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EvaluatioN of WRaparound in Ireland for CHildren and families

An exploratory study of an intensive parenting support programme to prevent child maltreatment

ENRICHing families' lives

Summary Report 3

Centre for Mental Health & Community Research

Maynooth University
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Key messages

Vulnerable families at risk of child maltreatment (CM) face ongoing challenges in engaging with parenting programmes. Negative parenting practices, parental mental illness, family conflict, substance abuse, and lower education and income all contribute to risk of child abuse and neglect. Improving parenting practices and the parent-child relationship may reduce incidences of CM.

Studies show that evidence-based programs (EBPs), such as parent training and home visiting, appear most successful in promoting parenting confidence and reducing incidences of CM. Comprehensive parenting supports are necessary to prevent CM and improve parent and child well-being within high-risk families.

The findings from this research show that an intensive, multi-component, programme can increase parental awareness of child emotional needs leading to more responsive, and supportive, parenting. Some positive improvements were also found for reductions in abusive parenting techniques and greater use of appropriate disciplinary techniques.

Barriers such as a lack of confidence, distrust of services and transport/childcare difficulties present considerable challenges to programme engagement.T he provision of additional supports, which enhance practical and emotional support, may be required to meet these complex needs of more vulnerable populations.

Programmes should be preventative in focus, evidence-based, community-based and understand the broader contextual factors which affect families at risk of CM.

Background

Introduction

ENRICH (**E**valuatio**N** of w**R**aparound in **I**reland for **CH**ildren and families) is a five-year multi-component research programme, funded by the Health Research Board, and designed to help promote child health and family well-being in the earliest years, through the development, implementation and evaluation of 'wraparound-inspired' models of service delivery.

The **ENRICH research programme** was established to: (1) build a greater understanding of how to best address the health, mental health and social care needs of young families; and (2) to contribute to the development, implementation and evaluation of two new multi-component services for children and families living in Ireland.

One of the main objectives of the research was to understand the effectiveness and implementation of a new intensive parenting intervention to prevent incidences of child maltreatment and promote parent and child wellbeing. This new service model – called the **Children at Risk Model (ChARM)** - coordinates evidence-based parenting and home-visiting programmes, along with community-based supports, to address the multiple and complex needs of families where children (3-11 years) are at risk of child abuse or neglect.

In this study, we assessed the impact of the ChARM programme on parent-reported incidences of child-maltreatment at 4 months and 12 months post-programme. We also examined the quality of parent-child relationships, as well as improvements in child wellbeing. Parent mental health and parenting practices within the home environment were also explored.

A process evaluation was also conducted, and these findings are presented in a separate report (**Summary Report 4**).

The importance of early parenting supports

There is a growing body of research that documents the chronic and cumulative effect of child maltreatment (CM) on child socioemotional, behavioural and educational outcomes. CM includes physical, emotional and sexual abuse as well as neglect. Without early intervention, children who experience such adversity are at risk of developing serious physical and emotional difficulties which often persist into adulthood.

Positive early life experiences, in particular family cohesion and nurturing parenting practices, provide life-long health benefits which are fundamental to the development of child socioemotional wellbeing. Interventions which promote nurturing care and parental competencies, and reduce harsh and inappropriate discipline, are recommended to reduce the risks associated with CM. Strategies which encourage engagement are also crucial to ensure the effectiveness of evidence-based parenting supports.

Recent policy developments in Ireland such as Better, Outcomes, Brighter Futures (2014) and First 5 (DYCA, 2018) highlight the critical role parents play in their child's early life and recommend the provision of effective services that support parents in nurturing and supporting their child's development. The programme for Prevention, Partnership and Family Support (PPFS) aims to embed prevention and early intervention into the culture and operation of Tusla and family support should form the basis of all early intervention and preventative interventions (Tusla, 2011).

The complex needs presented by vulnerable families has given rise to an urgent need to develop new and innovative preventative programmes for families at risk of CM. Prevention-focused interventions that are more intensive, and include additional supports tailored to family need, may offer most promise in addressing the multiple and complex needs of high-risk, hard-to-engage families.

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An intensive, multi-component, preventative programme to supporting families

Vulnerable families face enormous difficulties in attending parenting supports. Poor self-esteem, competing demands and responsibilities, distrust of social welfare services, as well as a lack of transportation and childcare pose huge barriers to engagement. Therefore, programmes to prevent or reduce CM should integrate a range of practices and supports in order to recognise the broader context of parenting (i.e. family, community and wider environmental factors) and better address the multitude of problems facing high risk families.

In this study, we conducted a long-term follow-up of 41 families who were randomly allocated to a ChARM intervention group (n = 21) or to a waiting-list 'services-as-usual' comparison group (n = 20). ChARM is a multi-component 'wraparound-inspired' programme, comprising evidence-based parenting supports and a range of tailored supports. The programme aims to reduce risk factors for child abuse, promote parental mental health and parenting practices, and improve child behavioural and socioemotional wellbeing. This report presents a summary of the 4 and 12 months outcomes from the impact evaluation.

Key research questions

- Does the ChARM programme reduce parent-reported incidences of child maltreatment?
- Will the programme enhance the quality of the parent-child relationship and promote parenting competencies, reduce parental stress and mental ill health?
- Does the programme improve child wellbeing and behaviour?
- Will the programme result in a decrease in recorded incidences of substantiated abuse and out-of-home placements?

A multicomponent programme

The ChARM programme involves an intensive package of supports for families at risk of child abuse or neglect and is inspired by a wraparound philosophy of care. It combines evidence-based parenting and home-visiting programmes, along with community-based supports, to address the complex needs of families.

The programme lasts approx. 20 weeks and comprises core components including:

- Positive Life Skills Programme (PLSP)
- The Incredible Years Parent Training programme (IYPP)
- Home Visits (HVs), and
- Additional supports (formal and informal) as necessary

The programme was delivered by social workers in cycles 1 and 2 and by a community-based organisation in cycle 3 (in collaboration with local social workers and family support workers). Facilitators and family support workers provided home visits and were involved in coordination of services and supports for parents.

Figure 1: The CHildren At Risk Programme (ChARM)

The programme was developed by Child Welfare Team Dublin South West in collaboration with researchers at Maynooth University.

An exploratory evaluation

An exploratory evaluation of the ChARM programme was undertaken between 2015-2018. The intervention was delivered across three cycles (2015-2017) in both urban and rural settings. Due to difficulties recruiting participants, the sample size was low. However, programme numbers were augmented by the attendance of non-research participants.

- In **Ballyfermot, Dublin**- cycle 1 of the intervention was delivered to 8 participants while cycle 2 of the intervention was delivered to 7 participants.

- In **Athy, Co Kildare** – cycle 3 of the intervention was delivered to 6 participants.

Study design

This study comprised an exploratory RCT with 41 families (parent + index child) who were blindly and randomly allocated on a 1:1 basis to the CHARM intervention group or to a waiting-list 'services-as-usual' control group. RCTs are the most rigorous way of determining whether any differences in outcomes between the groups are only due to the treatment received.

Intervention group: Parents who received the ChARM programme (n=21)

Parents recruited through statutory services (e.g. Social Work) were offered the ChARM programme. Groups were delivered in community-based settings e.g. Family Resource Centres or in a library.

Control group: Parents who were on a wait list group and received services as usual (n=20)

Parents assigned to this group continued to receive the support of Social Work and Family Support Services. After 6 months, these parents were offered the ChARM programme.

The ChARM intervention was delivered in the interval between baseline assessments and post-intervention follow-up.

Conducting the evaluation

Data collection

All participants were recruited through existing statutory and community-based child welfare and social work services.

Data were collected from parents at several time points:

- **Baseline** - pre-programme
- **4 months** - after parents completed the programme
- **12 months** - post-baseline

The findings outlined here are from the baseline (pre-programme), as well as 4- and 12-months later. At the 4-month follow-up time point, outcomes in the intervention group were compared to those of the control group. This allowed us to ascertain whether the changes (if any) which occurred were as a result of the programme. Subsequently, the control group families were offered the intervention. Only the intervention group were assessed at 12-month follow-up. This allowed us to assess whether there was any change in outcomes for the intervention group in the longer-run

Measures

A number of assessments were carried out to assess the risks of child maltreatment, parenting skills, parent wellbeing and child behaviour and wellbeing:

- **A Personal and Demographic Information Form (PDIF)** was used to gather information on family characteristics as well as incidences of childhood abuse or neglect.
- **The Conflict Tactics Scales Parent-Child (CTSPC – SFA)** was used to measure incidences of parental aggression, neglect and non-violent discipline.
- **The Home Observation for Measurement of the Environment Short Form [HOME-SF]** is an observational measure of the quality of the child's home environment.
- Child conduct problems was assessed using the **Strengths and Difficulties Questionnaire (SDQ)**.
- **Brief Child Abuse Potential Inventory (BCAPI)** assessed risk factors associated with CM.
- Parental mental health and wellbeing was measured using the **The Parenting Stress Index (PSI-SF) and the Depression, Anxiety and Stress Scale (DASS-SF).**
- Parental alcohol and drug use was measured with the **CAGE and the Drug Abuse Screening Test - 10 (DAST-10)**.·
- Risk of abuse/ neglect was also measured using the Hardiker model (Levels 1-4). Participant engagement with statutory and community support services were also gathered .

Baseline findings

Participant characteristics

In total, **41 parent and child** dyads were recruited to the study: 21 parents and children were recruited to the ChARM *programme* and 20 to a wait list control (services as usual). (see Table 1).

- 38 mothers and 3 fathers participated in the study
- The mean age of the index child across the sample was 6.6 years old (SD=3.1) with more boys represented than girls (61% - 25 boys / 16 girls).

Table 1: Overview of Participant Characteristics at Baseline
(Figures are numbers (%) unless otherwise stated.)

	Intervention (n =21)	Wait List Control (n =20)
Lone parent	9 (43%)	11 (55%)
Large family (>3 children)	11 (55%)	11 (55%)
Mean age of parent	33.9 (SD = 7)	33.5 (SD = 5.9)
Education (left school before finishing post primary)	6 (29%)	10 (50%)
Unemployed	17 (81%)	19 (95%)
At risk of poverty <€24k	17 (81%)	16 (80%)
Council/social housing	15 (71%)	11 (55%)
Hardiker risk (scoring 3 or more)	13 (65%)	8 (42%)

Over half of the participants had a risk level score of 3 or more and average risk level of 2.8 on the Hardiker model (where 1 = low risk and 4 = high risk).

- At baseline, **most families experienced significant social and economic disadvantage.**
- Most parents were not working; 88% of mothers and 53% of partners were unemployed.
- **Average household income was low**; 81% of households earned €24,000 or less per annum.
- **More than half of parents (54%) reported experiencing childhood abuse/neglect**, while 58% had experienced physical/emotional abuse.
- **Over half (51%) experienced mental health problems.**
- Between baseline and the 4 month (post-intervention) follow-up, 3 participants dropped out of the study (n=38). The final 12 month follow-up involved only the intervention group of which 3 participants were uncontactable (n=18).

Key findings

Statistical analyses were conducted to examine if there were any significant (meaningful) differences between those who participated in the *ChARM programme* (n = 21) and those who received services as usual (n = 20) at the 4 month (post-intervention stage). Further analyses were conducted on the intervention group at 12 months, to assess any changes in outcomes from post-intervention to the final follow-up time point (12-months post-baseline). For ethical reasons, the control group were offered the ChARM programme at post intervention and therefore they were not included in the 12-month assessment.

Results: 4 month post-baseline follow-up

At the post-programme (4 month) follow-up, statistical analysis was carried out to explore any differences between the intervention (n=21) and control (n=20) groups. There was a statistically significant difference in the home environment (as measured by the HOME observation tool) where **positive effects were found for both emotional support and cognitive stimulation,** indicating that parents in the intervention group actively encouraged their child's cognitive development and were more responsive to their child's needs post-programme. No other differences were found between the two groups on any other measure at this timepoint.

Results: 12-month post-baseline follow-up

The final follow-up was conducted with the intervention group only. The significant improvements found for the intervention group post-programme in the home environment were maintained at the 12-month stage, thereby demonstrating parents' continued use of of more stimulating parenting strategies in the home (see Figure 2). No other st

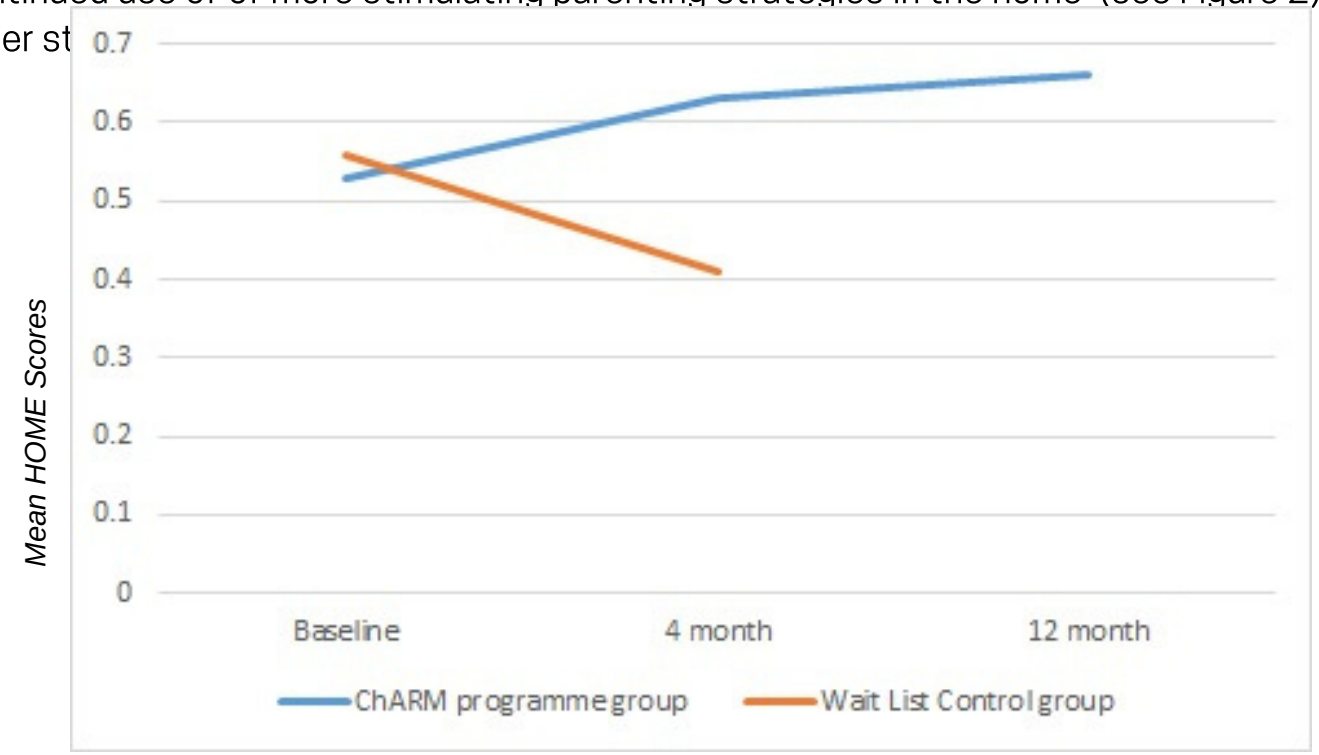

Figure 2: HOME scores (total) for 12 months for the ChARM group and the Wait List Control Group

Attendance and engagement

Attendance figures for all three components of the ChARM programme is shown in Table 2 below.

Table 2: Attendance for the ChARM programme

	N=15
Positive Life Skills Programme	
Completed 1 week	2
Completed 2 weeks	1
Completed 3 weeks	4
Completed 4 weeks*	8
IY Parenting Programme	
Completed 1-6 weeks	3
Completed 7-14 weeks	12
Home visits	
0 visits	3
1 visit	4
2 visits	4
3 visits	4

** Cycle 2 participants attended only 2 weeks of Positive Life Skills Programmes. Completion of two weeks for Cycle 2 participants is considered 100% completion and these are added to the "Completed 4 weeks" group.*

Attendance was good across the programme. 75% of parents attended 3/4 weeks of the PLSP and 80% attended 7 or more sessions of the IY programme

Overall, 75% of parents (n=9) attended 3-4 weeks of the PLSP (M=3.2), and 80% (n = 12) attended 7 or more IY sessions (M=8.8) (out of a total of 14/18). Three parents received no home visits citing mental health difficulties, undergoing separation from spouse, and a house move.

Three parents withdrew from the programme due to mental health difficulties, and an inability to commit to programme due to busy home life and ongoing illness. When these 3 parents are removed, mean attendance rises to 10.4 sessions out of 14 sessions demonstrating good engagement with all programme components.

Most at-risk populations, particularly those involved in child welfare services, may struggle to engage in these kinds of interventions. However, our findings indicate that **the majority of participants were sufficiently motivated to engage throughout the programme**. The factors which reduced drop-outs and increased engagement are discussed further in **Summary Report 4**.

Additional findings

While there were few statistically significant between-group differences, some positive trends were demonstrated for the intervention group across both parent and child outcomes, including:

- Sustained reductions in child abuse incidences
- Decreased use of non-violent discipline

These results may be indicative of an **increased awareness amongst intervention group parents of the emotional needs of their children, as well as greater use of more appropriate disciplining strategies.**

In terms of family wellbeing, depression scores for parents in the intervention group decreased overtime, but these changes were not statistically significant. However, increases in parental stress and anxiety were also evident across both time points suggesting ongoing parental strain. Parent-reports for the SDQ also showed improvements in child behaviour where children were no longer in the abnormal range for behavioural problems at 12 months. However, these differences were not statistically significant. It is important to note that with a larger sample size, it is possible that positive trends could become statistically significant.

Importantly, practitioner reports demonstrated **some improvements for those families who were at a lower level of risk** (level 2-3 on the Hardiker model) in terms of greater parental competencies and strengthened parent-child relationships. However, these findings also suggest that higher risk families (3-4 Hardiker) continued to have considerable support needs which were not addressed by the intervention. These challenges are discussed further in Summary Report 4.

Summary and conclusion

This study assessed the outcomes of an exploratory evaluation of a multi-component, intensive parenting programme (ChARM) to prevent and reduce child maltreatment and improve child behavioural and social wellbeing. The ChARM programme was delivered in community settings using a partnership approach involving social workers, community-based facilitators and family support workers. **Statistically significant and sustained improvements were observed within the home environment, specifically related to the level of emotional support and cognitive stimulation shown by parents to children in the home.** This finding indicates an increased and sustained awareness among parents in understanding, and supporting, their child's socioemotional needs. This is important as reduced levels of emotional responsiveness are associated with child maltreatment (Hurlburt et al. 2013).

A number of positive trends in incidences of child abuse, risk factors for child abuse, parental depression and child behaviour improvements were also reported for the intervention group, although these did not reach statistical significance. With regard to child-abuse incidences, parents reported reduced utilisation of abusive parenting tactics at follow-up, with a specific reduction in the use of non-violent discipline. These effects were maintained at the 12 month stage, indicating that parents continued to use more appropriate disciplinary techniques in the longer term. Although these changes were not statistically significant (possibly due to the small sample size), the use of coercive, or harsh, discipline is a significant risk factor in children's lives (McKee et al. 2007). Thus, improvements in parental discipline will have a positive impact on a child's ability to regulate emotion.

While a positive trend was noted in terms of reducing parental depression, levels of parental stress and anxiety remained unchanged following the ChARM programme. Mental health difficulties can interfere with positive parenting; for example, a mother who is depressed or stressed is likely to be less responsive to her child's needs (Smith, 2010). Furlong et al. (2012) found that, on average, group-based parent programmes had a mild to moderate effect on parental stress and mental health. However, Chen and Chan (2016) noted the limited effect of parenting programmes on stress and depression, and pointed to the importance of addressing the mental health needs of abusive or neglectful parents.

The findings from the practitioner reports suggest that lower risk families with fewer challenges and more time to commit to the programme may benefit more. Our study included predominately "high risk' families and hence further services may have been required to support those who experienced homelessness, and relationship and/or addiction issues. Additionally, parents in our sample reported a history of childhood trauma, domestic violence and poverty. Our results confirm high levels of vulnerability for both the intervention and control groups, when compared with the general population. **Overall, these findings suggest a high need for psychological and ongoing social care support for high-risk families, in addition to parenting interventions.**

Overall the programme was well-attended, highlighting the feasibility of group-based, community-based programmes for vulnerable families. However, the majority of families continued to be involved in social welfare services to assist with their specific needs.

It is important to note that this was an exploratory study of a newly developed programme which was implemented and evaluated during a period of considerable restructuring within Tusla during 2014-16. Challenges in securing the participation of sites to deliver the programme, in addition to numerous resource constraints, including staff redeployment and increased workloads, considerably impinged upon the implementation of the programme, and resulted in a smaller than anticipated sample size. These implementation difficulties are discussed further in our **Summary Report 4** which outlines the factors which influenced the development and implementation of the ChARM programme during this time.

Key lessons from the research

The findings contained in this report provide important information for practitioners and policy makers interested in delivering comprehensive and integrated supports to prevent, or reduce, child maltreatment. Importantly, these results also highlight the numerous challenges faced by vulnerable families and the need to develop a better understanding of the barriers facing families when engaging with such programmes.

- Stand-alone interventions may not be sufficient to prevent CM. **These findings suggest that a combination of parent-training and home visiting may offer a promising model for addressing the needs of at-risk families when compared with services as usual.**

- **Parents in this study were significantly more emotionally responsive to their child, and adopted more proactive strategies to encourage their child's cognitive development**. Positive (non-significant) trends were also reported for child abuse incidences and risk factors, parental depression and child behaviour and wellbeing.

- The multitude of challenges faced by at-risk families suggest that ongoing, more intensive, supports may be required to address more complex familial needs. **Additional components which focus on mental health issues and parental stress may be necessary to reduce drop-out and encourage ongoing engagement.**

- Few evaluations exist of novel multi-component programmes to reduce CM. **The delivery of more coordinated supports within community-based settings, such as the ChARM programme, may offer a valuable contribution to the development of effective preventative programmes for families at risk of child abuse and neglect.**

Find out more

- A summary of the in-depth process evaluation which was conducted in parallel to the study described here, is provided in **Summary Report 4**. This explored the facilitative and inhibitive factors that influenced the implementation of the *ChARM programme*.

- Further information/updates can be found at cmhcr.eu/enrich-programme/.

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Acknowledgements

This research was funded by the Health Research Board in Ireland through its 'Collaborative Applied Research Grants scheme in Population Health and Health Services Research 2012' which was awarded to Professor Sinead McGilloway as the Principal Investigator (CARG/2012/17). We acknowledge with thanks the funding and support provided for this study by the Health Research Board.

We are extremely grateful to all the organisations who collaborated with us on this research in identifying and referring families to the research, for delivering the programme and in providing service-related data. These include: Cherry Orchard Social Work Team, Archways and Kildare Social Work Team.

Lastly, we owe a huge debt of gratitude to all the parents and children who kindly agreed to take part in this study. We also acknowledge, with thanks, the invaluable support and advice that we received from members of the Scientific Advisory Committee including Professor Vivette Glover (Imperial College London), Professor Judy Hutchings (Bangor University) and Professor Nina Biehal (University of York).

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This and other reports are available to download free at:
cmhcr.eu/enrich-programme/

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