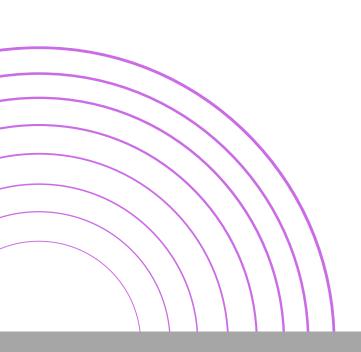








ENRICHing families' lives



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Key messages

Child maltreatment (CM) is a complex issue which arises from a range of contextual issues. Vulnerable or at risk families may require more intensive programmes to address the many needs they face on a daily basis.

Understanding what works best for these families is important in order to improve outcomes and reduce programme drop-out. Intensive, multi-component programmes offer an opportunity to prevent CM by promoting parental confidence and encouraging programme engagement.

Process evaluations are necessary to explore the 'active' ingredients of a programme and help to identify key inputs, facilitators and barriers of implementation.

The Children At Risk Model (ChARM) combines the evidence-based Incredible Years parent-training programme, with additional components including a Positive Life Skills Programme (PLSP), Home Visits (HVs) and tailored community-based supports. This model demonstrates potential in fostering better parent-child bonds and reducing harsh or inappropriate discipline. Importantly, the programme helps to support parents to become more confident and competent and encourages engagement with wider community supports and services.

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

Programmes aimed at preventing child maltreatment should be evidence-based and community-based, and understand the broader contextual factors which affect families at risk of CM.

Background

Introduction

ENRICH (Evaluation of wraparound in Ireland for CHildren 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 aims to: (1) build a greater understanding of how we can best address the parental and social care needs of young families; and (2) to contribute to the development, implementation and evaluation of new wraparound-inspired services for children and families living in Ireland.

A key objective of the research was to understand the effectiveness, and implementation of a new 'wraparound-inspired' parenting support programme for more vulnerable, or at risk, families. The **Children At Risk Model (ChARM)** service model was designed to address the multiple and complex needs of families where children (aged 3-11 years) are at risk of physical and emotional child abuse and neglect. In **Summary Report 3**, the key findings from the impact evaluation of the ChARM programme – using a randomised controlled trial – highlighted statistically significant increased parental awareness of child emotional and cognitive needs, resulting in more responsive and supportive parenting. In addition, positive (non-significant) trends were also reported for child abuse incidences and risk factors, parental depression and child behaviour and wellbeing.

A process evaluation was also conducted in parallel with the impact evaluation, to examine parental experiences of the ChARM programme, as well as exploring the perceptions of key stakeholders in implementing and delivering the programme. Facilitators and barriers to successful implementation were also examined. Some of the key findings are presented here.



The importance of effective programmes for at risk families

Recent studies have shown that parent-training programmes offer an effective approach in preventing or reducing the risk factors for child maltreatment (CM) (Chen and Chan, 2016). Parent training reduces harsh and dysfunctional parenting and promotes positive parent-child interactions. Other programmes such as home visiting has also been shown to be beneficial in reducing CM for isolated or high-need families (Avellar and Supplee, 2013).

Given the multidimensional risk factors for CM, more intensive interventions may be required to target both individual and broader contextual factors. Additional supports or more intensive programmes may be necessary in order to better support parents, foster engagement, and ultimately improve outcomes for parents and children.

Child welfare services (CWS) have most access to at-risk families and are therefore in a position to implement evidence-based treatments (EBTs). However, implementation difficulties such as time, costs and staff turnover are significant barriers to the adoption of EBTs within CWS. Tackling CM may require more complex, multifactorial interventions and therefore, may be more challenging to implement.

Research on programme implementation within child welfare settings is scarce. There is also a lack of research on engagement and participation in programmes to prevent CM. This research will provide important information on implementation within a real world setting.



Process evaluations provide insights into the experiences of parents and service providers and the 'how' and 'why' of the programme and its underlying mechanisms.

Findings on whether programmes are implemented with fidelity is important. However, factors such as context, resources and capacity building are also explored to assess impact on programme implementation.

Data is gathered through interviews, relevant documentation and questionnaires.

Exploring the implementation of a wrapround-inspired programme

This process evaluation was undertaken to explore the successes and challenges of implementing a complex, intensive parenting intervention – the Children At Risk Model (ChARM) programme.

This process evaluation was conducted in conjunction with the impact evaluation described in **Summary Report 3**. The ChARM programme was delivered across three cycles from 2015 - 2017. This evaluation documented the various characteristics of the programme by eliciting information about the facilitators and barriers of implementation. It also examined the experiences of key stakeholders involved in community organisations and child welfare services, as well as the practices and resources involved in programme delivery. The findings are critical to understanding responses to the ChARM programme by different groups of stakeholders and highlights important lessons for implementation and programme delivery within community-based services in Ireland.

Key research questions

- What are the experiences of service providers in implementing the intervention across different settings?
- What were the experiences of the parents, and how satisfied were they with the programme?
- How well do the different components of the programme work for participants?
- Did the programme work better for some families compared to others?
- What are the key facilitators and barriers identified by stakeholders in implementing the programme across different service settings?
- What factors are likely to influence the longer-term sustainability of the programme?

The ChARM programme

The ChARM programme is a novel, intensive intervention combining an evidence-based parenting programme (Incredible Years), a home-visiting programme, along with community-based supports, to address the complex needs of families and encourage engagement with services and supports (see *Figure 1*).

The programme was delivered across two sites:

Site 1 - Ballyfermot, West Dublin

Site 2 - Athy, Co Kildare

The programme was delivered in conjunction with Social Workers and /or community-based organisations over an 18 week period.

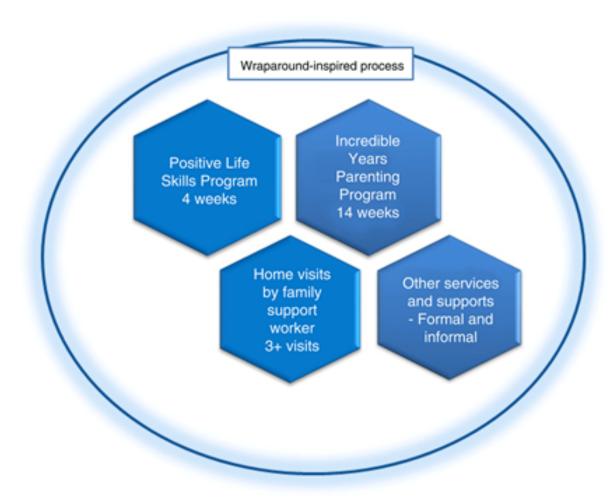


Figure 1: The CHildren At Risk Programme (ChARM)

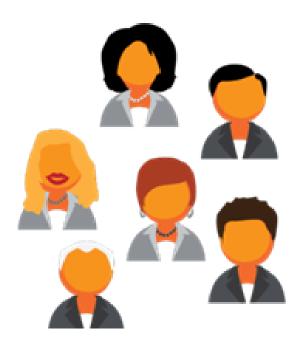
The programme was developed by Child Welfare Team Dublin South West in collaboration with researchers at MU. Delivery is funded through the Areabased Childhood Programme (DCYA, 2013).

The process evaluation

Data collection

The process evaluation involved a mixedmethods approach to gather information from a wide range of different sources. Qualitative and quantitative data were collected from individuals involved in the programme including:

- Parents (n=12)
- Programme developers and implementers (n=5)
- Programme facilitators (n=5)





Qualitative data

As part of the wider process evaluation involving a range of stakeholders, this report gathered information from parents (n=12) and individuals (n=10) directly involved in the ChARM implementation of which 5 were facilitators.

Quantitative data

- Fidelity checklists
- Attendance checklists
- Participant feedback forms

The above were analysed to assess the consistency of programme delivery, participant engagement, and satisfaction with the programme.



Key Findings of the ChARM

Parents' experiences

A total of **12 parents** were involved in the evaluation. Parents rated the programme highly in terms of improving their relationship with their children, as well as reducing stress and promoting parent wellbeing.

The main findings included:

- More positive parent-child interactions and improved parent-child relationships
- Increased awareness of child developmental needs
- Improved disciplinary practices and parental wellbeing

The bond is a lot closer again and that was actually my main goal ... to get the bond back

When I was stressed, I wasn't going out. ... I didn't want to be around anybody. Now I'm out every morning. I'm walking, going for coffee with friends, so it's made me come out of myself because I'm not stressed.

 Group support was rated highly and gave parents the confidence to share their frustrations and worries, and in doing so, increase their confidence and enjoyment of the programme.

I kind of listened to all the other parents about their kids and it kind of gave me an insight to mine saying I'm not the only one that's going through all this like other women are going through the same stuff.

- Mothers described how the use of stress management techniques and ignoring minor misbehaviour, resulted in lower levels of stress and feeling in more control in difficult situations. Self-care and making time for friends or family were actively encouraged. Many spoke of taking time to spend with friends, leading to reduced stress and anxiety, and increased confidence.
- Parents expressed a great deal of satisfaction with facilitators support throughout the programme. An informal, positive relationship was seen as essential to maintaining engagement and reducing programme drop-out.

I found the facilitators so
helpful. Sometimes you feel lonely
and when you have a visit you know
that I'm not the only one in this world.
I have somebody, somewhere, that is
thinking about me.

The value of ChARM components

Parents' experiences

Parents also felt that the combination of the ChARM programme components - Positive Life Skills Programme (PLSP), Home Visits (HVs) and the Incredible Years Parenting Programme (IYPP) - worked well in addressing their needs over the course of the programme.

- The PLSP programme was seen as a softer and less stigmatising approach to engaging parents with the IY parent programme. It offered a safe space to disclose their parenting worries, encourage group interaction, and foster an informal relationship with the facilitators.
- Parents reported accessing additional community-based services (such as parenting programmes / further education), suggesting that participants became less fearful of services, and more willing to seek help.
- Many parents reported that the HVs were useful when they were reluctant to confide in the group, or when they needed time to practise new strategies.

Because you have so
many in the group it can be hard to
hear everybody and people might not
want things spoke about in front of
others. But having the home visits,
you could say 'I was feeling a bit
apprehensive and I didn't want to
speak about this.'

The [PLSP] was good, listening to other people's experiences. I knew that it wasn't only me that was going through things with the teenagers.

 Parents also identified more with their children's emotional needs and understood how a negative home environment can effect their child's behaviour. Consequently, many reported controlling their anger and using more positive communication strategies.

My neighbours were giving out that there was murder in this house every day and it has to stop. When I started the course I learnt to bring everything down to a low level where my kids could hear each other, we kind of understood each other, we helped each other out in the house.

Barriers and Challenges

- Some felt that the programme was not developmentally appropriate for older children and should be adapted for teenagers.
- Some parents remarked on the lack of community-based supports, particularly in the rural site (e.g. mental health) and participants in the rural site also expressed dissatisfaction with the venue which seen as too small/inappropriate for the group.
- One parent felt that the programme content was repetitive in nature while another felt she would have benefitted more from activity based approaches such as role play.

Implementation

Programme adoption and fidelity

Between 2014 - 2018, a process evaluation examined the need for, and feasibility of, implementing the CHARM within the current system of care in Ireland.

- A total of **10 service provider stakeholders** were involved in delivery and implementation; 5 facilitators and 5 directly involved with programme implementation.
- All 5 facilitators were trained and experienced in the delivery of the IYPP and had
 previous experience of delivering the programme with high risk families. Facilitators
 received ongoing peer support coaching and completed leader session checklists to
 ensure high fidelity training and implementation.

This section reports on the findings from the 10 stakeholders and identifies the factors which were important to programme implementation (*Figure 1*):

Organisational factors

- · Proactive approach to preventing CM
 - · Multicomponent nature beneficial
 - · Appropriate for families at risk
- Life skills programme facilitates engagement
 - · EBT and upskilling benefits

Family factors

- Focus on prevention
- Value of FSWs/FRCs
- · Greater understanding of families' needs
 - Facilitators skills
 - Working in partnership with families

Programme factors

- · Potential to reduce CM
- · Programme components, reducing stigma
- Parenting confidence and knowledge of child's needs
 - Childcare and transport
 - Wider access to community supports

Fig. 1: Facilitators of implementation

Implementation facilitators

Programme level

- The programme was perceived as having potential to reduce CM by helping to minimise inappropriate / harsh parenting techniques and promoting more positive disciplining practices and routines.
- Other benefits reported by facilitators included improvements in parents' confidence, and knowledge of children's developmental and emotional needs.
- Programme components such as the PLSP encouraged engagement and reduced stigma, while HVs fostered the application of newly learned skills in the home.
- The provision of childcare and transport minimised drop-out.
- Strong parent-facilitator relationships were crucial to promoting parental confidence and maintaining engagement. Establishing a good relationship prior to the programme was key in gaining the trust of parents.
- Facilitators also reported that families accessed additional community supports/services as a result of the programme which indicates that parents were less fearful of services, and acknowledged the need to seek help and support for either themselves and/or their children.

Family level

- As an early intervention approach, the ChARM was perceived as allowing practitioners
 to link in earlier with families and provide the necessary skills to avoid a cycle of
 neglect and maltreatment.
- Stakeholders emphasised the value of Family Support Workers (FSWs) and Family Resource Centres (FRCs) who initially engaged families with the programme and supported them throughout.
- Facilitators reported that the programme worked, to some extent, in addressing some
 of the needs of families at risk e.g. the PLSP and HVs focused on helping parents with
 specific issues. However, a more intensive and flexible approach may be required for
 families with more complex issues.

Organisational level

- Stakeholders reported that the programme presents a more comprehensive approach to working with families in reducing risk and preventing children entering care.
- With sufficient resources, the programme was viewed as hugely beneficial for more vulnerable families; specific elements such as the PLSP encouraged attendance and helped parents transition more easily to the IYPP.
- The importance of an EBT (IYPP) was stressed by stakeholders as having the potential to inform a change of practice, provide upskilling opportunities, whilst also aligning practice to current policy developments with Tusla (e.g. PPFS).

Implementation barriers

As the ChARM programme was an exploratory trial, stakeholders identified difficulties across a range of areas as highlighted in *Figure 2* below.

Organisational factors

- · High workload vs time commitment required
- · Interagency difficulties; siloed services / time consuming
- Restructuring within Tusla severely affected implementation
 - · Lack of resources; funding, staff, transport, childcare

Family factors

- Complex needs of families; mental health, homelessness
 - Stigma, feeling judged, SW involvement
- Time needed to engage parent; lack of confidence / building a relationship
 - Huge time commitment for parents

Programme characteristics

- Programme duration too long / costly / overlap of content / not appropriate for teenagers
- Not wraparound must be based on individual families' needs
 - Does not provide additional supports to meet needs

Fig. 2: Barriers to implementation

Programme level

- Facilitators reported a number of difficulties with the programme including; programme duration, and duplication of content between the PLSP and IYPP, were highlighted as issues, with a 14-week programme subsequently recommended.
- Similar to the parent data, facilitators felt the programme was more appropriate for younger children, and that a separate programme for adolescents was needed to manage their challenging behaviour.
- The ChARM programme was seen as a more 'structured' approach to CM, with less flexibility, which may not suit higher risk families.
- A major obstacle to improving outcomes was the lack of additional supports and resources at a community-level to meet families' needs. Access to services, such as mental health, addiction and homeless supports, were identified as a major issue for participants, often resulting in poor programme attendance or drop-out.

Implementation barriers

Family level

- The complex needs presented by families pose significant problems at a practice level given the numerous contextual factors faced by families. Facilitators underlined the importance of having a good understanding of the daily challenges which can impact on attendance and outcomes. If parents are well supported by relevant services, they are more likely to benefit from the programme.
- The stigma attached to parenting programmes and the involvement of SW was reported as a major challenge in engaging and retaining families. Facilitators remarked on the historical distrust associated with SW and families were often more willing to link in with voluntary/community agencies.
- Given the demanding workload within SW departments, it can be difficult to establish good relationships with families. A preparatory period may be needed to build a relationship with participants before the programme commences.
- Programme duration (18 weeks) was frequently mentioned as a barrier to attendance. Facilitators felt that this level of commitment was significant for families who face multiple challenges.

Organisational level

- For SW facilitators, preventative work was not always feasible due to the chaotic lives of many families as well as heavy workloads. Considerable time and input was required to deliver the programme and these challenges were often compounded by the lack of service coordination. The ChARM programme requires clear interagency communication and partnership working to ensure the families' needs are met.
- Implementation of the ChARM was undertaken during a period of significant change within Tusla. Restructuring of the organisation had a considerable impact on the delivery of the programme, resulting in sites withdrawing from the research, as well as staff redeployment and reorganisation.
- Lack of funding/resources was widely mentioned as a barrier to implementation. Funding for childcare was essential; many parents could not attend without it. Similarly, funding for transportation was required, particularly in more rural areas.
- The financial resources and capacity required to deliver the IYPP was also a barrier to implementation. Facilitators noted that implementing an EBT such as the IYPP was more costly than other parenting programmes, and any potential cost savings may not emerge in the short-term. Short-term programmes, although arguably less effective with high-risk populations, may therefore be more appealing for SW practitioners.

Summary

The process evaluation of the ChARM programme explored the views and experiences of stakeholders, including parents and service providers. Important facilitators and barriers to programme implementation were also identified.

Parents rated the programme very highly and reported many benefits, including more positive parent-child interaction, a greater awareness of child development and less harsh discipline. Importantly, parents also noted greater confidence and better wellbeing and were more likely to link in with community services and supports as a result of participation. Facilitators also indicated that the programme had the potential to reduce CM by emphasising positive parenting practices and by encouraging parents to practise stress management techniques, as well as enhancing parents' ability to reduce conflict in their home.

Above all, it was felt that the **additional programme components addressed the needs of more vulnerable families** and enhanced ongoing engagement with the programme. For example, the PLSP reduced the stigma and fear associated with parenting programmes by encouraging interaction in a group setting, and providing support to develop parental confidence and self-esteem. In turn, home visits reinforced the parenting techniques learnt in the IYPP and enabled participants to discuss and address individual parenting issues on a one-to-one basis with the facilitator.

Peer support was hugely beneficial in supporting the engagement process and reducing the sense of isolation and unworthiness felt by many parents. Strong parent-facilitator relationships and facilitator skills were critical to reducing programme drop-out and maintaining ongoing engagement. Findings from the Impact Evaluation (Summary Report 3) revealed that attendance was high amongst participants suggesting they were sufficiently motivated to attend.



Implementation successes

Facilitators highlighted the **preventative value** of the programme in tackling parenting difficulties at an earlier stage before they reach crisis level. The programme was also felt to benefit more at risk families whose multiple needs may not be addressed adequately by short-term, single component programmes. The ChARM programme was seen to offer a more **comprehensive approach** to meeting individual families' needs.

Facilitator and group support were key factors in maintaining engagement and reducing drop-out. Parents were highly satisfied with not only the programme content but also with the facilitators. Post-programme, they were also more likely to link in with wider community supports which may provide additional benefits for families in the longer-term.

The ChARM programme also provided an important opportunity to implement and assess an **evidence-based programme with vulnerable populations**. Implementation of the programme also provided an opportunity for practitioners to build capacity and upskill. Hence, combining an EBT with additional programme components, designed to maximise attendance and offer a therapeutic element, may yield greater benefits.

Implementation challenges

A historical **distrust** of SW services, combined with **stigma** around parenting programmes, was a significant barrier to programme engagement. Additionally, personal difficulties (e.g. mental health, lack of support) and wider family and contextual factors (such as parenting alone, addiction, poverty) reduced attendance. Community organisations can support engagement by building strong facilitator-parent relationships and providing transport and childcare.

Specific programme characteristics were identified as barriers. These included the **length** of the programme, duplication of content, unsuitability for teenagers, and the absence of additional, accessible, timely, mental health and addiction supports to maintain ongoing engagement with the intervention.

A number of **organisational factors** also impeded implementation. The programme was delivered during a time of significant restructuring within Tusla, resulting in numerous difficulties with recruitment and delivery. Further issues concerned **balancing the existing workload with programme delivery**, the lack of time to build relationships with families, staff turnover, **limited resources** for childcare, transport and difficulties securing a suitable venue. The programme was also considered **costly to implement**, representing a considerable challenge to implementation. Ongoing resources and training would be required to ensure the sustainability of the programme.

Conclusion

The study findings demonstrate how a multi-component programme, which combines an evidence-based treatment (EBT) with community-based supports, may offer a promising approach for social work practitioners in preventing CM and meeting the more complex needs of families. The issues involved in implementing this new multicomponent programme highlights the importance of interagency partnerships across community and statutory services in order to maximise the benefits to families. Community organisations are vital in helping parents to manage, and support, families. As expected, resourcing issues were crucial to programme engagement and delivery; key issues related to childcare and transport, staff training and development, as well as dedicated time for programme preparation.

Despite these barriers, facilitators reported benefits for participants, and pointed to the PLSP and HVs, in particular, as significant facilitators of engagement, resulting in **improved parenting confidence and wellbeing** and a calmer home environment. Parents also had a greater understanding of the emotional and physical needs of their children which, in turn, strengthened the bond with their child.

Poor participation and high drop-out rates remain a major challenge for organisations when working with high-risk families. The current findings demonstrate the value of **strong parent-facilitator relationships and peer support both for encouraging engagement**, and reducing the stigma associated with parenting programmes. A multicomponent programme, such as the CHARM, that targets families' needs, and prioritises engagement, may provide a helpful model to optimise family outcomes.



Key lessons from the research

This process evaluation has identified specific mechanisms/factors that influenced the implementation of the ChARM intervention at the programme, family, and organisational levels. These key facilitative and inhibitive factors offer insights into what works for families, and explores the feasibility of the programme for more vulnerable families.

- There is an **urgent need for effective programmes to prevent CM**. Intervening early can break the intergenerational cycle of abuse and neglect, and mitigate against the child entering State care.
- The combination of an evidence-based programme (IYPP) in addition to a life skills programme (PLSP), home visits (HVs), and community-based supports, offers a more intensive approach to preventing CM by targeting both individual and contextual factors. These components worked well to address parental confidence and competence, and improve knowledge of child development, thereby facilitating a stronger parent-child relationships.
- Social isolation is common among vulnerable families who may not have family or social networks. Therefore, group support can positively influence engagement and reduce feelings of stigmatisation. The commitment of facilitators to supporting the needs of families and encouraging skill application, was also critical to minimising programme drop-out.
- The ChARM programme fits within the remit of the PPFS as an **evidence-based initiative** designed to improve family outcomes and wellbeing.

Find out more

- A summary of findings from the impact evaluation of the ChARM programme is provided in **Summary Report Number 3** which explored the impact of the programme in reducing CM and promoting parenting skills.
- Further information/updates can be found at cmhcr.eu/enrich-programme/.



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Community collaborators

Cherry Orchard Social Work Team Archways Kildare Social Work Team Child Welfare Team Dublin South West







The ENRICH (Evaluation of wRaparound in Ireland for CHildren and families) research programme - funded by the Health Research Board - is a 5-year multi-component research programme designed to help promote child health and family wellbeing through the development, implementation and evaluation of 'wraparound-inspired' models of service delivery.

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

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