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

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Supporting children and teachers in schools in Wales: the successes and challenges in taking the Incredible Years child and teacher programmes to scale in education services across 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.

Keywords: teacher, implementation, children, evaluation, intervention

Introduction

This paper introduces the evidence based Incredible Years (IY) suite of programmes with particular focus on the child programmes (universal and targeted) and the teacher programme all of which have been researched and disseminated in Wales. It describes their content, evidence from trials by the programme developer and a summary of other independent evidence. It then describes their introduction into Wales, the series of studies undertaken to implement and evaluate them across Wales and how trials demonstrating their effectiveness in Wales contributed to subsequent roll out that has been supported by local Authorities and the Welsh Government.

The IY programmes

The IY series is a suite of evidence-based programmes (Webster-Stratton, 2011) for parents of children aged 0 to 12 years, targeted therapeutic and classroom-based programmes for children aged three to eight years, and an early years classroom management programme for teachers. The series has demonstrated efficacy and effectiveness from high-quality randomised controlled trials both as treatment interventions and as prevention programmes and has “promising” programme status in the Blueprints for Violence Prevention classification (www.colorado.edu/cspv/blueprints). All of the programmes have the same core delivery components that involve discussion, observation of video clips to help the participant to identify key skills, role-play rehearsal of skills and home and/or classroom activities to promote generalisation and maintenance. All are delivered in a collaborative style that acknowledges participant goals and increases empowerment (Author’s own, 2004a; Webster-Stratton, 2011).

The IY teacher classroom management programme.

The IY teacher programme (Webster-Stratton & Reid, 2002) is delivered to groups of teachers for one day a month over five or six months, or in 18 after-school twilight sessions. It covers how to: build relationships with children, including challenging and invisible children, and with parents, be a proactive teacher and set in place rules and structures to avoid problems, use praise and incentives effectively, redirect, distract and ignore some problem behaviours and use consequences to deal with challenging behaviour. It also has a detailed behavior-planning component that helps teachers to identify specific and realistic goals for children with challenges and to develop intervention plans to achieve them. The programme is presented through discussion, videotaped material showing teachers in classrooms, role-play and classroom assignments. It was developed to meet demands from teachers for strategies to manage disruptive behaviours in the classroom and to develop positive relationships with all pupils including those presenting with the most challenges (Webster-Stratton, 1999). Like the other IY programmes it incorporates all of the strategies that maximize behaviour change through a collaborative delivery style (Author's own, 2004a; Webster-Stratton & Herbert, 1994).

The IY Child Dinosaur School programmes.

There are two versions of the child programme that both aim to strengthen children's social, emotional, and problem-solving skills. The intensive therapeutic Small Group Dinosaur School programme was developed as a clinical intervention and the universal Classroom Dinosaur School version is a class-wide programme of lessons. They share the same curriculum but differ in mode of delivery. Both are delivered with the help of puppets, Dina Dinosaur and puppet children Wally and Molly who share problems with the group and

help children to generate and try out solutions. The curriculum covers how to: do your best in school, become a feelings detective to detect your own and others' feelings, solve problems, manage anger and make and keep friends. This is introduced through discussion, games, role-play practice and watching video-clips to create a fun learning experience. Weekly homework assignments are given which involve children talking to their parent/s about what they have learned to encourage positive parent-child interaction (Webster-Stratton, 2000; see www.incredibleyears.com for more information). The intensive therapeutic programme (Webster-Stratton, 1990) is an 18-week curriculum, delivered in two-hour weekly sessions in a small group format to up to six children aged three to eight years. The programme comprises weekly two-hour sessions. The universal classroom programme has a three-year curriculum designed for classes of children aged between three and seven years and includes 60 lesson plans per year. It is delivered in two 20-minute circle time lessons each week plus supporting small group activities that rehearse the skills learned.

Evidence for teacher and child programmes from the programme developer

Randomised controlled trials (RCTs) of the IY series have included all of these programmes in various combinations with the parent programme. Outcomes vary between studies with some measuring both teacher and child outcomes, while others have focused on only teacher or child outcomes.

Several RCTs reporting short and longer-term outcomes for the intensive therapeutic child programme with targeted children with conduct problems and or ADHD ($n = 97 - 159$), showed significant reductions in conduct problems and significant 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). Children in the Webster-Stratton et al. 2004 study ($n=159$) who had high pre-intervention levels of internalizing behaviour problems, showed significant reductions in internalizing behaviour problems (Herman, Borden, Reinke, & Webster-Stratton, 2011). Furthermore at two-year follow-up 121 children in conditions including the therapeutic child programme showed clinically significant improvements in school behaviour compared to other conditions (Reid, Webster-Stratton, & Hammond, 2003).

The first RCT trial of the teacher programme examined the effectiveness of the IY parent and teacher programmes with four-year-old children and their mothers (61 teachers and 272 families). Participants were randomly assigned to an intervention condition, IY parent and teacher, or a control condition. Children in the intervention condition showed significantly less conduct problems at school, and teachers in the intervention condition showed significantly better classroom management skills than children and teachers in the control condition (Webster-Stratton, Reid, & Hammond, 2001). A second RCT with 159 children diagnosed with oppositional defiant disorder included five combinations of IY programmes (three of which included the teacher programme) and a no-treatment control group. Conditions that included the teacher programme showed significant reductions in teachers' negative behaviour compared with controls. There was also a significant reduction in children's negative behaviour in the conditions including teacher programme (Webster-Stratton, Reid, & Hammond, 2004).

An RCT of the teacher programme in combination with the universal child classroom programme showed positive outcomes for both teachers and children. Participants were teachers ($n = 119$) and economically disadvantaged children aged four to eight years ($n = 1,768$). Matched pairs of schools were randomly allocated to intervention (both teacher and classroom programmes) or control conditions. Intervention teachers received classroom

management training and offered the universal classroom Dinosaur School programme twice weekly throughout the year. Teachers in the intervention condition used significantly fewer harsh and critical strategies and showed more positive involvement with parents than control teachers. Children in intervention classrooms showed a significant reduction in conduct problems and levels of disengagement and more social competence, emotional regulation and school readiness skills (Webster-Stratton, Reid & Stoolmiller, 2008).

The universal classroom programme was delivered in an RCT with 252 children aged four to six years. Children were randomly assigned to the classroom curriculum only condition, the classroom programme plus the IY parent programme, or the control condition. Mother child bonding was stronger in the combined condition and teachers reported intervention mothers to be significantly more involved in school (Reid, Webster-Stratton, & Hammond, 2007).

Evidence for the teacher and child programmes from other investigators

Teacher programme.

The teacher programme has been evaluated by independent investigators in the US. These include three studies investigating the effectiveness of the programme in conjunction with a mental health consultation with teachers of children aged three to five years (Shernoff & Kratchowill, 2007; Raver et al., 2008; Williford & Shelton, 2008). Shernoff and Kratchowill (2007) conducted a non-randomised trial with four pairs of teachers who were either in the teacher condition or the teacher programme plus consultation condition. They found significant increases in teacher confidence ratings and increased use of positive instructional practices for teachers in the combined condition. Raver et al. (2008) conducted an RCT trial with 94 teachers and 602 children in 35 classrooms. Participants were randomly

assigned to either the teacher programme plus consultation condition or a control condition. Teachers in the combined condition showed significantly increased sensitivity and behaviour management whilst classrooms showed significantly increased positive classroom climate. Williford and Shelton (2007) conducted a non-randomised trial with 96 children, their mothers, and teachers. Children were allocated to either the teacher programme plus consultation condition or a control condition. All parents were offered the IY parent programme regardless of condition. Children in the combined condition showed significant reduction in disruptive behaviour based on parent- and teacher-report, whilst teachers and parents showed significant increases in appropriate discipline strategies. Additionally, Carlson, Tiet, Bender, and Benson (2011) examined preschool teachers' perceptions of the usefulness and frequency of use of classroom management strategies following completion of the IY-TCM training. Twenty-four preschool teachers attended 100% of sessions (eight sessions and 32 hours of training). Significant increases in teachers' perceptions of positive strategy use were found from baseline to follow-up. Changes in teachers' perceptions were also maintained 16 weeks later.

An RCT of the teacher programme in combination with content from the universal child classroom programme was conducted by an independent investigator in Jamaica with teachers of three to four-year-old children (Baker-Henningham, Walker, Powell & Gardner, 2009; Baker-Henningham, Scott, Jones, & Walker, 2012). In a pilot study with 27 classrooms and 26 teachers, they found significant increases in teacher positive behaviour and promotion of social-emotional skills, and significant reductions in teacher negative behaviour for those in the intervention condition. Children in intervention classrooms showed significant increases in appropriate behaviour, and in interest and enthusiasm. In a larger RCT with 73 teachers and 225 children in 24 schools, schools were randomly allocated to a teacher plus

universal classroom programme condition or a control condition. Results showed significant reductions in child conduct problems (observed, teacher- and parent-reported), increased friendship skills (observed), increased teacher-reported social skills, and increased school attendance.

In Ireland, an RCT with 22 teachers of 217 children aged four to seven years was conducted (McGilloway et al., 2010). Teachers were randomly allocated to receive the teacher programme or to a waiting-list control condition. The main findings were significant reductions in negative classroom management strategies and significant increases in positive strategies for teachers in the intervention condition. Intervention children showed significant reductions in emotional symptoms. This trial also had a cost analysis element which demonstrated that the costs for implementing the teacher programme were very modest compared to other components of the IY series and other education-based programmes (McGilloway et al., 2010).

There are ongoing trials in Devon, UK (Ford et al., 2012), Norway (Author's own, 2012c), and Portugal (Webster-Stratton, Gaspar, & Seabra-Santos, 2012). A preliminary evaluation in New Zealand with 237 teachers showed significant increases in teacher-reported use of positive management strategies and high levels of satisfaction with the teacher programme (Fergusson, Horwood, & Stanley, 2013).

Child programmes.

The child therapeutic and classroom programmes are not as well independently researched as the teacher programme but there is some evidence of effectiveness by independent investigators. In Norway, Larsson et al. (2009) examined the effectiveness of combining the therapeutic child and parent programmes in an RCT with 127 children aged

four to eight years. Children were randomly assigned to parent programme only, parent plus therapeutic child programmes, or a waiting-list control group. For the combined condition, children showed significant reduction in aggressive behaviour based on a parent-report measure. Another evaluation, already mentioned above, is the trial in Jamaica that included delivery of some content from the universal classroom child curriculum (Baker-Henningham et al. 2009, 2012).

Background to the introduction of the IY programmes to Wales

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. Educational outcomes also fall below those of the rest of the UK.

At the same time as the establishment of the Welsh Government, work at the Centre for Evidence Based Early Intervention (CEBEI) at Bangor University began to introduce and research the IY programmes. This started with the parent programme but quickly included the child and teacher programmes

Early intervention – IY parenting in Wales

Following the provision of training in Wales, we tested the parent programmes under

different conditions and made a significant contribution to the evidence of their effectiveness in real world service settings. RCT designs were used in most studies, with rigorous and independent randomisation and multiple data sources and measures. These studies have demonstrated benefits with parents of high risk three and four year olds living in disadvantaged areas (Author's own, 2007a), nursery staff of one-to-three year-old children (Author's own, 2011a), parents of toddlers aged one and two living in disadvantaged areas within Wales (Griffith, 2011; Author's own, 2014a) and with mothers and their babies aged up to six months (Jones, 2013; Author's own, 2014b). In all of these studies, the programmes were delivered by local health, social care and the voluntary sector staff and evaluation was done by the independent University-based CEBEI research team. We also collected and published data reporting economic benefits for those at highest risk of developing severe behaviour problems (Author's own, 2007b; Author's own, 2013a) and reported high levels of engagement and retention across these trials. How and why these replication studies proved to be so successful has been described in a series of articles (Author's own, 2007c; Author's own, 2012a; Author's own, 2012b).

The success of these trials had an impact on both policy and service development in Wales. The Welsh government monitored the trials and, as a result of the positive outcomes incorporated funding for training in the parent programmes into their Parenting Action Plan for Wales (Department for Training and Education, 2005). From 2006, this funded parent group leader training for staff across the twenty-two Welsh local authorities. Services had to commit to both delivering the programme and providing adequate resources for the programme to be delivered with fidelity. Staff from every county in Wales accessed the training and services across Wales have continued since that time to deliver the programmes.

From parenting to child and teacher programmes

Gradually the importance of evidence filtered through to education and social care services. The fact that the IY parent programmes were so well received and produced such good outcomes in Wales, generated interest in the other IY programmes and in 2001 the classroom and teacher programmes were delivered locally and pilot evaluations undertaken.

The child therapeutic programme was initially piloted in 2001 by the first author in the child mental health service as an intervention for referred children (Author's own, 2007d). The sample consisted of nine children aged between seven and 11 years. There was no control group and all children attended 17 two-hour, weekly sessions of the intensive classroom programme. The results showed clinically significant improvements in child behaviour based on parent- and teacher-reported measures.

In 2001 a local Education Authority in North West Wales undertook a pilot delivery of the universal classroom curriculum in the reception class (four and five year old children) of one primary school. Results suggested positive effects on academic performance and social and emotional development and reductions in behavioural problems. Furthermore improvements generalised to the playground and home, and to other children in the school (Author's own, 2004b).

Recognising that the teacher programme develops the underpinning skills that teachers need to effectively deliver the classroom curriculum, the same Local Authority decided to introduce and support the evaluation of the teacher programme. This pilot trial evaluated its first use in the UK with 23 teachers. Teachers reported satisfaction with the programme and that the strategies taught were effective and improved pupils' conduct (Author's own, 2007e). In a second study, reported within the same paper, blind observation of teacher classroom behaviour was undertaken in 21 classes, 10 teachers had received

teacher programme training and 11 had not. Teachers who had received training in the teacher programme gave clearer instructions and allowed more time for compliance before repeating instructions. Their children were more compliant than children in the classes of untrained teachers (Author's own, 2007e).

The success of the teacher and universal classroom programme pilot trials helped to ensure their continuation and they were initially introduced in four new schools each year. The benefits of these programmes were identified and commented on favorably in reports by Welsh Government School inspectors who undertake statutory inspections on individual schools (see Author's own, 2011b). The classroom programme meets many of the requirements of the statutory personal social education (PSE) curriculum. This prompted the Authority to roll out the teacher and universal classroom programmes county-wide. The head teacher who had first implemented the programmes was seconded full time to do this and the programmes have since been rolled out to all 94 primary schools (schools for children aged four to 11 years) across the county. In an inspection of the county-wide strategy and provision for primary schools the programmes was again identified in school inspection reports (Author's own, 2011b).

This broad roll-out enabled a more thorough evaluation of the teacher programme in a RCT. Twelve classes were recruited and randomised to intervention or wait list control. Children were aged from three to seven years and screened for high or low behaviour problems using the teacher-rated Strengths and Difficulties Questionnaire (Goodman, 1997). The primary outcome measure was independent classroom observations. Results showed significant reductions in classroom off-task behaviour, teacher negatives to target children, target child negatives towards the teacher, and target child off-task behaviour.

Seeing the positive results achieved in these trials, the Welsh Government funded

training in delivering the teacher and child programmes from 2009 to 2013. Staff from all 22 authorities in Wales accessed training and, to date, it has been taken forward in a co-ordinated way in two Welsh counties, with growing interest across Wales.

Since strong home-school links predict better educational outcomes for children (Cox, 2005), the next step was to work on building home school links through a school-based parenting programme. Teachers and other school-based staff were trained to deliver the previously unevaluated four-session IY school readiness parent programme. This programme encourages children's learning through play and develops their interest in books. Like the other IY programmes it uses discussion, video examples of parents and children, role-play practice and home assignments. It is delivered collaboratively to empower parents as decision makers. School-based staff were trained to deliver this programme to parents as their children were enrolling for school. Results achieved in a small non-randomised pilot trial in Wales have shown increases in parental coaching of social and emotional regulation skills for intervention parents (Author's own, 2014c) and there is growing use by schools of this programme to encourage home school collaboration at the start of children's school career. This programme now requires further rigorous evaluation.

The final step in the introduction of the IY suite of programmes for schools in Wales was to recognize and address the needs of young high-risk children for whom the teacher and universal classroom curriculum alone were not sufficient. A pilot study of the intensive, therapeutic child programme was undertaken in one school, delivered by school staff, to a group of children aged five to nine years. Children either received the child therapeutic programme or were placed in a waiting-list control group. Outcomes for 12 children rated by teachers as high-risk demonstrated significant increases in child reported problem-solving skills by comparison with control children (Author's own, 2012d). These findings informed a

larger Lottery funded RCT of the child therapeutic programme targeting high challenge four to eight year old children in 22 schools across three welsh counties. Two-hundred-and-twenty-five children aged four to eight years from 22 schools and rated by their teachers as having significant difficulties, were randomly allocated within each school to intervention or waiting-list control conditions. Teachers and support staff were trained to deliver the 18-week intensive therapeutic programme to groups of up to six intervention children. Intervention children showed significant improvements in problem-solving knowledge and ability to generate pro-social solutions as measured by the Wally Problem Solving Task relative to control children who showed no change from baseline to follow-up. Also, based on teacher targets set at the beginning of the school year and reviewed at the end, intervention children were significantly more likely to reach or exceed their personal-social development targets than control group children. Teachers rated the programme highly and appreciated the resources and training provided (Author's own, 2014d).

What has made the introduction of these programmes to Wales so successful?

Implementation fidelity.

Implementation fidelity refers to the degree to which programmes are delivered or practiced as originally intended (Mihalic et al., 2002). There are five essential components:

1. Adherence – whether the programme is being delivered as originally designed
2. Exposure – includes number of sessions, length of sessions, frequency programme techniques are implemented
3. Quality of programme delivery – the manner in which staff deliver the programme (attitude, enthusiasm, methods used, preparedness)

4. Participant Responsiveness – extent to which participants are engaged or involved in content of programme
5. Programme Differentiation – identifies the unique features of different programmes

Several meta-analyses have shown that poor implementation fidelity negatively impacts study outcomes (Durlak et al., 2011; Wilson, Lipsey, & Derzon 2003). The IY programmes come with in-built fidelity measures based on the Mihalic et al. (2002) components. The programmes include detailed manuals, videotaped examples, books, and other materials (Adherence and Exposure). Staff undertake specific programme training to become group leaders. There are opportunities to become certified leaders that involve assessment of leader performance from videotape recordings of actual group sessions. A number of certified leaders have also been trained by the programme developer to act as mentors to train and support new group leaders (Quality of Programme Delivery). There are participant evaluation forms (Participant Responsiveness). Each IY programme is unique in that they target different populations including parents, teachers, and children of varying ages and with different levels of difficulties (Programme Differentiation).

In addition to built-in fidelity measures there are a number of critical steps, identified by Mihalic et al. (2002), to ensure successful implementation of a programme. They include organisational factors, staffing factors, and a programme champion. These are discussed in now with reference to how they were implemented in Wales.

Organisational and Staffing factors.

Both of these factors encompass similar themes. Some organisational and staffing factors associated with poor implementation fidelity are lack of staff support, lack of time for

staff to prepare materials, and poorly skilled staff (Mihalic et al., 2002). In Wales, because trials of the programmes were research funded, training, supervision, and materials were supported centrally from Bangor University to ensure quality of delivery. Because of the collaborative nature of the programmes two trained leaders deliver sessions to support each other in preparing and delivering the materials. Having the support of the school head teacher helps to foster teachers' commitment to the programmes and to maintain motivation and enthusiasm (Mihalic et al., 2002). In Gwynedd, a head teacher was seconded full time to roll out the teacher and universal classroom programmes across the county. The enthusiasm this head teacher helped bring on board the other schools (for ages four to 11 years) in the county. In terms of staff skills, training for the programmes is a rigorous process ranging in length from three to five days depending on the programme. The IY programmes have a built in certification process for leaders and to date twenty-one of the twenty-two local authorities in Wales have accessed Welsh government funded training in the teacher programme and twenty have accessed training in the classroom programmes.

Programme Champion.

Successful implementation of a programme needs strong leadership and key personnel to conduct and coordinate the intervention (Mihalic et al., 2002). These champions need to have clinical expertise to enable in-house supervision and training, good knowledge of social learning theory, and use of collaborative processes (Author's own, 2004a). Collaborative process is a reciprocal relationship that assumes the group leader and participants both have expertise. Parents, teachers and children feel empowered to find solutions that meet their individual needs which leads to reductions in attrition and increases in motivation (Author's own, 2004a). In Wales, four counties have taken up the IY

programmes in a coordinated manner under the leadership of local champions. For example, in Powys, the largest county in Wales, a Consultant Child Psychologist takes the lead in supporting the development of the IY programmes to address conduct disorder. This psychologist worked alongside a number of different agencies to coordinate the programmes across services. To manage the coordination across the county, a specialist IY operational group has been created. The psychologist is a mentor for all the IY programmes meaning that it is possible to offer local training at low cost and regular supervision to ensure programme fidelity.

Rigorous Research.

The CEBEI research team at Bangor University demonstrated that the programmes were effective in Wales, overcoming the common criticism that programmes developed overseas are not culturally relevant. Wales is a small country (population three million), making access to government possible and enabling positive results to become known and to have an impact on policy.

The excellent research outcomes achieved for the parent, classroom and teacher programmes, have been recognized as being of international significance with results published in international journals. This has resulted in visits by 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 reinforces the importance of the work.

Many of the recognised challenges of going to scale were reduced as a result of these small-scale bottom-up developments leading to the larger RCTs of the teacher and child

programmes. This work contributed to the decision of the Welsh Government to fund training for staff from across Wales in these programmes.

Challenges

Service providers and policy makers face four challenges in establishing evidence-based practice in schools. These are to i) identify programmes that work ii) establish that they are the right programmes for their local circumstances iii) deliver them with fidelity to get good results and iv) establish the conditions to enable wide scale roll-out.

i) Identification of programmes that work

This involves exploring databases that describe programmes and evaluate their evidence, e.g. the Blueprints for Violence Prevention (www.colorado.edu/cspv/blueprints). In Wales, CEBEI at Bangor University, established over 20 years ago, disseminates information about evidence-based programmes to reduce violence and promote child mental health. Interest in the IY programmes occurred at a time when the Governments of the UK were investing in early intervention but only beginning to link this to the need to deliver programmes that worked. The initial failure of the Westminster Government's flagship Sure Start early intervention programme as a result of failing to specify what interventions should be delivered further highlighted this challenge (Rutter, 2007).

ii) Establish that programmes are right for the local circumstances

The second task of establishing that the programmes both worked and were acceptable in Wales was achieved by first trialing the programmes herself as a result of which the first author became the local champion and trainer and engaged local North Wales service

providers in further pilot trials. These trials established both preliminary evidence for, and the acceptability of, the programmes in Wales.

iii) Deliver with fidelity to get good outcomes in service settings

School inspection reports highlighted the effectiveness of the programmes in the pilot schools (Author's own, 2011b) and service managers were becoming increasingly interested in outcomes and keen to deliver programmes with evidence. Setting up RCT trials established the conditions in Wales to enable their delivery with fidelity. Agreement between the University and service providers about training and ongoing supervision as an essential part of the RCT trials, to ensure fidelity, resulted in positive trial outcomes.

iv) Create the conditions for wide scale roll-out

The final step was to use the evidence of transportability and effectiveness to persuade the Welsh Government to recognise the programmes as effective and to fund training and supervision for staff from all 22 Local Authorities across Wales in their delivery. Two Authorities in Wales have now taken these programmes to scale and several others are developing a local strategy.

Conclusions

The Society for Prevention Research guidelines (Flay et al., 2005) and the National Institute for Clinical Excellence (NICE) guidance on how to overcome barriers (NICE, 2006) both 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.

We have benefitted from having a University based research Centre dedicated to early intervention. In addition, being a small country helped in gaining access to political decision makers. The timing of these developments was right as in times of constraints on Government funding there is a growing requirement on services do deliver outcome as opposed to output evidence. Ten authorities have partnered with our University Centre in one or more of our randomised controlled trials and our dissemination activity has been successful, with many published research and discussion articles (www.centreforearlyinterventionwales.co.uk).

Many of the challenges often faced in disseminating evidence-based interventions were reduced in Wales as a result of starting with small-scale bottom-up developments leading to larger randomised controlled trials. This enabled us to talk from a position of evidence. These developments have also benefitted from our having undertaken rigorous research at a time when there was growing recognition of its importance among educationalists.

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. Our goal is to ensure that all local authorities in Wales will establish in-house training and supervision. To date, three authorities have in-house mentors providing leader training. However, the majority of Wales is at the beginning of the road to ensuring fidelity and sustainability for the programmes. The IY programmes for children and teachers have strong evidence of effectiveness internationally and in Wales. We have made a good start on addressing the challenges in establishing them in Wales.

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