

Colin Report Card No. 3

Programme Performance Management
30th June 2014

“Together we will make a difference”

Part A: Detailed programme performance

Part B: Potential benchmarks for CEIC programme performance

Part C: Measures used by CEIC programmes

Purpose of this report: This report has been compiled to document the performance of eight programme(s)/service(s) operating within the Colin Early Intervention Community. For each programme/service, information is provided on the background to the programme; current status of implementation; current status of performance data; how much the programme did; how well the programme did it* and whether or not it is making a difference. No overall judgement has been made as to the success or otherwise of programmes/services.

Part A: Detailed programme performance

1. Colin Early Parenting Programme (CEPP)

2. Incredible Years (IY)

3. Speech and Language Therapy (SALT)

4. Time4Me

5. Take Ten

6. Strengthening Families

7. Families and Schools Together (FAST)

8. Colin Adolescent Counselling

1. Colin Early Parenting Programme (CEPP)

(a) Background to CEPP

- CEPP is an intensive home visiting programme primarily for first time vulnerable mothers.
- It incorporates a series of home visits by health visitors with additional training, assisted by Early Intervention Support Workers.
- It usually commences at 20 weeks gestation and typically continues until the baby is two years and aims to maximise the bond between mother and child.

(b) Current status of implementation

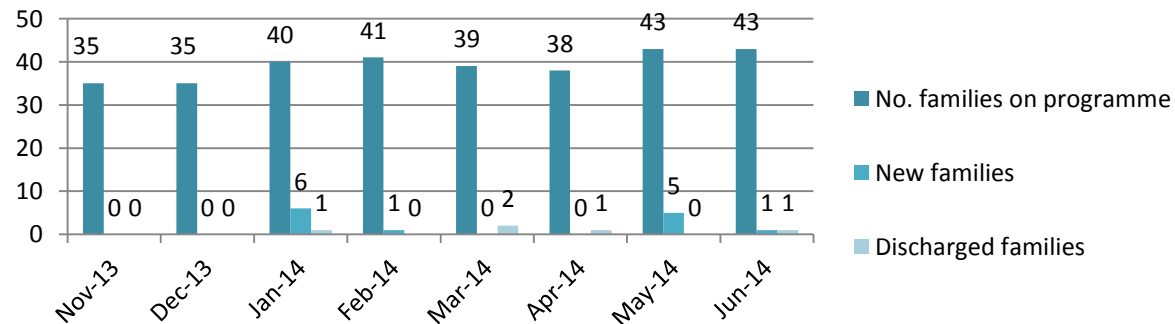
- The programme had operated in Colin a number of years prior to the implementation of CEIC.
- In late 2011, CEIC funded an additional health visitor to expand the number of families involved in the programme. There are two health visitors employed by CEIC.
- Performance data is only being gathered from those who have been involved with CEPP since Jan 2012, of which there are 43 (as at end of June 2014).

(c) Current status of performance data

- Performance data will be collected for each family at 10 defined points throughout the first two years of the child's life*.
- The current performance data relates to the period November 2013 and June 2014 - 78 individual assessments have been completed for 41 families.

*Note: as many of the current caseload have been involved in the programme for a period of time before performance data had begun to be gathered, there will not be ten measurements for every family in the programme.

(d) How much did CEPP do?



1. Colin Early Parenting Programme (CEPP)

(e) Is CEPP making a difference?

NOTE: CEPP registers parents onto the programme on a continuous basis and not all parents will remain involved in the programme until the child is 24 months old. Therefore, this sample is not longitudinal, and comparisons should not be made between the various child age categories presented.

Performance measure 1: Children develop normally in a range of areas, e.g. Communication, gross motor skills, fine motor, problem-solving and personal-social

Child's age	No. Assessments	% developing normally in all areas
Ante-natal - Intake	n/a	-
Ante-natal - 28 weeks	n/a	-
5 weeks	n/a	-
8 weeks	7	100%
16 weeks	12	92%
28 weeks	11	82%
40 weeks	10	50%
12 months	14	93%
18 months	16	88%
24 months	<5	100%
Overall	72	85%

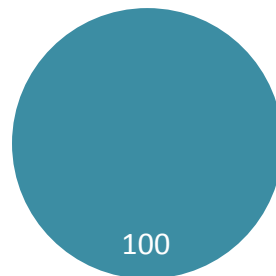
Source: Ages and Stages Questionnaire

Key finding

Over four-fifths of children assessed (85%) developing normally in all areas, e.g. Communication, problem-solving.

Performance measure 2a: Ante-natal mothers have high levels of attachment

Quality of attachment – ante-natal mums



■ High ■ Medium ■ Low

Source: MAAS. No. of assessments: 5.

Key finding

Five mothers assessed and quality of attachment high.

Performance measure 2b: Post-natal mothers have high levels of attachment

Child's age	No. mothers assessed	Levels of attachment	
		% high	% Low
Ante-natal - Intake	n/a	-	-
Ante-natal - 28 weeks	n/a	-	-
5 weeks	n/a	-	-
8 weeks	7	100%	0%
16 weeks	n/a	-	-
28 weeks	11	91%	9%
40 weeks	n/a	-	-
12 months	14	86%	0%
18 months	n/a	-	-
24 months	<5	100%	-
Overall	34	91%	3%

Source: MPAS

Key finding

The vast majority (91%) of post-natal mothers indicated high levels of attachment.

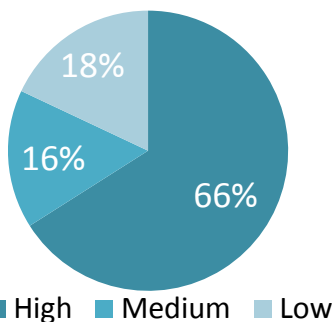
1. Colin Early Parenting Programme (CEPP)

(e) Is CEPP making a difference? (continued)

Performance measure 3:

Mothers have high levels of confidence in their parenting skills

Mothers level of confidence in their own parenting skills



Source: PSOC.

No. of assessments: 50

Key finding

Over one-third (34%) of parents indicated low or medium levels of confidence in their own parenting skills.

Performance measure 4: Mothers are not in the clinical range for either anxiety or depression

Child's age	DEPRESSION		ANXIETY	
	No. parents assessed	% <u>not</u> clinically depressed	No. parents assessed	% <u>not</u> in clinical range for anxiety
Ante-natal - Intake	n/a	-	n/a	-
Ante-natal - 28 weeks	6	83%	5	80%
5 weeks	6	100%	5	100%
8 weeks	n/a	-	n/a	-
16 weeks	10	60%	10	70%
28 weeks	9	44%	9	56%
40 weeks	n/a	-	n/a	-
12 months	14	79%	13	77%
18 months	15	66%	16	75%
24 months	2	0%	<5	50%
Overall	62	68%	60	73%

Source: HADS

Key finding

Over two-thirds (68%) of mothers are not clinically depressed.

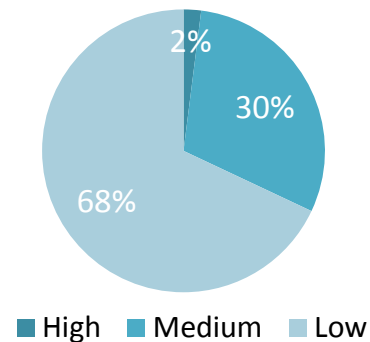
Key finding

Less than three-quarters (73%) of mothers assessed are not in the clinical range for **anxiety**.

Performance measure 5:

Mothers have high quality support from people inside and outside of their family

Quality of support inside and outside family



Source: FSS

No. of assessments: 47

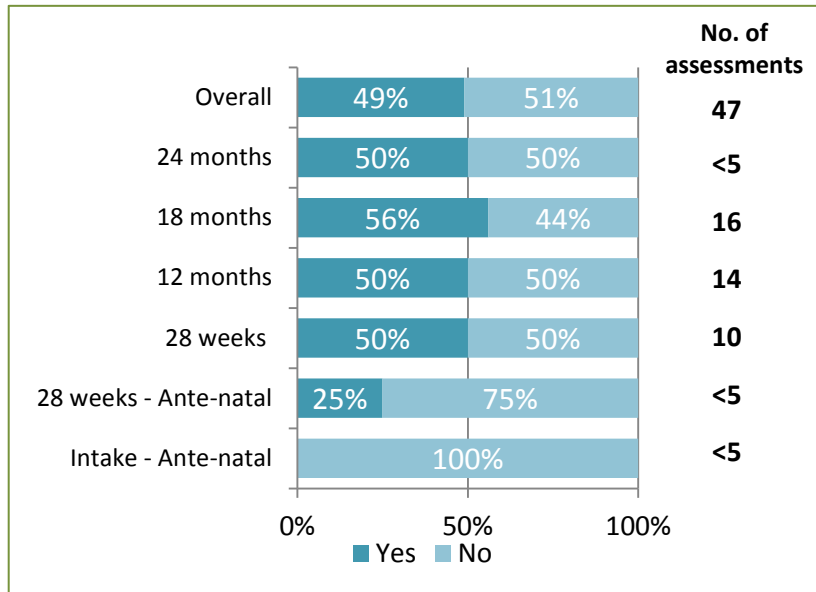
Key finding

Over two-thirds (68%) of mothers who were assessed indicated low levels of support from inside and outside of the family.

1. Colin Early Parenting Programme (CEPP)

(e) Is CEPP making a difference? (continued)

Performance measure 6: Proportion of mothers smoking



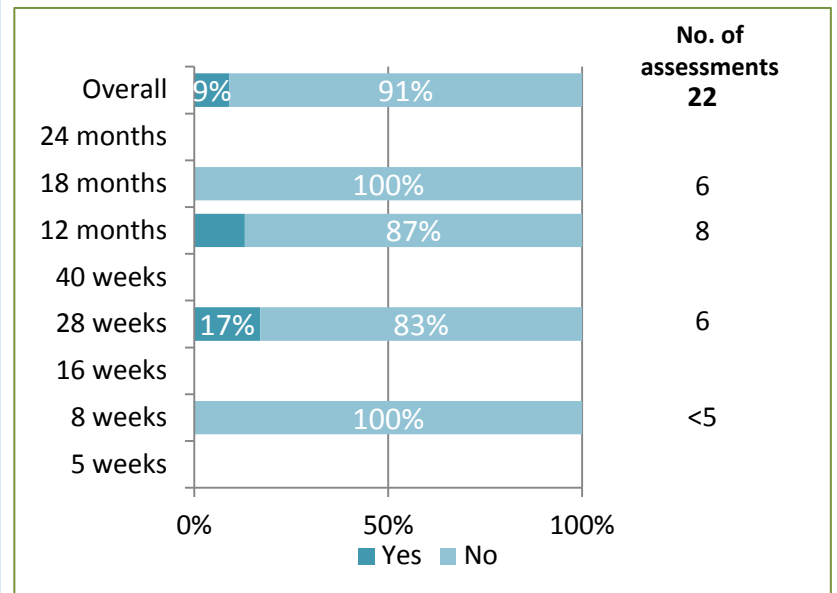
Source: Outcomes Monitoring Sheet
No. of assessments: 47

Key finding

Just under one-half (49%) of women who were questioned indicated that they were smoking. However, 20% of those assessed in the ante-natal period reported smoking*.

* Statistics for the Colin area as a whole show that 36% of mothers smoked during pregnancy in 2013, compared to an NI average of 16%.

Performance measure 7: Proportion of mothers breastfeeding



Source: Outcomes Monitoring Sheet
No. of assessments: 22

Key finding

9% of women reported that they breastfeed^.

* Statistics for the Colin area as a whole for 2013 show that 15% of mothers breastfeed at discharge, compared to an NI average of 46%.

2. Incredible Years (IY)

(a) Background to IY

The Incredible Years programme is a series of three programmes that aim to reduce behaviour problems. It consists of:

- The Basic Parenting;
- The Pre-school Dina Dinosaur; and
- Teacher Classroom Management.

(b) Current status of implementation

- All three of the IY programmes are operating in the Colin area.
- The pre-school and baby toddler are the only variants of the basic parenting programme that is being currently delivered to parents across seven settings.
- The pre-school Dina Dinosaur programme is delivered in 3 SureStart settings and 3 nursery schools in Colin.
- TCM is being delivered to teachers from 3 primary schools.

(c) Current status of performance data

- As at end of June 2014, performance data had been provided for all three programmes. However, issues have begun to emerge relating to shortfalls in the number of questionnaires being completed, and anomalies in the returns from one of the settings.

(d) How much did IY do?

As at June 2014:

- Basic parenting programme (delivery): 69 parents participated in the programme across six settings.
- Basic parenting programme (facilitator training): 17 people received training.
- Baby toddler programme: 6 parents participated in the programme
- Pre-school Dina Dinosaur: c. 220 young people participated in the programme in 3 SureStart centres and 3 nursery schools.
- Teacher Classroom Management: 16 school staff participating in TCM

2. Incredible Years

(e) Is the Incredible Years Basic Parenting Programme (pre-school) making a difference?

Note on performance measures

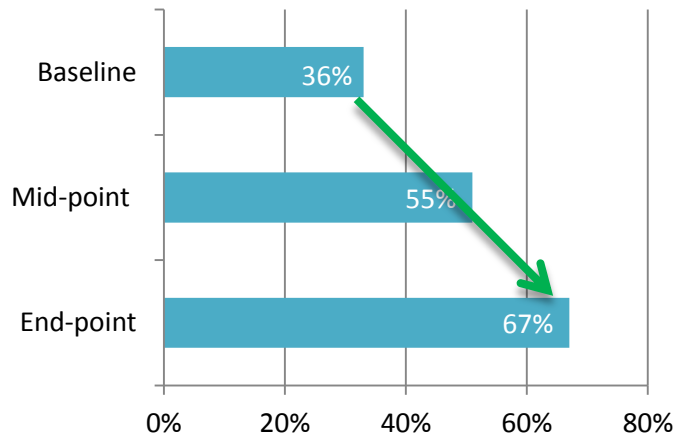
The Basic Parenting Programme uses two standardised measures:

- Eyberg: this measures two things – the intensity of problem behaviours exhibited by children (generating an intensity score) and the number of problem areas exhibited by children (generating a problem score)

- Parent SDQs: this also measures the extent of problem behaviours in children and generates a total difficulties score

Performance measure 1: % of parents who have children within the normal range of child behaviour improves between baseline and end-point

Proportion of parents with normal Eyberg intensity score



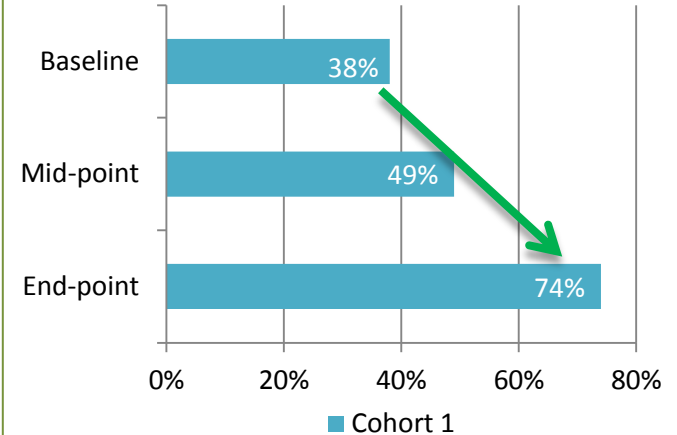
Source: Eyberg.
No. of complete assessments : 39 at each time point

Key finding

The % of parents with children in normal range of behaviour has improved by 31 percentage points between the baseline and end-point. This is based on valid assessments from 5 (of the 6 schools taking part in the programme).

Performance measure 2: % of parents who have children with a normal no. of problem behaviour areas improve between baseline and end-point

Proportion of parents with normal Eyberg problem score



Source: Eyberg.
No. of complete assessments: 39 at each time point

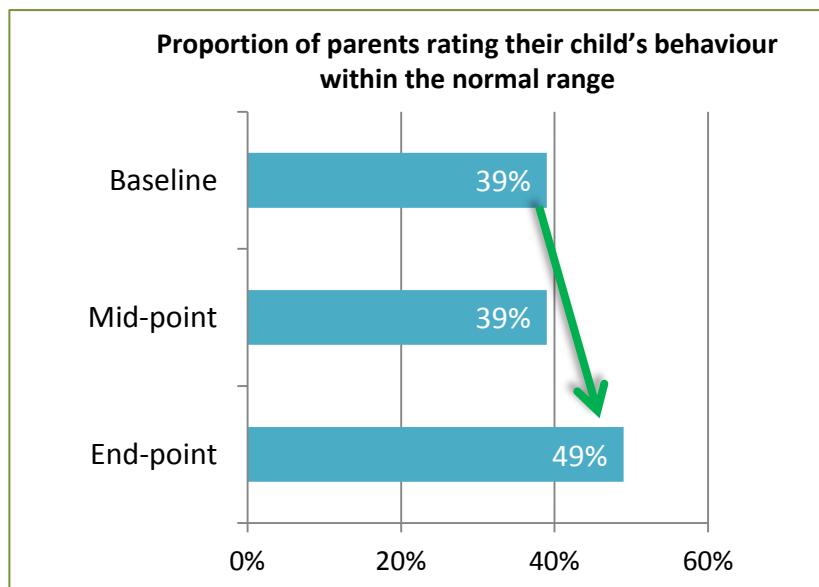
Key finding

The % of parents with children with a total number of problem areas in the normal range has increased from 38% to 74% between the baseline and end-point.

2. Incredible Years

(e) Is the Incredible Years Basic Parenting Programme (pre-school) making a difference?

Performance measure 3: % of parents who have rated their child's total difficulties within the normal range improves between baseline and end-point



Source: Parent SDQs. No. of complete assessments = 41 at each time point

Key finding

The proportion of parents who rated their child's behaviour in the normal range has increased from 39% at baseline to 49% at the end-point.

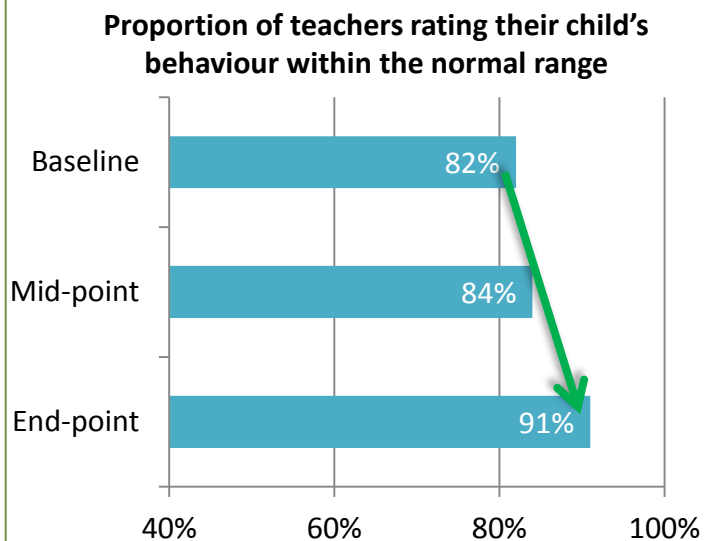
2. Incredible Years

(e) Is the Incredible Years Pre-school Dina Dinosaur making a difference?

Note on performance measures

The Pre-school Dina Dinosaur programme uses the SDQ instrument only – and takes two separate measures – one using the teacher SDQs and the other using the parent SDQs

Performance measure 1: % of teachers who have rated selected pupils' behaviour within the normal range improves between baseline and end-point

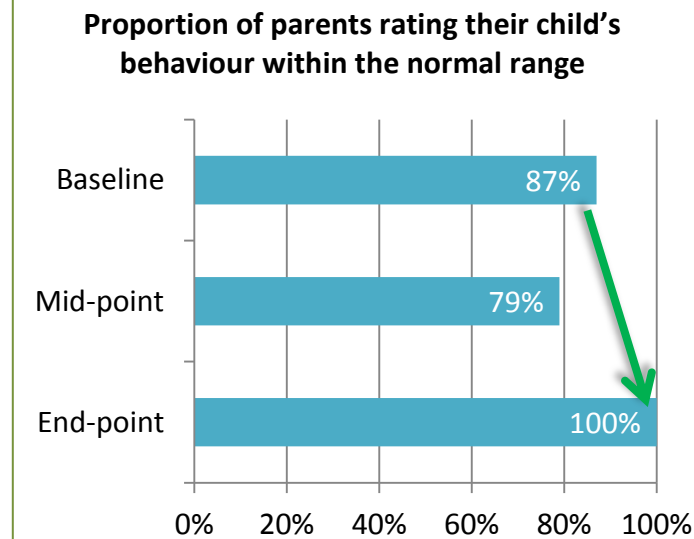


Source: Teacher SDQs. No. of complete assessments = 55 at each time point.

Key finding

A significant proportion of teachers (82%) have rated the selected children's behaviour as normal at the baseline and this has increased marginally to 84% by the mid-point, to reach in excess of 90% at the end-point.

Performance measure 2: % of parents who have rated selected pupils' behaviour within the normal range improves between baseline and end-point



Source: Parent SDQs. No. of complete assessments = 14 at each time point.

Key finding

87% of parents rated their child's behaviour as normal at the baseline. This reduced to 79% by the mid-point. However, 100% of parents rated their child's behaviour as normal by the end of the programme.

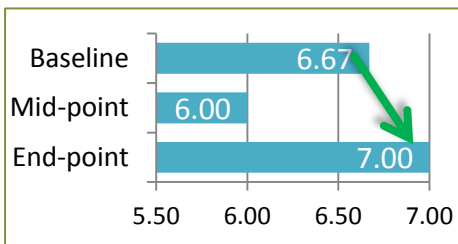
2. Incredible Years

(e) Is the Incredible Years Teacher Classroom Management (TCM) programme making a difference?

Note on performance measures

The Pre-school Dina Dinosaur programme uses the SDQ instrument only – and takes two separate measures – one using the teacher SDQs and the other using the parent SDQs

Performance measure 1: At the end-point, all teachers are confident/very confident in managing current behaviour problems in the classroom.

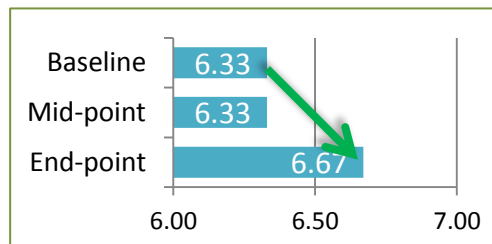


Source: TCM Strategies Questionnaire. No. of complete assessments = <5 at each time point

Key finding

Avg. confidence score in managing current behaviour has increased from 6.66 at baseline to 7.00 at end point (7.00 = max possible score)

Performance measure 2: At the end-point, all teachers are confident/very confident in managing future behaviour problems in the classroom.

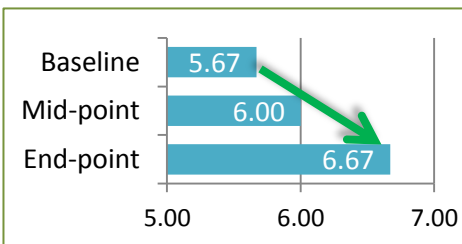


Source: TCM Strategies Questionnaire. No. of complete assessments = <5 at each time point

Key finding

Avg. confidence score in managing future behaviour has increased marginally from 6.33 at baseline to 6.66 at end-point (7.00 = max. possible score)

Performance measure 3: At the end-point, all teachers who are confident/very confident in ability to promote students emotional, social and problem solving skills.



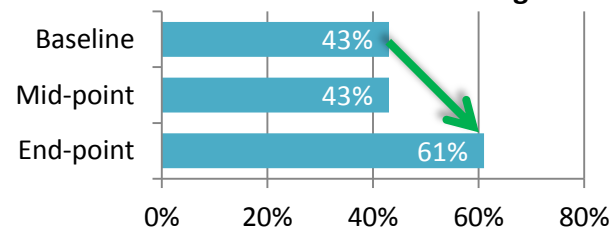
Source: TCM Strategies Questionnaire. No. of complete assessments = <5 at each time point

Key finding

Avg. confidence scores in teachers' ability to promote emotional wellbeing increased from 5.67 at baseline to 6.67 at end point (7.00 = max possible score)

Performance measure 4: The proportion of young people who have an SDQ score in the normal range increases between baseline and end-point

Proportion of teachers rating their child's behaviour within the normal range



Source: Teacher SDQs. No. of completed questionnaires = 28 at each time point

Key finding

Proportion of teachers rating children's behaviour within the normal range has increased from 43% at baseline to 61% at end-point

3. Speech and Language Therapy (SALT)

(a) Background to SALT

- SALT is delivered to P1 & P2 children and is primarily designed for those with mild to moderate speech and language need.
- Currently 2 staff work across 7 primary schools.
- Referrals come from nursery schools, clinics and from primary schools (through teachers/SENCo's) and also come from other sources (e.g. Paediatrician).

(b) Current status of implementation

- This service has operated since February 2012 across all seven primary schools in the Colin area.
- As at end of June 2014 a total of 134 young people were assessed and 58 young people were on the current caseload.

(c) Current status of performance data

- This data in this report card refers to the caseload as at 30th July 2014, when a total of 58 children were still receiving support with speech and language.
- Every child is assessed at the beginning and end of the intervention using a combination of assessment measures, e.g. CELF and RAPT.
- An overall assessment is made of the child's speech and language capabilities on a six-point scale.
- This report card presents a summary of this and other performance data.

(d) How much did SALT do?

As at 30th June 2014:

- 134 pupils assessed to date; 58 on caseload.
- Of those who were discharged from SALT (n=76), a total of 791 sessions were delivered to this group or an average of 10.4 sessions.
- Of those discharged to date – 17 referred on to OT (1); Audiology (1); ASD Team (4); Fluency team (1); Community Child Health (3); Physio (1), and; SLT at health centre (6).

3. Speech and Language Therapy

(e) How well did SALT do it and did it make a difference?

Performance measure 1: Average waiting time between referral and assessment is less two weeks

Number assessed as at 30th June 2014

134

Average wait time for assessment as at 30th June 2014

8 days

No. children waiting more than 2 weeks for assessment as at 30th June 2014

17

Source: SALT data. *Average wait time based on 87 cases and excludes those seen before school holidays (up to Jul 13) and only receiving service from Sept 2013.

^ A wait time of less than 2 weeks is good.

Key finding

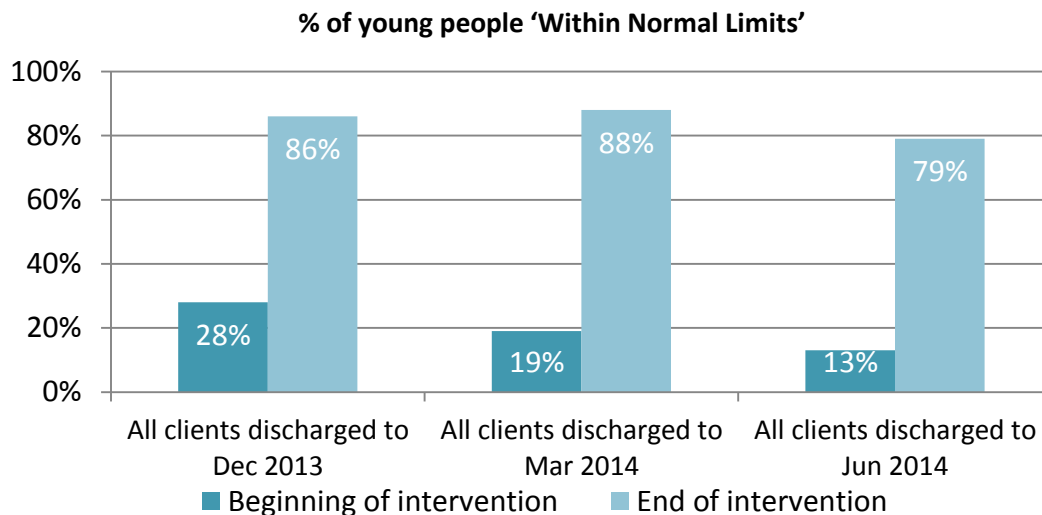
Average wait time for assessment is well within the two weeks for the vast majority of young people.

Performance measure 2: Parents are satisfied or very satisfied with the Speech and Language Therapy Service

The results from a parental survey indicate that **97%** of parents were very satisfied with SALT.

Source: SALT Parental Survey 2014 based on the responses of 36 parents (a response rate of 51%).

Performance measure 3: At least 60% of young people are discharged from SALT within the normal limits



Source: Various (CELF, RAPT) No. of assessments: 29 (to end December 2013) , 48 (to end March 2014) and 76 (to end of June 2014)

Key finding

Of those who have been discharged from the service up to end of June 2014, just under four-fifths (79%) were within the normal limits for speech and language development at the end of the intervention (vs. 13% at the beginning). Of those who were 'Not within normal limits' on discharge, just over one-quarter (27%) had reached their full potential.

4. Time4Me

(a) Background to Time4Me

- Time 4 Me is a therapeutic counselling service for children & their parents/carers.
- It operates during term time and school hours and on the school's grounds.
- Referrals are made to the service by parents/carers or by school staff.

(b) Current status of implementation

- The Time4Me programme receives referrals from e.g. School staff.
- In the school year 2013/14, 83 young people joined the programme.
- At the end of 2013/14 school year, 60 young people had completed the programme and been discharged.

(c) Current status of performance data

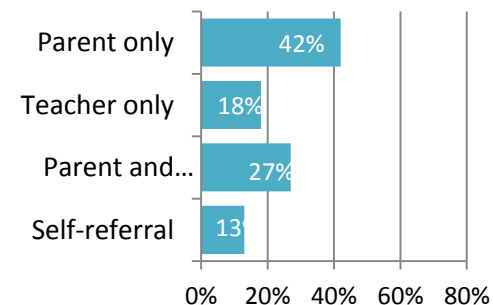
- This programme currently uses 3 instruments to gather data: SDQs, CORs and the Wellbeing and Learning Links (WELL) Questionnaire (devised by Mick Cooper, University of Stirling). Data from the WELL questionnaire is no longer reported.
- Performance data has been provided by Time4Me for three time periods of the 2013/14 school year.

(d) How much did Time4Me do?

	Sep-Dec 13	Jan-Mar 14	Apr-June 2014
No. of new pupils receiving support and of these...	49	19	15
... <i>full intervention</i>	33	18	10
... <i>brief consultation</i>	16	1	5
No. pupils discharged from the programme	12	13	35

Source: Barnardos programme level database

Source of referral onto programme

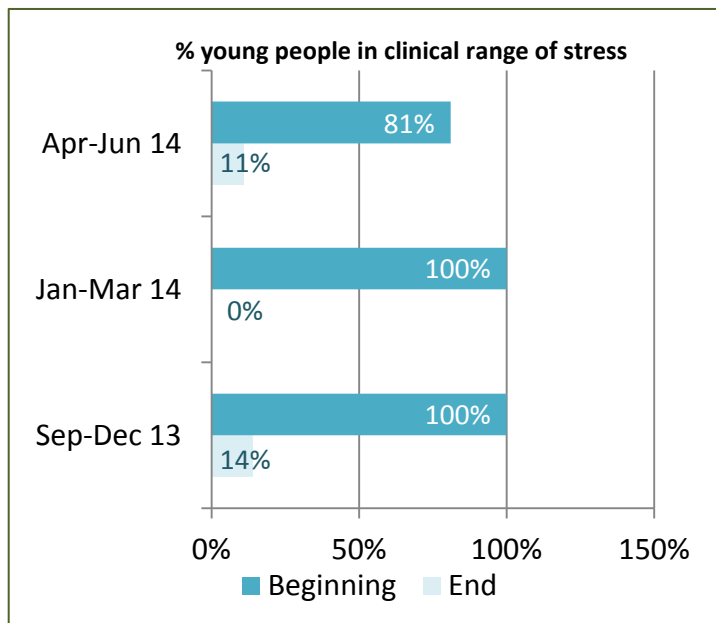


Base: 83. Source: Barnardos programme level database

4. Time4Me

(e) Did Time4Me make a difference?

Performance measure 1: The proportion of young people in the clinical range of stress reduces substantially by the end of the intervention (CORs measure)

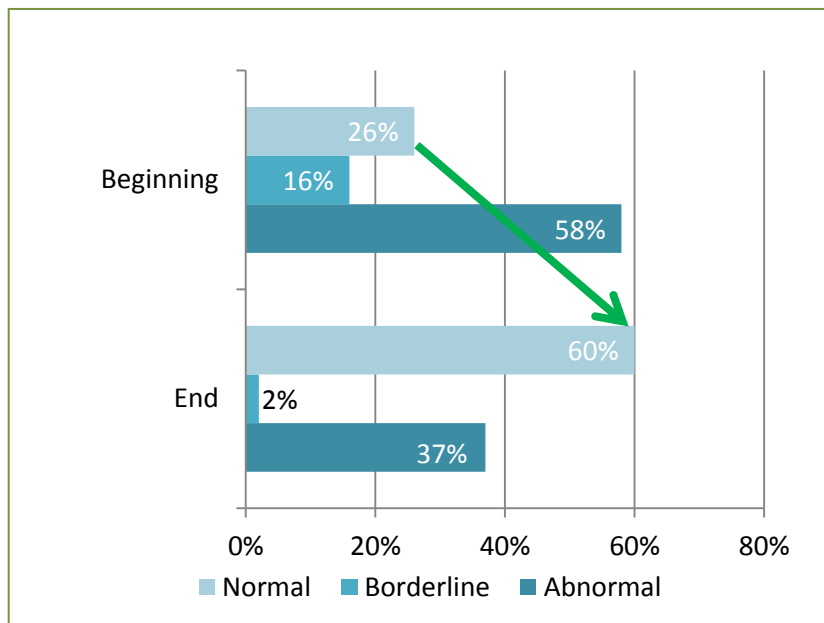


Source: CORs [Child completed]. No. of completed assessments = 8, Sep-Dec 2013; 6, Jan-Mar 2014 and; 35, Apr-Jun 2014.

Key finding

The proportion of young people in the clinical range of stress at the beginning of the intervention has range from 81% to 100% for each cohort. By the end of the intervention, the proportion of young people in clinical range of stress has been no more than 14%.

Performance measure 2: The proportion of young people with normal behaviour scores increases from the baseline to end point of the intervention



Source: Parent completed SDQs. SDQs are only completed by parents of those children who receive the full intervention. The maximum number of dual completed questionnaires is 61. Of these, 43 parents completed both baseline and endpoint questionnaires.

Key finding

The proportion of young people in the 'normal range' for the SDQ behaviour score increased from approximately a quarter (26%) at the baseline to three-fifths (60%) at the end point.

5. Take Ten

(a) Background to TakeTen

- TakeTen uses a combination of bio-feedback and proven techniques to help young people deal with stress.
- The package consists of a software programme to help children self-regulate their biological/physiological response to stress.
- This is also accompanied by training and support to schools.
- The programme only needs to be administered for 10 minutes each day.

(b) Current status of implementation

- TakeTen started to roll out across primary schools and nursery schools in the Autumn term of 2012/2013 school year – and potentially impacts on over 1,000 young people.
- Performance data was gathered from four primary schools during the course of the 2012/13 – Oakwood, St Mark's, Our Lady Queen of Peace and Scoil na Fuiseoige.

(c) Current status of performance data

- Data for over 500 children from four schools was analysed in late 2013 and was subsequently re-analysed in June 2014.
- Two schools acted as the intervention group (and therefore received the TakeTen programme), and 2 schools acted as the control group (who did not receive the programme).
- The sample includes 293 children in the control group, and 225 in the intervention group.

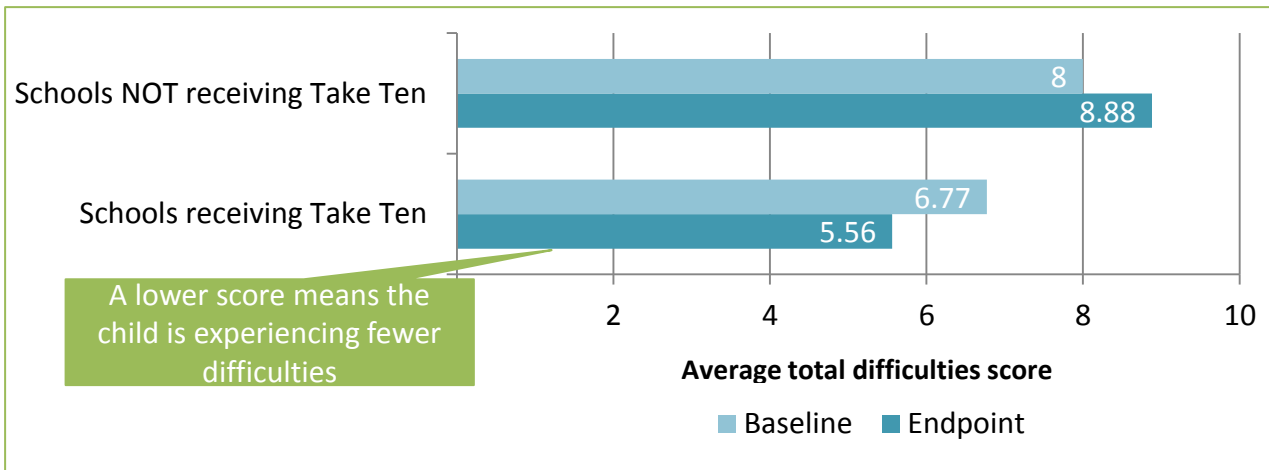
5. Take Ten

(d) Did TakeTen make a difference?

Performance measure 1: Young people receiving Take Ten experience fewer behavioural difficulties

Key finding

Young people in schools receiving TakeTen reported having fewer difficulties than those who are not Take Ten schools. The findings are statistically significant.

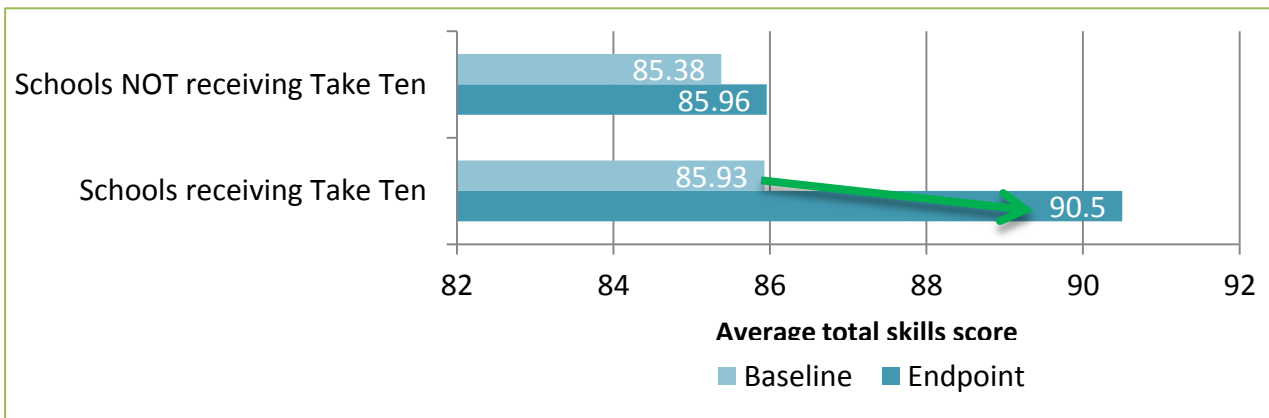


Base: 518 [Comprising 225 pupils in schools receiving TakeTen and 293 pupils in schools not receiving TakeTen
Source: Strengths and Difficulties Questionnaire

Performance measure 2: Young people receiving Take Ten demonstrate greater levels of social skills

Key finding

Young people in schools receiving Take Ten reported developing more social skills (on average) than those not receiving Take Ten. The findings are statistically significant.



6. Strengthening families

(a) Background to Strengthening Families

- The Strengthening Families Programme (SFP) is an evidence-based family skills training programme.
- It has been found to significantly reduce problem behaviours, delinquency, and alcohol and drug abuse in children.
- Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

(b) Current status of implementation

- CEIC has implemented a 7 week programme.
- In March 2013, seven staff from CNP, SEHSCT, Save the Children and Youth Initiatives participated in training in order to deliver the programme.
- Referrals were received for nine families (including two fathers) for the first group.
- First cohort of SFP commenced in May 2013 and concluded in June 2013, whilst second cohort of SFP commenced in early 2014 and completed in Mar 2014.

(c) Current status of performance data

- This programme used baseline and end-point SDQs to assess programme performance. In addition, TOPSE (Tool to measure Parenting Self-Efficacy) was also been used.
- For Cohort 2, data has been collected for 10 parents & 9 children (baseline/end-point SDQs) & 10 parents (baseline and end-point TOPSE)

(d) How much did Strengthening Families do?

- Cohort 2 [JAN-MAR 2014]
- 10 referrals received – ½ were self-referrals.
 - 9 families started and completed the programme

(e) How well Strengthening Families do it?

Average percentage attendance

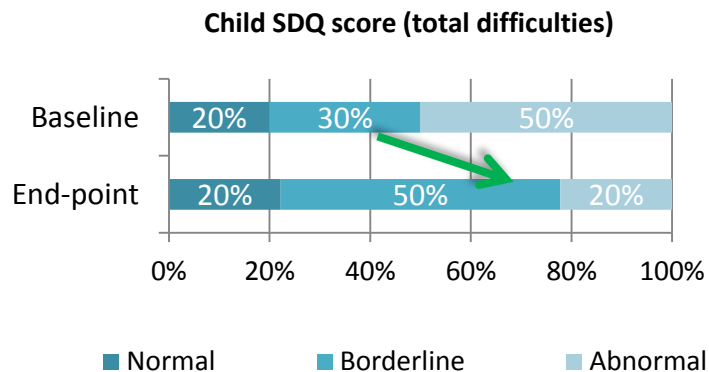
83%



6. Strengthening Families

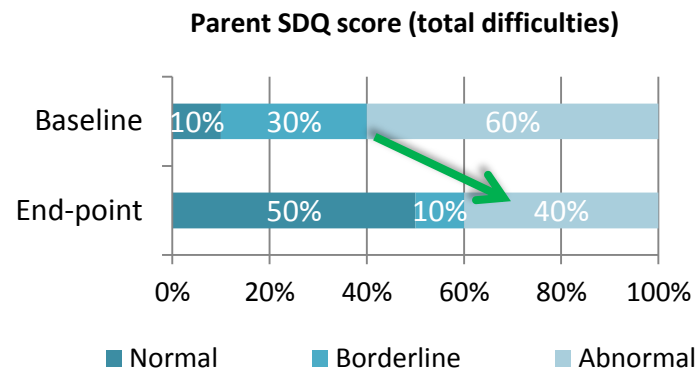
(f) Did Strengthening Families make a difference?

Performance measure 1: % of young people in the clinical range of stress reduces substantially by the end of the intervention



Source: SDQs. No. of complete assessments = baseline 9; end-point 9.

Performance measure 2: % of parents in the clinical range of stress reduces substantially by the end of the intervention



Source: SDQs. No. of complete assessments = baseline 10; end-point 10.

Key finding

The programme has achieved some degree of success in reducing the proportion of children in the abnormal range for total difficulties - parent SDQs scores show a 20 percentage point between baseline and the end-point in the proportion of pupils in the abnormal range.

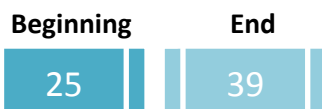
6. Strengthening Families

(f) Did Strengthening Families make a difference?

Performance measure 3: Parents level of self-efficacy (i.e. Parent's belief in their own ability to complete tasks and reach goals) is improved in a number of domains. [Note: Higher score indicates an improvement for each domain]

Domain 1: Parental feeling of control over situations

Avg. Score for control [out of 60]

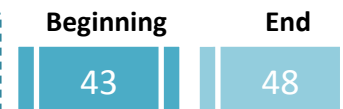


Source: TOPSE. Based on 9 assessments.



Domain 5: Parents show more emotion/affection towards child

Avg. Score for emotion and affection [out of 60]

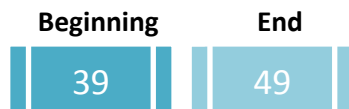


Source: TOPSE. Based on 10 assessments.



Domain 2: Quality of parents play and enjoyment with child

Avg. Score for play and enjoyment [out of 60]

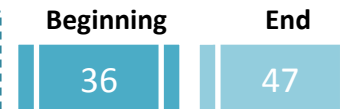


Source: TOPSE. Based on 10 assessments.



Domain 6: Parents more empathic/understanding of their child

Avg. Score for empathy and understanding [out of 60]

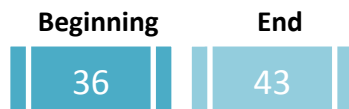


Source: TOPSE. Based on 10 assessments.



Domain 3: Parental feeling about pressures in their everyday life

Avg. Score for pressure [out of 60]

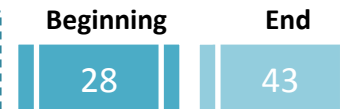


Source: TOPSE. Based on 10 assessments.



Domain 7: Parents more effective at discipline/boundary setting

Avg. Score for discipline/boundary [out of 60]

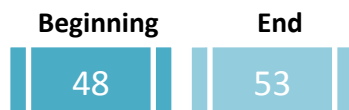


Source: TOPSE. Based on 10 assessments.



Domain 4: Parents have greater knowledge base about parenting

Avg. Score for knowledge [out of 60]

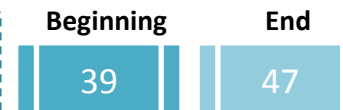


Source: TOPSE. Based on 10 assessments.



Domain 8: Parents are more self-accepting

Avg. Score for self-accepting [out of 60]



Source: TOPSE. Based on 10 assessments.



Key finding

Strengthening Families has improved parent's self-efficacy in a range of domains. It has had most impact in terms of improving parents' feeling of control over situations (+56%)

7. Families and Schools Together (FAST)

(a) Background to FAST

- Primary School FAST is a multi-family group programme designed to build protective factors to enhance children's resilience.
- FAST universally invites all children in a year group and their whole family to participate in this strictly voluntary programme.
- The programme takes place over a total of nine sessions.
- FAST aims to reduce the prevalence of drug and alcohol consumption and help minimise antisocial youth behaviours.

(b) Current status of implementation

- The first round of delivery ran over the period April-May 2013.
- A total of 28 families from StMark's participated in the programme and, of these, 25 completed and graduated from the programme. Children aged between 3 and 10 years.
- The next round of FAST started in early 2014

(c) Current status of performance data

- The data presented in this Report Card is a summary of the data contained Fast Evaluation Report produced by Middlesex University London and relates to the first round of programme delivery.
- The data relates to 21 parent completed questionnaires (pre and post) and 21 teacher questionnaires (pre and post).
- Data for the second round of delivery will not become available until May 2014.

(d) How much did FAST do?

ROUND 1

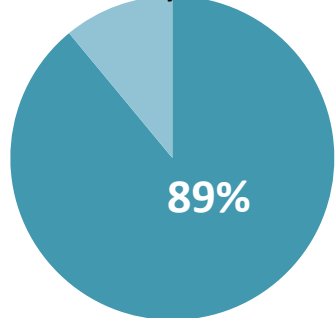
- 28 families attended at least one session
- 25 families attended 6 or more sessions and graduated from the programme
- 21 families completed matched pre and post questionnaires

7. Families and Schools Together

(e) How well did FAST do it?

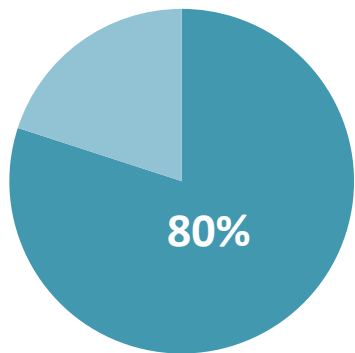
Performance measure 1: FAST achieves a retention rate of at least 80% (the benchmark retention rate for the programme across the UK)

Retention rate for StMark's
Primary School



Source: FAST Evaluation Report

Benchmark retention rate for UK



Source: FAST Evaluation Report

Key finding

StMark's has achieved a higher retention rate than the UK benchmark – 89% vs. 80% for the UK.

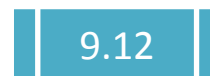
Performance measure 2: FAST achieves an average parental satisfaction score higher than the UK benchmark for parental satisfaction

Average parental
satisfaction score
for St Mark's



Source: FAST Evaluation Report.
Score is out of 10

Average score for
Fast programmes
across the UK



Source: FAST Evaluation Report.
Score is out of 10

Key finding

StMark's has achieved a higher average parent satisfaction score than for the UK as a whole.

7. Families and Schools Together

(f) Did FAST make a difference?

GOAL 1: ENHANCE FAMILY FUNCTIONING

Performance measure 3: FAST improves family relationships [PARENT REPORTED]

Avg. Family relationships score [out of 27]

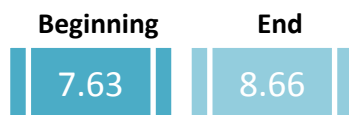


Source: FAST Evaluation Report



Performance measure 4: FAST improves parent-child relationships [PARENT REPORTED]

Avg. Parent-child relationship score [out of 10]



Source: FAST Evaluation Report



Performance measure 5: FAST improves parents engagement/nurturing skills [PARENT REPORTED]

Avg. Self-efficacy score [out of 5]

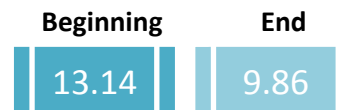


Source: FAST Evaluation Report



Performance measure 6: FAST reduces problem behaviours in children [PARENT REPORTED]

Avg. SDQ difficulties score [out of 40]



Source: FAST Evaluation Report

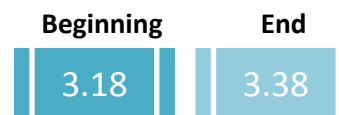
A reduction in SDQ score = improvement in behaviour



GOAL 2: PREVENTION OF SCHOOL FAILURE

Performance measure 7: FAST improves child academic competence [TEACHER REPORTED]

Avg. Child academic competence score [out of 5]



Source: FAST Evaluation Report



Performance measure 8: FAST improves parents involvement in their child's education [PARENT REPORTED]

Avg. parent involvement in child's education score [out of 1]



Source: FAST Evaluation Report



7. Families and Schools Together

(f) Did FAST make a difference?

GOAL 2: PREVENTION OF SCHOOL FAILURE

Performance measure 9: FAST improves parents involvement in their child's education [TEACHER REPORTED]

Avg. parent involvement in child's education score [out of 12]



Source: FAST Evaluation Report



Performance measure 10: FAST improves child's behaviour at school [TEACHER REPORTED]

Avg. SDQ difficulties score [out of 40]



Source: FAST Evaluation Report



GOAL 3: REDUCES STRESS IN DAILY LIFE

Performance measure 11: FAST improves parents relationship with the community [PARENT REPORTED]

Avg. Community Relationships score [out of 10]



Source: FAST Evaluation Report



Performance measure 12: FAST improves social support available to parents [PARENT REPORTED]

Avg. social support score [out of 3]



Source: FAST Evaluation Report



Performance measure 13: FAST improves reciprocal parent support, i.e. parents giving support to each other [PARENT REPORTED]

Avg. reciprocal parent support score [out of 6]

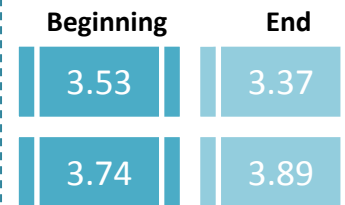


Source: FAST Evaluation Report



Performance measure 14: FAST improves parents general self-efficacy

Avg. social self-efficacy score and avg. general self-efficacy score [out of 5]



Source: FAST Evaluation Report



Key finding

FAST has a positive impact on a wide range of areas – enhancing family functioning, helping to prevent school failure and reducing stress.

8. Colin Adolescent Counselling

(a) Background to Colin Adolescent Counselling

- The Colin Adolescent Counselling Service is targeted at young people aged between 11 and 15 in the Colin area.
- The counselling is made available to any young person experiencing significant emotional trauma in their lives.
- Young people will typically receive 12 counselling sessions – in certain circumstances this can be extended to 24.

(b) Current status of implementation

- The Colin Adolescent Counselling Service has been in operation since June 2013.
- A total of 16 people have been referred on to use the service and 13 have received/are currently receiving counselling through the service.
- Currently parents/carers account for the largest proportion of referrals (46%).

(c) Current status of performance data

- Performance data for Colin Adolescent Counselling relates to all performance data available at end of June 2014 for the total caseload of 13 young people.
- The service uses a number of instruments to measure impact including CORE and SDQs.

(d) How much did Colin Adolescent Counselling do?

- A total of 13 young people have received the service, of these:
 - 6 are receiving counselling (this includes the 2 clients below);
 - 2 left counselling, but returned and are continuing to receive counselling;
 - 4 received the service and have been discharged; and
 - 3 have chosen not to continue to attend counselling.

8. Colin Adolescent Counselling

(e) How well did Colin Adolescent Counselling do it and did it make a difference?

Performance measure 1: Average waiting time between referral and assessment is less two weeks or less

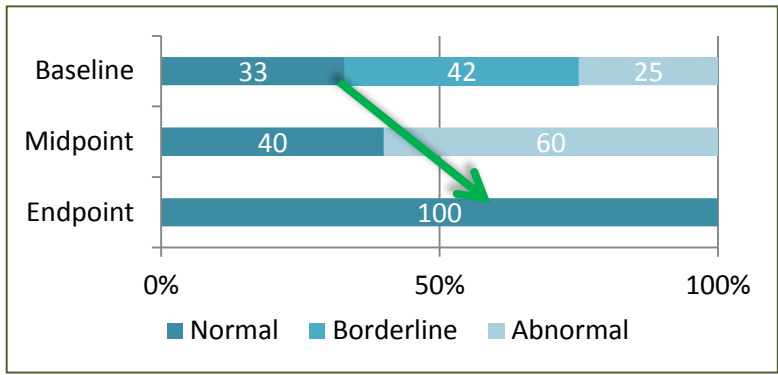
Number young people assessed as at 30 th June 2014	9
Average wait time for assessment as at 30 th June 2014	52 days
Change in average wait time since last data collection period (Mar13)	+16 days
No. children who waited more than 2 weeks for assessment	8

To be checked for accuracy

Source: CORE Assessment data.

Key finding Average wait time for assessment is well in excess of two weeks – one of the most recent new caseload had waited for almost one year between assessment and receiving the service.

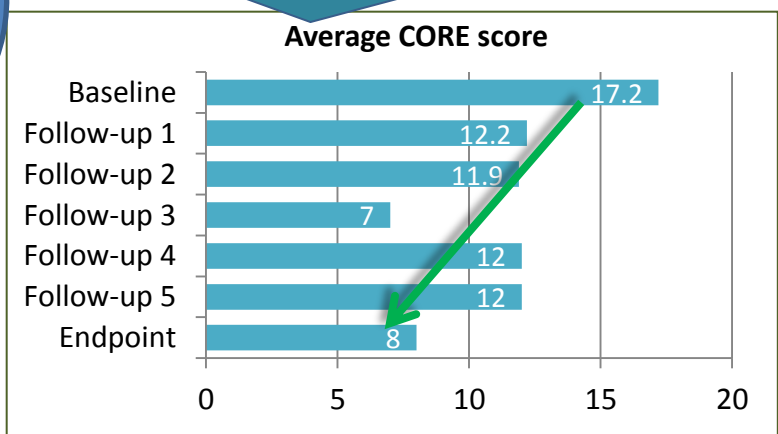
Performance measure 2: The proportion of young people within the abnormal range in term of their total difficulties score is reduced



Key finding The proportion of young people in the normal range for stress has increased from 33% at the baseline to 100% at the end-point. **Caution:** Numbers are low

Source: Parent SDQs. No. of assessments: Baseline (12); Midpoint (5), and; Endpoint (<5)

CORE is a 10 item scale that is used to measure the severity of problems that may impact on a young person's health. Scores can range from 0 to 40 – lower score indicates better well-being.



Key finding The average CORE score has reduced from 17.2 at the baseline to 8 at the end-point indicating that clients are experiencing less psychological distress.

Source: CORE . No. of assessments: Baseline (12); Follow-up 1 (10); Follow-up 2 (7); Follow-up 3 (<5); Follow-up 4 (<5); Follow-up 5 (<5); Endpoint (<5)

Part B: Potential benchmarks for CEIC programme performance

Measure	UK norms/ benchmarks?	Notes
Ages and Stages Questionnaire (ASQ)	No	<ul style="list-style-type: none"> “There is a lack of standardised norms for the UK population ... socio-demographic characteristics of the UK population differ significantly from that of the USA where the measure has been normed.” http://www.ucl.ac.uk/cpru/documents/review_of_measures_of_child_development
Hospital Anxiety and Depression Scale (HADS)	Yes	<ul style="list-style-type: none"> UK norms exist for a sample of 3,822 people aged between 16 and 91 (Mean = 49.31 years). <ul style="list-style-type: none"> ➤ Anxiety mean score: 6.32 ➤ Depression mean score: 3.71
Maternal Ante-Natal Attachment Scale (MAAS)	Cannot currently establish status	
Maternal Post-Natal Attachment Scale (MPAS)		
Family Support Scale (FSS)		<ul style="list-style-type: none"> FSS has been adapted for use in Colin and therefore cannot be compared to a normative sample.
Parenting Sense of Competence Scale (PSOC)	Yes	<ul style="list-style-type: none"> All of the studies we could access were from Australia. A study by Monica Cuskelly drawing on normative sample of 586 women, showed an Mean PSOC score of 60.92. http://eprints.qut.edu.au/17084/1/c17084.pdf
Eyberg	Yes	<ul style="list-style-type: none"> There is a cost attached to accessing this information. It is available by purchasing at: http://www.tandfonline.com/doi/abs/10.1080/15374418009532938
Strengths and Difficulties Questionnaire (SDQ)	Yes	<ul style="list-style-type: none"> UK Data are available for a range of populations. Most appropriate comparator is 5-10 year old population (n=5,855) <ul style="list-style-type: none"> ➤ Parent SDQ mean score: 8.6 (Standard deviation = 5.7) ➤ Teacher SDQ mean score: 6.7 (Standard Deviation = 5.9) ➤ Self-report SDQ mean score: not available
TCM Strategies Questionnaire	Not applicable	<ul style="list-style-type: none"> Not applicable
Clinical Evaluation of Language Fundamentals (CELF) Preschool 2	Yes	<ul style="list-style-type: none"> This is a standardised test and children are benchmarked according to particular standardised norms. See page 16 of the following document: http://www.pearsonclinical.co.uk/Psychology/ChildCognitionNeuropsychologyandLanguage/ChildLanguage/CELF-Preschool2UK/Resources/CELFPre2SASampRpt.pdf

Part B: Potential benchmarks for CEIC programme performance

Measure	UK norms/ benchmarks?	Notes
Renfrew Action Picture Test (RAPT)	Cannot currently establish UK norms	
Child Outcome Rating Scale (CORs)	Yes	<ul style="list-style-type: none"> • Non-clinical sample (n=154) – mean = 33.4 and Standard Deviation = 7.00 • Clinical sample (n=119) – mean = 30.3 and Standard Deviation = 7.8 More details available at: http://www.slideshare.net/barrylduncan/child-outcome-rating-scale-cors
WLL Questionnaire	No	This has been compiled specifically for use by Time4Me by Professor Mick Cooper
Clinical Outcomes in Routine Evaluation (CORE)	Yes	<ul style="list-style-type: none"> • UK data are available, however sample size is relatively low. For 14-16 age group (sample size 42): <ul style="list-style-type: none"> ➤ Mean for pre-therapy is 20.6 ➤ Mean for post-therapy is 9.6

Part C: Measures used by CEIC programmes

Use of measures: A significant number of programmes funded by CEIC make use of measures to assess the impact that services have on those who engage with them. Each of these measures assess different areas of development and tend to be administered at the beginning of the programme (baseline) and the end of the programme (end-point) and at varying points throughout the programme. The table below illustrates the measures used by each of the CEIC programmes.

Measure	Colin Early Parenting Programme (CEPP)	Incredible Years (IY)	Speech and Language Therapy (SALT)	Time4Me	TakeTen	Strengthening Families	Colin Adolescent Counselling	Permissions	
1. Ages and Stages Questionnaire (ASQ) [Versions used: 2mth, 4mth, 6mth, 10mth, 12mth, 18mth, 24mth]	✓	✓						<ul style="list-style-type: none"> Benny compiling table with costs in it. 	
2. Hospital Anxiety and Depression Scale (HADS)	✓	✓						<ul style="list-style-type: none"> Cost per single use. 	
3. Maternal Ante-Natal Attachment Scale (MAAS)	✓							<ul style="list-style-type: none"> No charge 	
4. Maternal Post-Natal Attachment Scale (MPAS)	✓								
5. Family Support Scale (FSS)	✓							<ul style="list-style-type: none"> No charge 	
6. Parenting Sense of Competence Scale (PSOC)	✓							<ul style="list-style-type: none"> No charge 	
7. Eyberg		✓						<ul style="list-style-type: none"> C.£1.00 per individual measure 	
8. Strengths and Difficulties Questionnaire (SDQ). [Versions Parent, 2-4; Parents, 4-17; Teacher, 2-4; Teacher, 4-17]		✓		✓	✓	✓	✓	<ul style="list-style-type: none"> Free for non-profit organisations 	
9. TOPSE						✓		<ul style="list-style-type: none"> No charge 	
10. TCM Strategies Questionnaire		✓						<ul style="list-style-type: none"> No charge 	
11. Karitane Parenting Confidence Scale		✓						<ul style="list-style-type: none"> No charge 	
12. Clinical Evaluation of Language Fundamentals (CELF) Pre-School 2 [UK edition]			✓					<ul style="list-style-type: none"> Cost per use 	
13. Renfrew Action Picture Test (RAPT)			✓						
14. British Picture Vocabulary Scale (BPVS) 3 rd Edition			✓						
15. Goldman Fristoe 2 Test of Articulation			✓						
16. Child Outcome Rating Scale (CORs)				✓				<ul style="list-style-type: none"> Licence fee of \$1,000 for three years 	
17. Wellbeing and Learning Links Questionnaire			Not being used any more						<ul style="list-style-type: none"> Not being used any more
18. Clinical Outcomes in Routine Evaluation (CORE)							✓	<ul style="list-style-type: none"> No charge 	