

Taking the Incredible Years child and teacher programmes to scale in Wales

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Abstract

The content and international evidence for the Incredible Years programmes for children and teachers are described. This is followed by a description of their introduction in Wales from initial pilot trials to a Welsh Government funded Wales wide training initiative. Building on earlier work to support parents in Wales, the paper describes how these evidence based programmes for teachers and children, developed in a different country, were introduced and evaluated in Wales and how the demonstration of effectiveness has resulted in subsequent roll out that has been supported by local Authorities and the Welsh Government.

Wales is a small country within the UK with a population of three million people. It is post-industrial, having lost much of its mining and steel industries during the 1980s. On almost every measure of socio-economic disadvantage it falls below that of the rest of the UK as a whole. Since 1999 it has had devolved powers from the Westminster Government with the Welsh Government responsible for health and education services, although dependent on grant funding from Westminster and without tax raising powers. Most of west Wales and the Valleys communities in the south are in receipt of European Convergence grant aid due to the high levels of unemployment and poverty. Educational outcomes also fall below those of the rest of the UK.

Challenging child behaviour is costly (Scott et al., 2001) and has long-term poor outcomes, including poorer mental health and poorer social and economic outcomes (Colman et al., 2009; Reef et al., 2009). In the UK, one in five is affected by behavioural problems (British Medical Association, 2013). Children with behaviour problems are more likely to start school lacking essential capabilities such as emotional regulation and social skills which in turn lead to difficulties in school, including poor attendance, inadequate peer relationships, and poor academic outcomes (British Medical Association, 2013). Some of the key risk factors for the development of childhood behaviour problems include living in poverty (Keirnan & Mensah, 2009) and harsh/inconsistent parenting (Miner & Clarke-Stewart, 2008).

There is growing interest in identifying and establishing programmes that have evidence in order to get value for money from public expenditure (Haynes et al., 2012). The Blueprints for Violence Prevention series, published by the Centre for the Prevention of Violence at the University of Colorado, is a key source of information to inform decisions in relation to services that prevent and/or reduce violence and promote positive child mental health (www.blueprintsprograms.com). In the UK growing recognition of the effectiveness and cost effectiveness of early intervention programmes prompted the Allen review (ref) following which the Westminster Government funded the Early Intervention Foundation to review and disseminate information on programmes that work (www.eif.org.uk). The UK National Institute for Health and Care Excellence (NICE) is another important source. NICE was established in 1998 (www.nice.org.uk) to review health interventions and inform the NHS of treatments that are evidence-based. In 2005 it became a legal requirement on the NHS in England and Wales to provide funding for medicines and treatments recommended by NICE's technology appraisal board. In 2012 NICE had its remit extended to cover social care interventions. Its reviews include interventions to prevent or reduce conduct disorder or other child mental health problems.

At the same time that the devolved Welsh Government was established in 1999, the forerunner of the Centre for Evidence Based Early Intervention (CEBEI) at Bangor University was reviewing programmes with evidence that prevent and/or reduce the growing problem of early onset conduct disorder in children. It identified the Incredible Years (IY) parent, child and teacher series as having been cited in many systematic reviews (e.g. Furlong et al., 2012) as strongly evidenced for both the treatment and prevention of conduct disorder. This paper briefly describes the IY child and teacher programmes and the evidence for them from trials by both the programme developer and other researchers. It then describes the introduction of the programmes into Wales, the studies undertaken in Wales to evaluate them and the factors that contributed to their effective introduction and dissemination that has been supported by Local Authorities and the Welsh Government.

Evidence for the IY child and teacher programmes

The Incredible Years (IY) programmes for parents, children and teachers (Webster-Stratton, 2011) have strong evidence, in both efficacy and effectiveness trials, for the reduction of conduct problems (Mihalic et al., 2002). The IY parent programmes have been most extensively trialled. Evidence for the child and teacher programmes is also good although there have been fewer trials of these programmes by either the programme developer or by independent researchers (Webster-Stratton, 2011).

All IY programmes are delivered using the same core components of discussion, observation of video clips, role-play practice of key concepts and between session assignments. The teacher classroom management (TCM) programme (Webster-Stratton & Reid, 2002) teaches strategies to: develop positive relationships with pupils, be proactive in the classroom in establishing rules, making clear transitions and giving positive instructions, increase positive behavior thought praise and incentives and manage school based disruptive behaviour (Webster-Stratton, 1999). It also has an important component on developing behavior plans. It is delivered over five or six days with classroom based assignments undertaken between the training days. There are two versions of the child Dinosaur School programme. The intensive therapeutic Small Group Dinosaur (SGD) programme is a clinical intervention delivered over 18 – 20 weeks to groups of up to six clinically referred children, the universal Classroom Dinosaur (CD) School programme is a three year class-wide programme of 20 minute lessons delivered twice weekly throughout the school year. Both programmes teach how to do your best in school, how to detect and understand feelings, social problem solving and friendship skills, anger management and self-regulation skills to reduce challenging behavior and promote peer relationships and school engagement (Webster-Stratton, 2000).

The TCM programme has been shown to have efficacy in combination with other IY programmes in a series of RCT trials by the programme developer (Webster-Stratton, Reid, & Hammond, 2001; Webster-Stratton, Reid, & Hammond, 2004; Webster-Stratton, Reid & Stoolmiller, 2008). Several RCTs of the SGD programme with children with conduct problems and/or ADHD have shown significant reductions in conduct problems and increases in social problem-solving strategies compared to controls (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004; Webster-Stratton, Reid, & Beauchaine, 2011; Webster-Stratton, Reid, & Beauchaine, 2013). An RCT trial that included the parent and CD programmes reported that mother-child bonding was stronger in the combined condition and intervention mothers were significantly more involved in school (Reid, Webster-Stratton, & Hammond, 2007).

There have been a number of independent trials of the TCM programme. Carlson, Tiret, Bender, and Benson (2011) found significant increases in the usefulness and frequency of use of TCM and three studies reported positive outcomes for the TCM programme delivered to teachers in conjunction with a mental health consultation (Shernoff & Kratchowill, 2007, Raver et al. 2008, Williford & Shelton, 2007). An RCT of the TCM programme in Ireland showed significant benefits for both teachers and children and also reported that programme costs were modest compared to both other components of the IY series and to other education-based programmes (McGilloway et al., 2010). A preliminary evaluation of the TCM programme in New Zealand showed positive outcomes and high levels of teacher satisfaction (Fergusson, Horwood, & Stanley, 2013) and two RCTs of the TCM in Jamaica, one in combination with the CD programme, found significant benefits for teachers and children (Baker-Henningham, Walker, Powell & Gardner, 2009; Baker-Henningham, Scott, Jones, & Walker, 2012). The child CD and SGD programmes are not as

well independently researched however an RCT trial in Norway combining the SGD and parent programmes showed significant reduction in aggressive behaviour for the combined condition (Larsson et al., 2009).

2. Establishing the IY programmes in Wales

The work of CEBEI to establish the Incredible Years (IY) parenting programmes in Wales has been described elsewhere (Author's own, 2015a; Author's own, 2012b). As the process by which we established the child and teacher programmes was informed by what we had learned from introducing the IY parent programme this is briefly described before focusing on the establishment of the teacher classroom management and child programmes.

We first piloted the IY parent programmes in 1999 and then tested them rigorously under a variety of conditions in real world service settings. These studies demonstrated benefits with parents of high-risk three and four year olds (Author's own, 2007a), nursery staff of one-to-three year-old children (Author's own, 2011a), parents of toddlers (Griffith, 2011; Author's own, 2014a) and with mothers and their babies (Jones, 2013; Author's own, 2015b). We also reported on the economic benefits for those at highest risk of developing severe behaviour problems (Author's own, 2007b; Author's own, 2013a) and demonstrated high levels of parent engagement and retention. How and why these studies were successful has been described in a series of articles (Author's own, 2007c; Author's own, 2012a; Author's own, 2012b; Author's own, 2015a).

The success of these trials led to Welsh government funding to train leaders from across Wales in the IY parent programmes as part of the Parenting Action Plan for Wales (Department for Training and Education, 2005). The good outcomes achieved in Wales from IY parent programmes generated interest in the other IY programmes and the same process of pilot testing and then trialling them in real world service settings to test their acceptability leading to more rigorous research evaluations was repeated. The therapeutic SGD programme was piloted in 2001 in the child mental health service and showed clinically significant improvements in child behaviour for children with clinical diagnoses (Author's own, 2007d). Also in 2001 a local Education Authority undertook a pilot delivery of the universal CD curriculum. Results suggested positive effects on children's academic performance and social and emotional development and reductions in behavioural problems, with improvements generalising to the playground and home (Author's own, 2004b).

The same Local Authority next introduced the TCM programme. Teachers reported satisfaction with the programme and that the strategies taught were effective and improved pupil conduct (Author's own, 2007e). TCM trained teachers gave clearer instructions and allowed more time for compliance before repeating instructions. Their children were more compliant than children in the classes with untrained teachers (Author's own, 2007e). The benefits of the TCM and CD programmes were commented on favorably by Welsh Government School Inspectors (see Author's own, 2011b) with the CD programme covering much of the statutory Personal Social Educational (PSE) curriculum.

A presentation about the programmes to local education service managers on the research background, curriculum and local pilot outcomes generated sufficient interest for the authority to make a grant of £5,000 to fund further training and resources for broader implementation. Within two years of the first implementation of the programmes, in 2004 the head teacher, who had taken part in the pilot trials of the programmes, was seconded to undertake a three year project to roll out the programmes across the whole county to all of its 100+ primary schools. This county-wide roll out created the conditions to enable an RCT

evaluation of the TCM programme in which independent observation showed significant reductions in classroom off-task behavior and teacher negatives towards children in general as well as reductions in child negatives towards teachers and target child off-task behaviour for high challenge children (Author's own, 2013b).

The next step was to trial the SGD targeted programme in one school to see if there were added benefits from using the targeted small group SGD coaching over and above the benefits of the school wide programmes. This was piloted in a school that had already trained its teachers in the TCM principles and was delivering the universal CD curriculum. The goal was The outcomes demonstrated significant increases in both the number and quality of child reported problem-solving skills by comparison with control children (Author's own, 2012d). These findings informed a larger RCT in which teachers in 22 schools, again ones that were already delivering the classroom curriculum, delivered the SGD programme to children identified by their teachers as having significant difficulties and showed significant improvements in problem-solving knowledge and the ability to generate pro-social solutions relative to control children. Intervention children were also significantly more likely to reach or exceed their teacher set personal-social development targets. Teachers rated the programme highly and appreciated the resources and training provided (Author's own, 2014d).

The positive results achieved in these trials led the Welsh Government to add funding for training in the TCM, CD and SGD programmes to existing funding for IY parent programmes. This commenced in 2008 and continued over a four year period during which staff from across Wales accessed training and all 22 local Authorities were supplied with resources to deliver the programmes.

What contributed to the success so far in the dissemination of the programmes in Wales?

Mihalic et al. (2002) identified a number of critical steps to ensure successful implementation of programmes. This starts with selecting a programme with both efficacy and effectiveness, (Flay et al., 2005), However, as has been demonstrated in many replication studies, it is not always easy to establish programmes in mainstream services and achieve the same outcomes, particularly in pragmatic trials where programmes are delivered by existing staff in regular service settings. The remainder of this paper describes some of the factors that contributed to making this process effective in Wales

1. Choosing an evidence based programme for the target population

The last 15 years has seen a growth in sources of evidence from systematic reviews, the Cochrane reviews, NICE guidance, and the Blueprint classification. Although the focus of many of these sources of evidence was initially health related there has also been a growth in recognition of the need for evidence-based education. In the UK this has included the work of Institute for Effective Education, established in 2007 (www.york.ac.uk/iee/) and, in England, a source of funding through the Education Endowment Foundation, established in 2011 (www.educationendowmentfoundation.org.uk/) that works in conjunction with the Sutton Trust charity (www.suttontrust.com/) that is dedicated to improving educational outcomes for disadvantaged children.

In Wales the availability of local expertise in identification of evidence-based programmes came from the Centre at Bangor University building on work by the first author who, from 1988, held a joint appointment between the NHS and the University. Evidence for

the IY programmes both as preventive and clinical programmes covering the age range for children from 0-8 years came from many sources (Webster-Stratton, 2011). Furthermore the existence of evidence based components for parents, children and teachers created the possibility a joined up service provision built around the same core content and collaborative delivery principles that had been shown to be effective in achieving and maintaining behaviour change (Author's own, 2004a; Author's own, 2007c).

2. A local champion

Successful implementation of a programme needs leadership and key personnel to conduct and coordinate the intervention (Mihalic et al., 2002). Champions need to know the evidence for the programme and have access to decision makers. Having established both the need and the evidence for the programmes, the first author took on that role. She held a senior post as a Consultant Clinical Psychologist within the local Child and Adolescent Mental Health Service (CAMHS) with responsibility for service provision for children with conduct disorder and in her University post had an established research and publication track record. Her position in the University enabled her to undertake research trials, co-ordinate training and establish an administrative structure to provide resources for services.

3. Pilot to assess acceptability

Establishing that the programmes both worked and were acceptable in Wales was achieved by first piloting the therapeutic SGD programme within the CAMHS service (Author's own, 2007d). The establishment of a CAMHS primary care service, in 1999, enabled CAMHS staff to work with front line service providers, including schools, and created an opportunity for collaboration with a local head teacher who was seeking support in dealing with some severely challenging reception aged children. This led to trials that established preliminary evidence for, and the acceptability of, the programmes (Author's own, 2012d; Author's own, 2016a). Their effectiveness was noticed and commented on favourably in an ESTYN Welsh School Inspection of the school in terms of both school atmosphere generally and supportive peer relationships (see Author's own, 2011b).

Having established the acceptability of the child and teacher programmes the first author undertook the accreditation process and became a local trainer creating accessible and low cost training and supervision.

4. Linking the interventions to public policy to get local managers on board.

Local teachers were reporting growing levels of social and emotional regulation skill deficits and behavioural problems among young school aged children (Author's own, 2011b). This was matched by teacher feedback that they needed training in the management of these challenges. Feedback from the first pilot school was that the content of the TCM programme provided teachers with the tools to effectively manage their classrooms.

In 2003 delivery of a Personal and Social Education (PSE) curriculum to all pupils became a statutory requirement in schools in Wales. The CD content was mapped onto the PSE curriculum and established that it covered the majority of the PSE curriculum. This, plus the availability of training and detailed resources for the lessons made the programme very attractive to teachers.

5. Rigorous evaluation to establish that programmes are effective in the new setting

Once a county-wide strategy for wider implementation had been set up, the

opportunity for more rigorous trials became possible and first the TCM and subsequently the therapeutic SGD programme were trialled in RCTs with good outcomes (Author's own, 2013b; Author's own, 2016a). The recruitment and delivery strategy for these trials ensured that the target population matched that for which the efficacy trials had demonstrated good outcomes i.e. with children aged three to eight years. These trials overcame the frequently voiced criticism that programmes developed overseas are not culturally relevant or transportable. This was particularly important as these were pragmatic, effectiveness, trials with the programmes delivered and implemented by regular school staff in primary school settings. The research was undertaken, at arms length in the University setting, with research staff kept, as far as possible, blind to participant allocation.

6. Attention to implementation fidelity

Implementation fidelity refers to the degree to which programmes are delivered as originally intended (Mihalic et al., 2002) and poor implementation fidelity negatively impacts study outcomes (Durlak et al., 2011; Wilson, Lipsey, & Derzon 2003).

The IY programmes have in-built fidelity tools and all of these were adhered to in the welsh trials. The programme manuals, videotapes, books, and other materials were provided for all of the staff. Service providers were partners in the research trials and part of this involved agreement between them and the University that ensured that staff had access to training and ongoing supervision and were provided with all of the necessary materials and resources. Staff delivering the programmes videotaped sessions and attended supervision throughout the trials.

7. Getting the Welsh Government on board

The emphasis on the need for evidence-based education was being increasingly recognized and in 2007 York University established the Institute for Effective Education with a remit to undertake and disseminate evidence regarding what worked for children at risk of poor school outcomes. The responsibilities of schools for the development of children's social competence and emotional regulation skills was further highlighted with the publication of the Gross (2008) review "Getting in Early: Primary schools and early intervention". This reviewed both the rationale for effective personal-social education and also evidence of what worked.

The Bangor Centre ensured that the positive results were reported through annual newsletters and conferences at a time when emphasis on outcomes was prompting Welsh Government education service managers to look for evidence based programmes. The excellent research outcomes achieved in Wales, were recognised as being of international significance with results published in international journals and visits from academics, educational staff and policy makers from many countries including Finland, Canada, Portugal, New Zealand and Ireland. We have also hosted 80 early years teachers from Czech Republic early years teachers during 2014/5 academic year. External interest further reinforced the importance of the work.

In 2008, this resulted in the Welsh Government funding training and supervision for staff from across Wales in the child and teacher programmes. Twenty-one of the twenty-two local authorities in Wales accessed Welsh this training in the teacher programme and twenty accessed training in the classroom programmes.

Conclusions

The Society for Prevention Research guidelines (Flay et al., 2005) and the NICE guidance on how to overcome barriers (NICE, 2006) provide useful information on how to achieve effective delivery of evidence-based interventions in service settings. However early intervention requires sustained support from politicians (Allen, 2011) which can be difficult when the longer-term goals of reductions in lifelong problems fall outside the political time frame of elected governments.

All of the former steps, choosing a programme with evidence, having a champion to set up the required conditions for training, piloting to test for programme acceptability to service providers and rigorous evaluation with strong built in safeguards to ensure fidelity all helped to create the conditions for wider dissemination. This contributed to the decision of the Welsh Government to fund training for staff from across Wales in the programmes and four Welsh counties have since taken up the IY programmes in a coordinated manner under the leadership of local champions.

Ensuring that staff training, supervision and support are available from appropriately trained and experienced supervisors is an ever-present challenge in implementing evidence-based programmes effectively in everyday services. Services in Wales benefitted from having a University based research centre dedicated to early intervention. The work of the Centre contributed to Welsh Government decisions at a time when early intervention was high on the political agenda and there was a growing requirement on services to deliver outcome as opposed to output evidence. Ten local authorities in Wales have partnered with the University Centre in one or more of our randomised controlled trials and the dissemination activity has been successful, with many published research and discussion articles (www.centreforearlyinterventionwales.co.uk).

The IY programmes for children and teachers have strong evidence of effectiveness internationally and in Wales. We have made a start on addressing the challenges in establishing them in Wales.

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