

Parent and group leader reflections on a group-based programme for parents and babies

Catrin H Jones
PhD Student

Judy Hutchings Director DClinPsych FBPoS OBE
Centre for Evidence Based Early Intervention (CEBEI)

Mihela Erjavec BSc(Hons) PhD
Lecturer in Developmental Psychology and Senior Researcher Food Dudes Health

J Carl Hughes PhD BCBA-D
Senior Lecturer and Consultant Behaviour Analyst
School of Psychology, Bangor University

Abstract

There is growing interest in supporting families during children's early years to encourage optimal infant development. The data were collected from an evaluation of the Incredible Years (IY) eight-week parenting group for parents and their babies. Feedback obtained from parents ($n=34$) and leaders ($n=13$) was positive. Retention and attendance rates were high. A detailed costing for the groups indicated that this programme can be delivered for a reasonable cost to meet health visitor objectives with families in the first postpartum months and provides an opportunity to inform parents about resources and other support available for them and their infants.

Key words

Infant; parenting; intervention; costing; Incredible Years

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Introduction

There is increasing interest in evidence-based early intervention programmes that aim to establish firm foundations for positive parent-infant relationships and encourage child development. A recent government-commissioned report on Early Intervention stated that 'What parents do is more important than who they are' (Allan, 2011: xiv). The report emphasised the importance of investing support for families at disadvantage at an early age before behavioural and social problems become entrenched and more expensive to tackle. A longitudinal evaluation of individual family interventions with parents and babies (Olds et al, 1998) has shown substantial reductions in welfare and criminal justice expenditures, higher tax revenues in addition to improved physical and mental health. However, the high staffing costs associated with intensive individual home visiting programmes may still be prohibitive in terms of a preventative strategy for all high-risk children. An alternative method of support may be attending a group based parenting programme.

The Incredible Years (IY) programmes for parents of pre-school and school aged children (aged three to 12) have good evidence for reducing conduct disorder behaviour in children and increasing the use of effective parenting strategies (Hutchings et al, 2004, Webster-Stratton, 2011). IY parenting programmes use DVD based modelling and group practice to encourage effective parenting skills. The programme emphasises the importance of parents and leaders to working collaboratively to recognise important principles demonstrated in the programme DVD clips.

New IY programmes for parents of toddlers and babies were recently developed in Seattle (Webster-Stratton, 2008). The 12-week toddler parenting programme has been the subject of a Welsh Government (WG) funded separate evaluation (see Griffith, 2011). The WG has also funded training for 475 leaders across Wales to deliver the IY babies programme. The eight-week programme discusses appropriate stimulation and aims to increase parental

sensitivity to their babies' cues, encourage the development of parent support networks and highlight safety issues. Parents and their babies meet weekly with two trained leaders for two-hour sessions. Updates on their infants' activities and development are shared in a safe and supportive environment. Parents are encouraged to implement the programme strategies in their daily activities at home. If parents miss meetings, leaders try to visit or call them to update them and encourage their continued participation in the group. Weekly phone calls to the parents provide an opportunity for leaders to support parents. Parental participation is also rewarded with token gifts and a shared meal/snack at each meeting. Leaders follow a detailed manual with weekly process checklist to ensure the programme is delivered with fidelity in accordance with the programme developer.

Parenting groups: existing cost evaluations

A recent review by Charles et al (2011) concluded there is a paucity of research on the cost effectiveness of parenting programmes tackling conduct disorder in children. Reviews based on programmes for parents with older children report variable delivery costs per child from £629 to £3893 (Dretzke et al, 2005), £282 to £1486 (Bonin et al, 2011) and Edwards et al (2007) reported that the 12-week basic IY programme delivered to eight families cost £1595 per family.

The information on the costs savings of providing parenting support for parents of babies is limited. McIntosh et al (2009) reported that individual home visiting of parents and their infants by HVs trained to deliver a programme to improve parenting cost £3874 per intervention family compared to the societal cost of £7120 from control families. The Elmira Prenatal/Early Infancy project involved first time mothers receiving 32 home visits during the late pregnancy and first two years with long-term benefits for 'high-risk' families (unmarried, low socio economic status and/or mothers that were younger than 19). The intervention families reported reduced maternal criminal activity

and behaviour impairments, fewer subsequent pregnancies and 33% less months receiving welfare benefits; the children also had fewer arrests by their 15-year follow-up, contributing to overall savings four times the cost of the programme (Olds et al, 1998; Karoly et al, 1998). Research by Cunningham et al (1995) compared the cost of providing individual/clinic based and large community based parent training programmes. The group format became cost-efficient relative to individual therapy once group sizes exceeded three families.

Study purpose and scope

The purpose of this paper is to report on the experiences of parents and leaders involved in the IY parents and babies programme in north and mid-Wales. The cost evaluation should give the services considering offering the programme an understanding of the required commitment in time and costs involved in leaders that have been trained on certified courses delivering the programme with fidelity to the IY parents and babies programme.

Methods

Ethical approval

The evaluation received ethical approval by Bangor University School of Psychology and NHS Research Ethics Committee (ref: 10/WNo01/40).

Recruiting services and parents

Service managers in north and mid Wales were contacted to explain the research plan, gather information on birth rates and planned service delivery. Managers who committed to delivering the infant programme within their area, and agreed to release at least one of the group leaders to attend weekly supervision, were invited to be part of the evaluation. Further meetings were arranged to brief group leaders in each area to explain the inclusion criteria and research process.

HVs and other group leaders referred parents for the trial using the study inclusion criteria; parents had infants younger than 26 weeks (mean age at baseline=12.27 weeks; SD=4.96) and were considered to be living in poverty, calculated using the Families and Children Study criteria (Philo et al, 2009).

The first author conducted home visits to interested parents to explain the study and gain informed consent. A summary of the demographic characteristics of all intervention parents is presented in Table 1. The mean maternal age was 26.38 years (SD=6.23); 20 (50%) were first time parents and 29 (72.5%)

Table 1. Baseline parent demographics (n=40)

Demographic data	Numbers of families	%
Index infant age weeks	M=12.27 (4.96)	
Sex of index child	Male 19	47.5
Birth order	First born 20	50
Parent age at first birth	M=22.58 (5.80)	
Teen pregnancy	16	17.5
Parent age at baseline	M=26.38 (6.23)	
Relationship status	Single/living apart 11	27.5
	Cohabit/married 29	72.5
Household in poverty	Yes 35	85
Working household	Neither parent 9	22.5
	One parent 10	25.0
	Both in work 21	52.5

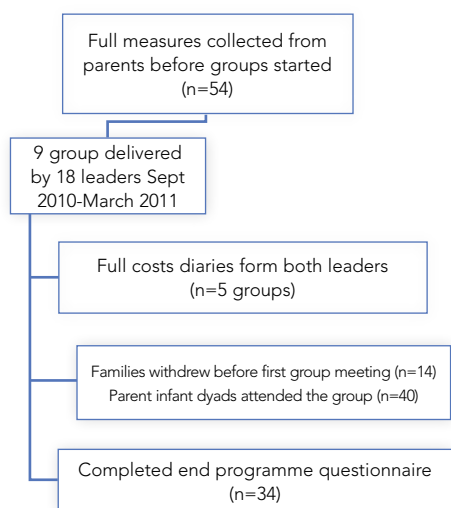


Figure 1. Flow chart of the numbers of parents recruited and retained in groups and leader data

of the mothers lived with the babies' father at baseline.

This paper reports on families that attended the IY babies and parents programme. The Parent feedback was obtained using an end of programme parent questionnaire included in the IY manual (n=34); the results are summarised in Table 2. Group leaders that attended the last weekly supervision also completed an end of programme feedback form (n=11) and discussed the experience in a focus group (n=13) led by the first author. Leaders were asked a series of open questions and discussions of their experiences were recorded on the flipchart by the first author. The questions used in the focus group related to the leaders' overall impressions, perceived benefits of providing the group, any specific difficulties and suggested improvements to the programme.

Finally, leaders were asked to complete detailed

costing diaries. This paper reports on the data from five of the nine groups in which both leaders submitted a cost diary (n=10 leaders).

Group delivery method

Nine parents and babies groups were delivered between September 2010 and March 2011 with a total of 17 different group leaders working in pairs (one leader delivered two groups). The leaders were mainly HVs; other leaders were family centre managers, specialist behaviour practitioners, parenting workers, educational and clinical psychologists. The majority of the leaders (n=14, 82%) were delivering the programme for the first time and five (29%) had not delivered any IY parent programmes prior to this study.

Group locations for meetings varied from well-resourced family centres (5), clinic rooms (2), and community halls (2). Family centres had the advantage of on-site equipment and facilities for parents and their infants within the building. Clinics and halls required leaders to transport the programme and associated equipment for the babies to the venue each week. Room hire arrangements also influenced the scope for informal gathering before/after the group for a meal/snack. Overall, the groups spent £21.27 per family on refreshments during the programme.

Supervision

Weekly supervision was provided by IY accredited mentors to support the leaders to deliver the programme with high degree of fidelity. Recordings of previous group sessions were reviewed and leaders planned the following group session. The first author also recorded the main issues discussed by each group at the weekly supervisory meetings.

Table 2. Parents end of programme questionnaire feedback (n=34)

Questionnaire statements	Parent responses	%
What part of the programme was most helpful?	Information on baby's development 12	35.3
	Group discussions 10	29.4
	Social aspect 7	20.6
	All of the programme 5	14.7
What did you like most about the programme?	Social interaction 13	38.2
	Developing new skills 8	23.5
	Support from group/ leaders 8	23.5
	Everything	14.7
What did you like the least about the programme?	DVD clips 6	17.7
	Paperwork 2	5.9
	Nothing 12	35.3
	No comments 12	35.3
	Unrealistic expectations 1	2.9
	Journey to group 1	2.9
How could the programme be improved to help you more?	Longer programme 6	17.7
	Started at a younger age 1	2.9
	Number hand-outs 1	2.9
	Updated videos 1	2.9
	Better chairs 1	2.9
	Examples of mother sharing time between children 1	2.9
	Could not be improved 7	20.6
	No comments 15	44.1

Results

Parental attendance at the groups

Following baseline visits, 14 parents (26%) who were offered a place on the programme declined to attend. A telephone survey of these parents yielded the following reasons: illness (4), return to work (3), family issues (2), lack of child care for older sibling (1), move (1), transport (1), clash with other group (1) and no response (1). These parents were thanked for their involvement and interest and released from further follow-ups. Of the remaining 40 that attended the babies programme, the retention rate was high with 34 (85%) attending six or more sessions (75% of the programme) and receiving IY certificates for successful completion of the programme. The mean attendance was high at 6.85 sessions (SD= 1.86).

Parent feedback

Parents were asked a series of questions about their overall impression of the programme, the teaching format, which part of the programme was most helpful, what they liked or disliked most about the programme and any suggestions for improvements. Parents enjoyed learning how to encourage their babies' developments (35.29%), group discussions (29.41%) and meeting other mothers (20.59%). Table 2 demonstrates parents' responses to the programme. One parent said that before attending the group she felt suicidal, but

valued herself as a mum after the group and that it had given her the confidence to join a training programme. Parents also reported developing effective routines and learning coping strategies as they attended the group.

Group leader feedback

The programme was rated positively with overwhelming majority (72.7%) of the leaders very likely and 27.3% of the leaders likely to deliver the groups in the future. One leader described the programme as the 'bread and butter of health visiting'.

Group leaders described delivering the programme as a rewarding and very enjoyable part of their work. They saw positive changes in parental skills and the development of attachment between parents and infants during the programme. One leader commented that, irrespective of family difficulties, by the end of the programme mothers were observing their babies more. The collaborative format enabled leaders to build trusting relationships with parents and ensure that issues such as safety could be discussed in a supportive environment. Leaders stated that parents showed increased confidence and expanded social networks with reports of mothers meeting outside of the group.

Some groups invited other agencies such as bilingual promotion officers and language and play workers to join the group for the appropriate

section of the programme (n=4). Book bags, treasure baskets, portion guides, toothbrushes and baby-led weaning information were shared within the groups (n=6) and leaders (n=2) also signposted parents to other activities.

The group leaders (n=11) stated that the weekly supervision meetings were either helpful or very helpful. Overall one issue was shared and problem solved at each supervisory meeting. Issues included dealing with negative or off-task members, how to encourage an inclusive group environment, striving for a balance between delivering the programme content and encouraging parents to observe and practice skills with their infants in the group setting (when the infants were awake). Some leaders (n=5) suggested changing the format to introduce infant developmental milestones before weaning and others (n=5) described the last session as repetitive.

Challenges

Some leaders (n=4, 36%) reported having difficulty in getting members to join the group. This may have been due to the programme being new to the leaders and parents. The method of recruiting families varied according to location. HVs that contacted families during pregnancy (n=2 groups) were able to recruit and more importantly retain interested parents, while those that relied on referrals from colleagues in neighbouring areas lacked vital information required for planning adequate resources for the interested parents.

The amount of time leaders reported on visits and preparation before the first meeting varied considerably between the five groups (mean time=10.80 hours; SD=6.72). The two groups with the least amount of invested time specifically by the group leaders before the groups started (three and five hours collectively per group) had the highest drop out of parents that agreed to attend (24.43% and 35%). Overall, the hours spent collectively by both group leaders before the groups' first meeting correlated highly with the mean attendance in their group (r=.80), but this failed to reach statistical significance (p=0.104), probably due to small sample size (five groups).

Some HVs (n=5) saw the group as an efficient use of their time as they were establishing a weekly contact within the group environments. However, group leaders (n=8) stated that they felt that lack of time within their current workload was a barrier to delivering the programme. They commented that the preparation and assignment feedback to parents was completed in their own time.

Technical difficulties with unfamiliar equipment used to deliver the DVDs were reported by six of the nine groups and this also serves to highlight the need for leaders to have time to plan and learn about equipment prior to starting the group.

Cost evaluation

The leaders that submitted detailed costs include seven HVs, one family centre manager, one specialist behaviour practitioner and one parenting worker (mean annual salary=£28 427, SD=6,71). Across all nine groups the mean annual salary was £31 158 (SD=7,98).

The costs reported in this paper also include an additional 50% on top of the mean salary for the group leaders to account for additional costs of employment pension, employers NI and other general overheads, as was used in the evaluation by Edwards et al (2007).

Based on a group of six parents attending with their infant, an initial group would cost £1 391.20 per parent. This includes the initial investments in purchasing the programme, training two leaders and allowing the leaders to attend supervision during the first group. This is comparable to other group based parenting programmes (Dretzke et al. 2005; Edwards et al. 2007). As leaders become experienced in delivering the programme, locally based peer supervision would replace the need for leaders to invest additional time in traveling to receive supervision.

Subsequent groups with six parents could be delivered at a greatly reduced cost of £424.68 per parent as the programme materials could be used again and leaders would be familiar with the programme so external supervision could be replaced with in house peer group support. Leaders that recruited and delivered larger groups, based on the manual recommended size of 10 parents per group, would decrease the cost per parent to £834.72 at the first group and £254.81 for future groups.

Discussion

Leaders and parents were positive about the group experience. The cost evaluation suggests that this can be an efficient use of HV time in delivering services to parents on their caseload within the group and can integrate/promote efficient use of other family services.

The results show the importance of investing time before the group starts in meeting potential families to explain the format for the groups, plan for any requirements as issues such as providing childcare for older pre-school siblings and timing the group to coincide with public transport.

Key points

- Parent feedback was very positive with 85.3 to 97.1% of parents responding positively in the end of programme evaluation. Parents stated that they had learned new skills and particularly appreciated the support from the group format
- Group leaders reported that delivering the programme was rewarding for them professionally and for the group members
- The collaborative format facilitates leaders and parents to build trusting relationships and enables issues to be discussed in a supportive environment
- Service managers and group leaders need to allocate sufficient time for leaders to recruit and deliver the programme

Limitations

The feedback should be interpreted with some caution. Participant response bias may have increased the level of positive feedback from parents completing their end of programme questionnaires due to completing in the presence and handing them to the leaders. Missing feedback from parents (n=6) and leaders (n=4) was due to their absence at the last group session.

Another limitation is the small sample size in this study. All the groups were scheduled for the daytime and this may have limited the scope for some parents to attend; offering the programme in the evenings may have appealed to fathers as 70% in this study were in employment. Larger studies with leaders that were more experienced in the programme would be needed to evaluate the programme further.

Conclusion

Leaders need to invest time in visiting potential families before the group starts to ensure sufficient attendance rates. Additional support in the form of supervision for newly trained leaders is important in ensuring the programme is delivered effectively. The cost of delivery compares very favourably with other interventions and we will shortly report further outcomes.

The programme was well received by the parents and leaders, enabling HVs and other group leaders to build relationships with families and meet families in a positive environment. The programme also has the potential to ensure more families benefit from the range of support available at this crucial period in their child's development.

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