



EARLY
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FOUNDATION

Early Years Evidence Seminar

Wednesday, 8 February 2017

In partnership with



Public Health
England



Welcome & Introduction

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#EIFEarlyYears
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Purpose



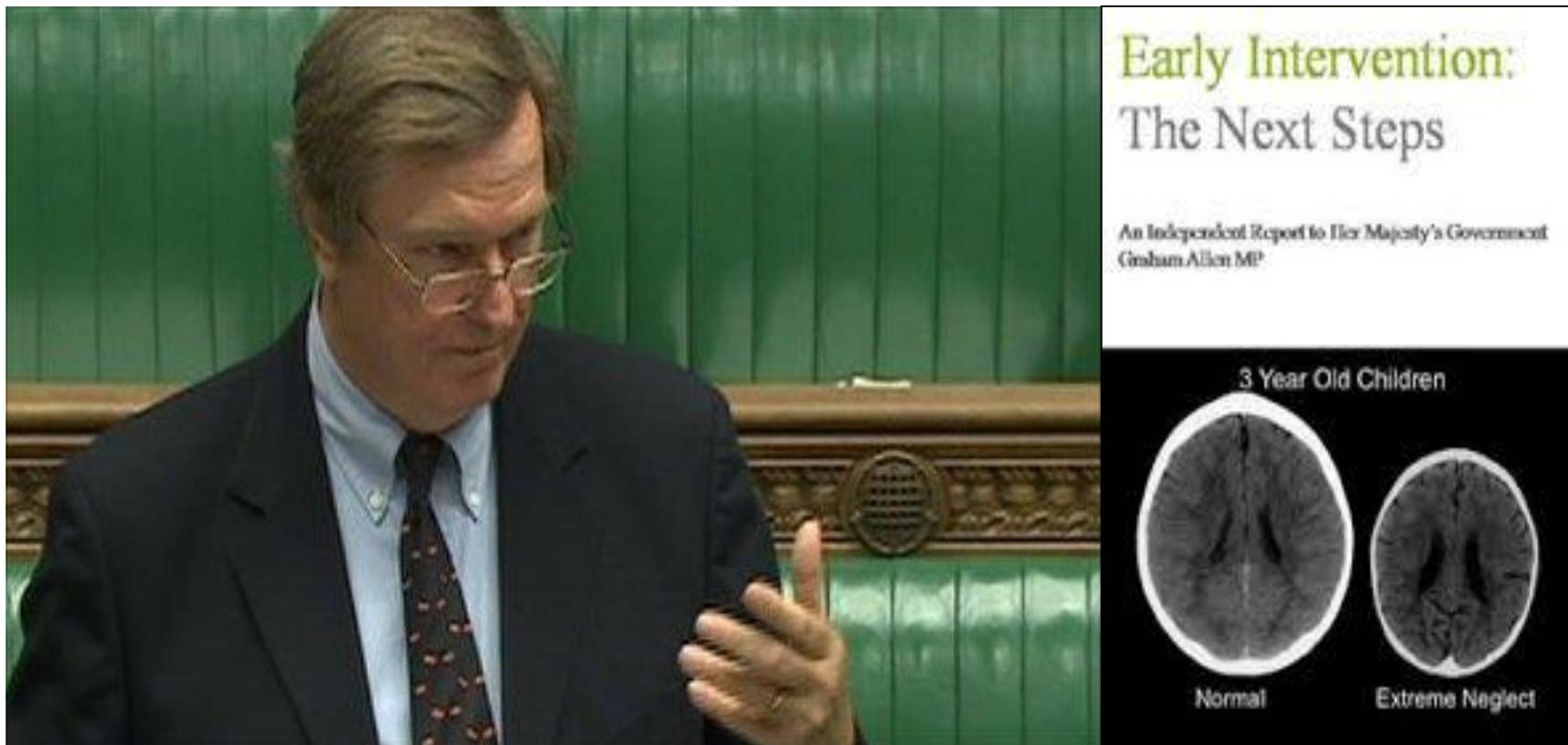
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- Set out the findings
- Understand and explore
- Place in the wider context, including Public Health England's work on 'Best Start'
- Call to action for those with commissioning responsibilities in the early years

Starting the journey in 2011



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Creating the Foundation



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What
Works
Network **WW**



-  Pioneering places
-  Better Start areas
-  Additional areas
-  Police leaders



Planting the seeds

- 20 Early Intervention Pioneering Places
- Key evidence reviews on:
 - *The Best Start At Home*
 - *Social and Emotional Learning – Skills for Life and Work*
 - *High risk: Domestic Violence, Gang and Youth Violence*
- Guidebook of programmes – based on ratings made by others
- Costs of late intervention



‘Foundations for Life’



“Foundations for Life: What Works to Support Parent Child Interaction in the Early Years” is a groundbreaking assessment by the Early Intervention Foundation of 75 early intervention programmes aimed at improving child outcomes through positive parent child interactions in the early years.



'Foundations for Life': The Headlines

1.
Parent child
interactions in
the early years
matter





‘Foundations for Life’: The Headlines

2.
The UK market place of
programmes is vibrant
and full of potential,
but needs development

Programmes Library



Explore our Early Intervention Programmes Library looking to encourage positive development and tackle a range of problems, including abuse and neglect, substance abuse and mental health problems.

Search Programmes





'Foundations for Life': The Headlines

3.
Commissioners have
a crucial role in
growing and applying
the early intervention
evidence base



FOUNDATIONS FOR LIFE

**WORKS TO SUPPORT PARENT CHILD INTERACTIONS
IN THE EARLY YEARS**

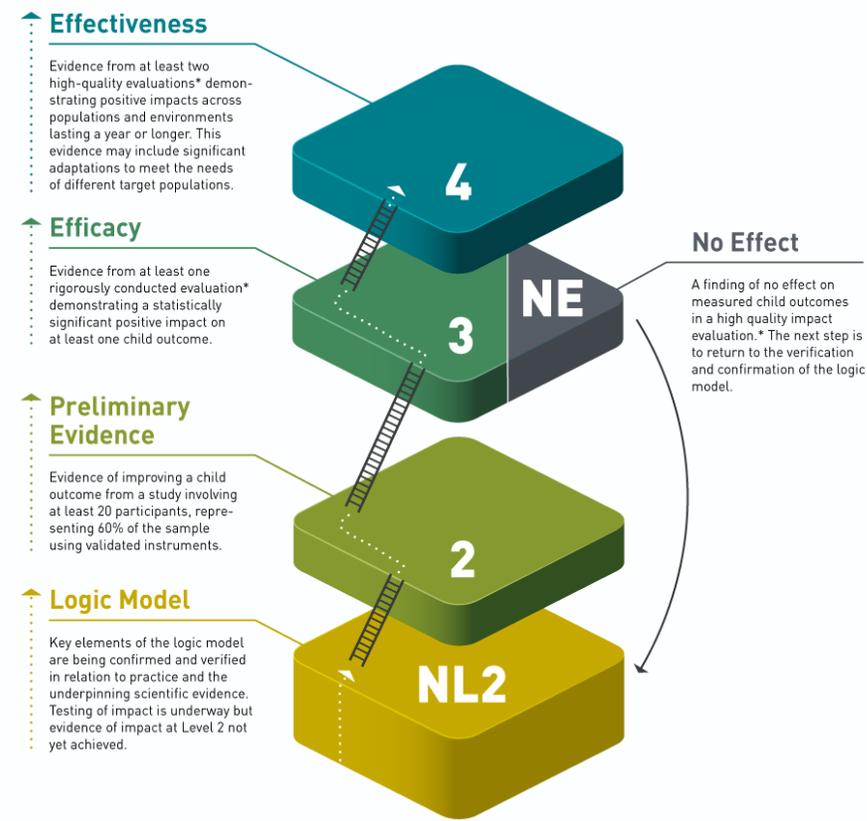
WHAT THE REVIEW MEANS FOR COMMISSIONERS

The Early Intervention Foundation has published a group of early intervention programmes aimed at improving positive parent child interactions in the early years. But what does this mean for commissioners of children's, maternity and p...



‘Foundations for Life’: The Headlines

4. Building impact evidence is a journey that takes time, and is about ‘improving, not proving’

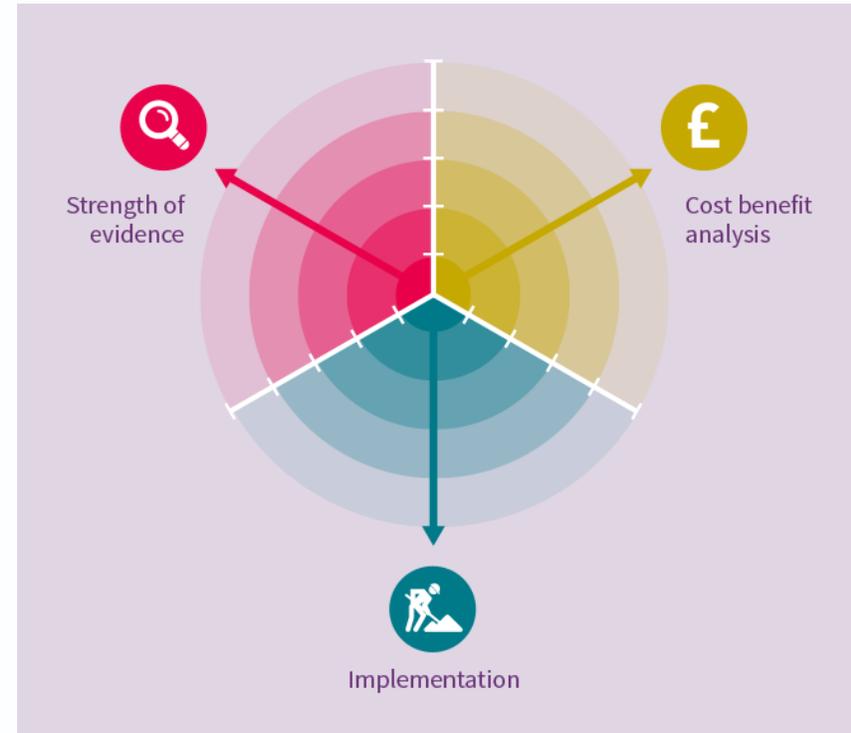


*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.



'Foundations for Life': The Headlines

5.
Implementation
is as important
as evidence



Three 3 Aspects of Commissioning

Foundations For Life: what works to support parent child interaction in the early years

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Aims

- Key principles
- Standards of evidence
- Headline Findings
- Attachment interventions
- Behavioural Interventions
- Cognitive & communication interventions



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Principle #1: Do not harm



Primum non nocere (first, do no harm)

- This means ensuring that the interventions that we offer are not harmful
- This also means that we reduce the extent to which ineffective interventions deny or restrict access to effective interventions



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Principle #2: Do not waste

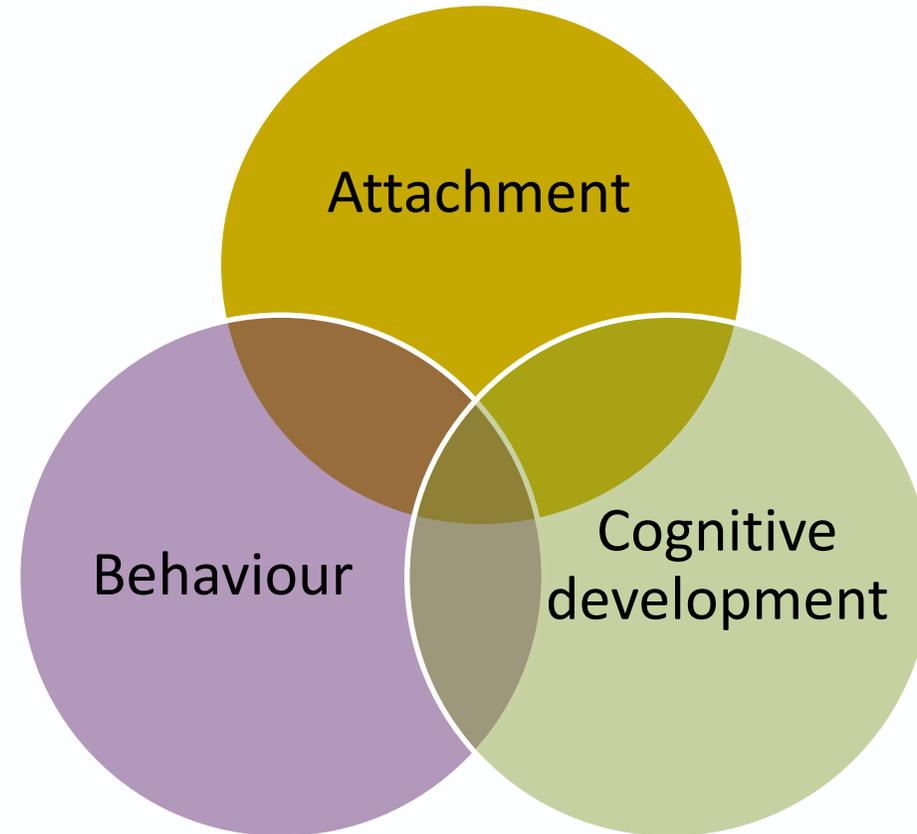
Since resources will always be limited, we should provide services which have been shown through proper evaluation to be effective
-- Archibald Cochrane





Principle #3: Parents matter

- Parents and carers provide the context for child development in three key domains
- Learning within these three domains takes place through interactions between parent or carer and child
- These dynamic interactions during the first five year have important impacts on children's future development





Principle #4: Parenting interventions are for children

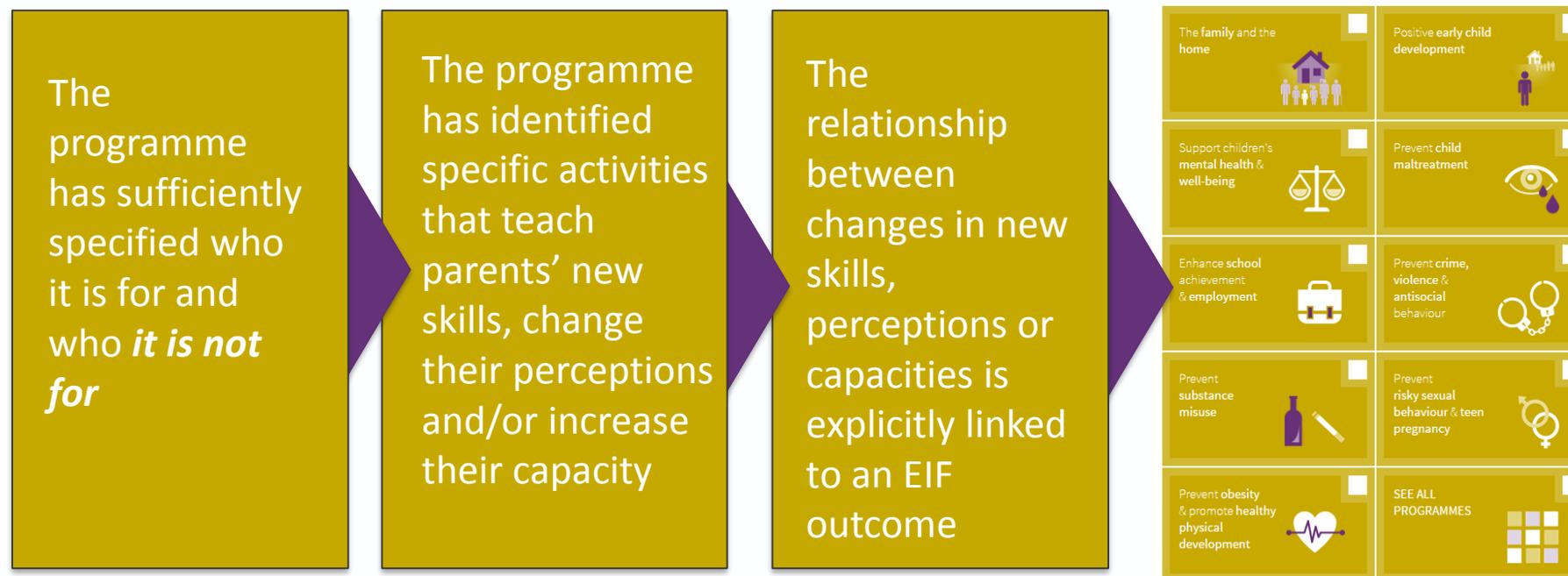
We define parenting interventions as those that aim to support or improve parenting behaviours in a way that is specifically linked to improved child outcomes through the model's theory of change.

This can include teaching parents specific skills, changing their perceptions, beliefs or attitudes or increasing their' capacity to meet their child's needs.



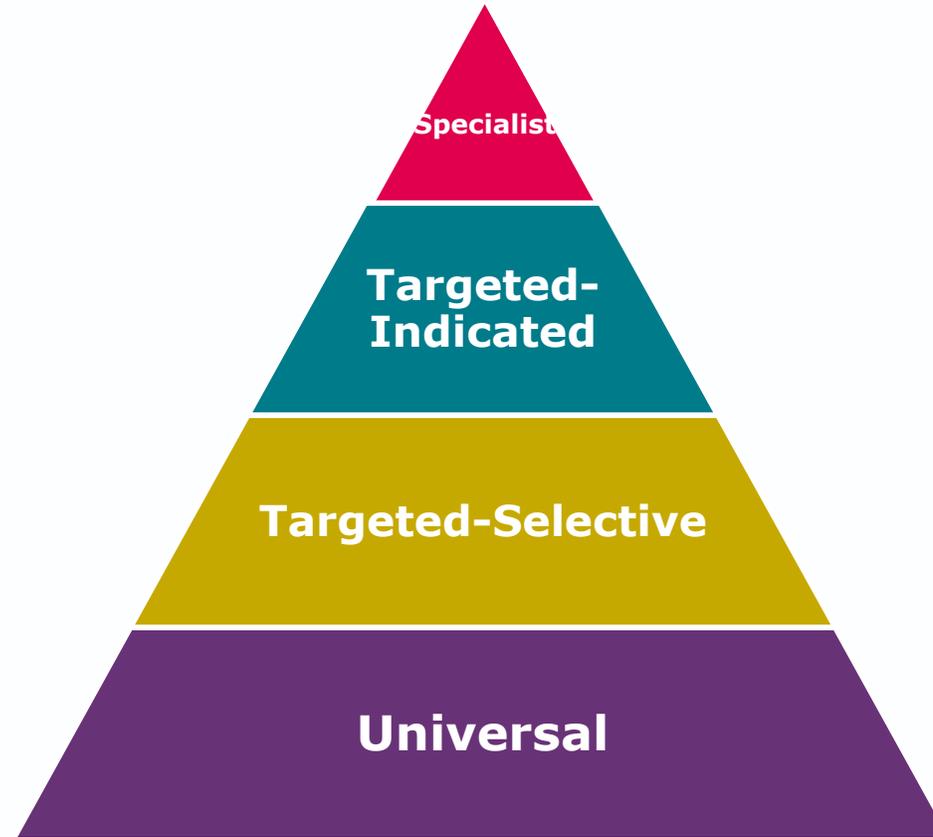


Principle #4: Parenting interventions are for children

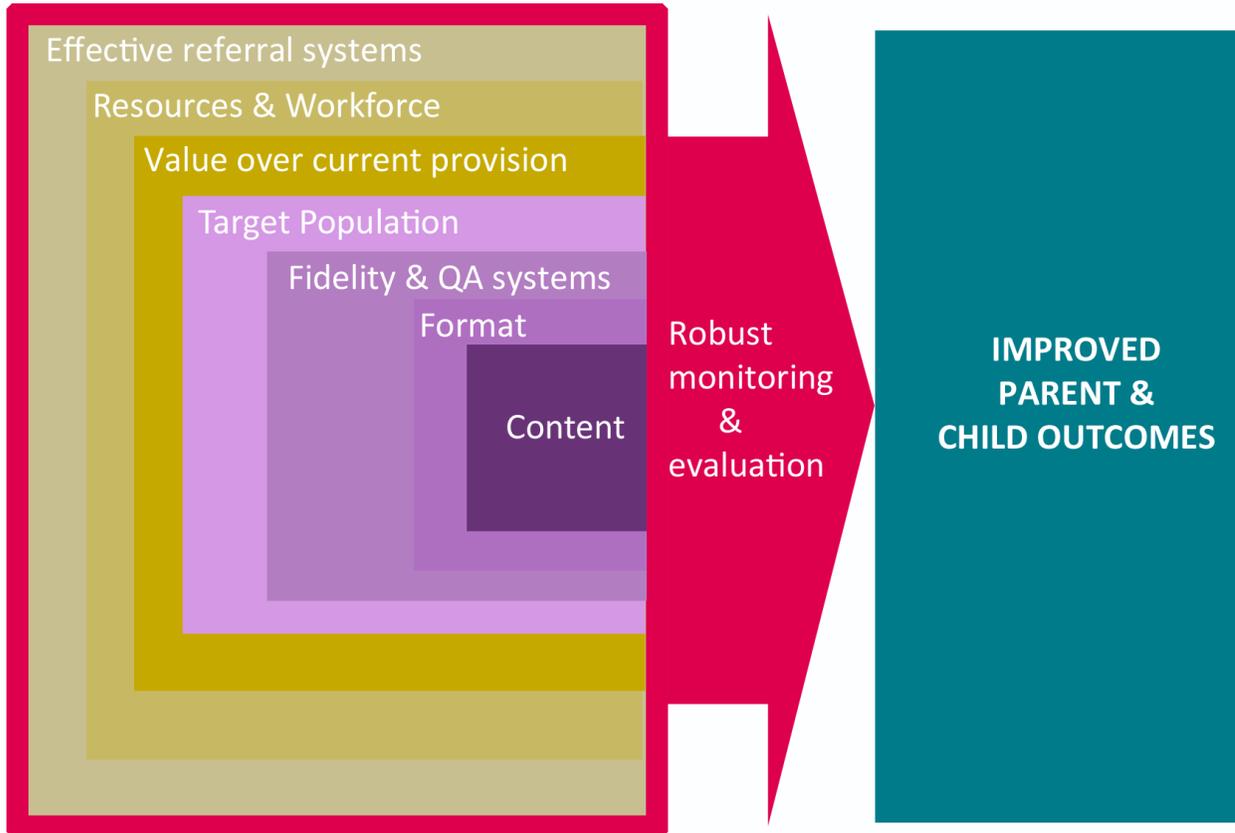




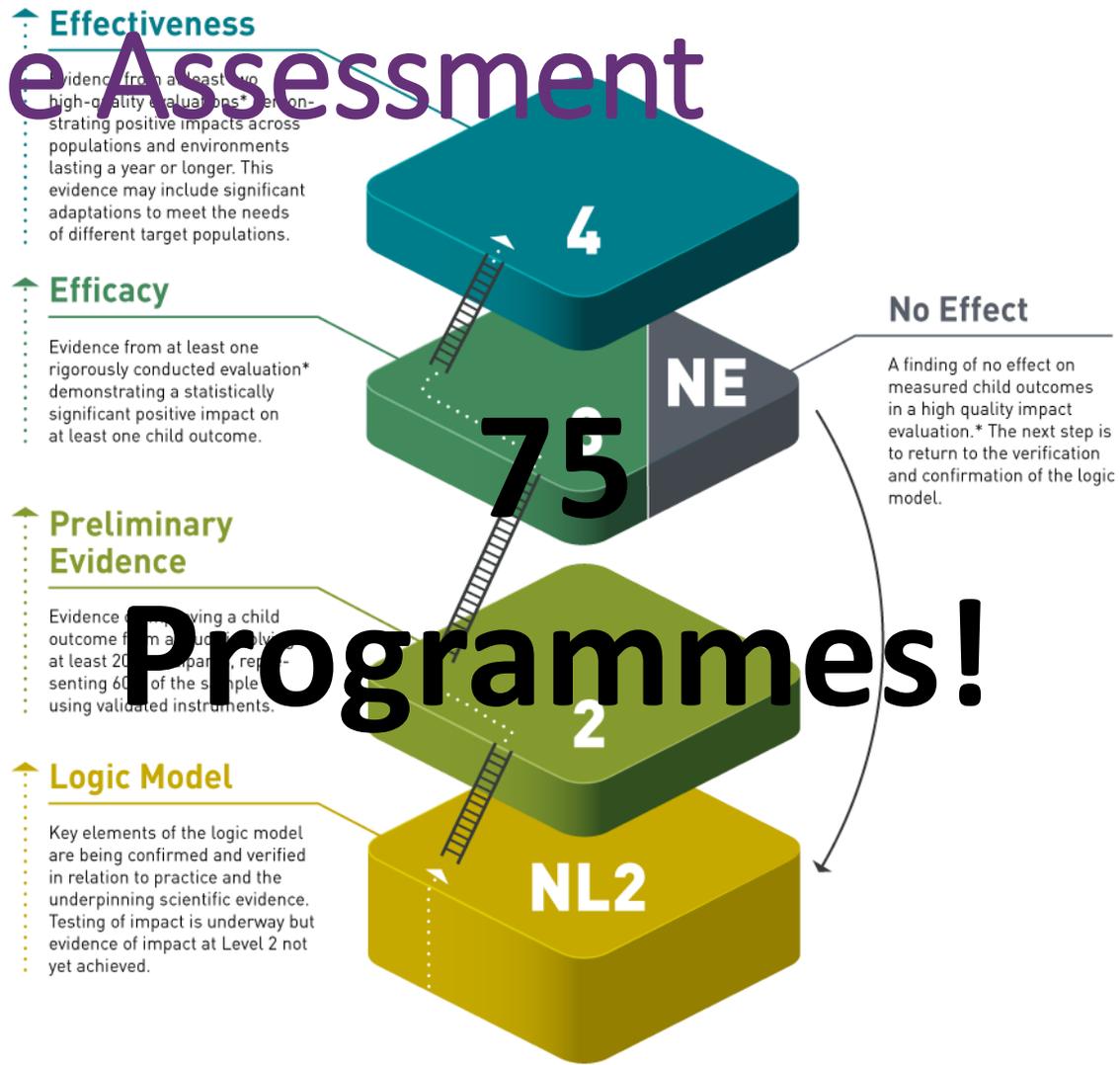
Principle #5: One size does not fit all!



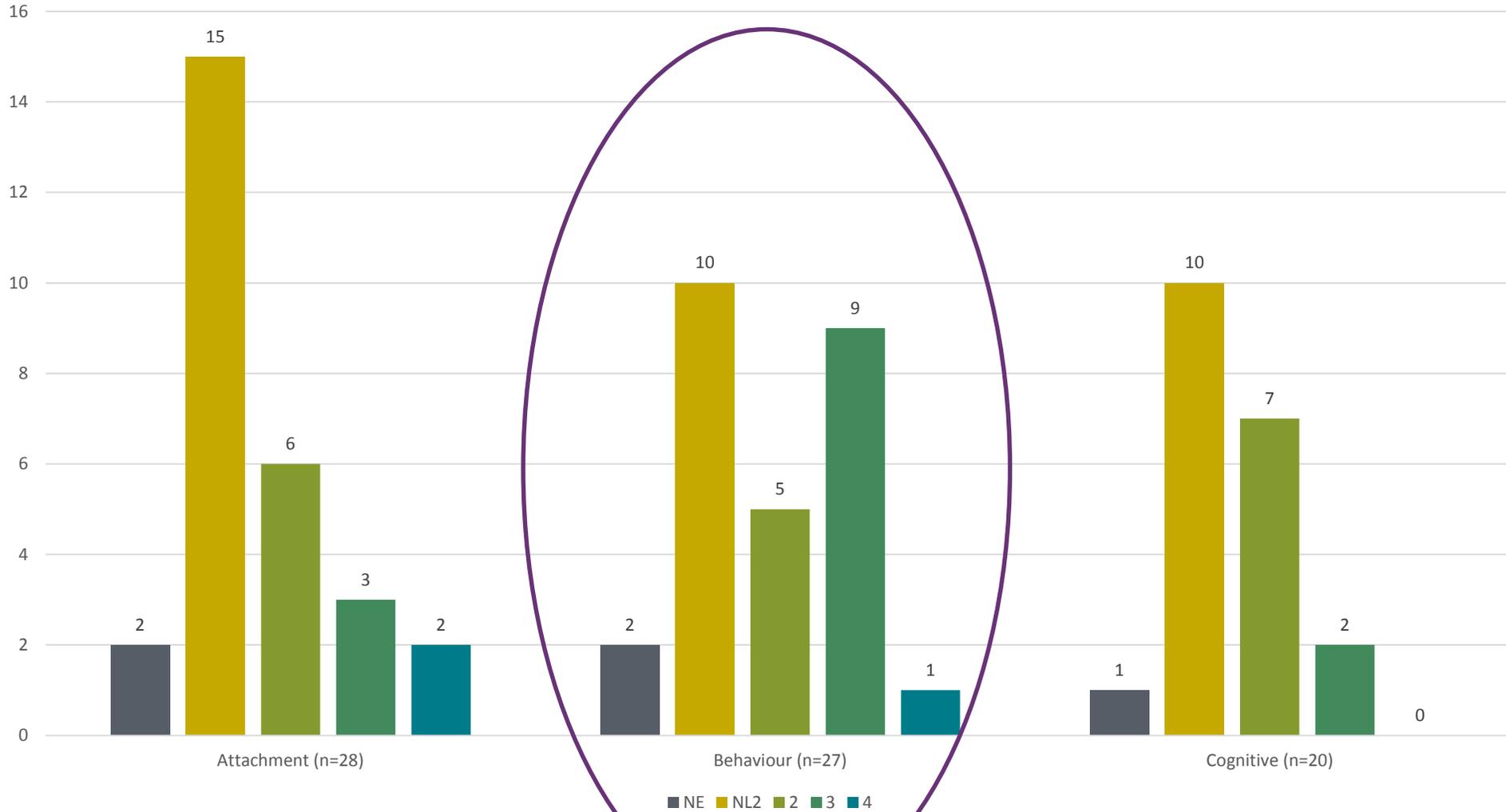
Principle #6: Evidence is only the beginning



Programme Assessment



*High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.



Attachment Security

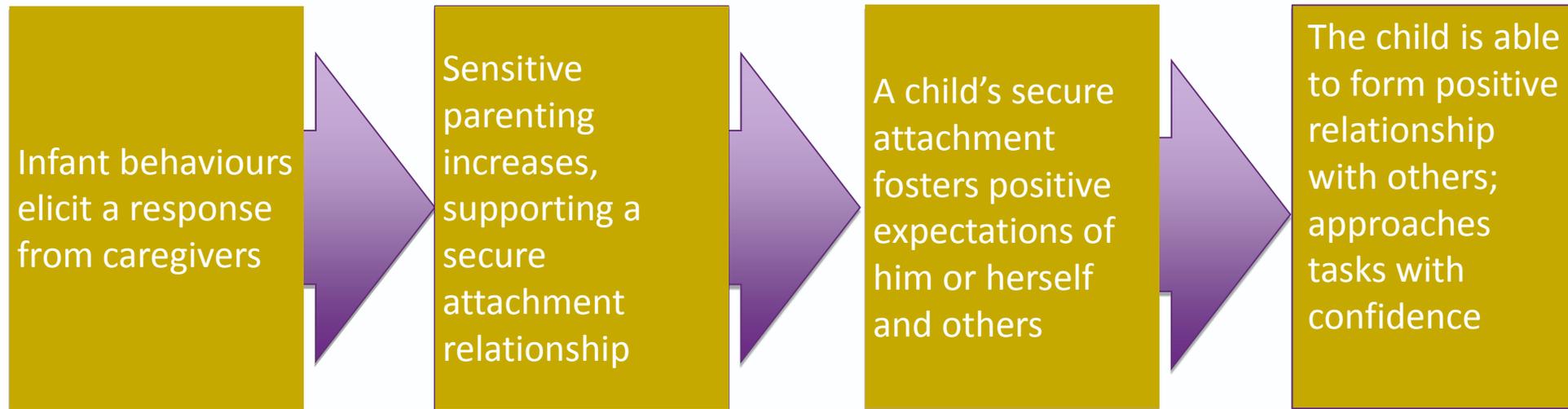


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Attachment Security



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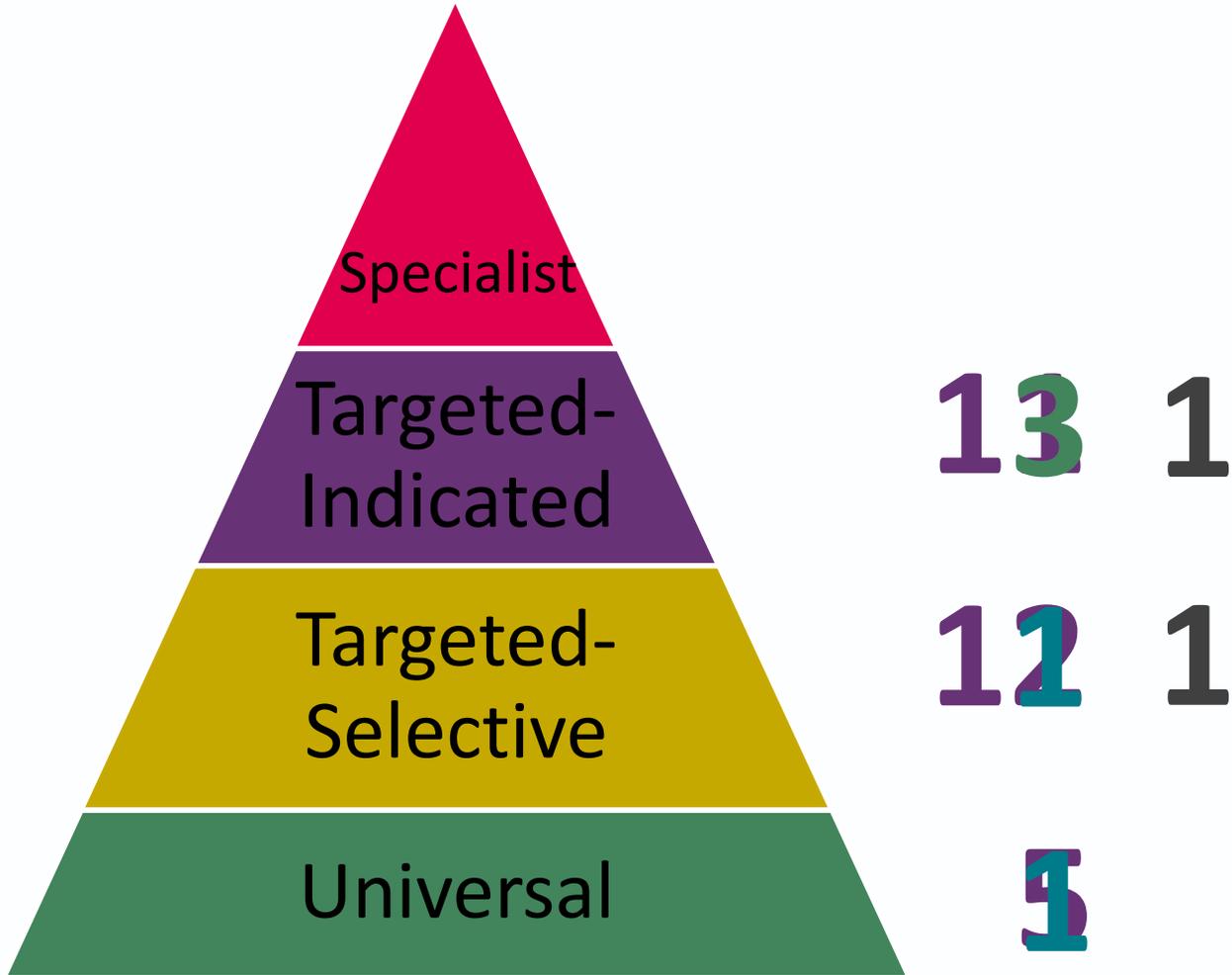
Attachment Security

- The primary aim of attachment programmes is to help parents understand their infants' cues and respond sensitively to them
- The majority of parents are able to do this without any additional support
- Parents are more likely to have difficulty when they struggle with mental health problems or ongoing stress
- Attachment programmes therefore target parents with these difficulties and provide them with strategies for understanding and responding sensitively to their child's needs.

Attachment Security



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Attachment Security



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There is a high need for Targeted-Selective and Targeted-Indicated interventions that support infant and children's early attachment relationship starting during the perinatal period and infancy

5 interventions with good or established evidence were identified

- 3 Targeted-Indicated Child/parent psychotherapy
- 1 Targeted-Selective (Family Nurse Partnership)
- 1 Universal (Family Foundations)

Programmes with no effect suggest that programmes are likely to be more effective for highly vulnerable families if offered for a longer period of time to most vulnerable families

Effective programmes tend to be **high cost**, but can provide **high impact** – including increased attachment security, reduced risk of child maltreatment and improved parental mental health



Attachment Security

Universal Intervention: Family Foundations

<http://guidebook.eif.org.uk/programmes-library/family-foundations>

- Delivered to couples as part of their child birth classes in the last trimester and then additional sessions when the child is three months
- Requires a female and male practitioner. The lead practitioner must have a Master's qualification or higher in nursing or midwifery; the co-practitioner can have a lower qualification
- The programme is underpinned by 1 RCT with long-term evidence; 2nd RCT was just published
- Child outcomes include: Improved birth outcomes, Improved self-soothing (12 months); Reduced externalising behaviour (3 years); Increased pro-social behaviour (3 years); reduced anxiety and aggressive behaviour (7 years, teacher reported)
- Parent outcomes included: Increased sensitivity, less punitive behaviour, reduced domestic violence



Attachment Security

Targeted-Selective intervention: Family Nurse Partnership

<http://guidebook.eif.org.uk/programmes-library/family-nurse-partnership-fnp>

- ‘Selects’ young mothers expecting their first child
- Mothers enrol in the programme during their pregnancy and receive visits from a Family Nurse on a weekly or fortnightly basis until their child’s second birthday
- During these visits, mothers learn about their young child’s health and development, practice methods for playing with their child and receive support for their own wellbeing
- 5 RCTs (including UK) suggest improvements in children’s early learning. Other benefits observed in other countries included reductions in child maltreatment, reduced domestic violence, increased maternal employment and reduced number of subsequent births.



Attachment Security

Targeted-Indicated intervention: Child First

<http://toptierevidence.org/wp-content/uploads/2012/09/Child-FIRST-writeup-for-Top-Tier-site-July-2012.pdf>

- A home visiting programme targeting low income families with a child between the ages of six and 36 months; practitioners visit families once a week for 60 to 90 minutes– for an average of 12 sessions lasting for a period of 22 weeks
- The practitioner engages the family through motivational interviewing techniques and offers parent-child interaction therapy
- The intervention is delivered by Master’s level psychologists or social workers and a case manager, with a Bachelor’s degree in a helping profession
- The intervention has evidence from one RCT with a three year follow-up
- Child outcomes include: reduced risk of child maltreatment; reduced language problems; reduced behavioural problems
- Parent outcomes: reduced psychological stress, although no differences in depression or anxiety

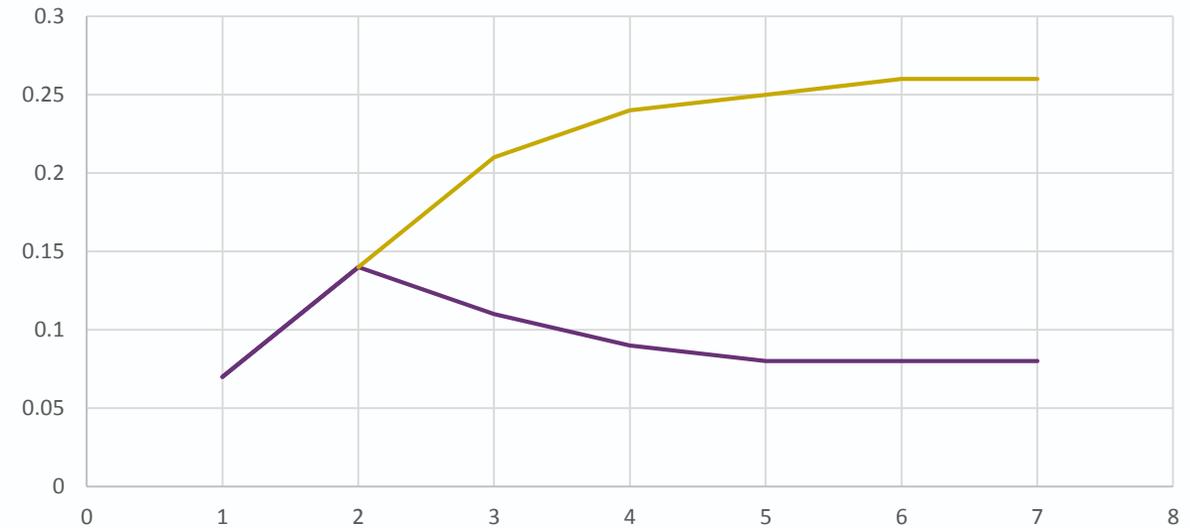
Behavioural self-regulation



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Noncompliant behaviour in the early years



Behavioural self-regulation



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Young children
behave in
aggressive and
non-compliant
ways

Parents
reinforce these
behaviours
through
coercive cycles

Parents learn
effective
strategies for
encouraging
compliant
behaviour

Children's
behaviour
improves,
children can be
regulate their
own behaviour

Behavioural self-regulation



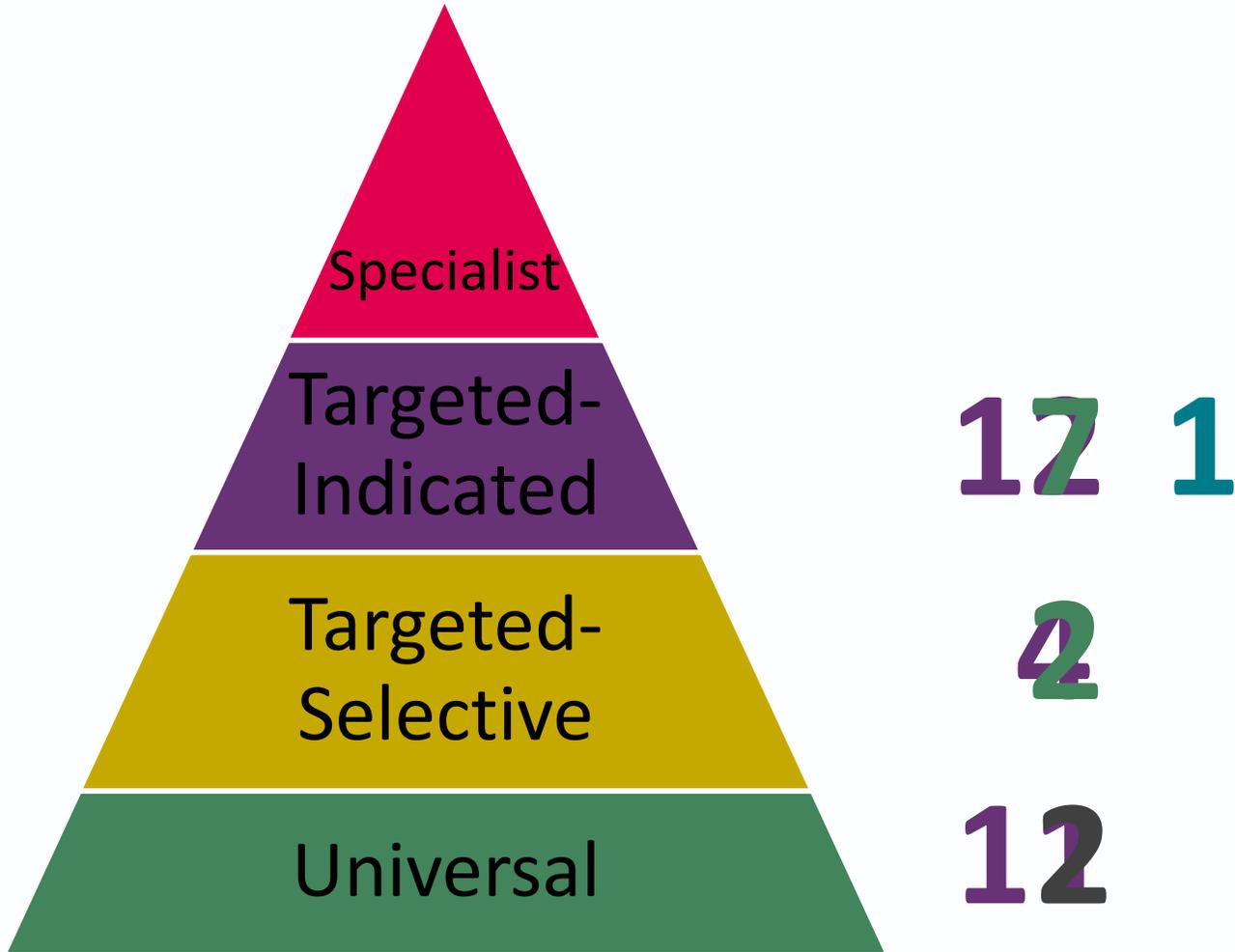
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- The majority of parents will learn how to manage their child's non-compliant behaviour
- Some will struggle. Factors that increase the likelihood of non-compliant child behaviour include:
 - Child temperament
 - Language delays
 - Parental stress, mental health difficulties or other adversities
 - Coercive parenting behaviours
- Interventions that aim to improve children's behaviour therefore aim to teach parents effective strategies for replacing coercive parenting behaviours

Behavioural self-regulation



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Behavioural self-regulation

There is a high need for Targeted-Indicated interventions that help parents manage difficult child behaviour

10 interventions with good or established evidence were identified

- 8 were available at the Targeted-Indicated level. One of these programmes had good evidence of improving children's behaviour for ten years or longer
- None of these programmes targeted families at the universal level
 - 2 were available at the Targeted-Selective level
 - 2 Universal interventions had evidence of **no effect** on any measured EIF child outcome – both of these interventions were offered to families universally

Non-compliant behaviour problems may be difficult to prevent. This may be because not all children will remain non-compliant and parents likely need to practice effective strategies

Effective programmes tend to be **low to low-medium** cost. These programmes appear to have good short term impact, but longer term impact remains unknown.



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Behavioural self-regulation

Targeted-Selective Intervention: Family Check-up (FCU)

<http://homvee.acf.hhs.gov/Implementation/3/Family-Check-Up-For-Children-Implementation/9>

FCU is made available in areas where a greater proportion of parents may be at risk at having child behavioural problems

FCU is delivered in two phases. The first is a brief, home-based three-session program that involves three 1-hour sessions: interview, assessment and feedback.

The second phase is Everyday Parenting, a family management training programme that builds parents' skills in positive behaviour support, healthy limit-setting and relationship-building.

As a health-promotion and prevention strategy, Phase 2 of the FCU can be limited to 1 to 3 Everyday Parenting sessions. As a treatment approach, Phase 2 can range from 3 to 15 *Everyday Parenting* sessions.

FCU has evidence from two RCTs observing immediate improvements in parents behaviours with have been linked to improved child behaviours at age 4 and 7.



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Behavioural self-regulation

Targeted-Indicated Intervention: The Incredible Years

<http://guidebook.eif.org.uk/programmes-library/incredible-years-basic-preschool-programme>



IY's best evidence involves parents with a child between ages 3 -5 with a pre-identified behavioural difficulty

Can be delivered at the universal, targeted and specialist level

It is delivered to groups of parents through 22 consecutive weekly sessions

Is delivered by a lead facilitator and co-facilitator. Ideally, the lead facilitator should have a Master's level degree or higher in a helping profession (e.g. psychologist, teacher, social worker)

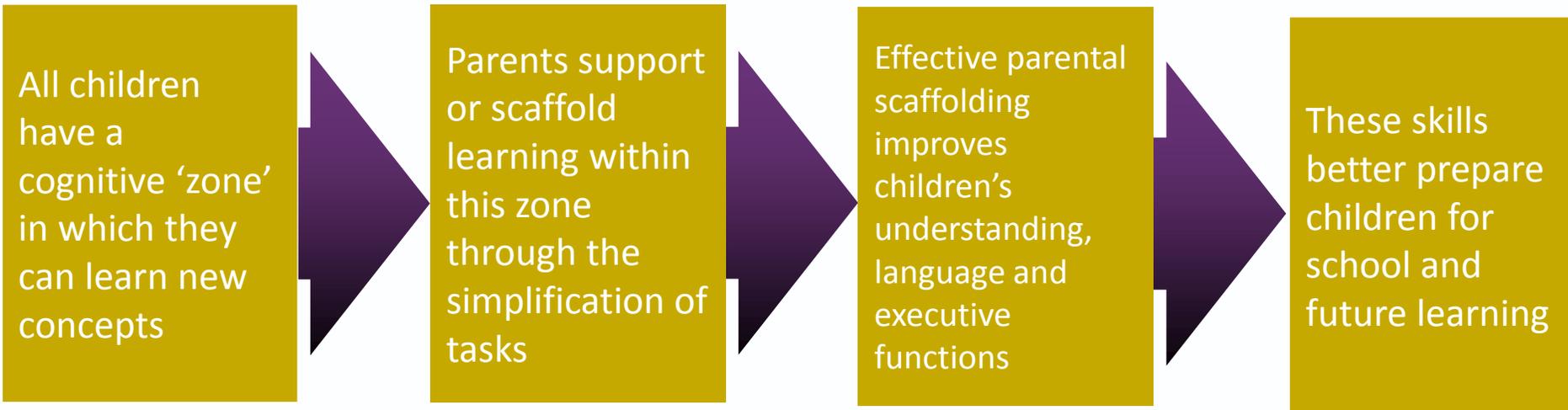
Parents learn strategies for understanding their child, communicating effectively with their child and appropriate levels of discipline

Incredible Years has evidence from multiple RCTs demonstrating long term improvements in child behaviours and conduct problems

Cognitive development



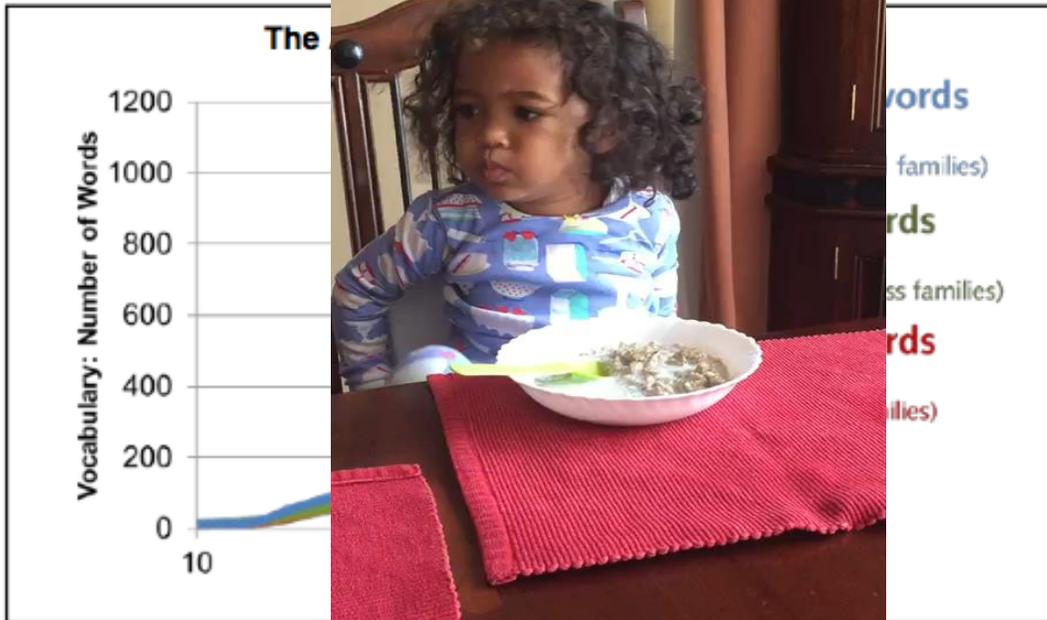
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Cognitive development



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The majority of middle and upper middle-income families are able to provide their children with a suitably rich learning environment

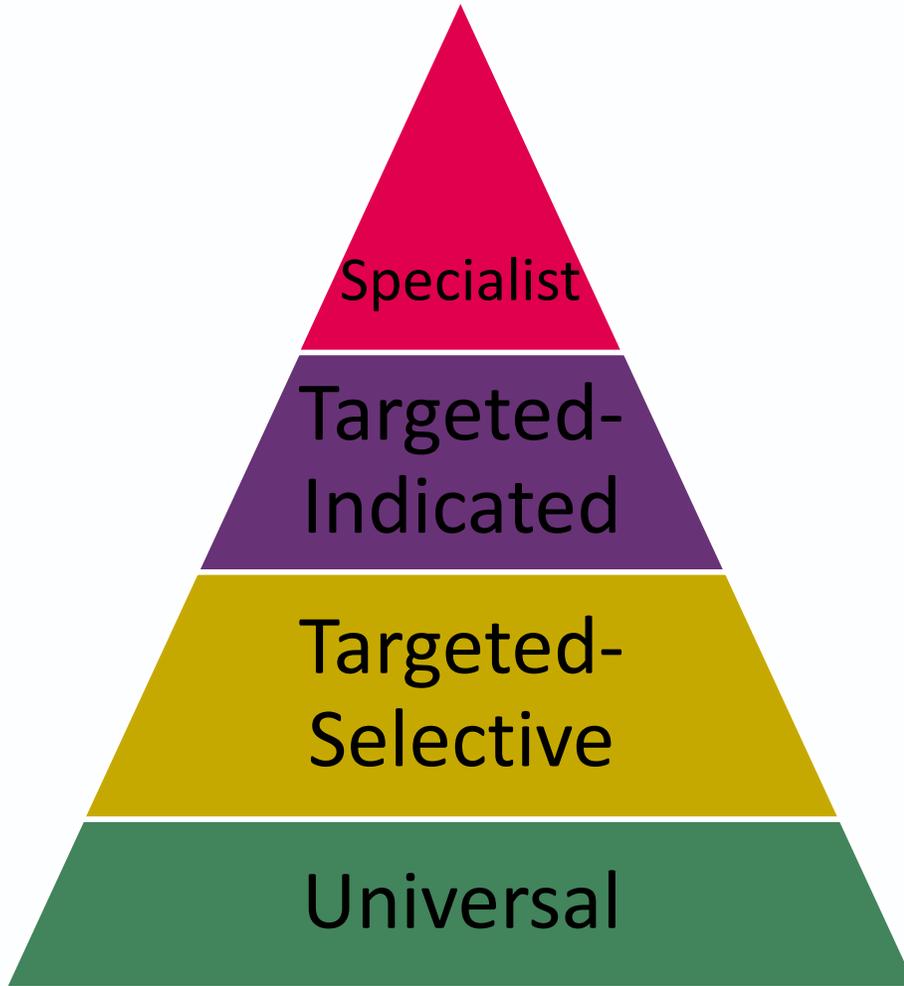
A strong and persistent gap exists between lower and middle-income families in children's early learning. These differences are apparent already at 18 months.

Language delays are also apparent in children in lower, middle and upper middle income families

Cognitive development



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3 home visiting interventions also had evidence of improving early learning outcomes

12

3

Cognitive development



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There is a high need for Targeted-Selective interventions to support the early learning of children living in disadvantaged community

There is a high need for Targeted-Indicated interventions for children who demonstrate early speech difficulties

2 interventions with good evidence were identified. Both were Targeted-Selective interventions for children living in disadvantaged communities.

Both also made use of home visiting lasting a year or longer. Three other home visiting interventions were also identified with good evidence of support children's early language.

Effective programmes tend to be **medium** to **high cost**. Evaluation evidence involving programmes developed in the United States also suggest they have the potential to provide high impacts in the short and long term.



Cognitive development

Targeted-Selective: Let's Play in Tandem

School readiness programme for families with a three year old living in disadvantaged communities

The programme consists of weekly home visits, conducted by a trained and qualified teacher, lasting 90 to 120 minutes for a period of 12 months.

Parents are coached in strategies for supporting their child's knowledge of number, vocabulary and general knowledge

Let's Play in Tandem has evidence from one RCT suggesting improvements in children's school readiness skills, including improved listening and communication, writing capabilities, mathematics, prosocial behaviour and impulse control.



Cognitive development

Targeted-Selective: Parents as First Teachers

<http://guidebook.eif.org.uk/programmes-library/parents-as-first-teachers-born-to-learn-paft>

PAFT is delivered to parents in their home on a weekly, fortnightly, or monthly basis, depending on the family's level of need. The visits begin at the time of enrolment and then continue until the child's third birthday

It should be delivered by practitioners with a QCF 4/5 level qualification

Practitioners model teaching behaviours and then coach parents when they do them with their own child

PAFT has undergone several studies (including an RCT) with mixed findings

A recent study in Zurich demonstrated improvements in children's early language development, as well as improved child behaviour.

Key messages

The evidence and cost of 75 interventions were assessed. 17 interventions were identified as evidence-based.

This represents a range of interventions with good evidence of supporting young children's attachment security, behavioural self-regulation and early cognitive development

There is already **good choice** of effective Targeted-Indicated interventions addressing children's noncompliant behaviour. There is good evidence to suggest that if offered at age 3 or later, they may reduce the likelihood of persistent non-compliant behaviour. These programme are low cost.

There is **less choice** of programmes addressing children's attachment security. More research is necessary to develop more programmes, especially in families where maternal mental health is an issue. These programmes are likely to be **high cost**.

There is **less choice** of evidence-based interventions that support children's early learning through parent child interaction. This represents a huge gap where more development is necessary. These programmes should be offered in addition to centre-based programmes and are likely to be **medium to high cost**.



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Key messages



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Perinatal/Infancy

Universal:

Family Foundations

Targeted-Selective:

Family Nurse Partnership

Targeted-Indicated:

Child First

Infant Parent Psychotherapy

Toddlerhood

Targeted-Selective:

Family Check-Up

Preschool

Targeted-Selective:

REAL

Let's Play in Tandem

Preschool

Targeted-Indicated:

Child-Parent Psychotherapy

Incredible Years Preschool BASIC

The New Forest Parenting Programme

Triple P Group

Discussion Group Triple P

Triple P Standard

Parent Corps

Hitkashrut

Helping the Noncompliant Child

**Empowering Parents/Empowering
Communities**



Table Discussions

What are the most important findings from Foundations for Life?

How could this learning be applied in practice to your work?

EIF National Conference 2017
Putting evidence into action
11th May 2017



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<http://www.eif.org.uk/>



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