

Literature around implementation identifies factors or 'enablers' which facilitate the effective implementation of an innovation. The relative importance of these will vary depending on the programme, service or policy being implemented and the context and setting into which they are being introduced. Enablers to implementation include; effective leadership, appropriate resources, staff capacity, effective communication and planning, robust monitoring and evaluation, supportive organisational support and culture and the effectiveness of implementation teams. The relevance of an implementation framework to the delivery of parenting programmes is briefly considered in the final section of the Report - 'Areas for Consideration'.

Many providers of parenting programmes responded positively to the Audit, generously giving of their time and knowledge and sharing their insights and views. During the audit process, questionnaires were sent to 132 potential programme providers. Seventy-six questionnaires were completed and 24 programme providers participated in telephone interviews, providing a response rate of 58%. The information collated during the Audit has enabled the compilation of a detailed report of the current provision and implementation circumstances of the 11 evidence-based parenting programmes in NI. It should be noted however, that the Triple P parenting programme is not currently delivered in NI, therefore it was not possible to collect any information about its implementation.¹³ Consequently, the Audit consists of information pertaining to the ten remaining programmes.

This report presents the information collected during the Audit. The next section describes the methodological approach adopted, including the structure, content and administration of the questionnaire and telephone interviews. This is followed by a summary analysis of the data emerging across the ten parenting programmes and a section providing brief reports of the current implementation circumstances for each of the 11 programmes. Current provision of the ten programmes across the five Health and Social Care Trust areas is mapped out and the final section highlights potential areas for further consideration.

¹¹ CES (2012) p.5.

¹² Ibid, p.7.

¹³ A brief response was received from one health professional. This is included in the Report.

2. Methodology

Approach

At the beginning of the audit process, researchers sought to make contact with parenting programme licence holders, where this was possible and perceived to be helpful in identifying programme providers in Northern Ireland. Contact was not made with licence holders where a programme was known to be delivered by just one provider, did not have a licence, or was no longer being delivered. The information provided was generally helpful, although few of the licence holders contacted were able to provide accurate, comprehensive details of the current provision of a particular programme in NI. In some cases this was because the information was not collated and in others, it could not be shared for data protection reasons.

As already mentioned, in the absence of an up-to-date census or directory of parenting programme providers in NI, information was sourced from a wide range of statutory, voluntary and community organisations and agencies, including the PHA, Health and Social Care Trusts, Childcare Partnership managers, Sure Start projects, Barnardo's, Action for Children, NCB, and others. Information was also sourced from relevant websites including Family Support NI, NI Direct, and websites for each of the parenting programmes included in the Audit. Relevant information was also extracted from previous audits of parenting programmes, including those completed by CES, NCB, NCB/PHA and the Childcare Partnership. The NCB and PHA completed an audit of the delivery of parenting programmes in NI in 2013¹⁴ and NCB undertook an audit of the Incredible Years Programme in NI in 2012.¹⁵ Both of these documents provided useful background information. A mapping exercise of Sure Start projects completed by the Western Childcare Partnership Manager in 2013 also offered helpful data regarding the provision of parenting programmes across Sure Start Projects. The information obtained was then recorded in a central database and updated as additional data was received.

Research Methods

Questionnaires

A two-stage methodological process was employed. Firstly, a questionnaire was developed in consultation with the PHA. This was informed by previous audits of parenting programmes, including those conducted by the Parenting Research Centre, Australia¹⁶ and Sunderland Children's Trust.¹⁷ The questionnaire was peer reviewed by colleagues within CES and reviewed by the Early Years Intervention Coordinators in the Trusts. An email was sent late July 2015, to all potential programme providers on the database, explaining the rationale for the Audit and asking them to complete the questionnaire, which was uploaded onto *Survey Monkey*. Recipients received a further email or telephone call to remind them to complete the questionnaire. The deadline for

¹⁴ NCB/PHA, 2013.

¹⁵ http://www.ncb.org.uk/media/1100568/iy_audit_report_final.pdf

¹⁶ <http://www.parentingrc.org.au/>

¹⁷ Sunderland Children's Trust, 2008.

completion was 7th September 2015. An extended deadline of 14th September was set for nursery and primary schools, to take account of the beginning of the school term.

The questionnaire contained 40 questions which were grouped into four sections.¹⁸ These requested information in relation to the following issues:

- Provider contact details;
- Details of programme(s) delivered;
 - Geographical/Trust location of programme delivery
 - Frequency of delivery, referral approach
- Profile of Parents participating in the Programme(s);
 - Gender, age, lone parents, participation with partner, ethnicity
- Funding and Evaluation Arrangements, and;
- Additional Information, including the degree of collaboration between programme providers.

Respondents were also asked to indicate their willingness to participate in a follow-up telephone interview.

Questions relating to the number of parents on the waiting list, if one existed, and average length of waiting time were presented in a multiple choice format and respondents were asked to select from several possible categories. Similarly, questions included under 'Parent Profile' relating to the age of participants, participation rates for lone parents and partners were presented in a multiple choice format and respondents were asked to select from one of a range of age bands or percentage categories.

As it was recognised that some respondents could be involved in delivering a number of programmes, all respondents were directed to complete a questionnaire for *each* evidence-based parenting programme they delivered. In a few cases, however, respondents collated this information in one questionnaire.

Telephone Interviews

Telephone interviews were completed with a sample of programme providers in order to explore a range of qualitative issues, which were not deemed appropriate for inclusion in the questionnaire. Resource and time constraints meant it was not possible to interview every provider who completed a questionnaire, therefore interviews were scheduled with a representative sample of respondents. The sample included at least one provider of each of the ten programmes and where a variety of organisations were delivering a programme, a selection was interviewed. The interviews were recorded and/or written notes were taken and compiled into detailed transcripts. Permission to record the interviews for aide-memoire purposes, was sought in advance from individuals. The interview schedule addressed the following issues:

- Number of staff trained and delivering the parenting programme;
- Nature of training provided to enable programme delivery;
- Funding sources and programme costs;

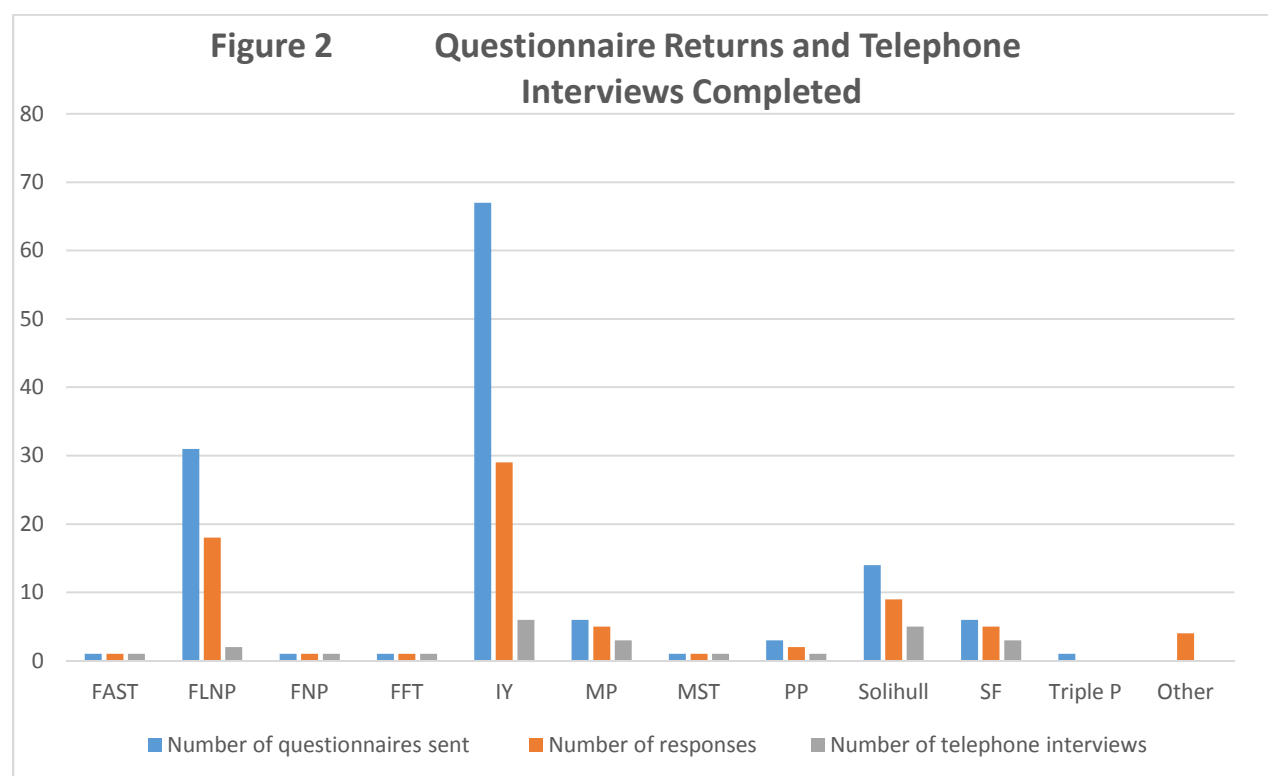
¹⁸ The Questionnaire is included in Appendix 3.

- Approaches to evidence gathering and evaluation, including steps to ensure fidelity, type of impact measured;
- Nature of parents' feedback and how it informs programme development;
- Implementation opportunities and challenges, and;
- Collaboration with other parenting programme providers.

The Audit was advertised on the PHA, Children and Young People's Strategic Partnership (CYPSP) and Children in Northern Ireland (CiNI) websites, promoted by the Sure Start childcare partnership managers and supported by the Early Years Intervention Coordinators across the five Trusts.

Response rates

The chart below (Figure 2), provides an overview of the number of questionnaires issued, the number of responses received and number of telephone interviews conducted in relation to each parenting programme¹⁹. In total, 132 questionnaires were emailed to potential providers, 76 responses were received and 24 telephone interviews were completed.



Where a programme is delivered across a number of Trust areas, the analysis section provides a more comprehensive overview of the number of responses per Trust area. The quantity and detail of information supplied through the questionnaires was variable. The third section of the questionnaire related to funding, evidence and evaluation, and a significant number of respondents left this section blank, perhaps due to the fact this information was readily accessible.

Approach to the Analysis

¹⁹ Four responses were received from providers of parenting programmes which were outside the scope of this audit. These are included in Appendix 2.

The questionnaires and telephone interviews pertaining to each parenting programme were compiled and analysed. An analysis framework was devised to facilitate a clear and consistent presentation of the findings.

3. Provision and Implementation Of Evidence-based Parenting Programmes in Northern Ireland

An Overview

The findings reveal that providers of the ten evidence-based parenting programmes have quite different experiences in terms of programme implementation and different views regarding programme delivery and impact. Some have been involved in the delivery of a programme for some time and across different Trust areas, while others have only recently completed training and are about to deliver a programme for the first time. In other cases, respondents indicated that a parenting programme was no longer being delivered in NI or provision was coming to an end.

This section presents an overview of the current provision and implementation of ten of the evidence-based parenting programmes which were the focus of the Audit. As highlighted in the Introduction, the 'Triple P' programme, which was delivered by the NSPCC is no longer available in NI. The NSPCC now provides support to parents in NI through Video Interactive Guidance, although Triple P continues to be delivered by the charity in several locations in England²⁰. References to parenting programmes therefore relate to the ten remaining programmes detailed in Figure 1 (p.3). It is also worth noting that as funding was coming to an end, delivery of the Functional Family Therapy programme ceased in September 2015.

This overview of programme provision and implementation is based on the information collected through the questionnaires and telephone interviews. A more detailed account of the circumstances of delivery of each programme is included in the next section. It is important to note that some respondents were unable to provide full responses to the questionnaire indicating that the information sought was either not known or not collected.

Programme Delivery

Six of the ten parenting programmes are delivered across all five Trust areas. These are Families and Schools Together (FAST), Family Links Nurturing Programme (FLNP)²¹, Family-Nurse Partnership (FNP), Incredible Years, Strengthening Families and the Solihull Approach Parenting Group (Solihull) and two are delivered in three Trusts; Multisystemic Therapy (MST) and Mellow Parenting. Parents' Plus and Functional Family Therapy (FFT) are delivered across the NHSCT area. As mentioned previously, programmes are delivered across a wide range of settings, including schools, Sure Start projects, family centres, Trust settings and family homes. The length of each programme varies considerably, from 6 weeks for the Solihull programme for new mothers and Mellow Bumps to 2.5

²⁰ <http://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/improving-parenting-improving-practice1/>

²¹ No responses were received from FLNP providers in the SEHSCT, however the Childcare Partnerships Audit (2013) indicated that Colin Sure Start may be delivering the Programme.

years for the FNP programme, although young mothers on the FNP programme can choose to complete the Programme earlier. Similarly, families were enrolled on the FFT programme for 3-5 months, depending on their level of need. Although the majority of programmes have a prescribed duration, providers of a number of programmes, namely FLNP, Incredible Years and Parents Plus, indicated there was some flexibility to reduce or extend the length of the programme, usually by several weeks.

Most of the parenting programmes have a waiting list, although the majority had fewer than ten parents. Many of the respondents delivering the Solihull Programme were recently trained or in the early stages of delivery so waiting list data was not collated. Providers of Mellow Parenting and MST indicated that around 11-20 parents are usually on the waiting list while Strengthening Families providers identified slightly longer waiting lists of between 10 and 31 parents. The provider of FAST and some FLNP providers reported slightly higher numbers of 31 parents or sometimes more, depending on the level of demand and availability of staff. In terms of waiting time, five providers indicated that this is usually less than 3 months. Technically, the FNP Programme does not have a waiting list as participants are generally enrolled almost immediately, while the waiting time for MST and some Mellow Parenting programmes is approximately two months. For FFT and the Parents Plus Programme, waiting time is dependent on the level of demand.

Most of the parenting programmes target quite specific groups of parents and/or children and young people and even where a programme is described as universal, the provider acknowledged that there was a particular group or groups at whom the programme was directed. Examples of target groups include families living with a high level of social need (FAST and FLNP), new young mothers aged under 20 years (FNP), families with children or young people at risk of 'out of home' care or custody (MST and FFT) and children with ADHD (Parents Plus). Providers of some programmes also target parents with children within a specific age group (e.g. Incredible Years, Strengthening Families and Solihull). Individuals delivering the Strengthening Families programme acknowledged that the programme was directed at Tier 2 families, school non-attenders and young people not in education, training or employment. Mellow Parenting providers indicated that there is a clear criteria regarding who should be targeted, including parents with a child on the Child Protection Register, or families where there has been persistent violence between parents.

Parent Profile and Participation

Providers of seven of the ten parenting programmes indicated that parents access their programmes through self and third party referral. Parents are referred from a host of organisations and agencies, including Social Services, CAMHS, Barnardo's, children's resource panels as well as health visitors, social workers, community and health support workers, midwives and GPs. Reviewing the profile of parents participating in the ten parenting programmes, there are some dominant characteristics. Firstly, the overwhelming majority of participants are female. Indeed, a number of providers indicated that they have delivered their programme exclusively to female participants (Incredible Years and Solihull), while others noted that over 90% of participants are female. The age range of parents taking part varied between programmes, depending on the target group. For example, the FNP programme targets young mothers under 20 years, therefore the age profile of participants reflects this. The FFT and Strengthening Families programmes target whole families, hence the age profile of 21-50+ years. The age range of parents taking part in FAST, FLNP and the Solihull programmes was reported to be 21-40 years, while for the Mellow Parenting programme, the majority of parents are within the 21-30 age band. For the Parents Plus

programme most parents were within the 31-40 age band. A significant proportion of participants across the ten programmes were identified as lone parents, although the actual percentage range was very broad, spanning from 10% to 86% (See Figure 3).

Figure 3: Participation of lone parents

Parenting Programme	Percentage of lone parents participating in programmes
FAST	26% - 40%
FFT	71% - 85%
FLNP	10% - 70%
FNP	41% - 55%
Incredible Years	10% - 86%
Mellow Parenting	56% - 70%
MST	71% - 85%
Parents Plus	26% – 50%
Solihull	<10% - 55%
Strengthening Families	71% - 85%

Providers were asked to estimate what percentage of parents attend programmes with their partner. Across the programmes this varied from 25% or less to 75%. See Figure 4 below.

Figure 4: Parents attending sessions with their partner

Parenting Programme	Percentage of parents attending sessions with their partner
FAST	< 25%
FFT	26% - 50%
FLNP	< 25%
FNP	26%– 50%
Incredible Years	< 25%
Mellow Parenting	< 25%
MST	<25%
Parents Plus	26% – 50%
Solihull	0 - 75%
Strengthening Families	< 25%

Ascertaining the number of parents who participated in programmes during 2014/15 was more challenging, as the information provided in some cases was either incomplete, or not collated as a single figure (See Figure 5).

Figure 5: Number of parents/families participating in programmes 2014/15

Parenting Programme	Number of Parents/Families participating in Programmes
FAST	773
FFT	72
FLNP	335
FNP	369
Mellow Parenting	16-24 (variation across different providers)
MST	68 (BHSCCT)
Parents Plus	27
Solihull	80 (one provider)
Strengthening Families	15-74 (across different providers)

Given the variations in the implementation of the Incredible Years programme and the incompleteness of the information provided, it was not possible to determine the precise number of parents who participated in the programme last year. Nevertheless, a rough calculation using the data supplied during the Audit indicated that the number of participants across the various settings ranged from three to 173, with an estimated total of 826 parents.

Completion rates across the various parenting programmes ranged from 50% to 100%. A majority of providers indicated that over 80% of parents complete the programmes (See Figure 6).

Figure 6: Programme Completion Rates

Parenting Programme	Percentage of parents completing Programmes
FAST	87%
FFT	70%
FLNP	> 90%
FNP	95%
Incredible Years	50% - 100%
Mellow Parenting	<67% - 90%>
MST	85%-92%
Parents Plus	95%
Solihull	> 90%
Strengthening Families	> 90%

Staff Training

Providers of parenting programmes were asked to provide details of the number of staff trained to deliver each parenting programme and the number actually delivering the programme at the time

of the Audit. As this question was included in the telephone interview schedule, information was only sought from a sample of parenting programme providers (n=24). The quality of the information obtained was also variable. In some cases respondents were unable to provide this data or the information recorded was incomplete. Where a parenting programme is delivered by a single agency or organisation, information regarding staffing was more accurate and comprehensive. With regards to these providers, the Save the Children respondent indicated that 11 staff are trained and delivering the FAST programme, while 27 staff are trained and delivering the FNP programme. In relation to the MST programme, 13 staff are trained and 11 are delivering the programme. Delivery across the SEHSCT area ceased at the end of September and staffing in the NHSCT was reduced by 50%. Before implementation of the FFT programme ended in September, five trained staff were delivering the programme although this was subsequently reduced to three.

The Parents Plus programme provider did not participate in a telephone interview, however the programme coordinator indicated that during 2014/15, 530 individuals were trained to deliver the programme. This included 70 from the UK, although he was unable to specify how many were from Northern Ireland. Information shared by providers of the Mellow Parenting programme revealed that 20-30 staff are trained to deliver the programme across the SEHSCT area although it was not clear how many are currently involved in delivery. Fifteen staff have been trained across the SHSCT area and all but one are delivering the programme. With regard to the FLNP, respondents reported that 30 staff are trained and delivering the programme within the NHSCT area, 16 staff are trained and delivering the programme across the SHSCT area and a representative from a Sure Start project indicated that five staff are trained and delivering the programme in that setting. Information collated in relation to the Strengthening Families programme indicated that 74 staff are trained to deliver the eight-week programme across the NHSCT area, although it is unclear how many are currently delivering. Thirteen staff across the BHSCT area and eight staff in the SHSCT area are trained to deliver the 14-week programme and of these, five staff in the BHSCT area and six staff in the SHSCT area are known to be delivering the programme. At the time of the Audit a further 16 staff were due to complete training in September 2015 and to begin delivering the programme.

Details of the number of staff trained and delivering the Incredible Years programmes provided during the Audit are limited to those who completed the telephone interviews. Those delivering the Incredible Years programme in nursery schools and Sure Start projects indicated that 2-5 staff are trained and delivering the programme in these settings while another respondent indicated that 16 staff have been trained to deliver the programme across the SHSCT area. Information presented on the Incredible Years website indicates that 684 individuals have been trained to deliver Incredible Years parenting programmes in NI.²²

Staff across a number of Trust areas are in the process of being trained to deliver the Solihull parenting programme. Respondents calculated that seven staff (nurses and social workers) have completed Foundation and 'Train the Trainers' courses across the NHSCT area, while 11 staff in the WHSCT area and ten in the SEHSCT area completed Foundation training during the last 18 months. However, it is unclear from the Audit, how many of these are currently delivering the programme.

²² <http://incredibleyears.com/>

Nature of Training provided

There is considerable diversity in the training provided to those delivering each of the various parenting programmes. Programmes involving therapeutic approaches such as MST and FFT²³, require more intensive training and ongoing supervision. Staff delivering MST complete a five-day orientation course, and then take part in weekly group supervision and consultation, monthly clinician development planning, monthly audio-reviews and quarterly booster training. Support is also provided by the programme originator to supervisors, therapists and teams. For the FNP programme, family nurses undergo training over a 14-month period, completing three modules, 12-month training packs, participating in monthly training and completing a total of 19 days training. Additionally, they participate in a programme of supervision. Supervisors receive approximately 34 days training. Information collated during the Audit indicated that staff who were delivering FFT tended to be educated to Masters' level before they engaged in three 3-day blocks of clinical training. While delivering the programme, staff participated in weekly consultation and monthly supervision.

Providers of two parenting programmes; FAST and Solihull, described training as being delivered in distinct phases. In the FAST programme, training is provided in a school setting in conjunction with Middlesex University across three phases, while training for the Solihull programme is delivered across three phases – Foundation, Parenting Group Facilitators' training and Train the Trainers. Further practice sessions are provided through Solihull and refresher support is available. Mentoring, supervisory and on-line support are also available to practitioners. Training to deliver other parenting programmes, including, FLNP, Incredible Years, Mellow Parenting, Strengthening Families and Parents Plus, comprises two to four days initial training and then in most cases, a combination of mentoring, supervisory or peer support as is provided through the FLNP, Mellow Parenting, Strengthening Families and Parents Plus programmes. Mentoring and supervision for staff delivering some programmes is provided mainly in-house, as in the Parents Plus, FLNP and Strengthening Families programmes. In some cases, support is also available from the programme originator, as is the case with the Parents Plus and Mellow Parenting programmes. Formal individual supervision and peer supervision are provided to those delivering the Mellow Parenting programme. According to respondents, follow-up support for those delivering the Incredible Years programme is more limited. Some commented on the absence of peer support after the first year of delivering the programme, while others indicated that no external support was available to them and, until recently, there have been no accredited peer group mentors in NI. However, several respondents referred to support and advice they had received from NCB which provides strategic co-ordination for Incredible Years programmes in NI. A respondent from Barnardo's also explained that some facilitators are currently going through a process of accreditation to become Incredible Years coaches.

Evidence and Evaluation

A majority of respondents reported employing a combination of in-house and externally devised evaluation tools to gather evidence and evaluate the parenting programmes they are delivering. Providers of every programme described using standardised questionnaires, including Strengths and Difficulties Questionnaires (SDQs) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which are generally administered pre- and post-programme delivery. Evaluation tools

²³ It should be noted that delivery of the FFT programme ceased in September 2015.

and measures devised by programme originators, including questionnaires and evaluation forms, are used by every programme provider. Almost every provider also undertakes in-house evaluations of their parenting programme employing a range of methods, such as questionnaires, case studies and 'away days'. A few providers indicated that they involve families and/or children in their evaluation, gathering their feedback through questionnaires and exit interviews. Some providers also undertake weekly evaluations, whilst others seek feedback on a monthly or quarterly basis.

Parents' Feedback

Providers of the parenting programmes were asked specifically if they sought feedback from parents, during or after programme delivery. Every provider reported asking for feedback from parents, and all but one described parents' responses as positive. Programmes were generally perceived as 'helpful', 'very useful', providing 'timely information', 'beneficial in terms of the peer support from other parents' and for some, 'the first service that has been effective'. Feedback from parents regarding the Incredible Years programme was reported as 'mixed', with several respondents commenting that some parents found it 'irrelevant', 'contrived' and 'inaccessible', although others regarded it as 'beneficial' and 'very useful'.

Respondents were also asked if parents' feedback is used to inform parenting programmes in any way. The majority of respondents acknowledged that parents' comments are taken into consideration, however the extent to which these then actually inform the content and delivery of programmes varies considerably. Two providers actively encourage parents to shape and influence their programmes. Parents Plus is described as a 'practitioner enhanced programme' since the integration of parental feedback is regarded as an intrinsic feature of the programme. Similarly, content of the FAST programme is described as 40% non-adaptable and 60% adaptable to suit the local context. Other providers acknowledged that parents are provided with opportunities to input to the programme, although adaptations are either minimal, or rarely required (FLNP, Mellow Parenting, Strengthening Families, Solihull). The FNP programme has quite specific fidelity requirements, however consideration is currently being given as to how parents might contribute to the further development and enhancement of the programme. Parental feedback is considered in the delivery of FFT, however programme fidelity is paramount and feedback cannot significantly influence the programme. Similarly, MST is delivered with very high levels of fidelity, although the respondent noted that parents' feedback is used to inform clinicians' development planning. While espousing a strong commitment to ensuring programme fidelity, some practitioners delivering the Incredible Years programme acknowledge they have made adjustments to the length and content of the programme in response to parents' feedback. In a few instances, the programme has been delivered over a shorter period of time and in another, group discussions have replaced some of the vignettes (video clips) included in the programme.

Programme Fidelity

Respondents were asked to comment more generally on the extent to which programmes are delivered with fidelity. As noted above, Parents Plus is devised so as to encourage and integrate parents' views and suggestions, while 60% of FAST programme components are adaptable to ensure it 'fits' the local context. Nonetheless, providers of the programmes emphasised that fidelity is underpinned by a robust supervisory process (FAST) and programme quality protocol (Parents Plus). Providers of FFT and MST reported having robust mechanisms in place to maintain

fidelity, including performance indicators, weekly supervision and monitoring by the programme implementation review team (MST) and national supervisors (FFT). With these various monitoring arrangements in place, it was suggested that any deviations are quickly identified.

A number of providers referred to the importance of adhering to programme manuals and using specified resources in order to ensure programmes are delivered with fidelity (FLNP, Incredible Years, Mellow Parenting, Strengthening Families, Solihull). Providers of the Mellow Parenting, Strengthening Families and Solihull programmes noted that any proposals to deviate from the prescribed programme require external approval. As highlighted earlier, those delivering the Incredible Years programme underlined the importance of fidelity, commenting on the requirement to adhere closely to the manual. Some providers believed however, that some adaptation of the Programme is required to enable parents to access and engage more effectively with the concepts and content.

Programme Impact

Programme providers were asked to describe the type of impact they are seeking to measure through evaluations. In many cases, these are closely linked to the programmes' objectives. A wide range of impacts were cited, broadly relating to the health and wellbeing of parents, health and wellbeing of children, parent-child relationships and the community. Those relating to *parents' health and wellbeing*, include:

- Improved emotional wellbeing, self-confidence, self-awareness and adopting a more positive outlook (FLNP);
- Improved maternal health, wellbeing and behaviours (FNP, Mellow Parenting);
- Improved mental health (FFT);
- Improved self-confidence regarding child development (Incredible Years);
- Exhibiting positive parenting behaviour (Strengthening Families);
- Enhancing social networks (Incredible Years), improved links with the community (FFT), social supports (MST);
- Improved economic self-efficacy (FNP).

Those which relate directly to *children's health and wellbeing* include:

- Improved child health and wellbeing (FNP), positive contribution to children's social and emotional health (Incredible Years), reduction of difficult behaviour (Strengthening Families, Solihull);
- Demonstrating a readiness to learn and improved school attendance (FAST);
- Child deregistered from the Child Protection Register (FFT), reduction in child protection issues (Mellow Parenting);
- Increased engagement with pro-social peers (MST);
- Young person remaining at home, in school (MST);
- No further involvement in youth justice issues (MST).

Other impacts relate to *parent-child relationships*, such as:

- Bonding with the child (FNP, Mellow Parenting);
- Improved parent-child relationships (Incredible Years, FAST, Solihull);
- Improved family communication and cohesion (Strengthening Families), positive impact on family dynamics (Mellow Parenting), improved family relationships (MST).

Other impacts include cases being safely closed (FFT) and number of parents completing sessions (Strengthening Families).

Local and National Evaluations

Programme providers who completed a telephone interview were asked if their parenting programme had been subject to any local or national evaluations. Providers of the FLNP were not aware of any evaluations and those providing the Solihull and Incredible Years parenting programmes acknowledged that while these have been subject to significant research and evaluation, they were not familiar with any specific studies or findings. Respondents delivering the FAST, FFT, FNP, Mellow Parenting, MST and Parents Plus programmes made reference to these having been the subject of Randomised Controlled Trials (RCTs). The FAST Programme is currently the focus of a national RCT which is due for completion in 2018.²⁴ Researchers at the Queen's University Belfast have been involved in completing a RCT with the Croyden FFT programme team.²⁵ Research into the programme has also been conducted in Brighton and Dublin and a study is currently underway in Renfrewshire, Scotland. Extensive research into FFT has also been undertaken in various European countries.

Results of an RCT of the FNP programme in England have just been published, identifying some challenging issues which may require further consideration by other FNP teams across the UK²⁶. It was also suggested that the FNP programme in NI may combine with the FNP Programme in Scotland to participate in an RCT. One respondent indicated that Mellow Parenting is the focus of a systematic review by the University of Aberdeen²⁷, while another noted that it is currently undergoing an external evaluation by the Ulster University, the results of which are due shortly, in February 2016. Providers also indicated that the programme has been the focus of a systematic review conducted by the Department of Health in England.

It was reported MST has undergone several small-scale RCTs, as well as a large-scale RCT, which was commissioned in 2009 and is due to report shortly. The MST programme has also been the subject of various local and national studies. Parents Plus has been the subject of 16 research studies including several RCTs. Providers of the Strengthening Families programme referenced research carried out by Oxford Brookes University into programme delivery in England and Wales and a longitudinal study completed by the National Strengthening Families Council of Ireland.²⁸

Funding Arrangements

Funding for delivery of the ten parenting programmes comes from various sources and may be provided to facilitate staff training, the purchase of manuals, resources or materials, as well as actual delivery of a programme. With regards to statutory sources, according to the information collected during the Audit, the PHA provides funding for the FNP, Strengthening Families, Incredible Years and Mellow Parenting programmes. Delivery of the Incredible Years, Mellow Parenting and

²⁴ <https://educationendowmentfoundation.org.uk/projects/families-and-schools-together-fast/>

²⁵ Thurston et al, 2015.

²⁶ <http://medicine.cf.ac.uk/primary-care-public-health/research/early-years/completed-projects/building-blocks/>

²⁷ <http://www.abdn.ac.uk/iahs/research/crh/projects/mellow-babies.php>

²⁸ http://www.effectiveservices.org/images/uploads/4C_An_interagency_approach_to_supporting_parents.pdf

the FLNP programmes through Sure Start projects attracts recurrent funding from the Department of Education (DE). The Department of Social Development (DSD) also provides recurrent funding for delivery of the FLNP in a family centre. The Ministry of Defence's Education Fund is supporting delivery of the Incredible Years programme by two providers. The Solihull programme is funded through various sources, though mainly by the Trusts and HSC Clinical Education Centre. The MST programme receives funding from one Trust and the HSCB, via the EITP. In terms of charitable funding and grants, the Big Lottery funded delivery of the MST programme as well as the Parents Plus programme and, until funding ended in September 2015, the FFT programme. Voluntary and community organisations providing the Incredible Years programme indicated that they are supported through external grants and short-term funding, which is typically awarded through 2-3 year cycles. The FAST programme receives financial support through corporate partnerships and from 2010 -2015, support was provided on a recurrent basis.

Programme providers were also asked to calculate the cost of programme delivery for their particular parenting programme. As anticipated, these vary significantly and range from the costs of purchasing materials to the payment of staff salaries. Evidently, the most expensive programmes are those where a number of staff salaries are attached. These included the FNP programme where 27 staff are on full-time permanent contracts, the FAST programme where the maximum cost for the enrolment of a new school and a new trainer is £18,000 and FFT where three full-time staff were employed. In delivering the FFT programme, the average cost per family ranged from £3,700 to £5,500. Costs for delivery of the Strengthening Families programme are estimated at £10-15,000, with evaluation costs additional.

Delivery of the FLNP was costed at £700 for training resources and £2,000 for refresher sessions. Comparatively less expensive costs are attached to the Parents Plus programme where a two-day training course is €290, three days cost €430 and programme materials are €300. Delivery costs for the Mellow Parenting, MST and Solihull programmes were not provided. However, it was noted that Solihull is not a licenced programme and as such, costs are only associated with training and resources.

Implementation Opportunities and Challenges

During the Audit, providers of parenting programmes were asked to highlight what they regarded as key implementation opportunities and challenges associated with the delivery of their programmes.

Opportunities

A number of respondents commented on the range of potential positive benefits for families arising from their participation in a parenting programme, including the opportunity to enhance their social networks and address issues of social isolation through meeting other parents, develop self-confidence in a group setting and to positively impact on other family members (FAST, FFT, Incredible Years).

Respondents delivering parenting programmes through Sure Start projects (FLNP, Incredible Years, Mellow Parenting), highlighted the particular benefits for parents, allowing them to avail of a range of other provision and support, to meet and get to know other parents before participating in a parenting programme and where a range of programmes are provided, for staff to be able to direct them towards the programmes appropriate to their particular circumstances.

The potential for a parenting programme to complement and integrate effectively with other services, such as mental health, education, social care and family support and to support the work of health and social care professionals was regarded as valuable (FAST, FFT, MST, Strengthening Families). Furthermore, several respondents acknowledged that a parenting programme may support early intervention, enable better decision-making and promote effective engagement with 'hard to reach' families where other forms of intervention have not been successful (FFT). The particular approach adopted by individual programmes was highlighted as particularly valuable. A client-centred, solution-focused approach which allows for adaptation to reflect parents' particular needs was regarded as a particular strength (Parents Plus) as was a supportive, therapeutic, non-judgemental approach which allowed effective cohesion between the parent and practitioner (Solihull). Creating a locally-owned identity (FAST, Parents Plus), developing effective relationships with other organisations and services (Strengthening Families, MST) and positively impacting on parent-child relationships and various aspects of children's development (FNP, Solihull) were also identified as particular strengths.

Challenges

A key challenge in delivering parenting programmes, identified by many respondents relates to limited resources, including time, staff and funding. The time intensive nature of programmes was highlighted by various providers (FAST, FLNP, Incredible Years, Parents Plus, Strengthening Families, Solihull), as was staff availability and the particular demands placed on staff (FFT, FLNP, Incredible Years, Mellow Parenting, Strengthening Families, Solihull). Securing sustainable funding was also regarded as a particular challenge for providers of some programmes (FFT, Incredible Years, Mellow Parenting, MST and Strengthening Families). An absence of dedicated time and resources to promote the programme (Parents Plus) and the lack of a regional strategy (MST) were regarded by providers as barriers to the expansion of these programmes.

Securing stakeholder buy-in and sustaining parents' and other agencies' commitment were regarded as challenging by some providers (Incredible Years, MST, Solihull). Two programmes referred to issues concerning the referral process, whereby delays or a lack of referrals impact on programme delivery (FFT, Mellow Parenting). The challenges of effectively promoting parenting programmes and achieving better visibility of a programme at a policy level was highlighted by two programme providers (Strengthening Families, Parents Plus). Finally, a small number of respondents commented on the suitability of the Incredible Years programme for parents in NI. Concerns centred around the accessibility of the programme, which was developed in the USA and the usefulness of some aspects of the programme, particularly vignettes (video clips).

Collaboration between Programme Providers

Finally, those who participated in the Audit were asked to reflect on the extent to which they collaborated with providers of other parenting programmes in NI. Responses suggested that collaboration is not widespread although a few examples were highlighted, including collaborative working between providers of the MST and FFT programmes. These providers noted that in delivering these programmes, similar issues often arise and there is commonality in the approaches employed with parents. Collaboration was described as 'fragmented' and relationships between providers as 'variable'. The competitive environment in which programmes are delivered, the limited time and resources available, a perceived need to focus on the programme being delivered,

a tendency towards a silo mentality and a lack of awareness of other programmes were all regarded as contributing to an absence of collaborative working.

Several respondents suggested that more strategic thinking is required to identify the potential merits of collaboration between programme providers, given the current lack of commonality in programme evaluation approaches, indicators used and outcomes achieved. Some respondents acknowledged that achieving greater consistency would contribute to improved co-ordination, more effective targeting and better prioritisation of services. It was also suggested that greater collaboration would facilitate more effective sharing of scarce resources, ensure that families access the most appropriate programmes and enhance relationships across the various health, social and community services.

4. Provision and Implementation of Individual Parenting Programmes

This section examines each parenting programme individually and provides details of its current provision and implementation circumstances.

i. Families and Schools Together (FAST)²⁹

Programme Description

The Families and Schools Together (FAST) programme embraces the principles of early intervention and parental support in seeking to build stronger bonds between parents, schools and communities, to ensure children are supported to fulfil their potential. FAST is a universal programme which provides activities and support to parents of children to help them become involved in their child's learning and development at home, at school and within the wider community. It also aims to help children improve their skills in literacy and numeracy, while also encouraging good behaviour and a positive attitude towards school and learning. Parents and children attend eight weekly sessions and then parents continue to meet on a monthly basis. Sessions are delivered in schools or other community settings. The programme was originally developed in the USA and Middlesex University is the sole licence holder for FAST in the UK.

Programme Delivery

FAST is currently delivered in NI by Save the Children. Information about programme delivery was captured through one questionnaire and one telephone interview. The programme is delivered across each of the five Health and Social Care Trust (HSCT) areas, and information collected during the Audit, indicated a concentration of provision in the following areas within each Trust.

Figure 7: FAST Programme Delivery across Northern Ireland

Trust Area	Locality (confirmed)
BHSC	North Belfast, South Belfast, and West Belfast
NHSC	Antrim, Bushmills, Coleraine, and Newtownabbey

²⁹ Families and Schools Together - <http://familiesandschoolstogether.com/>

SHSCT	Armagh, Newry and Mourne
SEHSCT	North Down, Down, and Lisburn
WHSCT	Derry/Londonderry, Fermanagh, and Strabane

The programme is delivered on an annual basis in primary schools and is targeted at families with children aged 4-8 years old. Given that the programme is delivered in a school setting, direct programme support is provided over an eight-week period, with delivery aligned to school terms. Further to this, 'indirect' support is offered to parents over a period of 22 months. This takes the form of FASTWorks parent support groups, which are facilitated on a monthly basis and administered by graduate FAST families.³⁰ The respondent from Save the Children indicated that there is currently a waiting list for the programme, of more than 31 parents. This is due to the timing of programme delivery across the school year (i.e. on a term-time basis). The average waiting time is approximately three months.

Parent Profile and Participation

Participation in the FAST programme is voluntary, and parents enrol through a process of self-referral. In terms of participation rates, 773 families completed the programme during 2014/15 - this was a higher than normal level of participation. Further information revealed a collective total of 1,584 families having taken part in the FAST programme between 2011 and 2014. The vast majority (87%) of those who enrol are believed to complete the programme. With regard to parent profile, the overwhelming majority (95%) are female and 90% are aged between 21 and 40 years. It is estimated that 26% - 40% are lone parents and less than 25% of participants attend along with their partner. Fewer than one in ten parents are from a BME background.

In terms of programme 'reach' and the extent to which it targets those parents for whom it is likely to be most beneficial, the FAST programme is consistent with the Save the Children poverty mission, and tends to be available in primary schools where there is a higher incidence of pupils in receipt of free school meals. Qualitative feedback reveals that most of the families engaged have a gross family income of less than £10,000 and are often '*close to crisis point*'. The provision of free meals for families during the programme is deemed a clear incentive for some participants. A particular strength of FAST is that it provides support to families who are financially vulnerable, however the Save the Children respondent acknowledged that it was something of a 'balancing act' to ensure the inclusivity of those in need, whilst retaining its status as a universal programme.

Staff Training

The respondent from Save the Children indicated that 11 staff are trained and currently delivering the programme in NI. This includes six freelance trainers contracted to Save the Children, four 'in-house' trainers and one supervisor. Trainers originate from a range of backgrounds, such as education, community development and youth work. The NI training model is delivered in partnership with Middlesex University London and Save the Children, and is highly comprehensive, incorporating three phases:

- *Phase One*: Facilitators become members of a FAST team within a local school setting and deliver the programme on-site. Whilst group sessions are delivered on a weekly basis over an

³⁰ <https://www.familiesandschools.org/how-fast-works/>

eight-week period, phase one of the training programme is 14 weeks in total. On completion of this training strand, the school gains accreditation as a 'FAST school'.

- *Phase Two:* Facilitators can access a four-day 'Train the Trainers' programme which is led by Middlesex University and focuses on the theory and background of the FAST programme.
- *Phase Three:* This involves the provision of practice support, supervision and mentoring on another school site for a further 14-week period. Facilitators are mentored on three occasions during this time, with follow-up supervision available upon completion of training.

The perceived benefit of this 'traditional' approach to training is that it allows facilitators to implement the programme within the school as part of a FAST team (Phase One). An alternative 'fast track' option, by which facilitators can immediately progress to Phase Three, is available to those who have prior learning and experience of delivering family support programmes.

Middlesex University provides training support to facilitators, delivers the 'Train the Trainers' programme, and provides mentoring and supervisory support at the practice development stage (Phase Three). In addition, facilitators receive regular telecommunication and online support via the FAST UK central website resource centre.

Funding Arrangements

The programme is funded through corporate partnerships. Between 2010 and 2015, this support was provided on a recurrent annual basis, through Charity of the Year relationships, although this cycle of financial support has recently come to an end. Programme costs vary depending on the status of the school involved, (i.e. whether the participating school is new to the programme or has been previously accredited as a 'FAST school'), and whether a new trainer is involved. The maximum cost of running the programme within a 'new school' with a 'new trainer' is approximately £18,000.

Evidence and Evaluation

The FAST programme incorporates standardised evaluation measures, through the administration of pre- and post-programme questionnaires to parents. Data captured is analysed independently by Middlesex University and later shared with parents and the participating school, enabling a shared exploration of the outcomes achieved. In addition, Save the Children captures qualitative feedback from parents which provides a 'snapshot' of parent experiences, a review of outcomes and an assessment with regard to expectations having been met. Each school has a quota of case study interviews to complete, which provide qualitative feedback relating to each school setting. Impacts which are measured include: changes in the classroom in terms of readiness to learn; improved parent/child relationships at home and improved parent/teacher relations. A further impact, noted as less relevant in the primary school context, is in relation to a reduction in risk factors including smoking, alcohol and drug use.

Parental Feedback

Parental satisfaction with the programme was reported as being extremely high. Whilst it was noted that 40% of the programme consists of core components that cannot be changed, 60% of the processes are locally adapted. However, it was not evident to what extent this is informed by parental feedback, or what kind of adaptations are made arising from parental feedback.

Programme Fidelity

Fidelity is underpinned by a robust supervisory process, involving site visits from certified trainers to three of the eight weekly multi-family group sessions. At this stage, the trainers monitor the programme integrity of the multi-family group implementation, using a Quality Implementation Checklist to assess programme fidelity and training efficacy. The Save the Children respondent also noted that 40% of the programme's core components are non-adaptable, as a significant drift from the programme means anticipated outcomes cannot be achieved. The completion of an Integrity Checklist at the end of the programme assesses whether implementation was 'ideal', 'adequate' or 'inadequate'.

Local and National Evaluations

FAST is currently the focus of a national RCT, due for completion in 2018.

Implementation Opportunities and Challenges

Reflecting on aspects of the FAST programme which work particularly well, the Save the Children respondent highlighted the community ethos underpinning its delivery, noting that FAST fits well with many existing services in the community, including youth work, mental health, and education, and is delivered by practitioners from a range of professions and localities. Given the community context of delivery (i.e. local facilitators in school settings) it was felt that the programme has developed a 'locally owned' identity. Whilst recognising that delivery of the programme within a school setting can be challenging in terms of time and logistics, nevertheless, if implemented effectively it was perceived as a 'cohesive' force in terms of bringing school staff together.

A range of benefits were identified for families involved, including dedicated time for parent/child interaction, opportunities for structured play and increased parental confidence to engage with school officials. Other positive outcomes included learning to share, 'taking turns' and coming together to share meals. Finally, the programme is regarded as being relatively easy to 'market' to corporate partners, as positive outcomes are easily identifiable, and as such, it is reasonably straightforward to attract investment.

A variety of practical and strategic challenges were highlighted in relation to the delivery of the programme and its expansion. In terms of practical challenges, it is noted that delivery requires a significant commitment from schools, in terms of time and effort. In addition, it is suggested that some schools are resistant to sign up to the programme, due to the numerous educational initiatives introduced to schools on an ongoing basis, and therefore, some staff remain cynical about its benefits;

"School culture and leadership attitudes within schools are a continual drain on resources. To schools it is just another programme within a range of programmes." (Save the Children respondent)

With regard to strategic challenges, it was suggested that the sheer scale and diversity of parenting programmes in NI is an impediment to the effective implementation and expansion of FAST. It was argued that, at a strategic level, more consideration should be given to the purpose and benefits of the various programmes, with a particular focus on required outcomes, and defining what may be regarded as the 'hallmarks' of success.

Furthermore, the Save the Children respondent argued that it is difficult to compare and contrast the benefits of FAST against other parenting programmes, given the variation in evaluation approaches, indicators assessed and outcomes achieved. Particular concerns were expressed around the extent to which there is no commonality in what is deemed to be a 'valuable' outcome, and the subsequent lack of confidence in the types of outcomes and associated indicators which demonstrate value;

"Trying to translate what FAST does well through an advocacy agenda, within a policy context, is a significant barrier as there is little confidence in what indicators demonstrate value. This is a significant issue if officials don't like our indicators then it is not clear what indicators we should use. How can we demonstrate or prove that our outcomes, which we deem to be useful, are a significant part of child's learning experience and ability to attain?"

The barriers to programme expansion largely mirrored the general challenges previously cited. The cost of programme delivery was perceived to be particularly challenging, especially considering the wide range of parenting programmes available, and perceived 'competition' amongst providers.

Additional Issues

In response to the question regarding collaboration with other parenting programme providers, there was a perception of an absence of 'joined up' thinking and interaction between providers of different parenting programmes in NI. Reference was made to the current situation where a variety of programmes are being delivered simultaneously within one school site, with limited exchange between programme facilitators.

II. Family Links Nurturing Programme (FLNP)³¹

Programme Description

The Family Links Nurturing Programme (FLNP) is described as a structured 10-week course which aims to help parents understand and manage their and their child's feelings and behaviour, promote good relationships at home and in school, improve emotional health and well-being and develop self-confidence and self-esteem to support effective parenting and learning. It supports parents to build on pre-existing parenting skills, use positive behaviour management, communication and relationship strategies and look after their own emotional needs, so that they can parent more effectively. Described as a ten-week programme, it is delivered to groups of parents in a community setting. The programme was developed in the USA in the 1970's. Training is provided through Family Links, a national charity.

Programme Delivery

An initial scoping of FLNP provision in NI revealed that it is delivered across all five Trust areas, primarily in Sure Start settings³² but also in a small number of family centres. Identification of programme providers was assisted through the provision of information from the NCB³³ and an audit completed by the Parenting and Family Support Lead in the Childcare Partnerships. Contact was made with 31 potential providers of the FLNP and 18 providers returned questionnaires. Two providers, one from a family centre in the NHSCT area and a Sure Start project in the SHSCT area, completed telephone interviews. Questionnaires were returned from providers across four Trusts. No responses were received from Sure Start projects in the SEHSCT area, however the Childcare Partnerships Audit (2013) indicated that Colin Sure Start may be delivering the programme.

Figure 8: Delivery of Family Links Nurturing Programme across NI

Number of questionnaires issued	Number of questionnaire responses	Trust Areas	Locality in which delivered (confirmed)
9	4	BHSCT	East Belfast, North Belfast, and West Belfast
5	4	NHSCT	Armoy, Ballycastle, Bushmills, Ballymoney, Carrickfergus, and Coleraine
5	4	SHSCT	Banbridge, Dungannon, Lurgan, Portadown
1	0	SEHSCT	Unknown
11	6	WHSCT	Derry/Londonderry, Fermanagh, Omagh, Strabane
31	18		

A review of the information provided, revealed that programme length and frequency of delivery varies between providers. In most cases, respondents indicated that it is delivered over a ten-week period, however a few providers have extended delivery to 11 or 12 weeks. Additional feedback

³¹ <https://www.familylinks.org.uk/>

³² Two charts illustrating the range of evidence-based parenting programmes believed to be delivered across Sure Start projects in NI, are included in Appendix 1.

³³ National Children's Bureau, 2013.

collected during telephone interviews revealed that this extension is regarded as helpful because providers can revisit themes or issues where parents require or seek further support.

The frequency of programme delivery ranges from one to five times each year, with an average of three incidences per year. A few organisations indicated that they deliver the programme on a quarterly basis, depending on the level of demand. Additional information provided by one family centre, revealed that programme funding is contingent on the number of sessions provided each year, with an annual requirement to deliver five sessions, involving 50 parents. Around 50% of respondents indicated that they hold a waiting list for the programme although most report this has fewer than ten parents. However, in two cases, more than 31 parents were on waiting lists. The average waiting time varies between providers, although in a majority of cases, it is less than three months. Waiting lists exist due to a number of factors, including staffing, logistical issues, organisational capacity, the demand for and popularity of the course, and the intermittent nature of programme delivery. Limited availability of crèche places was also highlighted as a significant contributing factor to waiting times.

Three providers indicated that they also offer 'The Parenting Puzzle'; a four-week component of the full FLNP, as an alternative for those who are unable to complete the programme in its entirety, or where participation in the full programme is not deemed essential for some parents. One respondent suggested that 'The Parenting Puzzle' serves as a supplement to the ten-week programme, particularly where it is only provided once or twice a year and demand arises outside the appointed delivery time. Another provider suggested that it may be regarded as a primer for participation in other parenting programmes, as it has recruited some parents (particularly males), who were initially wary of completing a 'full' parenting programme. One provider in a Surestart project indicated that she also co-delivered the Antenatal Nurturing programme, commenting that this is an effective means of introducing parents to the FLNP and Surestart.

Parent Profile and Participation

Parents participating in the FLNP are recruited via self-referral or third party referrals which come from a range of agencies and organisations, including Social Services, health visitors, community and family support workers. The average number of participants on each programme ranges from eight to fifty although not every respondent provided this information. A rough estimate for the number of participants in 2014/15, based on information received, is 335. Qualitative feedback reveals that providers generally aim to recruit up to 12 participants, to take account of potential 'drop outs'. One respondent expressed a desire to facilitate a larger number of parents in each session, however, limited crèche spaces restricted the number of possible participants. Most providers report high retention rates, with over 90% of parents completing the programme following enrolment. A few respondents cited lower retention rates of 70% - 75%, noting that parental motivation or illness had impacted on completion rates.

Every respondent revealed that the vast majority of parents who take part in the FLNP are female, aged between 21 and 40 years and that they attend without a partner. Not every provider captured information in relation to the number of lone parents taking part, however where this data was available, it revealed some considerable variation, with some respondents recording less than 10% of participants as lone parents and others stating that 70% of participants are lone parents. Around one third of providers indicated that parents from a BME background had participated in the programme, although the numbers were generally quite small and less than 10% of participants.

As the programme is delivered widely across Sure Starts projects, it targets parents with children aged under four years. However, some providers noted secondary benefits for parents with older children, as the lessons taught are believed to be 'transferrable' across different age groups. The FLNP is universal, although several providers note that the parents recruited are reflective of the local catchment area, which may have high levels of social need. Providers participating in the telephone interviews assessed the programme's 'reach' and accessibility to those who it was perceived would most benefit from participation. One provider in a family centre was confident that the programme attracts parents from a diverse range of backgrounds, with different degrees of need. Whilst one Sure Start provider recognised that the programme meets the particular social needs of parents within its catchment area, they expressed concern that other parents 'in need' not residing in this area could be missing the opportunity to participate in the programme.

Staff Training

A programme provider based in a family centre in the NHSCT indicated that two staff are trained to facilitate the FLNP and estimated that approximately 30 staff are trained across the Trust. A Sure Start representative revealed that five staff within the Project are trained to deliver FLNP and Incredible Years and are currently delivering both programmes. Whilst unable to quantify the number of staff delivering the programme across the different Trusts, this respondent estimated that approximately 16 staff are trained across the SHSCT area.

Training for staff is delivered by Family Links over four days, across a two-week period, with space in between to allow for reflection and practice. A fifth refresher day is provided at a later date. During the sessions, facilitators are provided with an overview of the programme content and the key themes for delivery. Although regarded as useful, one provider noted that the training does not provide a programme delivery schedule and facilitators are required to purchase the training manual and devise a delivery programme post training. Supervisory support is provided within settings by the facilitator's line manager. Family Links also provide annual refresher training sessions.

Funding Arrangements

The Department of Education funds the delivery of FLNP across all Sure Start projects and the DSD currently provides recurrent funding to the family centre which participated in the Audit. Although both respondents were unable to quantify the cost of the initial four-day training, they highlighted the cost of training resources at £700 and refresher sessions at £2,000. Whilst perceived to be costly, respondents reported that the cost of refresher sessions is 'shared' within Trusts, as facilitators come together to avail of the training.

Evidence and Evaluation

Responses collected via the questionnaires and telephone interviews revealed variations in the methods used by programme providers to evaluate and capture evidence regarding the impact of the FLNP. Many respondents revealed that they administer pre- and post-evaluations using the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)³⁴. In addition, several noted that they administer a weekly evaluation form, as devised by Family Links, to assess parental progress and

³⁴ <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>

review satisfaction or identify areas for review or development. Some providers also employ another post-evaluation form, developed by Family Links, similar to the weekly evaluation, at the end of the programme. One provider uses a Strengths and Difficulties Questionnaire (SDQ)³⁵ as a pre- and post-evaluation measure with all participating parents and where parents have a 'school age' child, the SDQ is also administered to one child in each family. Other evaluation approaches adopted by a small number of respondents include the collection of anecdotal information from parents via informal discussions, use of qualitative methods, such as focus groups and the provision of a post-programme 'away day' where success is measured by the number of parents in attendance.

Some programme providers indicated that they conduct their own programme evaluation and again this revealed variation in the data collection methods used, stated purpose of the evaluation, and regularity with which evaluations are undertaken. One provider from a Sure Start project, indicated that in addition to the WEMWBS, an internally devised pre- and post-evaluation questionnaire is issued to all parents participating in Sure Start courses, and the information is collated to identify the collective impact of these. A number of other Sure Start respondents reported that they develop case studies to illustrate the impact of parenting programmes. Case study information is gathered via observation and discussions with parents by family support workers during home visits.

Respondents were asked to comment on the type of programme impact they are seeking to measure. Regardless of the tools used, they agreed that positive impact included improved emotional wellbeing, increased self-confidence and self-awareness, and a more positive outlook. A provider based in a family centre also indicated that the DSD requires evidence in relation to 'parental progression' in terms of accreditation awarded and employment. Therefore, in addition to SDQs, the family centre administers in-house evaluations to track parents' progress following completion of the FLNP.

Parental Feedback

Feedback from respondents indicated that parents are generally very positive about the FLNP. One respondent commented;

'We have been delivering this for 10 years and feedback from parents on the short and long term impact on their families has been extremely positive. This is not just a programme about parenting their children, it is also a personal journey for them as individuals'.

In some cases, parents' feedback is used to inform the delivery of the programme. For example, one provider recently commenced delivery of refresher sessions for parents who had requested the opportunity to revisit particular areas of the FLNP. These sessions are being delivered separately to the full programme, to ensure fidelity of the initial programme objectives.

Programme Fidelity

Qualitative responses demonstrated a clear commitment to ensuring programme fidelity. A provider based in a family centre noted that those delivering FLNP adhere closely to the

³⁵ <http://www.sdqinfo.com/>

programme objectives, and although parents are given an opportunity to recommend changes or identify areas where they require further support, programme adaptations are kept to a minimum. The Sure Start respondent explained that programme fidelity is maintained through the purchase and implementation of FLNP resources and ensuring continuity in staff delivery the programme. Feedback from the questionnaires also revealed a strong commitment amongst providers to ensuring programme fidelity.

Local and National Evaluations

Respondents were not aware if FLNP was or is the subject of a local or national evaluation.

Implementation Opportunities and Challenges

Respondents highlighted elements of programme delivery which they believe are particularly effective. Delivery of the programme in Sure Start settings means that parents can access other Sure Start programmes in advance of completing the FLNP. It was suggested that these can provide a 'soft' introduction to parenting programmes, and the opportunity to establish relationships with Sure Start staff and other parents. Indeed, feedback suggested that some parents may have struggled to complete the FLNP had they not participated in other Sure Start courses. It is also considered beneficial for parents to progress to other parenting programmes, such as Incredible Years, where they can then consolidate their learning and access further support.

In terms of implementation challenges, a lack of time, staffing and logistical problems were identified as key barriers. Respondents described the programme as very time intensive, requiring a significant staffing commitment, given that a programme facilitator and crèche staff must be provided for the duration of the programme. In a few settings, a staff member has been assigned a dedicated role as programme coordinator and respondents commented on the significant benefits of having one individual oversee implementation of the programme. A lack of trained facilitators and limited crèche places were cited as the most notable barriers to programme expansion.

Additional Issues

Information provided during the telephone interviews revealed that providers of the FLNP are given the opportunity to meet and engage with each other at annual refresher sessions. This was regarded as useful in terms of sharing experiences of programme delivery. Whilst respondents reported that collaboration with providers of other parenting programmes was limited, they noted that many Sure Start projects offer more than one parenting programme and therefore discussions do occur within, and occasionally between projects in order to identify relevant 'follow up' programmes for parents.

III. Family Nurse Partnership (FNP)³⁶

Programme Description

The Family Nurse Partnership (FNP) Programme offers professional one-to-one support from family nurses to young parents aged 19 years and younger during pregnancy, and up until their baby is two years old. The programme focuses primarily on the future health and wellbeing of the child and mother and places a strong emphasis on prevention and early intervention.

Programme Delivery

The FNP programme is provided across all five Health and Social Care Trust areas in NI on an ongoing basis. Each Trust can offer 100 places and duration of the programme is up to 2.5 years. The average waiting time for prospective parents is less than one month. Technically, the programme does not have a waiting list and families are enrolled as soon as a space becomes available. However conditions laid down in the programme licence stipulate a maximum workload for each family nurse (25 cases) and no more than four mothers may be recruited each month, to ensure that sufficient time can be allocated to each mother.

Parent Profile and Participation

The programme targets young, first-time mothers under 20 years of age, before they have reached the 28th week of pregnancy and up until their child is two years. Mothers are self-referrals or referred by midwives, social workers or GPs, although in most cases referrals come from midwives. During 2014, 369 mothers participated in the FNP programme. This is considered a typical enrolment and around 95% of mothers generally complete the programme, from their point of entry. Although targeting young mothers, in 27% of cases in 2014/15, fathers also participated. More generally speaking, typically 26% -50% of mothers participate in the programme along with their partners. An estimated 41%-55% of mothers are lone parents and less than 10% are from a BME background.

Staff Training

Twenty-seven staff have been trained to deliver the FNP programme in NI and all are currently involved in its delivery. Training is completed over a 14-month period and is delivered by FNP colleagues in England. However, it is likely that training will shortly be made available in Scotland. The programme coordinator, who is employed by the PHA explained that three modules are delivered during training. These are at basic foundation, intermediate and advanced levels, and address pregnancy, infancy and toddlerhood, and communication skills. Given the different experience and skills levels of nurses enrolling to deliver the programme, the intention, through the training, is to blend and add to individuals' skill sets. Single training days are delivered and staff teams complete 12 monthly learning packs, as well as attending monthly training days in England. In addition, bespoke training is provided as required and staff are offered locally delivered refresher training through Continuing Professional Development (CPD). Other appropriate training is provided where possible. Each family nurse therefore receives approximately 19 days of training and supervisors receive approximately 34 days. Weekly supervision is provided and family nurses attend a team learning day twice a month.

³⁶ Family Nurse Partnership - <http://fnp.nhs.uk/>

Funding Arrangements

The FNP programme is funded through the PHA on a recurrent basis. The licence for the programme requires that all family nurses are employed on permanent contracts.

Evidence and Evaluation

The programme coordinator explained that the programme is subject to comprehensive evaluation, and evidence is gathered from various sources, using a range of methods. Parental feedback is collected by a facilitator during every fifth visit with a client and on an annual basis through an anonymous strengths-based questionnaire. A parent is also invited to provide feedback at each quarterly meeting of the FNP Programme Advisory Group, for each FNP team. Focus groups are also convened with parents to seek their views about potential improvements to the programme.

Performance indicators are employed to measure client and child outcomes and fidelity. More specifically, indicators measure programme delivery in terms of the timing of recruitment of families each year and FNP teams select three relevant health-related areas for quality improvement which then constitute the focus of the programme for the following year. The type of impact that evaluations seek to measure include, improved maternal health, wellbeing and behaviours, improved child health and wellbeing, improved parental economic self-efficacy and life course development.

Parental feedback

The programme coordinator reported that feedback from parents is generally very positive. Parents appear to respond well to the positive, strengths-based ethos of the FNP programme and acknowledge that the information they receive is timely and helpful. The programme coordinator reported that mothers are very positive and confident going into labour, feel empowered by the support and information they receive and develop a positive relationship with, and strong attachment to, their babies. In terms of less positive feedback, some mothers consider the 1.5 hour visit from family nurses rather long, others believe that too much material is provided and some choose not to compile a programme information file.

Programme Fidelity

The FNP programme licence provides considerable and specific detail regarding fidelity requirements. Family nurses complete a series of 20 forms on different visits with each client and this information is recorded in a regional database. This provides the data required to complete requisite, comprehensive annual reports for the programme coordinator which record details of programme dosage, enrolment, attrition, quality issues, and outcomes. A feedback session is provided by the programme originator following submission of this report.

The programme originator recently proposed altering programme dosage in order to provide a more bespoke service for parents. This is in recognition of the fact that the current programme curriculum may be too comprehensive for some young parents. This is regarded as a positive development as current fidelity requirements significantly restrict the potential to adapt the programme in any way. Consideration is also being given to how clients might contribute to the development and quality improvement of the programme. The programme coordinator also

indicated that an implementation science framework is used in evaluations of the delivery and impact of the programme.

Local and National Evaluations

A detailed evaluation has been completed for the first cohort of parents participating in the programme in NI, and efforts are being made to identify how these and other findings emerging from the programme can contribute to the local evidence base. A large-scale RCT of the FNP programme in England was recently completed, yielding some challenging findings. It is anticipated that the issues arising will require further consideration for the delivery of the programme in NI³⁷.

Implementation Opportunities and Challenges

A commitment by the Department of Health, Social Services and Public Safety (DHSSPS) and PHA to the FNP Programme, since its initial implementation in NI in 2010, is regarded as having been important in enabling the continued implementation of the programme, particularly in the current economic climate. The programme is also supported through an advisory board, consisting of senior health and social care staff. This has a clearly defined role and set of responsibilities.

The programme coordinator noted that there is an expectation that once a FNP programme is in place and at the point of expansion, it will be subject to an RCT. The number of clients enrolled on the programme in NI is too small facilitate an RCT, however by combining with the FNP programme in Scotland there may be scope to progress such a study. The programme coordinator noted that the eligibility criteria for enrolment on the programme may require review, with consideration given to broadening access. In other countries, admission to the FNP programme is offered to *all* first-time parents. In terms of reaching parents who would find the programme beneficial, consideration is being given to widening access to young parents in the 20-25 age bracket, parents from socially disadvantaged backgrounds, young first-time parents who are care experienced, and young parents with learning disabilities.

Additional Issues

The FNP programme coordinator suggested there is limited collaboration between staff delivering the FNP and those delivering other parenting programmes. She did note that family nurses work quite closely with Sure Start projects and encourage young parents to engage with and avail of Sure Start services at an early stage. Parents are also encouraged in the latter stages of the programme to make connections with their community and to identify what they may require in the future to support their parenting role, including making connections with other parent groups or parenting programmes.

³⁷ South East Wales Trials Unit, 2014.

IV. Functional Family Therapy (FFT)³⁸

Programme Description

Functional Family Therapy (FFT) is a family-based therapy which targets young people aged 11-18 years who may be at risk of out-of-home placement, on the edge of care or custody, have had respite care, have a sibling who is already in care or be on the Child Protection Register (CPR). It offers support to families where there is risk of family breakdown and provides intensive intervention for 3-6 months, depending on the assessed level of need. FFT was delivered by Action for Children in NI, within the NHSCT area, however funding for the programme came to an end in September and it is no longer being delivered. A questionnaire and telephone interview were completed by the FFT Supervisor from Action for Children NI.

Programme Delivery

FFT was delivered across the NHSCT area from November 2012. The programme was delivered on an ongoing basis, with weekly sessions delivered to families for a period of 3-5 months. Cases regarded as 'moderate' received, on average, 10 -15 sessions and those considered more serious received 20-30 sessions, in some cases over a longer period. The programme was provided to families with young people aged 11-17 years, although it was suggested that children of all ages may be indirectly supported through their parents' participation. The programme had a waiting list of 1-10 parents at any given time, depending on the demand for the service from referral agencies. Referrals to the programme came from the Children's Social Services teams and Children's Resource Panel. As the programme is ending, families were referred to other services and programmes provided through Action for Children such as the Northern Area Early Intervention Project and Barnardo's, however it was emphasised that these are not family therapy programmes.

Parent Profile and Participation

During 2014/15, 72 families participated in the FFT programme, a figure regarded as typical of the annual participation rates. On average, approximately 70% of families completed the programme. Ninety percent of parents taking part were female and 71%-85% were lone parents, although 26%-50% of participants took part along with a partner or the parent of their child. A wide age range of parents took part; 20% were aged 21-30 years, 35% were aged 31-40 years, 35% were aged 41-50 years and 10% were over 50 years old.

Staff Training

Originally, five staff were trained to deliver FFT, including four therapists and one supervisor, although the team was subsequently reduced to three therapists. A supervisor can supervise up to eight therapists and also undertake casework. The team included qualified social work, psychology and systemic psychotherapy staff and delivered FFT exclusively. In terms of training requirements, it is recommended that staff are trained to Masters' level, ideally in Psychology, Social Work or Family Therapy at entry level. Clinical training is based around the three blocks or phases of FFT, with three days allocated to each: Phase one is Engagement and Motivation and consists of weekly

³⁸ Functional Family Therapy - <http://fftlc.com/>

consultation, individual supervision, directed reading and webinars; Phase two explores behaviour change; and, Phase three consists of generalisation training.

Each member of the team had a weekly consultation with a national consultant where they presented and discussed an individual case. Monthly supervision with the FFT supervisor in NI was provided to each team member, and they were also scored each week on their clinical adherence and fidelity to, and creativity with the model. The Supervisor is also required to complete additional training under the supervision of consultants in the USA and to work with American families through an externship. Consultants also provided feedback on the supervisor's supervision of the team.

Funding Arrangements

FFT across the NHSCT area was funded through the Big Lottery Fund 'Realising Ambition' programme until 30 September 2015. The average cost of programme delivery for one family is £4,500, although it was noted that this could vary between £3,700 and £5,500. The programme coordinator commented that FFT is extremely cost-effective compared with the costs of placing young people in alternative settings.

Evidence and Evaluation

Various methods were employed to collect evidence and measure the impact of FFT. Questionnaires were employed throughout the programme to establish baseline information, and monitor impact during each phase. Outcome questionnaires were completed at the end of the programme to measure the overarching outcomes of FFT and specifically, whether the young person remained at home, returned to school or increased attendance; and where relevant, commits no further offences. Exit interviews were also conducted with young people. SDQs were completed pre- and post-programme and the young person and their parent completed a Family Self-Report on two occasions during each phase. Families were asked to score their therapist and themselves. In addition, tracking reports from consultants were perceived as providing useful information.

Evaluations of the programme seek to measure impact, in terms of improved mental health for parents and children, improved community support and better links with the community, more effective engagement with social care, improved communication within the family, cases safely closed and deregistered from the CPR and improved school attendance.

Parental Feedback

Parental feedback was described as generally very positive with many parents reporting that it was the first service that had met their particular needs. The FFT supervisor noted however, that some parents do not respond well and drop out, in some cases due to concerns that issues raised during sessions could be shared with other health and social care workers. This was despite issues of confidentiality and disclosure being explained from the outset. A majority of families found FFT challenging as it encourages different forms of family communication and shifts the focus away from the 'problem child'. Parents welcomed the strengths-based approach and use of positive reinforcement and their feedback is reflected in evaluations and conference presentations.

Programme Fidelity

Performance indicators are used to closely monitor fidelity and clinical adherence to the FFT model by the supervisor and therapists. Fidelity to the programme is also monitored closely through ongoing supervision with the NI and national FFT supervisors. Therapists adhere to the FFT manual and are encouraged to use resources from the FFT website to ensure they are using appropriate techniques for each phase of the programme and in defining session and overall goals for each family. The FFT Supervisor noted that any deviation from the programme is quickly recognised.

Local and National Evaluations

Research into FFT has been conducted in Brighton and Dublin and a study is in progress in Renfrewshire, Scotland. Researchers at the Queen's University, Belfast have been involved in the completion of an RCT with the Croyden FFT team.³⁹ Extensive research has also been undertaken in various European countries.

Implementation Opportunities and Challenges

A perceived strength of FFT is its flexibility and potential to be tailored to match an individual family's needs and to engage with a range of key family members, not just the parent(s) and young person. This approach provides a unique insight into families, generating better quality information, and enabling more appropriate decisions to be made regarding family interventions and support. The programme also potentially involves a broad age range of children and young people from birth to 18 years. Feedback gathered from social workers and other healthcare professionals in the NHSCT area was extremely positive, as FFT successfully engaged and supported families who were reluctant to avail of other services or support.

The FFT Supervisor noted that after salaries and travel costs, there are no further costs attached to the programme as families are visited in their own homes. However, the rural location of some families required therapists to travel considerable distances, therefore impacting on potential recruitment levels and placing a strain on therapists. An additional challenge arising from the ongoing pressures on Social Services was the delay in referrals to the programme and follow-up tasks being completed.

The FFT Supervisor believed that termination of the service creates a considerable gap in provision for families in the NHSCT area, as it targets families in urban and rural settings, is regarded as extremely beneficial by other health and social care professionals and demonstrated very positive outcomes which was anticipated would have continued and improved further. The FFT Supervisor confirmed that it effectively reached those parents who would most benefit, adding that as therapists gained more experience, the number of sessions with individual families was being reduced and consequently more families were being enrolled on the programme. A proposal to expand the programme to other parts of NI by training additional therapists, was not realised.

Additional Issues

In terms of working with other parenting programmes, the FFT supervisor indicated that there had been collaboration with staff delivering MST through Extern. Both FFT and MST were perceived as presenting similar kinds of issues and challenges for therapists, so providers believed it was beneficial to share and exchange experiences and expertise. On occasions, the two programmes

³⁹ Thurston et al, 2015.

had also some 'mutual' cases. The FFT supervisor noted that some FFT therapists were involved in delivery of the Strengthening Families (Strengthening Families) programme, having received separate training. In a few cases, families were referred to FFT from a Strengthening Families programme.

More broadly, it was suggested that collaboration between parenting programme providers in NI is quite fragmented and an improved approach would ensure services are more appropriately targeted, co-ordinated and prioritised.

V. Incredible Years⁴⁰

Programme Description

Incredible Years is a suite of eight programmes for parents, children and teachers, aimed at addressing and reducing behaviour problems and promoting problem solving skills, social competence and emotional regulation in young children. The Audit collected information on the following six Incredible Years programmes:

- Baby Programme (8-9 sessions);
- Toddler Programme (12 sessions);
- School Readiness Parent Programme (4-6 sessions);
- Pre-school BASIC Parent Programme (18-20 sessions);
- School age BASIC Parent Programme (12-16 sessions);
- Advanced Parent Programme (9-12 sessions).

Programme Delivery

Questionnaires were sent to 67 potential providers of the Incredible Years programme in NI, and 29 providers completed these. Six follow-up telephone interviews were conducted with staff delivering the programme in three Sure Start projects, one each in the BHSCT, SHSCT and SEHSCT areas, a member of staff in a nursery school in the BHSCT area, and representatives from Barnardo's and Action for Children.

The Audit revealed that Incredible Years is being delivered by a diverse range of organisations, across the statutory, community and voluntary sectors in NI. Providers based in 13 Sure Start projects⁴¹, three nursery schools and three primary schools indicated they are delivering Incredible Years, although two of the nursery schools will not be providing Incredible Years in 2015/16, due to staffing and funding shortages. Home Start, the Concurrent Planning Service at the Family Care Society, Multi-Agency Support Team for Schools (MASTS) and the North Eastern and South Eastern Regions' Educational Psychology Services are also delivering Incredible Years programmes, as are Barnardo's, ARC Healthy Living Centre, Action for Children, DELTA and the YMCA (Lisburn), and Extern was due to implement its first Incredible Years pilot in September 2015.

The Audit revealed that Incredible Years programmes are being delivered across all five Trust areas as the table below illustrates. Barnardo's and the North Eastern and South Eastern Regions' Education Psychology Services deliver the programme across a number of Trust areas.

⁴⁰ Incredible Years - <http://incredibleyears.com/>

⁴¹ Two charts illustrating the range of evidence-based parenting programmes believed to be delivered across Sure Start projects in NI are included in Appendix 1.

Figure 9: Incredible Years Programme Delivery across Northern Ireland

Number of Questionnaires issued	Number of Questionnaire responses	Delivery across Trust areas ⁴²	Locality (confirmed)
19	5	BHSCT	Belfast
11	8	NHSCT	Aldergrove, Antrim, Armoy, Ballycastle, Ballymoney, Carrickfergus, Coleraine, and Portrush
10	6	SHSCT	Armagh, Banbridge, Keady, Kilkeel, Lurgan, Portadown
16	6	SEHSCT	Downpatrick, Holywood, Lisburn, and Newcastle
11	4	WHSCT	Derry/Londonderry, Fermanagh, Omagh, and Strabane
67	29		

Respondents provided varying degrees of specificity when outlining which programme they provide (e.g. Baby/Toddler, School Readiness, pre-school BASIC, school age BASIC). Therefore, further assessment of questionnaire responses, including details relating to programme length, age range of children indirectly affected and additional comments, was required, in order to identify the specific programmes delivered. In all but a few cases, this was possible.

An analysis of the questionnaires indicated that 13 providers are delivering one Incredible Years programme. A further two providers who responded to the questionnaire are not currently offering the programme this year, however, each previously delivered one programme. Eleven providers are delivering two programmes, either concurrently or at different times during the year. Of these 11 providers, six indicated that they deliver Incredible Baby and Incredible Toddler. One school delivers three Incredible Years programmes, while Barnardo's has been commissioned to deliver four programmes: Incredible Years School Readiness, Pre-School BASIC and School Age BASIC Parent programmes. Action for Children is also delivering the Incredible Years programme across the Trust areas although it was not possible to collect details of the specific programmes provided. From the Audit, it is estimated that the Pre-School BASIC Parent programme and Incredible Baby are the most commonly delivered programmes with 12 respondents, in each case indicating they deliver these programmes. Incredible Toddler is delivered by nine providers, the School Aged BASIC Parent programme by seven providers⁴³ and School Readiness by three providers.

Frequency of delivery, and number of parents involved, varies significantly between providers. For example, Barnardo's has been commissioned to deliver Incredible Years programmes in Lisburn, West Belfast and Ballymena. Between 2013 and 2015, programmes were delivered on 18 occasions, and this included nine deliveries of the School Readiness programme, seven of the Pre-School BASIC programme, and one each of the School Aged BASIC and Incredible Baby programmes. The

⁴² Where a provider delivers a parenting programme across a number of Trust areas, each incidence of delivery is recorded.

⁴³ Providers did not always state which Incredible Years Programme they are delivering, therefore it is possible that three of these providers may be delivering the Advanced Parent Programme.

most substantial delivery was in Lisburn, where 173 parents and grandparents participated in programmes, while 27 and 21 parents participated in programmes in West Belfast and Ballymena respectively.

Other providers tend to deliver programmes once or twice each year. A few stated that they deliver sessions quarterly, whilst others indicated that frequency of delivery is dependent on funding and parental demand. Feedback from the telephone interviews reiterated this point. For example, one respondent from a Sure Start project delivering two programmes; Incredible Years Babies and Pre-School BASIC parenting programme, indicated that each is delivered once during the year. In another Sure Start project, the programmes are delivered up to three times per year, sometimes concurrently.

Ten providers, including Delta, the Arc Healthy Living Centre, Action for Children, Home Start and six Sure Start projects, revealed that they have a waiting list for the programmes. This is due to the infrequent nature of programme delivery, particularly when they are delivered only once a year. In the vast majority of cases, the waiting list has less than 10 parents and is in place for less than 3 months.

Programme Length

Responses regarding the length of programme delivery, indicated variations between providers. While it was difficult to verify the programme length in some instances, particularly where a respondent is delivering more than one programme, variations in the delivery of the Baby, Toddler and School Aged Basic Parent Programmes, were recorded as follows:

- Baby (ranging from 8 – 12 weeks);
- Toddler (ranging from 12 – 16 weeks);
- School Readiness (4 - 6 weeks);
- Pre-School BASIC Parent Programme (14 weeks);
- School Aged BASIC Parent Programme (12 – 20 weeks).

One respondent indicated that the length of the programme is adapted to meet parents' needs.

Parent Profile and Participation

In some settings, particularly nursery and primary schools, parents are enrolled onto an Incredible Years programme via a self-referral process only, while access through Extern, Unite Concurrent Planning Service at the Family Care Society and MASTS, is exclusively through third party referral. For most providers, programme participants are a combination of self and third party referrals which can come from a range of agencies, including social services, health visitors, community and family support workers, paediatricians and behavioural support teams.

Questionnaire responses indicated that some families who complete an Incredible Years programme have previously received some kind of intervention support, particularly in Sure Start settings, prior to commencing the programme. Sure Start staff frequently commented that parents enrolling on the programme are often already familiar with the concept of parenting programmes, have experience of interacting with other parents, and consequently, are more willing and confident to engage in the programme.

Gender profiling revealed a high prevalence of females, with eight respondents stating that the participants on the various programmes they delivered were exclusively female. Five providers (YMCA, two nursery schools, a primary school, and one Sure Start project), reported male participation rates of up to 20%. In most instances, parents fall within the 21–30 year age bracket. Thirteen respondents reported that lone parents took part in their Incredible Years programme, while almost all providers stated that less than 25% of parents attend without a partner. Eighteen of the 29 respondents monitor parent ethnicity, although 13 respondents indicated that fewer than 10% of parents are from a BME background.

As noted, the average number of participants in each programme varies, depending on the delivery setting and the number of times the programme is delivered each year. Some respondents cited unusually large or small numbers of participants during 2014/15, with numbers ranging from 3 to 173. The total number of participants in the 29 Incredible Years programmes referenced in the Audit during 2014/15 is estimated at 826, however it must be emphasised that this is an approximation based on the information supplied.

Questionnaire responses suggest that the Incredible Years programmes are typically offered on a universal basis, although some groups are specifically targeted. For example, 11 respondents indicated that they target programmes according to the age range of children who will be indirectly affected, and specifically at parents with children aged 0 – 4 years. A few commented that the programmes are targeted at parents of children with behavioural difficulties and respondents from Sure Start projects noted that programmes are only accessible to parents living in the catchment area, or who are registered with a Sure Start. While asserting that the Incredible Years programmes reach many parents who will particularly benefit, two respondents who completed telephone interviews, acknowledged that it is not possible to ensure ‘buy in’ from all parents, including those who would most benefit from the programme. One respondent from a Sure Start project suggested that the programme is not suitable for parents from a BME background, or for children with disabilities. In contrast, a number of other providers reported that parents with children who have a disability or who are from a BME background found the programme very beneficial. One provider also noted that several of the programmes have been translated into other languages. A nursery school provider concluded that the programme is suitable for all parents.

Questionnaire responses revealed that retention rates vary. Of those who provided details of completion rates (n=26), the majority reported that 80% of parents complete the programme, with ten respondents indicating a completion rate of 90% -100%. Feedback collected during the telephone interviews indicated a generally high demand for the programme; a respondent from a Sure Start project reported that there was sufficient demand to facilitate the programme ‘all year round’, however, limited funding restricted delivery to twice a year.

Some respondents reflected on the difficulties of recruiting and retaining parents for the programme duration, particularly in the case of third party referrals. One respondent commented that the use of ‘low level’ incentives throughout programme delivery is encouraged including stickers and praise and encouragement of parents. The rationale for these incentives is to encourage parents to model this behaviour with their child. One nursery school representative explained that incentives, including food packages or prize draws, had been introduced, in order to retain parents.

Staff Training

Telephone interviews with six providers provided insights into the training offered for Incredible Years. In most instances, respondents had completed training some 4-5 years previously. One participant indicated that training was facilitated by the programme originator alongside the NI Coordinator. Feedback indicated that training is typically delivered across two full-day sessions, however, a third day has been added to the Incredible Babies training to accommodate a home visit. In one Sure Start project (BHSCT), five members of staff had received training, while in another (SEHSCT), two are trained in the pre-school BASIC parenting programme, in order to enable co-facilitation of sessions. One member of staff was also recently trained to deliver the Incredible Years Baby programme. Another Sure Start representative (SHSCT) estimated that 16 members of staff had received training across the Trust. The Incredible Years website indicates that up to 2014, 684 group leaders had been trained to deliver Incredible Years parenting programmes in NI along with two peer coaches and one mentor/trainer and another is in the process of being trained.⁴⁴

A few providers suggested a lack of peer support from the programme originator after the first year of delivery. One nursery school provider (BHSCT) revealed that a great deal of support was provided by the NI Coordinator during the first year of delivery through supervisory meetings and collaborative sessions for providers across the Trust. However, due to budgetary constraints and a focus on capacity building elsewhere, no subsequent support was accessible. A respondent from a Sure Start project in the SEHSCT area noted that, with the exception of information updates provided by NCB, facilitators did not receive any ongoing external support. Respondents also noted that, up until this current year, there was an absence of accredited peer group mentors in NI, resulting in a significant gap in the support available.

As part of a capacity building model aimed at instilling confidence, experience and skills within one locality, Barnardo's has co-delivered modelling opportunities, generally alongside staff or volunteers from schools or community organisations. Respondents from Barnardo's noted that facilitators are required to video record sessions as a means of reflection during coaching sessions. They also indicated that facilitators have recently undertaken a process of accreditation in order to become coaches for Incredible Years. The process involves the submission of video recordings of sessions to Incredible Years in Seattle for feedback, along with paperwork, including session checklists, copies of weekly evaluations, and end of programme evaluations.

Funding Arrangements

Given the prevalence of delivery via Sure Start, school and nursery settings, in many cases the programme is funded by DE, sometimes via the Extended Schools Programme. Other providers, such as YMCA, Home Start and Action for Children indicated that they receive funding through external grants. Barnardo's receives funding from a variety of resources, including the PHA and the Extended Schools Programme. Programme delivery by the North Eastern and South Eastern Regions' Educational Psychology Services is funded via the Ministry of Defence's Education Support Fund.

⁴⁴ <file:///C:/Users/alison/Downloads/GL-PieCharts.pdf>

For most providers, funding is on a recurrent basis, although some respondents acknowledged that continued financial support is contingent on wider budget and policy decisions. The representative suggested that sources of funding often vary and are short term. Other community and voluntary organisations, such as the Arc Healthy Living Centre and Action for Children indicated that they typically receive financial support through 2-3 year funding cycles. Where funding is recurrent, it is often provided with a proviso that a specific number of programmes will be delivered each year.

Respondents generally regarded the Incredible Years programme as costly, particularly the programme materials which were estimated to be in the region of £1,000. During the telephone interviews one nursery provider noted that while funding is provided for manuals, parental incentives and day releases for training, funding is not available to pay for teachers' preparation time.

Evidence and Evaluation

A review of responses indicated inconsistencies in approaches to programme evaluation across organisations, in terms of the type of instruments used and the frequency with which feedback is captured. Some providers incorporate standardised questionnaires, such as the Eyberg Child Behaviour Inventory⁴⁵, the Ages and Stages Questionnaire⁴⁶ and SDQs, and one provider uses Family Star⁴⁷ to measure outcomes. Other providers indicated that they employ evaluation methods recommended by Incredible Years, such as weekly self-evaluation forms for parents. One provider indicated that these are employed to help measure parents' engagement and support facilitators to recognise where parents may not be engaging or understanding strategies. Some providers have also devised 'in-house' evaluations, whilst others only use standardised methods to capture feedback. Reflecting this variation, some providers use both in-house evaluations and standardised measures, whilst others only employ internally developed evaluation tools. Where standardised methods are used, these are often administered pre- and post-programme. However, some providers also revealed that they administer questionnaires to parents on a weekly basis, although completion, in some cases is voluntary. End of programme parental satisfaction questionnaires are perceived as useful in terms of reporting to external stakeholders, such as schools hosting a programme or funders. Few providers highlighted any differentiation in the evaluation methods used for each of the Incredible Years programmes, although a Barnardo's representative indicated that the School Readiness Programme incorporates a questionnaire to assess impact, whereas the Baby Programme uses a standardised tool to measure parenting self-efficacy (TOPSE).⁴⁸

Several providers indicated that they collect verbal feedback from parents. A few Sure Start representatives reported compiling case studies to assess the collective impact of parents' participation in various parenting programmes. A provider based in a Sure Start project noted that the first year's delivery of the programme had focused heavily on evidence gathering, involving the administration of weekly questionnaires and an end-of-programme evaluation. The process was

⁴⁵ <http://www.hogrefe.co.uk/eyberg-child-behavior-inventory-and-sutter-eyberg-student-behavior-inventory-revised-ecbi-sesbi-r.html>

⁴⁶ <http://agesandstages.com/>

⁴⁷ <http://www.outcomesstar.org.uk/family-star/>

⁴⁸ http://www.topse.org.uk/site/index.php?option=com_content&view=article&id=131&Itemid=163

regarded, however, as too burdensome, and instead, an 'in-house' method of evaluation was developed and administered to parents upon completion of the programme.

In terms of the type of programme impact which evaluations are seeking to measure, providers referred to improved parent-child relationships, through positive behavioural management and a focus on play. One Sure Start representative noted that the Incredible Years programme can impact similarly to other parenting programmes, although it benefits from having a greater focus on play. Additional impacts of the programme highlighted by respondents include improved self-confidence relating to knowledge of child development; positive contribution to children's social, emotional health and well-being, increased knowledge of strategies and routines to use with children; and enhanced social networks and reduced isolation.

Parental feedback

Providers reported different types of feedback from parents, including highly positive assessments regarding their enjoyment of the programme and the benefits for parents and children. One provider commented;

'Never had any negative feedback. Every parent takes something from the group, even some of the less able parents get something out of it, even if it just to start to play with their child'. (Sure Start, SEHSCT)

However, another Sure Start representative indicated that parents reported finding the programme tedious and lengthy, and experienced difficulties identifying with the video clips used. These were regarded as 'contrived' and unsuitable for parents in NI;

'When working with vulnerable families they need to be able to internalise it, but it is very difficult to internalise something that they can't identify with'. (Sure Start, BHSCT)

Two providers indicated that they had integrated parents' feedback into the programme, without negatively impacting fidelity. One had reduced the programme length from 14 weeks to 12 weeks as they regarded some sessions as overly protracted and another reduced the number of vignettes (video clips) in favour of more group discussion;

'Parents were 'switching off' whenever the vignettes came on. They are very staged. People don't relate to them'. (Sure Start, SEHSCT)

Programme Fidelity

All providers expressed a strong commitment to programme fidelity, indicating that this had been emphasised as important during training and was ensured through close adherence to the programme manual. One provider in a Sure Start project was however concerned that the focus on fidelity had been to the detriment of the programme's success, limiting facilitators' ability to amend or adapt the programme to best suit parents' needs. Furthermore, this provider believed that parents enrolled on the programme had not yet experienced the intended programme outcomes, despite a commitment to fidelity;

'We wanted to give the programme the best shot due to all the evidence that says it really works but in the second year of delivery we are not seeing the outcomes even though we are delivering it with fidelity.' (Sure Start, BHSCT)

The majority of providers reported that the programme had provided parents with positive outcomes, and some suggested that adaptations could be made through minor refinements, whilst still delivering the programme with fidelity.

Local and National Evaluations

Participants assumed that the Incredible Years programme has been subject to local and national evaluations, however, they were unable to provide any specific details.

Implementation Opportunities and Challenges

During the telephone interviews, some providers were extremely positive about the Incredible Years Programme, highlighting the benefits to parents and staff. One nursery school representative indicated that the language and lessons learnt through the programme had been integrated into other areas of classroom practice;

‘A wonderful programme that really focuses on the positives. Parents stated that it makes a positive difference to their parenting. Also, it is very beneficial to staff. Some of the strategies, such as running commentary and positive reinforcement have been used in the classroom’. (Nursery school, BHSCT)

Another respondent commented on the programme’s potential to help parents overcome social isolation, particularly lone parents who develop social networks through meeting others. Consistent with previous feedback, providers noted that ‘preparative’ support, such as that offered via the Family Support Service or participation in other parenting programmes, is beneficial in helping parents to engage with the Incredible Years Programme and to participate in a group setting.

A lack of time and staffing and budgetary constraints are regarded as key barriers to the effective implementation of the programme. Significant preparation is also required in advance of each session and this was identified as a challenge for facilitators providing the programme, in addition to other work commitments;

‘Ideally the programme would be run in the school building by outside agencies e.g. local community workers, Homestart, Barnardo’s staff etc. School staff do not have the time to continue to deliver but believe this is a worthwhile programme’. (Nursery school, SEHSCT)

Some respondents commented that programme delivery is hindered by a lack of trained facilitators, which is particularly challenging, given the co-facilitated nature of the Incredible Years programmes. Two providers reflected on the challenge of retaining parents for the entirety of the programme, particularly the pre-school BASIC parenting programme, which is facilitated over a 14-week period. Two other providers reiterated concerns about the programme’s content, specifically referring to the video clips, which were described as impersonal and difficult for parents to relate to;

‘Facilitators have found through delivering the programme and receiving feedback from parents that although the concepts of Incredible Years programme are relevant, the accompanying videos are unrealistic and outdated and parents can’t relate to these’. (Sure Start, WHSCT)

Another questioned the suitability of the Incredible Years programme for the NI setting; expressing a preference for parenting programmes developed within the local context;

'PHA's drive to do Incredible Years has been wrong. We have such a wealth of home grown programmes that are evidence-informed as opposed to evidence-based that have been shown to work in NI'. (Sure Start, BHSCT)

Some providers suggested an overlap between Incredible Years and other parenting programmes, such as the FLNP;

'We have been delivering Incredible Years for five years. [We] have noted some conflicting messages with the Family Links Nurturing Programme (FLNP) [and] believe parents benefit from completing FLNP, then progressing to Incredible Years'. (Sure Start, NHSCT)

Additional Issues

Information gathered during the telephone interviews indicated some degree of collaboration between Incredible Years programme providers although this is not consistent across Trusts. There is evidence of partnership working between nursery school providers, although wider networking in the BHSCT area, between and across nursery and primary school providers, appears to have declined following the first year of implementation.

Collaboration with providers of other parenting programmes appears limited. Two providers acknowledged a lack of awareness of other parenting programmes, but indicated that it would be beneficial to know more about their aims and objectives and to understand how they might complement one another. One provider reiterated the argument that many organisations are heavily focused on their own outcomes which, combined with significant workloads, has resulted in the development of a 'silo mentality'.

VI. Mellow Parenting⁴⁹

Programme Description

Mellow Parenting is an attachment-based programme developed in Scotland. It involves both parents and children and is targeted at families regarded as vulnerable or as having complex needs. Over a 14-week period, parents are taught strategies and skills to improve interaction between them and their children, promote positive behaviour and to develop positive family relationships. There are a number of targeted adaptations of the programme, including the;

- Mellow Bumps programme for expectant mothers (6-week programme);
- Mellow Babies programme for parents of infants;
- Mellow Mums programme for mothers, and;
- Mellow Dads programme for fathers.

Programme Delivery

Questionnaires were issued to six potential providers of the Mellow Parenting programme and five of these responded; two health visitors and a community health development worker in the SEHSCT, a health improvement specialist in the SHSCT, and a Barnardo's representative. Further information was collated through two telephone interviews and one face-to-face interview with a health improvement specialist (mental health) in the SHSCT, a health visitor in the SEHSCT, and a representative from Barnardo's. Barnardo's delivery of the Mellow Parenting programme is, however, limited to one Mellow Bumps programme in the SEHSCT area and this provision is coming to an end. Action for Children is also involved in the delivery of the programme in the SEHSCT, however no additional information was provided.

Information collected through the Audit indicated that the Mellow Parenting programme (including various targeted adaptations of the programme), is currently delivered within the SHSCT area (Armagh, Banbridge, Craigavon, Dungannon, Newry and Mourne) and within the SEHSCT area (Downpatrick, Lisburn and Newtownards). Mellow Bumps is also provided through at least one Sure Start project in the WHSCT area and through a family centre in the NHSCT area.⁵⁰ The programme is delivered by a range of health and social care professionals including health visitors, midwives, social workers, family support workers and Trust staff with responsibility for families' health and wellbeing. Providers indicated that the Mellow Parenting programme is delivered either two or three times each year for a period of 14 weeks. Most respondents indicated a waiting list of around 11-20 parents with an average waiting period of 1-3 months. This is due to the programme only being delivered up to three times each year.

Parent Profile and Participation

Respondents indicated that most referrals to the programme come from third party organisations or agencies working with families, and frequently a parent is already known to a social worker, health visitor or member of Sure Start staff. Mothers with particular vulnerabilities are often referred to the programme. A very strict referral criteria is employed in the SHSCT area and self-referrals are not accepted. Where an individual wishes to make a self-referral, those delivering the programme liaise with the relevant health visitor to ensure support is available should any issues

⁴⁹ Mellow parenting - <http://mellowparenting.org/>

⁵⁰ Two charts illustrating the range of evidence-based parenting programmes delivered across Sure Start projects in NI are presented in Appendix 1.

become apparent during a parent's participation in the programme. Respondents delivering the Mellow Babies programme stated that the programme is offered to parents with babies aged under 18 months. The Mellow Parenting programme is offered to parents with children aged up to 4 years, although respondents emphasised that children aged 4-18 years are indirectly targeted by the programme. Providers indicated that during 2014/15, that between 16 and 24 families had enrolled on the programme and completion rates between 67% and 100%. Given that most providers target mothers, only a very small percentage of partners participated in the programme.

Reviewing the average age of participants across the various providers, most parents are aged 21-30, although 60% of mothers taking part in one Mellow Babies programme within the SEHSCT area were under 21 years. Details of parents' ethnicity were only recorded by some providers and fewer than 10% of parents are from a BME background. Where the percentage of lone parents was recorded, this was estimated to be between 56%-70% of the total number of participants. Overall, the programme was reported to be reaching parents for whom it is most likely to be of benefit. One provider within the SEHSCT area set out very clear criteria by which families are recruited. These include;

- a child being on the child protection register;
- persistent violence between adults in the household, or;
- the main caregiver experiencing difficulties in their relationship with their child.

Or alternatively, the existence of at least three of the following circumstances;

- the child has behavioural or emotional problems of at least 3 months duration;
- the main caregiver has mental health issues;
- the main caregiver has persistent relationship difficulties;
- evidence of persistent environmental stress.

Providers emphasised that they work closely with referral agents to ensure that the families enrolled are those most likely to benefit from the programme, while also establishing clear entry criteria and communicating this to health and social care professionals and parents. One provider highlighted the importance of establishing a 'balance' between meeting families' needs whilst not stigmatising parents. In a few rare instances, providers mentioned that parents were referred to alternative parenting programmes, when it became clear that they do not meet the criteria for participation in the Mellow Parenting programme.

In the SHSCT area, one provider noted that while engagement with parents from a BME background had been positive thus far, they were unsure as to how parents who might not be proficient in English could be accommodated on the programme.

Staff Training

Information collected through the telephone interviews indicated that 20-30 individuals across the SEHSCT area are trained to deliver either one or all of the four Mellow Parenting programmes. However, figures were not available for the number of staff actually delivering the programmes, apart from two providers who are known to be delivering the programmes in the Down area. Approximately 15 staff are trained to provide the programme within the SHSCT area and all but one are currently involved in delivery.

The length of training, as described by respondents, varies from 3 - 4 days and is facilitated by Mellow Parenting trainers in a formal, structured manner. The training includes an exploration of the background to the course and undertaking programme tasks required for completion during each session, e.g. observing the mother and child relationship, and guidance on producing a video recording of mother and child interactions. Intermediary certification is provided to facilitators once they have completed the three-day course. Upon completion of the 14-week programme, facilitators participate in formal supervision, again provided by Mellow Parenting and formal accreditation is provided to facilitators upon successful completion of this supervisory session.

Ongoing support is also provided within the SEHSCT and SHSCT areas. For example, during the course of the programme, all facilitators participate in peer supervision. This is offered in the fourth and tenth week of the programme, as part of a collective group discussion and is regarded as providing an opportunity to explore facilitators' progress against course objectives. In the SEHSCT area, ongoing support includes regular meetings for trainers within the Trust and fortnightly clinical supervision whilst the programme is running. Support provided by the programme originator includes annual supervision with each facilitator, an annual conference, helpdesk support and online resources.

Funding arrangements

A number of funding sources were recorded with varying degrees of sustainability. Two respondents indicated that recurrent funding was provided through Sure Start projects. Another provider indicated that non-recurrent funding for delivery of the programme was received from the SEHSCT and another reported that programme funding came from the PHA, via the Mental Health Promotion Action Plan.

Evidence and Evaluation

Responses from providers demonstrated that there are different approaches to gathering evidence to measure programme impact. Informal and 'in-house' methods include collecting verbal feedback from parents throughout the programme, focus groups with mothers on completion of the programme, reunions to ascertain long-term impacts, evaluation forms and 'compliment cards'. Providers in both the SEHSCT and SHSCT areas also report using the WEMWBS, a self-administered tool completed within a group setting. This was administered both pre- and post-programme. A provider in the SEHSCT area signalled their involvement in research with the University of Aberdeen in the form of an RCT⁵¹. Alongside this, another provider in the SHSCT area indicated that the programme is the focus of an external evaluation being conducted by the Ulster University. It is anticipated that results will be available in February 2016. Providers also indicated that the programme has been the focus of a systematic review conducted by the Department of Health (England).

Providers identified a range of impacts which they seek to measure through evaluations. The WEMWBS is used to ascertain mother's wellbeing, the extent to which a mother is bonding with her child and the impact of the programme on the child. More broadly, providers are seeking to establish if the programme has positively impacted on family dynamics, encouraged mothers to be

⁵¹ <http://www.abdn.ac.uk/iahs/research/crh/projects/mellow-babies.php>

more responsive to their child's needs and led to a reduction in child protection issues. One respondent did note that since mothers have sometimes participated in other parenting programmes, it can be difficult to determine which, if any changes are directly attributable to their participation in the Mellow Parenting programme.

Parental Feedback

Overall, parental feedback was reported as being very positive. Indeed one provider indicated that towards the end of the programme many parents become anxious, expressing a wish that it could continue. Evaluations revealed that following their participation in the programme, parents experience an improved outlook, a reduction in depressive behaviours and increased positive family interaction. Some caution was urged in analysing outcomes data collected through the health and well-being tool, as external factors, such as parental trauma experienced at the time of the evaluation could potentially influence outcomes and were beyond programme facilitators' control. Respondents indicated that parental feedback can be used to inform the development of the programme, however this was seldom required. Respondents asserted that this could be achieved without compromising programme fidelity.

Programme Fidelity

Ensuring programme fidelity was regarded as readily achievable, given that effective manuals and a wide range of resources are provided and there is therefore no requirement to deviate from the set programme. The manuals were described as very detailed in terms of the model and programme content. One respondent commented that facilitators occasionally do bring new knowledge and learning to the programme but that this does not detract from the programme's objectives. Another respondent reported that if facilitators believe adaptation of the programme is necessary to meet the needs of a particular group, they must engage with the programme lead who will, in turn, seek approval from the programme originator.

Implementation Opportunities and Challenges

Delivery of the Mellow Parenting programme within a Sure Start setting was regarded as particularly effective as crèche and catering facilities are available on-site and a range of staff become familiar to and engage with programme participants. A multi-disciplinary approach to the delivery of the Programme was also regarded as effective, as facilitators have a range of professional experience to bring to the programme. A Mellow Parenting steering group has been established in the SHSCT. This involves heads of service for health visiting, CAMHS, early years social workers, Surestart Lead, PHA and the Promoting Wellbeing Team. The group is responsible for the overall direction of the Mellow Parenting programme in the SHSCT area and ensures that the programme complements other parenting support provision in the Southern area.

In terms of challenges to programme implementation, respondents agreed that limited staffing, programme costs and funding availability impacted on the frequency of programme delivery and the time available to staff to undertake programme preparation and delivery. Many staff deliver the programme in addition to their core roles. One provider emphasised the need, particularly for the programme lead in any setting, to have sufficient time to not only deliver the programme, but to also undertake two home visits to every parent taking part. The provision of 'year-on-year' funding for one provider proved challenging as it is difficult to include programme delivery within the annual planning process. A lack of referrals was regarded as an issue within the SEHSCT area,

particularly where parents 'dropped out' of the programme and were not replaced. This also had a negative impact on group dynamics. The most significant challenges to expansion of the programme, for all respondents are funding and staffing. One provider emphasised the need to have a dedicated programme lead who can work closely with facilitators and act as a point of contact for referral agencies.

Additional Issues

One respondent indicated that they collaborate with other providers of the Mellow Parenting programme within their Trust, adding that during training they had met together on a regular basis. Perceptions of the importance of collaboration across Trusts varied, with some respondents regarding this as important in order to ensure commonality and more effective cohesion in programme delivery. Others were less convinced, believing the programme was already being delivered effectively within their Trust area. They also indicated that since staff are not in a position to offer the programme elsewhere, there is limited benefit in seeking collaborative opportunities.

Providers of the programme reported little collaboration with those delivering other parenting programmes in NI. Where contact is made, this is usually limited to referral situations where parents are being referred to other programmes, such as Incredible Years, because they do not meet the criteria for Mellow Parenting or, are referred to Mellow Parenting from another programme. One provider agreed that greater collaboration is required between parenting programme providers in NI in order to strengthen relationships across the various sectors and to bring greater cohesion to programme delivery.

VII. Multisystemic Therapy (MST)⁵²

Programme Description

Multisystemic Therapy (MST) is an intensive family and community-based treatment programme for children and young people who are at risk of out-of-home placement in care or custody. The programme addresses all of the environmental systems that impact on young people, such as their homes and families, schools and teachers, friends and communities. The programme is delivered by a single practitioner to families in their homes.

Programme Delivery

Extern is currently the only organisation delivering MST in Northern Ireland. A questionnaire and telephone interview were completed by the MST programme manager. MST is delivered across the BHSC and NHSC areas, and until October 2015 in the SEHSC. The programme is targeted at young people aged 12-17 years who are at risk of care or custody in permanent placements. It is delivered to each family over 3-5 months and there is a rolling waiting list. Parents or families are referred to the programme via a third party, usually Social Services or a combination of statutory agencies via a panel process, and referrals vary according to funding arrangements.

The MST programme manager indicated that 11-20 parents are currently on the waiting list, although the numbers vary within different areas due to the referral pathways, availability of funding and staffing levels. Within the BHSC and NHSC areas waiting lists are in place due to current levels of need and capacity, while in the SEHSC area the waiting list was due to specific funding issues. Young people and their families are typically on the waiting list for less than two months.

Parent Profile and Participation

Within the BHSC area, 68 families registered for MST in the year 2014/2015, a slightly lower figure than normal. Less than 25% of parents register for the programme with a partner and 71%-85% of parents are lone parents. Typically, 85%-92% of parents complete the programme. The MST programme manager was unable to provide details of the age profile of parents participating in the programme. The programme has been largely successful in reaching those families most likely to benefit, however there is a need to support some families who are not yet ready to engage with a model such as MST, and to implement more effective screening.

Staff Training

At the time of the Audit, there were ten therapists, two clinical supervisors and one programme manager trained and delivering MST in NI. Of these, six staff are based in the BHSC, two in the SEHSC and three in the NHSC, although as noted above, provision of the programme in the SEHSC area ceased at the end of September 2015. All of these staff are currently delivering the programme. Training includes an initial five-day orientation course, weekly group supervision, weekly consultation, monthly clinician development planning, monthly audio-reviews and quarterly booster training. Support is provided by the programme coordinator to therapists on a weekly basis, to supervisors on a monthly basis, and to the team and organisation on a quarterly basis.

⁵² Multisystemic Therapy - <http://www.mstuk.org/>

Funding Arrangements

Delivery of the programme across the BHSCT area is funded for a three-year period by the HSCB via the EITP and will be reviewed at the end of this period. In the SEHSCT area, programme delivery was funded from 2012 by the Big Lottery Fund through their Realising Ambition project. Funding for delivery of the programme in the NHSCT area is provided by the Trust and reviewed on an annual basis. The team in the NHSCT has recently been reduced by 50%.

Evidence and Evaluation

Evidence of the impact of the programme is provided through discharge reports, which are completed for each family at the point of case closure, in partnership with the MST team. Two areas are explored and the issues are agreed between families and the MST team. The first relates to ultimate outcomes (young person at home, in school, and has no new arrests). The second area is instrumental outcomes (improved parental skills, increased social supports, improved family relations and increased engagement with pro-social peers). Each item is reported on as being met or unmet. This data is collated and provides the basis of programme implementation review reports which indicate outcomes levels across the service user population for a specified period of time. Feedback is also sought from parents and referral agents. Ongoing impact of the programme is monitored weekly, using objective measures in group supervision. In addition, MST provides a suite of quality assurance protocols, one of which is via the MST Institute, which allows programme managers to review items such as adherence, throughput, ultimate and instrumental outcomes, timescales, treatment times and caseloads.

Parental Feedback

Feedback is sought from parents within two weeks of registration and then every two weeks until they have completed the programme. This is collected using a set of standardised questions in the form of TAM-R (Therapist Adherence Measures). These provide data relating to model fidelity at a therapist, team and programme level. Parents also complete a Likert Scale assessment questionnaire containing 28 questions and are invited to provide general comments about their experiences of the programme. Parents' feedback then informs clinicians' development planning which then culminates in a three-month development plan for each MST therapist. At a team level, TAM data forms part of the programme implementation review (PIR) which is completed by the consultant, reviewed by senior management and acted upon by the clinical supervisor. If issues emerge in relation to the team, these then form the basis of booster training.

Programme Fidelity

A number of methods are used to ensure the fidelity of the MST programme and indeed the entire quality assurance process is focussed on increased fidelity. Scores from the Therapist Adherence Measures - Revised (TAM-R) provide baseline scores, based on the reports completed by parents. This then helps to highlight areas of therapist fidelity, as does weekly supervision based upon the MST analytical process. This explores various issues including barriers, goals, advances, intervention development and implementation. Audio reviews of sessions are compiled as reports using a template which is designed to provide feedback on areas of adherence. The MST programme implementation review (PIR) team also records details of programme fidelity specifically considering adherence to the MST model throughout the programme, the duration of cases and outcomes achieved.

Local and National Evaluations

The UK MST programme has been the focus of various research studies.⁵³ In 2011, the Brandon Centre conducted a small RCT of MST and then completed a qualitative study in 2012. A multi-site RCT was commissioned in 2009 and is being completed by University College London. The findings of this are due imminently. An unpublished PhD completed in NI, examines the impact of staff characteristics as implementation drivers in MST.

Implementation Opportunities and Challenges

Reflecting on the positive aspects of the implementation of the MST programme in NI, the programme manager referred to access to effective support from MST services, provision of an efficient data collection system and good support from within Extern for replication of the MST model. In addition, a high level of engagement with parents and above average fidelity scores were reported as well as achieving outcomes above the defined threshold. Effective relationships have also been developed with field workers in education and Social Services and key managers in the Trusts. In addition, ongoing progress and challenges associated with the delivery of MST are effectively communicated to key stakeholders.

Implementation challenges include stakeholder buy-in, securing longer-term investment and ensuring continuity of funding, the absence of a local evidence base, recruiting appropriate staff to deliver the model and the need to effectively screen families before their enrolment on the programme. The programme manager indicated that Extern has initiated steps to address these issues by contributing to the creation of a local evidence base, reviewing the selection process for staff recruitment, updating assessment proformas, and undertaking a review of screening tools. In terms of challenges regarding programme expansion, the lack of a regional strategy to support replication at a regional level is regarded as a significant barrier. As a result, the three sites currently operating, do so using different structures. These issues are being explored through ongoing negotiations with relevant regional bodies such as the PHA.

Additional Issues

Staff delivering MST in NI collaborate with MST colleagues in other jurisdictions through shared training, specifically advanced supervisor workshops and orientation training. Collaboration is regarded as beneficial since participation in shared training is more cost-effective and the culture in which UK teams are working is more aligned to NI than those in which US or other European teams are operating.

⁵³ <http://www.mstuk.org/mst-outcomes/uk-research/>

VIII. Parents Plus⁵⁴

Programme Description

The Parents Plus Programmes target the needs of children and young people by focusing on the management of emotions and behaviour and enhancing children's learning and confidence. The programme supports and empowers parents in group settings to manage and solve discipline problems, create satisfying and enjoyable family relationships, and help young people grow up and reach their full potential. Five programmes are offered, each with distinct target audiences. These are;

- Early Years Programme (1-6 year olds);
- Children's Programme (6-11 year olds);
- Adolescent's Programme (11-16 year olds);
- Parenting when Separated Programme, (across age groups) and;
- Working Things Out Programme (11-16 year olds).

Programme Delivery

The Audit revealed that Parents Plus is no longer widely delivered in NI, although it is a popular parenting programme in the Republic of Ireland. Consultation with the programme originator initially suggested that there were at least 18 providers of the programme in NI, mostly in the WHSCT area and particularly in Derry/Londonderry, and across the NHSCT area. However, further investigation revealed that this information was not up-to-date. Two potential providers were subsequently identified in the WHSCT and in the NHSCT areas. The provider in the NHSCT area completed a questionnaire, indicating that the Children's Programme (PPCP) is currently delivered through the Phoenix ADHD Project, which provides support to children and young people with ADHD. The programme originator also completed a questionnaire and a telephone interview.

The programme originator explained that the duration and number of sessions provided each year varies from 6 to 12 weeks, depending on the provider and type of programme being offered, while the provider in the NHSCT indicated that the PPCP is delivered over 8-10 weeks, three times each year. There are currently less than 10 parents on the waiting list and the waiting list exists because a minimum number is required to facilitate programme delivery.

Parent Profile and Participation

The provider in the NHSCT indicated that parents either elect to participate in the programme or are referred by one of a number of health or education agencies. In 2014/15, 27 parents participated in the PPCP, a figure cited as fairly typical. The majority of parents are female and aged between 31 and 40 years. Both the programme originator and provider suggested that a significant proportion of participants (26% – 50%) are lone parents, although a similar proportion are believed to attend with a partner or spouse. In the NHSCT area a small proportion of parents (5%) are from a BME background. Given the various programme components, the programme originator suggested that children aged from birth to 18 years are indirectly affected by their parents' participation in Parents Plus programmes, and the programme provider noted that the PPCP indirectly impacts

⁵⁴ Parents Plus - <http://www.parentsplus.ie/>

children aged 8-14 years. The programme originator indicated that, on average, the programme retention rate is 75%, although feedback from the provider indicated that the vast majority (95%) of parents complete the PPCP.

Whilst Parents Plus is a universal programme, there are targeted streams and the programme provider in the Phoenix ADHD Project confirmed that it is targeted at parents/carers of young people with ADHD. Qualitative feedback from the programme originator suggests that the programme is reaching those who would most benefit from it, as it includes parents on a universal and targeted basis, although recruitment and retention were perceived to be greater challenges.

Staff Training

The programme originator reported a significant uptake of training for the programme in the Republic of Ireland with approximately 530 individuals trained during 2015, including approximately 70 from the UK. Unfortunately, accurate information regarding the number of people currently trained in NI was not available. Those undertaking the training come from a variety of backgrounds and disciplines, including CAMHS, family resource centres, public health, education and disability groups. Whilst this cross-section of professions was welcomed, the programme originator acknowledged the challenge in managing a multi-disciplined approach, particularly as the programme is delivered across a range of settings and contexts.

The programme originator delivers the training and provides programme materials and post training support. Training is delivered over a two-day period (three days for Early Years strand), with accreditation given to those who complete the training following submission of a portfolio. Each session of the Parents Plus programme is delivered with a co-facilitator who provides peer support and each participating agency has a line manager who provides supervision.

Funding Arrangements

The programme originator revealed that, in general, the course is funded by external agencies or charities and the source and frequency of funding varies across the different providers. Feedback from the programme provider revealed that the Big Lottery Fund provides financial support on a non-recurrent basis. In the Republic of Ireland, Pobal⁵⁵ frequently acts as an external funding source. In some instances, Parents Plus have funded agencies to complete the training. Programme materials cost €300, while training varies from €290 (two-day training course) to €430 (three-day training course).

Evidence and Evaluation

Quality Protocol, established by Parents Plus, forms the basis for the programme evaluation. At the beginning of the programme, parents provide an indication of their individual goals and desired achievements from their participation. Subsequently, the facilitator holds a weekly qualitative feedback session to ascertain parents' progress against these set goals. Qualitative feedback is supplemented by quantitative measures, with a particular focus on parental stress levels⁵⁶. However, the extent to which this is integrated into the evaluation is at the discretion of individual facilitators, and in most cases is incorporated at the end. The programme provider also indicated

⁵⁵ <https://www.pobal.ie/Pages/Home.aspx>

⁵⁶ <http://spr.sagepub.com/content/12/3/463.short>

that evidence of the programme's impact must be reported to the external funder, which in this case is the Big Lottery Fund. The programme originator noted that where feedback is sought from children, the SDQ measure is used.

Programme facilitators are given an opportunity to provide feedback using two tools; a Planning Sheet which is completed collectively by both programme facilitators and a Quality Checklist which includes a series of questions relating to their progress across the programme. The checklist forms the basis for supervisory meetings. The programme originator commented that one of the primary impacts measured, relates to the incidence of programme delivery following training, as facilitators may receive training, but not go on to actually deliver the programme.

Programme Fidelity

Fidelity is based on the extent to which participation in the programme results in parents meeting their programme goals as referenced above. The Parents Plus Quality Protocol sets the basis for programme fidelity, by identifying individual goals at the start of the programme and assessing whether these are being met through the weekly sessions.

Parental Feedback

The programme originator explained that integration of parental feedback is an intrinsic component of programme delivery. Indeed, it was recognised that Parents Plus is a '*practitioner enhanced programme*', and that weekly parental feedback informs the programme. Adaptation, based on parental recommendation is possible and actively encouraged.

Local and National Evaluations

To date, sixteen national studies of the Parents Plus programme have been completed, some of which have involved RCTs.

Implementation Opportunities and Challenges

The programme originator offered insights into the aspects of programme delivery which are perceived to work particularly well. He commented that it is 'solution focused' and 'client centred'. The latter was deemed particularly worthwhile, as the programme can be adapted based on parent feedback. Furthermore, it was noted that some of the programme materials have been developed in conjunction with parents. This input was regarded as highly useful in terms of ensuring that the programme is reflective of parents' needs.

The main challenge in relation to effective implementation and programme expansion relates to the 'visibility' of the Parents Plus programme, particularly amongst senior officials, and at a policy level in NI. It was suggested that such challenges can only be overcome with dedicated time and resources, the absence of which were cited as additional obstacles to programme expansion.

Additional Issues

The programme originator suggested that collaboration with other programme providers was unlikely, given the potential 'competition' between providers, however he acknowledged the value of a diverse selection of parenting programmes being in place, as this is reflective of the complexity of parental needs.

IX. Solihull Approach Parenting Group⁵⁷

Programme Description

The Solihull Approach Parenting Group (Solihull programme) is based on the Solihull Approach model of containment, reciprocity and behaviour management and social learning theory. The Solihull Approach supports practitioners to work with children and families, providing them with a framework to think about children's behaviour and can support effective and consistent approaches across agencies. It is incorporated quite widely within health visiting and school nursing services in NI. The Solihull Approach Parenting Group is a 10-week programme that aims to support parents with children aged from birth to 18 years. It is delivered in a group setting and seeks to help parents build positive and responsive relationships with their children and to develop a reflective style of parenting for life-long learning.

Programme Delivery

Information gathered during the Audit indicated that the Solihull programme is delivered across all Trust areas, with a strong presence in statutory settings. The programme is underpinned by a strong inter-disciplinary approach, with a broad range of professionals including social workers, family support workers, staff in CAMHS and the Fostering Service involved in its delivery. The Audit identified 14 potential providers; nine of whom submitted questionnaires and five participated in a telephone interview.⁵⁸

The Solihull programme is delivered across a wide range of settings, including family centres, Sure Start projects⁵⁹, primary mental health teams, and by various voluntary and community organisations such as Action for Children. It is strongly supported within the statutory sector and the Clinical Education Centre (CEC) has been commissioned by the DHSSPS to co-ordinate delivery of the programme to health visitors and school nurses across all five Trust areas. The Audit also revealed that a Regional Parenting and Family Support Strategy is being developed for Sure Start projects and this incorporates a two-year plan to deliver Solihull programme training across all Sure Start teams.

Although the Audit revealed that the programme is delivered across all Trust areas, readiness to deliver the programme and current levels of implementation vary quite considerably. By way of illustration, with the exception of two of the nine providers who completed questionnaires, respondents appeared to be in the early stages of programme delivery. A health visitor in the SEHSCT area and two staff employed in Social Services in the WHSCT indicated that since completing the foundation training in June 2014, they have delivered one programme, although there are intentions to facilitate one to two annual sessions in each of these locations, depending on demand. Two CAMHS staff (NHSCT) have completed training, and were due to deliver their first programme in September 2015, with a second programme planned for 2016.

⁵⁷ <http://www.solihullapproachparenting.com/>

⁵⁸ A table detailing delivery of the Programme has not been included as many providers of the Solihull Parenting Programme are in the early stages of planning programme delivery.

⁵⁹ Two charts illustrating the range of evidence-based parenting programmes delivered across Sure Start projects in NI, are included in Appendix 1.

Parent Profile and Participation

As a significant proportion of respondents were only recently trained and at the early stages of programme delivery, the availability of information relating to parent profile and participation was limited. In terms of accessibility, the Solihull programme is universal, however in some instances, the programme has been targeted at parents with children of a specific age or with particular needs. These target groups are also frequently representative of the clients or service users with whom providers are regularly engaged. For example, in the WHSCT, the Social Services representative revealed that the Programme is delivered to parents of looked after children, while staff in CAMHS (NHSCT) are due to deliver the programme for a second time in 2016, in partnership with the Therapeutic Team to the same target parent group. In the SEHSCT, a health visitor delivers the Antenatal Parenting Group.

Those who have delivered the programme, indicated that participants are predominately female within the 21–40 age band, although a number of respondents communicated a desire to actively engage with fathers, particularly in the Antenatal Parenting Group. In addition, in the SEHSCT, efforts were made to secure access to the Solihull online parenting course for partners who are unable to attend face-to-face training sessions. Most of those completing the questionnaire were unable to provide information regarding the percentage of lone parents participating in the programmes, either because they had not begun to deliver the programme or the information was not collected. For those who were delivering the programme, one respondent indicated that 41–55% of participants were lone parents and another reported that less than 10% of participants were in this category. The number of parents attending sessions with their partner varies across providers from less than 25% to 75%.

The programme welcomes self-referrals, particularly in Sure Start settings, however respondents indicated that a dual process of self and third party referrals is generally employed. Third party agencies include CAMHS, community paediatrics, and schools. Those who had delivered the programme, indicated that average participation rates involved 8–10 parents per programme although where programme delivery was more established, higher numbers of participants were reported. For example, Action for Children indicated that during 2014/15 the programme was delivered to 80 parents through individual and group sessions.

Staff Training

The initial phase referred to as the 'Foundation' course, is delivered over two days and is mainly practice-based. All facilitators must complete this before embarking on the Parenting Group facilitators' training. One half of the course focuses on the practical issues associated with running a group and is largely based on the programme manual. During the second half, individuals work with co-facilitators to 'deliver' the programme to one another. Further practice sessions are facilitated throughout the year; in the WHSCT area, these take the form of four half-day follow-up sessions.

Following delivery of the 10-week programme, facilitators then have the opportunity to avail of a 'Train the Trainers' module. This reflects the 'cascade' approach of the Solihull training model, whereby training is 'rolled out' across Trusts by trained professionals. Respondents indicated that refresher support is provided to all trainers through an annual conference. Refresher training is also provided by the CEC. A respondent from the NHSCT noted that additional support is currently being considered, although it was not clear what form this might take.

On the basis of the information provided during the Audit, the number of staff trained to deliver the programme varies greatly across the Trusts. The CAMHS representative revealed that seven staff in the NHSCT, including social workers and nurses, completed both the Foundation and 'Train the Trainers' courses. Six of these staff have just recently completed the 'Train the Trainers' modules. In the WHSCT, 11 staff completed the Foundation training in June 2014, a further six of whom then trained as trainers in 2015. Within the SEHSCT, ten staff completed the Foundation training in June 2014, however information was not available regarding the number who completed the 'Train the Trainers' module in June 2015.

Funding Arrangements

In order to contextualise information regarding programme funding and costs, several respondents indicated that programme costs relate specifically to training provision and resources. Since it is not a licensed programme, and Solihull is a 'not-for-profit' organisation, no fees are due on delivery of the programme. Funding is provided through CEC for the Foundation training, however, no separate budget is available to increase staff capacity to deliver the programme. Feedback suggested that it can be challenging to source funding when there are many other competing priorities. Training and resources appear to be funded mainly by the Trusts, and the cascaded training approach, ensures that the 'Train the Trainers' programme is delivered with minimum additional costs.

Evidence and Evaluation

Information gathered through the Audit revealed that the Solihull Programme has a clearly defined evaluation approach and methodology which is outlined in the programme's training and resource packs. This includes standardised, primarily quantitative instruments, in the format of evaluation forms for parents and programme facilitators. These are administered on a weekly basis. The parent feedback form contains 'smiley face' ratings, and aims to explore the extent of the learning achieved during each session. Areas for evaluation include; parental understanding of programme content, the extent to which parents' needs were met, and feedback relating to programme delivery. A more in-depth post-evaluation questionnaire is administered at the end of the programme to gain an overarching sense of the lessons learnt during the programme. The evaluation completed by facilitators facilitates reflection on the strengths and weaknesses of individual sessions. Feedback from respondents revealed that this tool is primarily used 'in-house' between the facilitator and line manager in order to prepare for subsequent sessions. Several respondents remarked on the emphasis placed on evaluation during the Foundation training.

In addition to the standardised instruments included within the programme resource packs, Action for Children uses its own instrument, the eAspire scoring system⁶⁰, as a means of identifying and assessing progress against various outcomes achieved across all the parenting programmes it delivers. There are a range of key outcomes linked to the Solihull programme, however, the impacts those participating in the Audit indicated they are seeking to measure, include improved parent-child relationships and a reduction in behavioural problems.

Programme Fidelity

⁶⁰ Long et al, 2014.

Respondents reported that the content of the Solihull programme is clearly presented in the resource packs in a logical and sequential fashion, and as such, there is no requirement to deviate from the programme as devised by the originators. Respondents from the WHSCT noted that during Foundation training facilitators are advised to adhere to the course content and to inform the programme coordinators if any deviation or adaptation is required. They acknowledged that there was some concern that significant adaptations would 'detract' from the programme objectives, potentially causing confusion for both parents and facilitators:

'The whole course is linked from one week to the next and so to veer off topic would be confusing'. (Social worker, WHSCT)

Parental Feedback

As previously noted, many respondents provided feedback based on their limited experience of programme delivery, nevertheless, they stressed that parental feedback has been very positive to date. Respondents also acknowledged the potential to allow parents' feedback to inform programme delivery, if required. For example, one respondent in the WHSCT stated that programme trainers encourage facilitators to inform them of any concerns or difficulties identified in the parent feedback forms, while a provider in the SEHSCT noted that there is a facility to recap or 'refresh' on sessions, if this is requested by parents. Respondents who had less experience of programme delivery appeared less certain as to how they could incorporate parent feedback, and indicated that this was not discussed during training.

Local and National Evaluations

Respondents acknowledged that the Solihull programme has been subject to significant research and evaluation, however the majority were not familiar with the details or outcomes. CAMHS staff referenced an evaluation of the programme which was completed by Tavistock Centre for Research and Evaluation, although they were not aware of the details of the methodology or outcomes.

Implementation Opportunities and Challenges

The Solihull programme is described as 'supportive', 'therapeutic' and 'non-judgemental'. This viewpoint was also emphasised by a social worker located in the WHSCT area, who stated that the empathetic approach endorsed by Solihull, which acknowledges the challenges of the parenting role, enables better cohesion between the parent and practitioner. This feedback was reiterated by a member of CAMHS staff who stated that the approach works particularly well for parents of young people with mental health problems, as there is ample opportunity to discuss the challenges facing young people, while responsibility for a child's behaviour is not placed solely on parents:

'Solihull is a supportive, non-critical approach where the blame for children's behaviour is not placed on the parents. It helps parents to be more receptive to hearing things'. (CAMHS representative, NHSCT)

CAMHS staff also noted that the Solihull programme is more appropriate for their clients than other parenting programmes, such as Incredible Years, because of its therapeutic nature. Time constraints were noted as the most significant barrier to the effective implementation and expansion of the programme. One respondent stated that facilitators require more time post-training to ensure the principles of the programme are embedded within their practice. Others reflected on the time-intensive nature of programme delivery and limited staff resources, reporting that such constraints mean that only one or two programmes can be delivered each year. In order

to address this situation, the WHSCT plans to enable more staff to complete the 'Train the Trainer' programme, thereby increasing capacity to deliver the programme more frequently. Offering a different perspective, one respondent suggested that the Solihull programme is less time and resource intensive than other parenting programmes, as it comprises one two-hour session delivered over 10 weeks and does not require childcare, catering or transport provision. Additional comments were made regarding the expense associated with programme resource packs.

A number of providers raised concerns regarding parents' willingness to participate in the programme. For example, CAMHS staff suggested that delivery of the programme in the evening may deter some parents and that Trust policies relating to confidentiality, disclosure, and safeguarding may dissuade parents from taking part. One respondent also highlighted concerns about parents' understanding of the course components, commenting that while they had engaged effectively with the programme on a weekly basis, at the end, parents struggled to synthesise and integrate the various lessons learnt across the entire 10-week programme.

Additional Issues

In response to questions about the degree of collaboration between providers of the Solihull programme in NI, one respondent observed that because of the different stages of delivery readiness within and across different Trust areas and disciplines, there is limited collaboration. However, respondents agreed that greater collaboration would be valuable, particularly at Trust level, where this could facilitate shared access to programme resources. Respondents also suggested that collaboration could be challenging however, due to staff carrying different workloads and a lack of commonality around shared outcomes.

Although collaboration appears to be limited, providers were aware that the programme is being delivered across various services and that opportunity to communicate across agencies exists, should the need arise. Relationships have been developed between agencies to support the referral process. For example, CAMHS staff noted that they are working with Sure Start projects as a means of identifying and recruiting parents. A respondent from the SEHSCT also highlighted the opportunity to link with other Solihull programme providers at the annual seminar.

In terms of collaboration with other parenting programmes in NI, there was some concern that the number and range of parenting programmes available has become unmanageable, creating significant difficulties in terms of promoting collaboration between different providers:

'Everybody wants a 'piece of the pie'. There are almost too many programmes, all within the voluntary, community and statutory sectors. There is probably not enough effective collaboration but I don't know how we can get to that' (Social worker, WHSCT).

X. STRENGTHENING FAMILIES⁶¹

Programme Description

The Strengthening Families Programme is a family skills training programme involving the whole family. Developed in the USA, it emphasises the important role families play in the prevention and reduction of risk taking behaviour and includes sessions for parents and children as well as family practice sessions. The programmes generally target vulnerable families with complex needs, but it is also regarded as being highly effective with the general population. There are two Strengthening Families models; both based on the US model. One is delivered over 14 weeks while a seven-week model adapted by Oxford Brookes University, is delivered in the UK as 'SFP 10 – 14 UK'.

Programme Delivery

During the Audit, six providers of the Strengthening Families programme were identified and a questionnaire forwarded to each. Responses were received from four providers (Action for Children, Health Improvement Service within the NHSCT, ASCERT and Derry Healthy Cities). Follow-up telephone interviews were conducted with the first three of these providers. Barnardo's also provided some brief information about its delivery of the programme. A small number of Extern staff within the WHSCT area received training through Derry Health Cities to deliver the Strengthening Families programme to families across the WHSCT, however these staff are not currently delivering the programme. Respondents indicated that Strengthening Families is delivered across a range of locations in NI and across all Trusts. Two providers (Derry Healthy Cities and the Health Improvement Service, NHSCT) delivered the programme within a single Trust area (WHSCT and NHSCT respectively), while ASCERT and Action for Children provide it across a number of Trust areas, including NHSCT, SEHSCT, SHSCT and BHSCT areas. Action for Children also delivers the programme in partnership with the Strengthening Families programme coordinator in the NHSCT through the organisation's Northern Area Early Intervention Project and Barnardo's delivers the programme in the SEHSCT as part of its family support provision.

Frequency of programme delivery varies between providers. Derry Healthy Cities indicated that due to funding constraints, the programme was not being delivered in the 2015/16 financial year, although prior to April 2014, it was delivered approximately four times each year. Action for Children stated that it usually delivers the programme three times each year and ASCERT delivers the programme on an ongoing basis across different Trust areas. The Strengthening Families programme coordinator in the NHSCT indicated that the Trust is funded through the PHA, to deliver a specific number of programmes each year; twelve were delivered in 2014 and so far seven have been requested in 2015 although it was anticipated this number would increase.

Programme duration was either eight weeks⁶² (Action for Children, NHSCT) or 14 weeks (Derry Healthy Cities, ASCERT). The age of children involved ranges from 8 to 16 years, with individual providers targeting specific age bands; 8-13 years (Action for Children), 10-14 years (NHSCT) and 12-16 years (ASCERT). The target population varies between providers, but includes parents who are part of the Northern Area Early Intervention project (Action for Children), Tier 2 Families (Derry Healthy Cities), school non-attenders, young people not in education, employment or training,

⁶¹ Strengthening Families - <http://www.strengthening-families.org.uk/>

⁶² Whilst recognised that the 'SFP 10 – 14 UK' is a seven week model, respondents indicated that they delivered the Programme over eight weeks.

families with poor communication skills (ASCERT) and parents of young people aged 10-14 years (NHSCT). The programme coordinator in the NHSCT reported a waiting list of more than 31 parents while the programme coordinator in ASCERT indicated a waiting list of less than 10 parents. Waiting lists are due to a build-up of referrals (NHSCT) or because the programme is not currently available in a particular area of the Trust (ASCERT). Average waiting time is less than two months (ASCERT) or less than three months (NHSCT).

Parent Profile and Participation

Respondents reported that parents participating in the Strengthening Families programme, across the five Trusts were either self-referring or referred by a third party agency in the statutory or voluntary sector. Agencies include CAMHS, Child and Parent Support (CAPS), Family Support and Intervention Teams, Gateway Teams, Family Support Hubs, health Visitors, GPs, the Education Authority, schools, Barnardo's and other voluntary agencies. Details of the number and profile of families taking part in the Strengthening Families programme during 2014/15 were provided by Action for Children (15 families), ASCERT (21 families) and the NHSCT (71 families). Each provider confirmed that these participation levels were fairly typical and programme completion rates for 2014/15 ranged from 80 to 95%.

Providers indicated that less than 25% of parents participate in the programme with their partner, and representatives from Action for Children and ASCERT estimated that 71-85% of participants are lone parents. The ASCERT representative indicated that 80% of participants are female however this information was not provided by other respondents. Action for Children and ASCERT monitor the ethnicity of parents participating in the programme, although each recorded a nil return for parents from a BME background. The representative from Action for Children indicated that participants fall within a number of age bands ranging from 21 to over 50 years of age, with 40% falling within the 21-30 age range. Data provided by the ASCERT representative indicated that parents taking part in their Strengthening Families programmes have a higher age profile with 50% in the 31-40 age band and 50% in the 41-50 age band.

Staff Training

Information concerning staff training was provided by individuals delivering the programme in the NHSCT area and through ASCERT. Some limited information was also provided regarding the training co-ordinated by Derry Healthy Cities, although as noted above, this organisation is not currently providing the programme. In this organisation, programme facilitators are recruited from a range of statutory and voluntary children and adult services. They complete two days free training and are then released by their employers for up to five hours each week over a 14-week period, once a year, to deliver the Strengthening Families programme.

In the NHSCT, the Strengthening Families programme coordinator noted that training has been delivered in partnership with other organisations since 2008, and 74 staff are recorded as having been trained to deliver the programme. Training is provided once a year to a range of groups, including Action for Children, Barnardo's, social workers, education welfare officers, family intervention workers and staff working in the youth justice sector. Some of these facilitate sessions as part of their own specific professional role while others support the delivery of sessions provided through the NHSCT area. It was noted that a greater number of facilitators are from outside the Trust. In the NHSCT, training is provided to facilitators over three days by Oxford Brookes University although there are also two accredited trainers in NI. The training includes an

opportunity to explore each session in the Strengthening Families programme, through roleplay and each participant receives a manual. Ongoing support is made available to programme facilitators.

The Strengthening Families Programme coordinator in ASCERT indicated that staff were trained at the beginning of the 2014/15 contract and current estimates are that eight staff are trained to deliver the programme across the SHSCT and 13 across the BHSCT area. A further 16 staff were completing training at the time of the Audit to then immediately begin delivering the Strengthening Families programme. The estimated number of staff currently trained through ASCERT is therefore 37. Of these, six staff in the SHSCT (Armagh) and five staff in the BHSCT are currently delivering the programme. ASCERT provides one day of in-house training for facilitators, including an introduction to the programme, a review of each weekly session and research supporting the programme. Debrief sessions and mentoring are provided to facilitators and each programme has a coordinator who is available to provide support on an ongoing basis.

Both programme coordinators who provided information reported positive relationships with the programme coordinator and the availability of ongoing support via email, Skype or telephone. It was noted however that Oxford Brookes University is due to sell the licence for the Strengthening Families programme to Lifeline England, therefore the nature and delivery of future support is unknown.

Funding Arrangements

Programme coordinators from ASCERT and the NHSCT indicated that they receive non-recurrent funding from the PHA to deliver the programme. It is regarded as expensive as the delivery of an individual programme is estimated to be £10,000 – 15,000 with an additional £1,500 required for evaluation costs.

Evidence and Evaluation

The programme coordinators from ASCERT and the NHSCT described a range of evaluation methods which are employed to evaluate the programme, including SDQs, *Lutra* (developed by Strengthening Families) and quarterly monitoring forms. Each provider also collects quantitative and qualitative data through questionnaires and records outcome and impact data for the PHA through Outcomes Based Accountability (OBA)⁶³ scorecards devised by NCB. Programme facilitators are also encouraged to reflect on sessions for peer learning purposes and the programme coordinator in ASCERT reported that facilitator evaluations are currently being developed, based on self and peer assessment. The type of impact programme coordinators are seeking to measure, include the number of families completing sessions, a reduction in difficult behaviour, improved family communication and cohesion and positive parenting behaviour.

Programme Fidelity

Both programme coordinators commented that the importance of fidelity in programme delivery is underlined during training, where facilitators are strongly encouraged to adhere to the programme manual it is emphasised that any adaptation has to be approved by the programme originator (ASCERT) or Oxford Brookes University (NHSCT).

⁶³ Friedman, 2009.

Formal and informal feedback is sought from parents during the delivery of the programme. Programme coordinators reported that feedback is generally very positive, adding that parents tend to participate in the programme because they are genuinely seeking support, and they benefit from the peer support provided by other parents. One coordinator noted that parents' feedback may effect slight adaptations of the programme while another indicated that feedback is used during training and panel sessions. Where more serious issues are raised by parents, the PHA and programme developer are consulted.

Local and National Evaluations

Respondents indicated that Oxford Brookes University has conducted research into programme delivery in Wales through a randomised controlled trial (RCT) and in England a longitudinal study was completed by the National Strengthening Families Programme Council of Ireland.

Implementation Opportunities and Challenges

In response to the question regarding what works particularly well in the delivery of the Strengthening Families Programme, respondents concluded that it provides additional help to families already known to Social Services and facilitates positive partnership working with other organisations. The programme coordinator from ASCERT also noted that being able to deliver training in-house is a positive feature and that the organisation was currently devising implementation standards.

Both coordinators of the Strengthening Families programme commented on the resource-intensive nature of the programme, as it requires a suitable venue with appropriate space, catering and child-care provision and transport. Other challenges highlighted include the effective promotion of the programme, ensuring referral agencies and families are familiar with programme objectives and content, establishing effective partnerships with community organisations, and enrolling those families who are most likely to benefit. Longer term sustainability of funding for the programme was also recognised as an issue. Responses to address these challenges include working closely with referral agencies, arranging an open night for families and establishing contact pre-programme delivery, offering incentives to families (e.g. dinner, crèche facilities, gift vouchers) and screening families to ensure their suitability for the programme. Specific challenges to the expansion of the programme include the availability of funding and staff to deliver the programme. The programme coordinator in the NHSCT noted that delivery of Strengthening Families is an additional responsibility for many facilitators who have other roles and responsibilities.

Additional Issues

The programme coordinators in the NHSCT and ASCERT indicated that collaboration occurs between Strengthening Families providers across the various Trusts. ASCERT is currently providing training across all Trusts and both programme coordinators are part of the regional Strengthening Families group, convened by NCB. They noted that the regional Strengthening Families group provides an opportunity to share good practice and to identify emerging issues. However, respondents reported having limited opportunities to link up with other parenting programme providers although they observed that some facilitators of the Strengthening Families programme also deliver other parenting programmes. There was a recognition that greater collaboration

between programme providers could be helpful in terms of creating opportunities to share learning and to ensure families access the most appropriate programme for their particular needs.

XI. Triple P – Positive Parenting Programme⁶⁴

Programme Description

The Triple P programme is based on a positive parenting approach which aims to promote children's development and manage their behaviour in a constructive way. The programme seeks to increase parents' knowledge, skills and confidence by engaging, encouraging and empowering families to address common child and adolescent social, emotional, and behavioural problems. Triple P employs a multi-level framework, tailoring information, professional advice and support to parents' individual needs. It incorporates five levels of intervention, providing varying degrees of intensity of support which can be adapted and constructed to address the needs of a target group or the whole parent population.

Programme Delivery

The Triple P programme is delivered in the Republic of Ireland across four counties in the midlands, in a number of sites in Dublin through the Area Based Childhood programme (ABC)⁶⁵ and in the south east of the country. However, it is not currently delivered in NI. The NSPCC previously provided Triple P in NI, but it now provides support to parents through Video Interactive Guidance. It continues to provide the programme in some service centres in England and Wales.

Additional Information

While it was not possible to collect data about the delivery of this programme in NI, in the course of completing the Audit, a number of healthcare professionals highlighted what they perceived as particular benefits of the Triple P programme for parents with children with learning disabilities. They proposed that consideration be given to reintroducing the programme in NI.

Referring to a briefing paper produced by the Challenging Behaviour Foundation and Council for Disabled Children, health professionals in the SHSCT highlighted the increased risk for such children to present with behavioural problems and to be less likely to receive early intervention support or services.⁶⁶ Emphasising the detrimental impact this has, not only on children and their families but also the wider society through increased financial costs and negative health outcomes, respondents emphasised the crucial role of early intervention activities, including parents' access to appropriate parenting programmes. The paper states that:

'Positive behavioural support (PBS) represents the most effective evidence-based approach to support people with intellectual disabilities and behaviours that challenge...PBS was developed from the science of Applied Behavioural Analysis and is fully consistent with the model underlying parenting programmes such as Triple P'.

Positive behavioural support approaches were also identified as the 'preferred approach' when working with children with learning disabilities who exhibit what were described as 'challenging

⁶⁴ Triple P - <http://www.triplep-parenting.uk.net/>

⁶⁵ http://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FNational_Childrens_Advisory_Council_.htm

⁶⁶ The Challenging Behaviour/Council for Disabled Children, 2014.

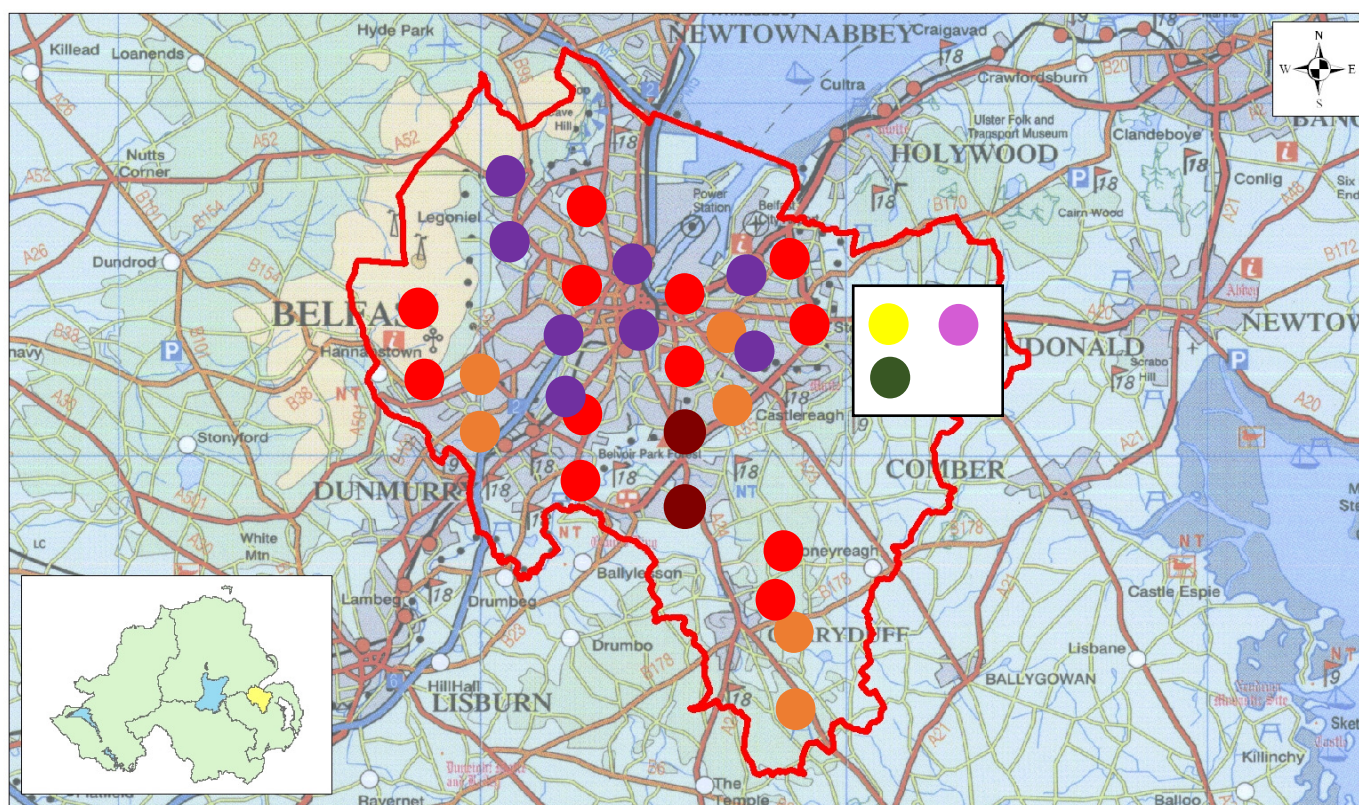
behaviours'. Professionals working in the SHSCT area referenced the development of a Step 3 CAMHS service within the Trust for children and young people with an intellectual disability, who present with mental health difficulties and/or complex behaviour difficulties. They expressed concern that this Service is being introduced in the absence of appropriate early intervention programmes while also highlighting particular difficulties encountered by parents and professionals. These included professionals sometimes feeling ill-equipped to deal with the unique challenges presented by children and young people with a disability, parents feeling isolated when dealing with particular difficulties, potentially more significant and complex behavioural difficulties arising in children and families subsequently experiencing poor outcomes.

The Triple P programme was therefore identified as a particularly appropriate parenting programme for parents of children with an intellectual disability since it is evidence-based, supports an early intervention approach and is able to address common parenting difficulties confronting these parents.

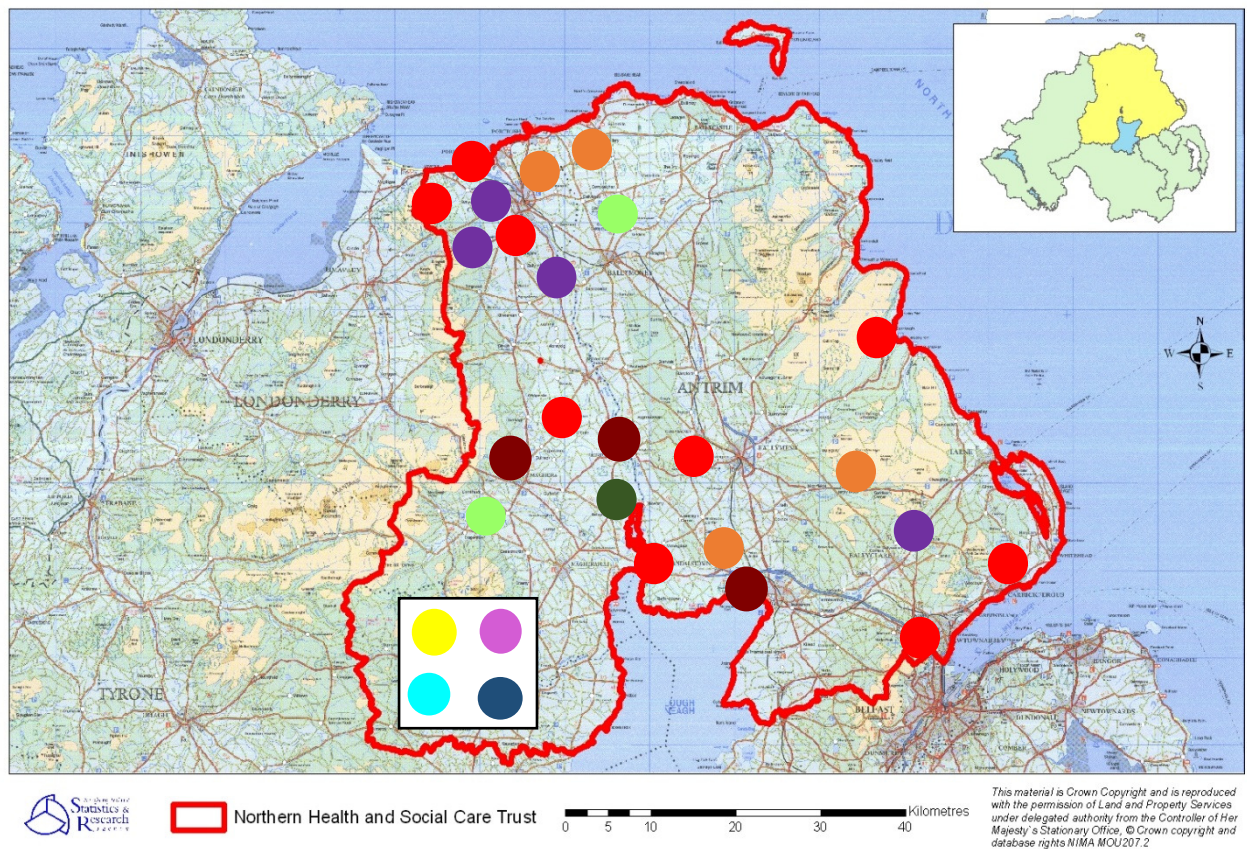
5. Location of Parenting Programmes across the five Health and Social Care Trust Areas

This section illustrates where the ten evidence-based parenting programmes were provided across the five Health and Social Care Trust areas, at the time of the Audit. A map of each Trust area indicates where each programme is delivered. Where a provider is delivering a programme within the Trust area and the precise locality is unknown, this is represented by one 'dot' within a box.

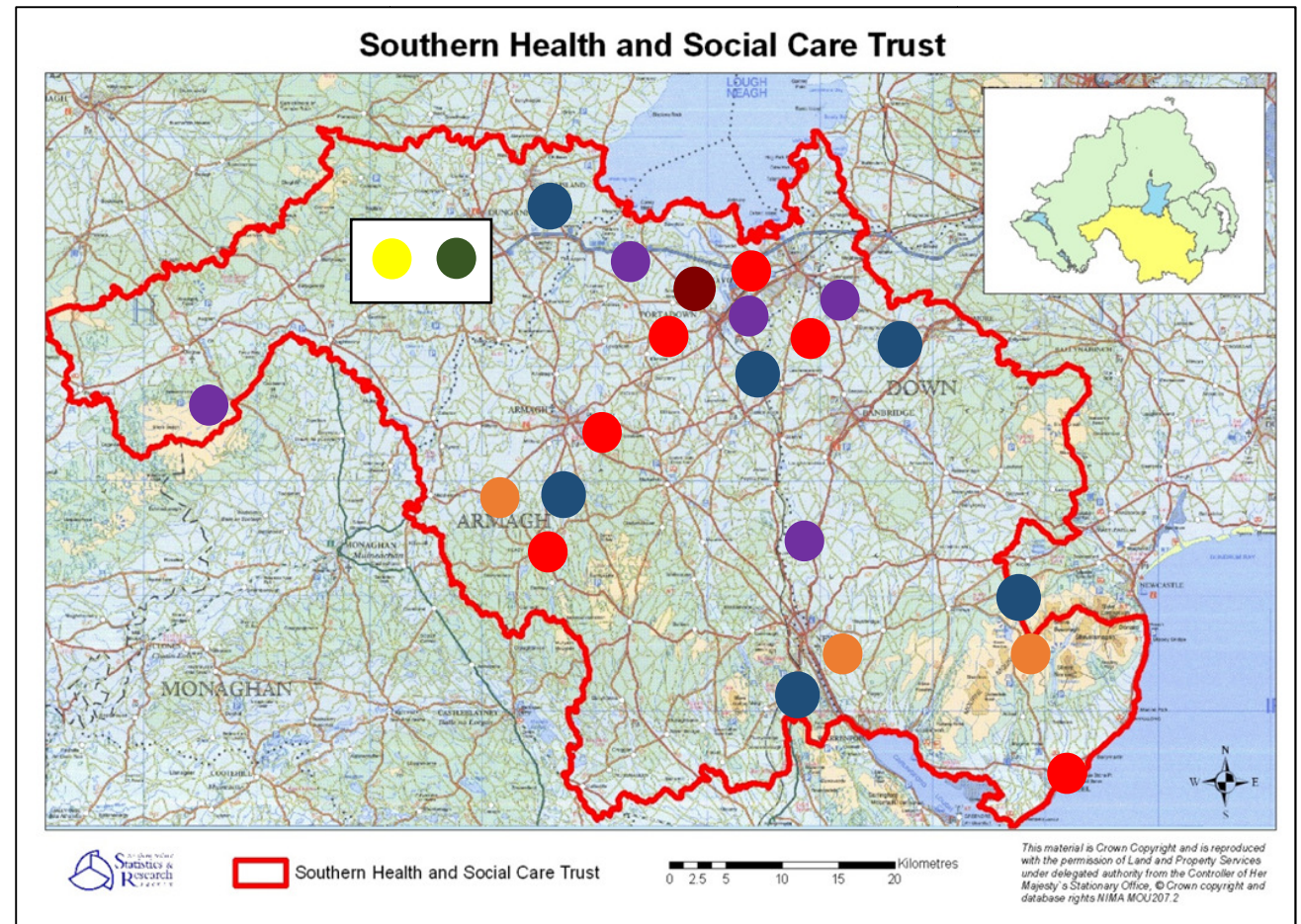
Belfast Health and Social Care Trust



Northern Health and Social Care Trust

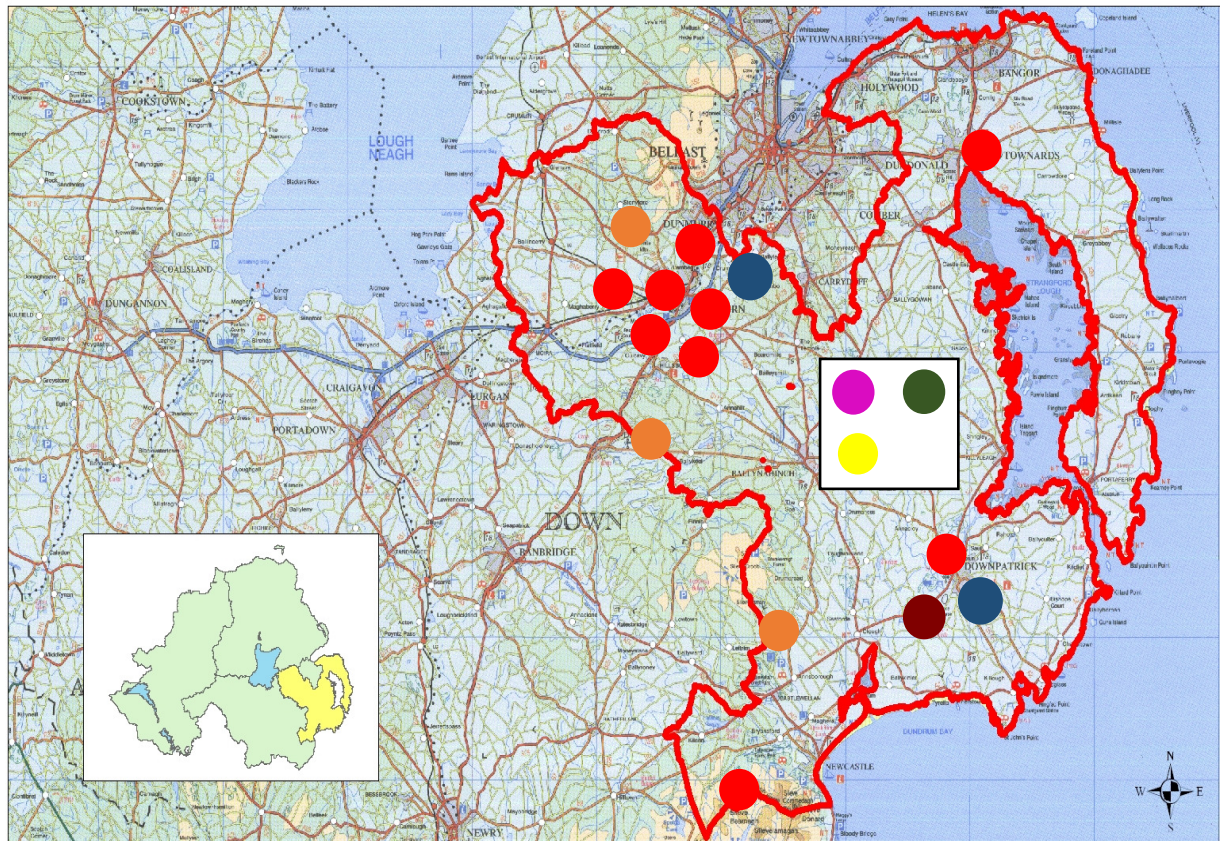


- Incredible Years
- Family Links Nurturing Programme
- Strengthening Families (within the Trust area)
- Multisystemic Therapy (within the Trust area)
- Families and Schools Together
- Family Nurse Partnership (within the Trust area)
- Solihull Approach Parenting Group
- Parents Plus
- Functional Family Therapy (within the Trust area)
- Mellow Parenting (within the Trust area)



- Incredible Years
- Family Links Nurturing Programme
- Strengthening Families (within the Trust area)
- Mellow Parenting
- Family Nurse Partnership (within the Trust area)
- Solihull Approach Parenting Group
- Families and Schools Together

South Eastern Health and Social Care Trust



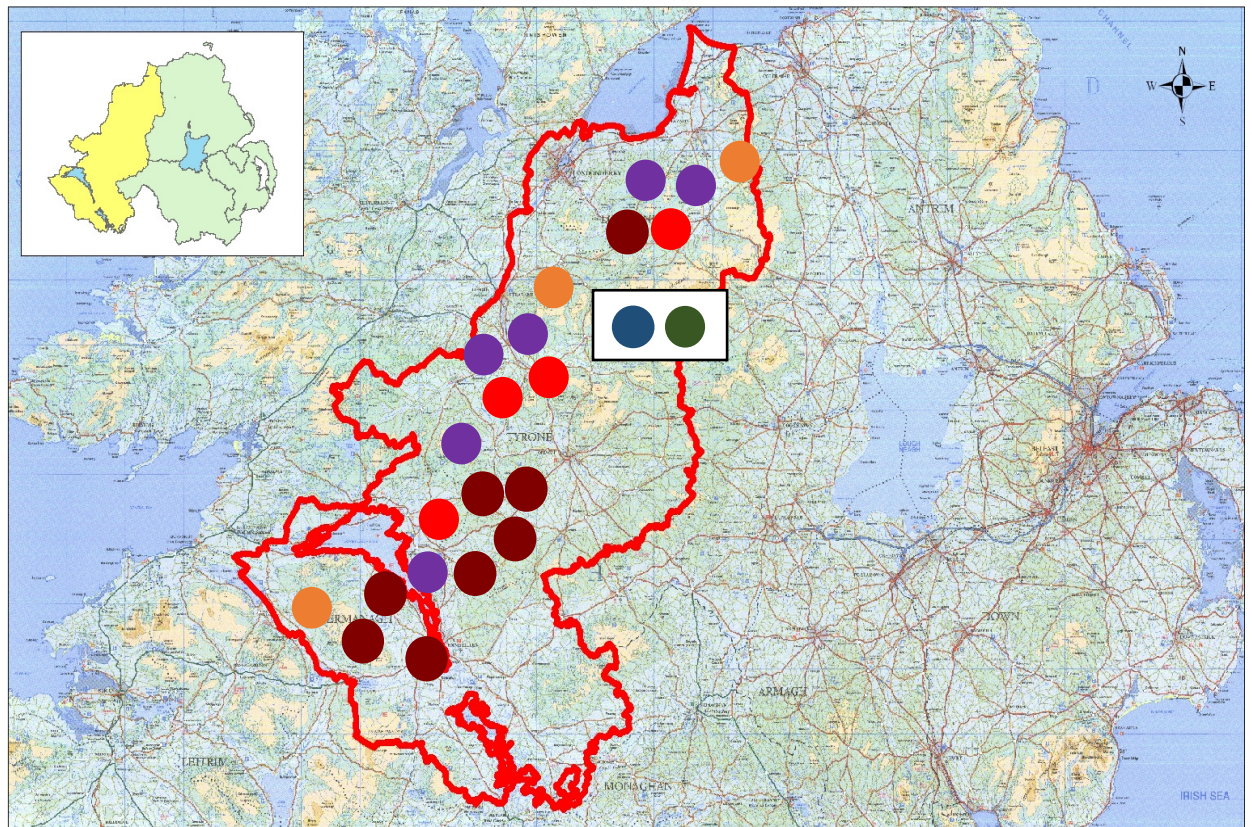
South Eastern Health and Social Care Trust


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- Incredible Years
- Multisystemic Therapy (within the Trust area)
- Strengthening Families (within the Trust area)
- Mellow Parenting
- Family Nurse Partnership (within the Trust area)
- Solihull Approach Parenting Group
- Families and Schools Together

Western Health and Social Care Trust



 Western Health and Social Care Trust

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- Incredible Years
- Family Nurse Partnership (within the Trust area)
- Family Links Nurturing Programme
- Solihull Approach Parenting Group
- Mellow Parenting (within the Trust area)
- Families and Schools Together

6. Areas for Consideration

A review of the information and data collected during the Audit revealed a range of areas which may warrant further consideration. Many of these were recurrent themes, highlighted by a range of programme providers.

Lack of information about Current Provision of Parenting Programmes

The absence of a central directory or database of evidence-based parenting programmes delivered in NI, represents a significant gap in knowledge for policymakers, commissioners, programme providers, health and social care staff, parents and other stakeholders. While this audit has yielded detailed information about the current provision of these eleven parenting programmes, the collection of additional information should be considered to expand this knowledge base. The work of the Early Years Intervention Coordinators and Childcare Partnership Managers will be helpful in this regard. It will then be useful to compile an online resource or directory which provides information about the current provision of programmes throughout NI.

Challenges in Comparing Parenting Programmes

The diversity in content, delivery approaches, evaluation tools and definitions of successful outcomes, creates challenges when comparing and contrasting parenting programmes. While each programme outlines the impact it is seeking to achieve, there is an absence of commonality in what is deemed to be a 'valuable' outcome and the associated indicators which demonstrate value. Programmes are also quite different in terms of objectives, focus and target groups. In giving further consideration to the current provision of parenting programmes in NI, it may be useful to explore areas of similarity and difference more closely and to consider grouping programmes under common themes or approaches.

Accessibility to Programmes

Given the variable provision of programmes across Trust and geographical areas, it is important that there is equity of access for parents and families who are most likely to benefit from the programme. A particular benefit highlighted by programme providers in Sure Start projects is the opportunity to signpost parents to an appropriate parenting programme. However, Sure Start staff were concerned that parents, living outside the catchment area of Sure Start projects, also have the opportunity to access programmes. The Audit indicated that some Sure Start projects deliver a range of programmes including Incredible Years, Family Links Nurturing Programme, Solihull Approach Parenting Group as well as other parenting programmes. Details of the programmes provided across the Sure Start projects included in the Audit, are outlined in Appendix 1.

Referral Mechanisms

Referrals to parenting programmes may come from a wide range of health and social care professionals and agencies. Programme providers highlighted the need for clear guidance regarding the referral process and the need for good communication between providers and other agencies. The Audit revealed some challenges around the referral process arising from staff carrying heavy caseloads, sometimes leading to delays in referrals. Programme providers also highlighted the importance of referral agents having access to detailed, accurate information regarding individual programme objectives and benefits, so that they could refer parents or families appropriately.

Gender Profile of Parents participating in Programmes

The vast majority of participants across all parenting programmes are female and therefore fathers and male partners are less likely to access parenting support. Some programmes have sought to encourage more males to participate or have developed parenting programmes specifically for fathers, however the overall profile indicates much higher levels of engagement with mothers. Further consideration regarding fathers' involvement in parenting programmes may be useful to determine whether specific strategies to encourage their participation are required.

Defining Programme Success

Some providers claimed that there is a need for greater clarification with regard to what may be considered successful programmes. It was suggested that a definition should clearly outline the purpose and benefits of the various programmes, with a particular focus on required outcomes, as well as what is perceived to be the 'hallmarks' of success. There were also calls for greater commonality around what constitutes evidence, valuable outcomes and positive impact at a policy level. Discussions around this issue have been initiated by the PHA, and on the basis of the feedback collected during the Audit, it would seem that these are regarded as valuable and should be continued.

Variation in Fidelity of Programmes

The majority of parenting programmes provide clear guidance or mechanisms to ensure programme fidelity, however the Audit revealed that there are varying degrees of programme adaptation. This tends to occur where providers believe aspects of a programme were inappropriate, inaccessible for parents, too lengthy, or do not effectively meet some parents' needs. While a high degree of fidelity is required for many programmes, others accommodated adaptation or actively encouraged parents to shape and influence programme content and delivery (e.g. FAST, Parents Plus).

Programme Costs

There is considerable variation in the costs associated with the delivery of parenting programmes, depending on whether staff are employed exclusively to deliver a programme and if additional provision is made to facilitate parents' attendance, e.g. childcare, transport and catering. Some providers highlighted the significant costs of manuals, commenting that alongside training costs, programme provision is prohibitive for some smaller voluntary and community organisations.

Funding Challenges

The Audit revealed the impact of current funding constraints on the delivery of parenting programmes. This included a reduction in the number of programmes offered by some organisations, the withdrawal of some programmes on a temporary basis, and a number of programmes being withdrawn altogether. The sustainability of funding varied considerably across programme providers and a number are currently reliant on charitable grants. The findings highlight the significance of funding issues for many providers and their potential impact on the sustainability of programme delivery.

Resource Availability

Many staff delivering parenting programmes do so while fulfilling other roles and responsibilities. Providers emphasised the time required to plan as well as deliver programmes, and the constrained circumstances in which some programmes are delivered. Some providers indicated that they had been forced to reduce the frequency of programme delivery, due to limited staffing availability. More

positively, a few had been fortunate to appoint a programme coordinator which helped to address some of the delivery challenges.

Appropriateness of some programmes for Parents

Several providers argued for the provision of more 'home-grown' programmes, appropriate to the needs and circumstances of parents in NI. This was in response to a concern that aspects of some programmes, particularly the Incredible Years programme are not appropriate or accessible to some parents. A recognised strength of a number of programmes was that they had been developed in the UK and were, therefore culturally more relevant and accessible than those originating in the USA.

Limited Engagement between Programme Providers

Feedback suggests there is limited engagement between different parenting programme providers. While there is some collaborative working between organisations/agencies delivering the same programme, this could be further expanded and greater cooperation encouraged between providers of different programmes. Some providers recognised the potential benefits of collaborative working across programmes, including the opportunity to share learning, experience and expertise and to signpost parents to a programme deemed most appropriate for their particular circumstances. However, a perceived absence of strategic direction across different organisations and a recognition of the largely competitive environment in which programmes are delivered led other providers to believe that there are limited benefits to collaboration and it is therefore not a significant priority.

Status of Programmes included in the Audit

Findings from the Audit indicate that the Triple P and FFT programmes are not currently delivered in NI and the Parents' Plus programme is not delivered widely. There has also been a reduction in the provision of MST across the SHSCT area. In addition, other programmes not included amongst these evidence-based programmes are developing their evidence base. Given the changing profile of programme provision in NI, consideration should therefore be given to reviewing and expanding the original set of evidence-based parenting programmes included in the Audit.

Approach to Implementation

As indicated in the Introduction, evidence points to the importance of effective implementation of programmes towards the achievement of positive outcomes. Clearly, outcomes for children and families may only be improved if the quality of implementation is improved. An implementation framework can offer parenting programme providers guidance on selecting programmes, as well as the stages and enablers of implementation that need to be addressed to improve programme impact and outcomes. Providers who responded to this audit, identified issues that are regarded as implementation 'enablers' for the delivery of individual programmes and across all of the programmes provided.

Reflecting on the Audit findings, consideration could be given to further supporting the essential elements required for the effective implementation of parenting programmes. While there is clearly evidence of successful implementation, assisting programme providers to strengthen key implementation enablers will be of value in enhancing programme delivery. Implementation knowledge and practice of providers could be strengthened by connecting providers to tools and resources or implementation learning communities. Areas for possible support include;

- *Need*: Supporting providers to identify the needs of parents and families in their area and the outcomes they wish to achieve.
- *Fit*: Assisting providers to select programmes based on their appropriateness for particular needs and settings.
- *Resource availability*: Supporting providers to access resources, such as staffing and funding, which are required for optimum delivery.
- *Evidence*: Providing support to providers in planning for rigorous evaluation, identifying different sources of evidence and employing appropriate reporting and evaluation tools.
- *Innovation readiness*: Offering assistance to providers to consider the appropriateness of adapting programmes, in order to retain fidelity and outcomes.
- *Capacity to implement*: Supporting providers to assess the requirements for implementation, including staff experience and training.
- *Partnership and collaboration*: There may also be merit in encouraging greater partnership and collaboration amongst providers by establishing implementation learning activities for all evidence-based programme providers.

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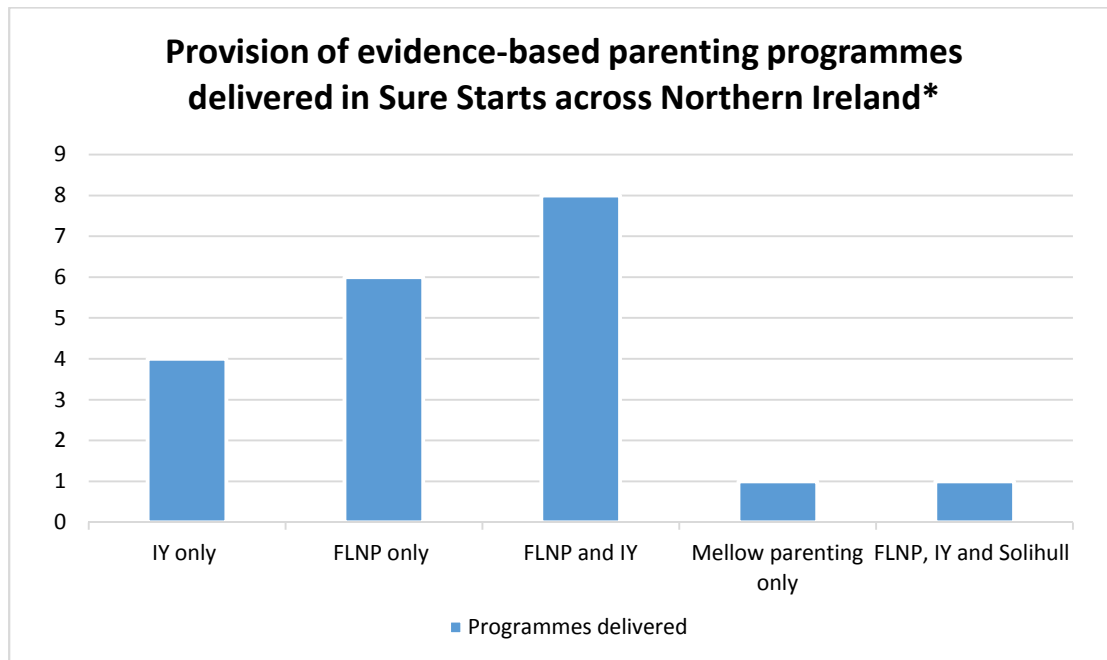
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Appendices

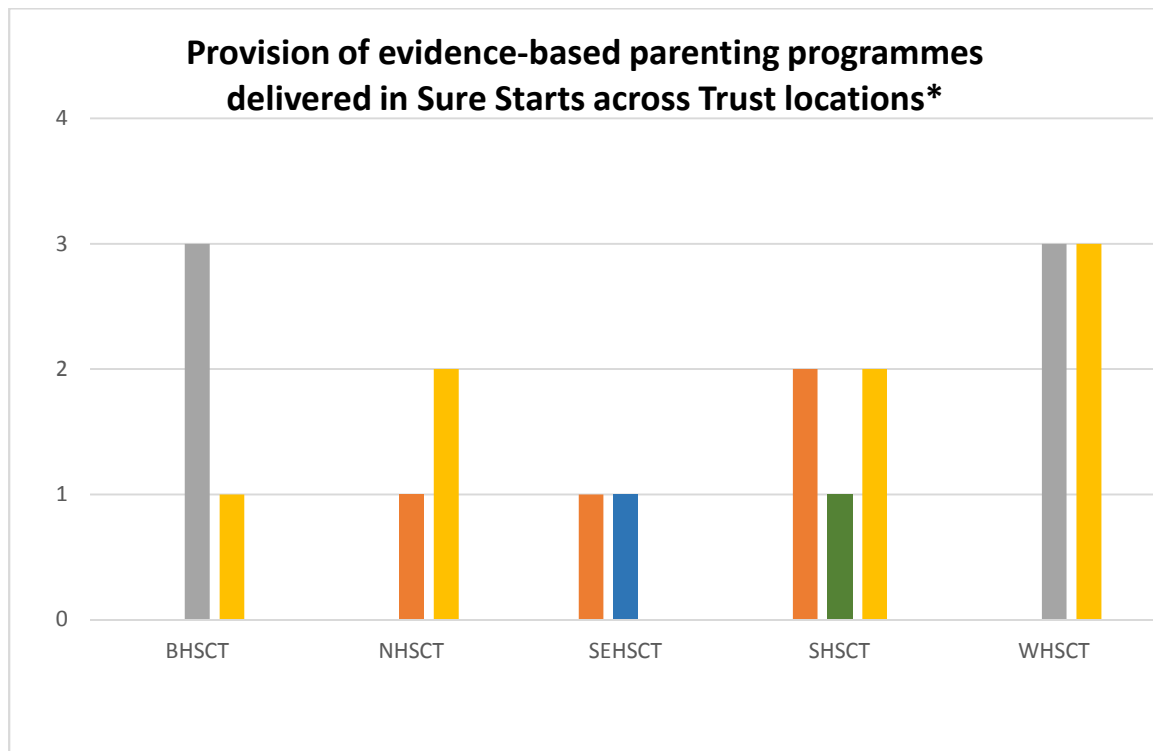
Appendix 1: Sure Start Projects

Figure 10: Provision of evidence-based parenting programmes delivered in Sure Start Projects across Northern Ireland



**This relates to the 11 parenting programmes included in the Audit and is based on the information provided to CES.*

Figure 11: Provision of the evidence-based parenting programmes delivered in Sure Start Projects across Trust locations



**This relates to the 11 parenting programmes included in the Audit and is based on the information provided to CES.*

- FLNP only
- Incredible Years and Family Links Nurturing Programme
- Incredible Years only
- Incredible Years, Family Links Parenting Programme and Solihull
- Mellow Parenting

Appendix 2: Other Parenting Programmes

Information was supplied by providers of four parenting programmes which were outside the scope of this audit. These included the 'Lifestart Growing Child Programme' offered by the Lifestart Foundation; 'Odyssey' and 'Parenting Your Teen Programme' delivered by Parenting NI; the 'Family Health Initiative - Prevention and Management Programmes', offered by Early Years - the organisation for young children; and 'Parenting a Deaf Child' and 'Raising a Deaf Child', delivered by the National Deaf Children's Society. These providers completed the Audit questionnaire which collected data in relation to programme delivery, parent profile, funding and some details regarding evaluation and evidence gathering.

Programme Delivery

The following table provides a 'Trust level' depiction of programme delivery.

Figure 12: Delivery of other Parenting Programmes across Northern Ireland

Programme	Delivery across Trust Areas
Lifestart Growing Child Programme	BHSCT; SEHSCT; WHSCT
Odyssey, Parenting Your Teen Programme	BHSCT; NHSCT; SHSCT; SEHSCT; WHSCT
Family Health Initiative – Prevention Programme; Management Programme	SHSCT
Parenting a Deaf Child; Raising a Deaf Child	BHSCT; NHSCT; SHSCT; SEHSCT; WHSCT

There is some variation in the length of programmes. For example, the Odyssey Programme lasts eight weeks, whilst Raising a Deaf Child and Parenting a Deaf child run for 6 – 8 weeks and 10 weeks respectively. The Family Health Initiative Prevention Programme comprises eight weekly sessions and a 16-week follow up, whilst the Management Programme is 12 weeks in length, with three follow-up sessions facilitated in weeks 16, 24 and 36. Contrastingly, the Lifestart Programme has a duration of 3–5 years.

Regularity of programme delivery also varies, from once a year in the case of Parenting a Deaf Child, up to 14 times a year for the Odyssey Programme. All of the programmes have a waiting list, and in most instances this has arisen as a consequence of reduced funding which has decreased the regularity of programme delivery. The waiting list for the Odyssey Programme and the Family Health Initiative is in excess of 30 parents, while the National Deaf Children's Society reported a waiting list of less than 10.

Parent Profile and Participation

These parenting programmes generally target quite specific groups of parents and/or children and young people. The Lifestart Programme is aimed at parents with children from pre-birth to aged five years. It typically targets parents of pre-term babies and/or parents identified by health visitors, social workers and Sure Start staff. Odyssey is designed for parents of teenagers, aged 11 – 17 years. Raising a Deaf Child is targeted at families with deaf children aged from birth to 8 years, while Parenting a Deaf Child is for families with deaf children aged from birth to 18 years. The Family Health Initiative's Prevention Programme targets families with children aged under five years, whilst the Management Programme is for families with children aged 8 – 11 years and targeted at those with a BMI >91st percentile. With the exception of the Odyssey Programme, providers indicated that parents access the

programmes through a combination of self and third party referrals. Parents are referred from a host of organisations and agencies, including Social Services, Primary Mental Health, as well as health visitors, social workers, community and health support workers, midwives and GPs.

Information relating to the profile of Lifestart participants was not available at the time of the Audit and no information was provided in relation to the gender of the Odyssey Programme participants. The vast majority (>90%) of participants in the Family Health Initiative Programmes are female. Interestingly, the National Deaf Children's Society report a 40% male participation rate in the Parenting a Deaf Child Programme. This is perhaps linked to the fact that the vast majority (76% – 100%) attend with a partner/spouse. Contrastingly, it was noted that few participants in the Family Health Initiatives complete the programme with a partner; indeed, it was noted that 26% – 40% of participants in the Prevention Programme are lone parents.

Again, not all providers offered feedback relating to the age range of participants. However, where this was provided, parents typically fall within the 21 – 40 year age band. Where information was supplied, respondents indicated that fewer than 10% of participants are from a Black or Minority Ethnic (BME) background.

The number of participants in each programme in 2014/15 varied considerably. The National Deaf Children's Society reported a collective figure of 28 (10 in the Parenting a Deaf Child Programme and 18 in Raising a Deaf Child). Fifty-nine parents participated in the Family Health Initiative's Management Programme, while 71 engaged in the Prevention Programme. Parenting NI indicated that 169 participants completed the Odyssey Programme in 2014/15, while Lifestart revealed that approximately 620 participants completed the programme, a figure cited as 'less than usual'.

Completion rates across the programmes ranged from 65% in the Family Health Initiative Prevention Programme to 85% in the Odyssey and 90% in the Lifestart Programme.

Funding Arrangements

Funding for the delivery of these parenting programmes comes from various sources. The PHA provides funding for Odyssey and the Family Health Initiative Prevention and Management Programmes. This is non-recurrent funding in the instance of the Odyssey Programme, whilst funding for the Family Health Initiative Programmes is secured until 31st March 2016. Programmes offered by the National Deaf Children's Society are funded through the Big Lottery Fund, however, it was noted that this funding stream is coming to an end. The Lifestart Programme is funded by various sources including the Trusts, Department of Education via Sure Start projects, as well as various charitable sources, including the Big Lottery Fund and the Atlantic Philanthropies. It was noted that the extent to which funding is recurrent depends on the source.

Evidence and Evaluation

The providers reported employing a range of externally devised evaluation tools to gather evidence and evaluate the programmes. Standardised questionnaires include TOPSE (Lifestart; National Deaf Children's Society); the Parenting Stress Index (Lifestart); Knowledge of Infant Development (Lifestart); the Parental Stress Scale (Odyssey Programme); Strengths Based Inventory (National Deaf Children's Society); and the Frequency Lifestyle Questionnaire (Family Health Initiative). These instruments are typically administered pre- and post-programme delivery. The Family Health Initiative Management

Programme involves a physical assessment where a child's height/weight/ BMI/waist circumference and physical fitness are measured before and after the Programme. Further to this, children complete a questionnaire to record changes made to their diet arising from programme participation.

Almost every provider also undertakes in-house evaluations, employing a range of methods, such as questionnaires, parental testimonials and 'coffee mornings' which are facilitated post-programme delivery to re-cap on progress.

Three providers noted that the programmes have been subject to external evaluation. The Lifestart Programme was the focus of an RCT, which was completed in December 2014. This programme has also been the subject of two further recent external evaluations. The Ulster University conducted an evaluation of the Family Health Initiative, whilst the Odyssey Programme has also been evaluated locally.

Appendix 3: Questionnaire

Early Intervention and Transformation Programme
EVIDENCE-BASED PARENTING PROGRAMMES IN NORTHERN IRELAND

CONTACT INFORMATION

- | | |
|-------------------------------|---------------|
| 1. Name: | 4. Email: |
| 2. Job title: | 5. Telephone: |
| 3. Name of your organisation: | |

DETAILS OF PARENTING PROGRAMME PROVIDED

6. Which evidence-based parenting programme does your organisation currently provide?

7a. Where does your organisation deliver the programme in Northern Ireland (geographical location)?

7b. In which Trust areas is the programme delivered?

- ☐ BHSCT ☐ NHSCT ☐ SEHSCT ☐ SHSCT ☐ WHSCT

8. If the programme is targeted, could you briefly describe the target group below?

9. Do you have a waiting list for the programme? Please tick the appropriate box.

- ☐ No ☐ Yes

10a. If Yes, approximately how many parents are currently on the waiting list?

Please tick the appropriate box.

- ☐ 1-10 ☐ 10-20 ☐ 20-30 ☐ 30+ ☐ Don't know

10b. Please briefly describe why there may be a waiting list.

11. What is the average waiting time for parents on the waiting list?

Please tick the appropriate box.

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> < 2 weeks | <input type="checkbox"/> < 2 months | <input type="checkbox"/> > 3 months |
| <input type="checkbox"/> < 1 month | <input type="checkbox"/> < 3 months | <input type="checkbox"/> Don't know |

12. How often is the programme delivered?

13. How long does the programme last?

14a. How are parents referred to the programme? Please tick the appropriate box.

- ☐ Self ☐ Referred by a third party

14b. If referred by a third party, please provide brief details below.

15. Could you indicate the age range of children indirectly supported through parents' participation in the programme?

16. Could you estimate what percentage of parents complete the programme, following enrolment?

PROFILE OF PARENTS PARTICIPATING IN THE PROGRAMME

17a. How many parents (or families, if appropriate) participated in the programme during 2014/15? (If data for this period is not available, please provide the most recent data held).

17b. Is this number typical of the number of parents participating in the programme?

☐ More than usual

☐ Less than usual

☐ About the same

18a. Do you record gender details of the parents taking part? Please tick the appropriate box.

☐ Yes

☐ No

18b. If Yes, could you provide a gender breakdown?

_____ % Female

_____ % Male

☐ Don't know

19. Could you estimate what percentage of parents participate in the programme along with their partner? (Please tick the appropriate box)

☐ 0-25%

☐ 26%-50%

☐ 51%-75%

☐ 76%-100%

☐ Don't know

20a. Do you record whether those who attend parenting programmes are lone parents?

20b. If Yes, could you estimate what percentage of parents are lone parents?

☐ < 10%

☐ 11% - 25%

☐ 26% - 40%

☐ 41% - 55%

☐ 56% - 70%

☐ 71% - 85%

☐ 76% - 100%

☐ > 86%

☐ Don't know

21a. Do you monitor the ethnic background of parents attending programmes?

☐ Yes

☐ No

21b. If Yes, could you estimate what percentage of parents are from a black or minority ethnic (BME) background? Please indicate what percentage of parents participating in the programme fall into each age category below.

_____ % Under 20 years

_____ % 21 - 30 years

_____ % 31 - 40 years

_____ % 41 - 50 years

_____ % Over 50 years

_____ % 21 - 30 years

_____ % 41 - 50 years

☐ Don't know

FUNDING AND EVALUATION ARRANGEMENTS

22. *Who funds the programme? (If more than one funder please provide details).*

23. *Is this funding recurrent or non recurrent? (Please provide brief details below).*

24a. *Do you ask for feedback from parents?*

☐ No

☐ Yes

24b. *If Yes, what kind of feedback is recorded?*

24c. *How often is feedback sought from parents?*

25. *What other methods if any, do you use to gather evidence of the impact of the programme?*

26a. *Do you use performance indicators?*

☐ Yes

☐ No

26b. *If Yes, please briefly explain how these are used below.*

27a. *Do you use any frameworks or tools to measure the impact of the programme?*

☐ Yes

☐ No

27b. *If Yes, please briefly explain how these are used below.*

28. *If you have any additional information you would like to provide, please insert this below.*

We would like to follow this questionnaire with a short telephone interview to explore some of the issues in more detail. This will require no more than 30 minutes of your time. Could you please indicate below if you are willing to take part.

☐ Yes

☐ No

Thank you very much for completing the questionnaire.

Appendix 4: Telephone Interview Schedule

<p>AUDIT OF EVIDENCE-BASED PARENTING PROGRAMMES IN N. IRELAND</p> <p>TELEPHONE INTERVIEW SCHEDULE</p>

Staff Training

1. *How many staff are trained to deliver the parenting programme?*
2. *How many staff are actually delivering the parenting programme?*
- 3a. *Could you describe the nature of training required to enable the programme to be delivered?*
- 3b. *Do staff receive refresher training? How often does this occur?*
- 3c. *What, if any support is provided by the originator of the parenting programme?*
- 3d. *How often is this support provided?*

Evidence and Evaluation

- 4a. *What method(s) do you use to gather evidence of the impact of the programme? (N.B. this question was included in questionnaire so follow-up on response provided in questionnaire)*
- 4b. *Please briefly describe the tools/approach you use (i.e. internally devised assessment tool, external evaluation approach, etc?)*
- 4c. *Please briefly describe the types of impact you seek to measure.*
5. *What steps, if any have you taken to ensure the fidelity of the programme?*
- 6a. *What is the nature of the feedback provided by parents about the programme? (General comments, specific issues raised?)*
- 6b. *How is parents's feedback used to inform the development of the programme?*
7. *What do you feel works particularly well in the delivery of the programme through your organisation*
8. *To your knowledge, has the parenting programme been the subject of local research or undergone an evaluation process – locally or nationally?*

Implementation Challenges

9. *What, do you believe, are the most significant obstacles/challenges to the effective implementation of the parenting programme?
(e.g. staffing, training, funding, collection of data, policy issues)*
10. *What steps, if any, have you taken to address these challenges?*
11. *Do you feel that you are reaching the parents you believe would most benefit from the programme? Please briefly explain your response.*
12. *What, if any challenges exist to the expansion of the parenting programme?*
13. *Have you considered how these might be overcome? If so, please describe how this could be achieved?*

Additional Issues

- 14a. *Do you collaborate with other providers of this parenting programme in NI/elsewhere?*
- 14b. *If so, could you briefly describe the reasons for collaboration and the benefits arising?*
15. *In general, do you think there is effective collaboration between providers in Northern Ireland? Please briefly explain your response.*

Appendix 5

List of Parenting Programme Providers who participated in the Audit⁶⁷

Action for Children
Action for Children's Northern Area Early Intervention Project
Arc Health Living Centre
ASCERT
Barbour Nursery School
Barnardo's
Derry Healthy Cities
Early Years
Education Authority (NI) – North Eastern/South Eastern Regions' Educational Psychology Service
Extern
Focus on Family
Homestart (Lisburn/Colin)
Hope Nursery School
Kylemore Nursery School
Largymore Primary School
Lifestart Foundation
Lisburn YMCA
National Deaf Children's Society
NHSCT (Public Health nurses, Multi-agency support teams for Schools (MASTS), Health Improvement and Community Development, Service, Primary Mental Health Team)
Old Warren Primary and Nursery School
Parenting NI
Parents Plus (Programme developer)
Phoenix ADHD Project
Public Health Agency
Riverside Family Centre
Round Tower Integrated Primary School
Save the Children
SHSCT (Mental Health Services, Promoting Wellbeing Team)
SEHSCT (Community health)
Unite Concurrent Planning Service at Family Care Society
WHSCT (Social Services Learning, Development & Governance Social Services Team)
Sure Starts

⁶⁷ In some cases, more than one individual from an organisation provided a response. Also, some providers deliver more than one parenting programme and so they provided a response for each programme delivered.

- Arke
- Blossom
- Clan Mor
- Clogher Valley
- Coleraine
- Dalriada
- DELTA
- Down
- East Belfast
- Glenbrook
- Horizon
- L.A.S.T
- Little Hands
- Kilkeel
- Rainbow
- Shantallow
- S.M.I.L.E
- Splash
- Star
- Strabane



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