New South Wales Government

Early Intervention Strategies for Children and Young People 8 to 14 Years

DoCS
NSW Department of Community Services

Introduction

This Research to Practice Note provides an overview of the key issues presented in a review of the literature *Early Intervention Strategies for Children and Young People 8 to 14 Years.*[1]

The review examines the evidence supporting the effectiveness of parenting, child-focussed and multi-component programs as early intervention strategies for families and young people aged eight to fourteen years.

Background

Despite Australia's prosperity, some indicators on the health and wellbeing of children and young people in Australia in the last few decades have deteriorated or shown no improvement.[2] Child protection notifications in Australia are increasing and have almost trebled over the past seven years.[3] Children aged ten to fourteen make up over a quarter of substantiated child protection reports in NSW.[4]

The high rates of child protection notifications, mental health problems and substance use for children and young people aged eight to fourteen years means that many children and young people are 'at risk' of poor outcomes.

Within the literature, studies examining the effectiveness of early intervention strategies predominately target infancy and early childhood, and the importance of intervening in late childhood and early adolescence has been overlooked.

Interventions delivered during the transition to adolescence are necessary in order to capture three groups of vulnerable children and young people. These include those who:

1. received an intervention in early childhood but who continue to experience problems
2. are currently experiencing problems without having had an earlier intervention
3. are not currently experiencing problems but are at risk for developing problems during adolescence.

Types of early intervention strategies

There are a number of approaches to the delivery of early intervention strategies. These are:

- **Universal interventions**: offered to all families
- **Selected interventions**: targeting high risk families, based on a single or multiple risk factors, such as poverty or parental mental illness
- **Indicated interventions**: targeting families where the child or young person is already showing difficulties.

Selected or indicated interventions are also called 'targeted' intervention, since those at high risk of future problems are targeted for inclusion in the intervention.

Early intervention strategies can be broadly grouped into three categories:

- **Parenting programs**. These are usually short-term programs which target the parent or family and provide parenting education or skills training.
- **Child-focussed programs**. These programs target the child or young person directly and involve instructional or skills-based approaches delivered in school settings.
- **Multi-component programs**. These programs involve more than one intervention and may target the entire school, the home and/or the community in addition to the child.

Early interventions for children and young people aged eight to fourteen years differ from early interventions for younger children in three main ways:

1. There is greater focus on intervening directly with the child rather than with the parents.
2. Interventions are often delivered in the school, rather than the home or community.
3. Interventions often target child vulnerabilities (such as behavioural problems) rather than parent vulnerabilities (such as carer mental illness).

Key considerations for selecting and implementing early interventions

Early interventions for children and young people aged eight to fourteen years and their families should be evidence-based, developmentally appropriate and address key risk and protective factors known to be associated with positive child outcomes.

Decisions about which intervention to implement will generally be based on the specific outcome(s) practitioners wish to target in the intervention.

Universal versus targeted programs

- The advantages and disadvantages for both universal and targeted interventions should be considered when selecting a program.
- Universal programs have the benefit of reduced stigma and broader application but are less personalised, associated with smaller individual effects and involve greater expense.
- Targeted programs provide more personalised contact, may have greater effectiveness, are less costly but are likely to be associated with greater stigma and limited reach.
- The most effective strategy may be to introduce a multi-level model of prevention with both universal programs and targeted initiatives for those not helped sufficiently by the universal programs.

Child-focussed versus multi-component programs

- Multi-component interventions that target risk and protective factors appear to have more positive outcomes than single component interventions, especially for high risk children and young people.
- Factors such as cost and ease of implementation should be considered prior to delivering a multi-component program.
- Involving parents in a school-based intervention may enhance the effectiveness of a child-focussed intervention.

Individual versus group programs

- Individual programs offer greater flexibility in terms of pace, content and attention to individual problems of the family.
- Group programs may be less costly and time-consuming and offer more opportunities for social support.
- While no studies directly compared the relative effectiveness of group and individual programs, there is some evidence that disadvantaged families may benefit more from individual than group parenting programs.
- Group programs which aggregate high risk children and young people should be avoided due to the potential negative effects of antisocial peers.

With all approaches, progress should be monitored and more intensive interventions offered to those who continue to show problems at the end of the intervention.

Parenting programs

'Parenting program' is an umbrella term used to encompass parent education, parent training, parent support and family skills training. Parenting programs can be delivered in a number of different formats including individual, group or self-directed programs. They can be delivered in a range of settings and vary in intensity and duration.

The general aim of parenting programs for children aged eight to fourteen years is to strengthen protective factors such as positive parent-child communication and to reduce risk factors such as poor monitoring and supervision.

Significant changes in the parent-child relationship can occur in the transition from late childhood to adolescence. This can present considerable challenges for parents. Children often disengage and distance themselves from their parents and become more dependent on their relationships with peers. It is generally assumed that parental influence becomes less significant as children grow older. However, evidence shows that parental influence maintains a strong and enduring effect in late childhood and early adolescence.

Parenting programs are particularly important for parents of children and young people who are at risk of poor outcomes.

Universal parenting programs

Universal parenting programs aim to normalise parenting education and encourage all families to participate. Parenting programs for parents of children aged eight to fourteen are usually delivered in the transition to adolescence at around 12 years of age. This is an important period for the decline in parental influence and escalation of risk behaviours and family conflict.

By delivering these programs in the school setting and targeting the transition to secondary school, parents are more likely to see parenting programs as a normal and integral part of this transition.

Several universal parenting programs have been developed, but there are only a few which have been well evaluated. The strongest evidence is for two brief group-based programs from the USA, *Strengthening Families Program* and *Preparing from the Drug Free Years*. These programs have been found to have long-term positive effects on substance use, behavioural problems, positive parenting and family communication.[5]

Within Australia, two small studies of Triple P (Positive Parenting Program) have demonstrated some initial positive findings. *Teen Triple P*[6] for parents of teenagers and a version of Triple P for Australian Indigenous families[7] have demonstrated some positive effects on different aspects of parenting and family functioning, but further research is required.

Targeted parenting programs

Behaviourally-based parenting programs such as *Parent Management Training* (PMT)[8] are effective interventions for high risk children and young people aged eight to fourteen years. These parenting programs involve active skills training and aim to modify risk and protective factors such as parental monitoring, parent-child communication and parent-child relationship quality. Changes in these variables then result in improvements in child outcomes.

Behavioural parenting programs like PMT are effective in improving child outcomes for families with:

- parental depression
- multiple risk factors
- marital separation or divorce
- stepfamilies
- parents stressed by adolescent substance use
- children and young people who have oppositional or conduct problems
- children and young people who have ADHD and experience family conflict.

Parenting programs in a child protection context

There are relatively few parenting programs that have been evaluated in the child protection context, particularly for the eight to fourteen year age group. One program that appears to be effective is *Parent Child Interaction Therapy*, which involves in vivo training with parents and children, and aims to stop escalating aversive patterns of behaviour. Research has demonstrated that this program is effective in reducing re-reporting of physical abuse.[9] The program teaches parents how to implement specific skills and also coaches them in vivo with their children.

Preventing drop out

Families and children who are at greater risk of poor outcomes are more likely to drop out of parenting programs. Factors such as severity of child behaviour problems, low child IQ, higher parental depression and stress, and low socio-economic status are related to drop out.

There may be strategies which can be used to help prevent families from dropping out of parenting programs. Practitioners should consider implementing brief motivational enhancement programs prior to program participation. Motivational enhancement strategies may include providing information about the importance of attending, eliciting statements about parents' plans to attend and developing plans for overcoming parents' barriers to attendance.[10]

Child-focused and multi-component programs

Child-focussed programs generally focus on changing individual risk and protective factors. These programs often involve instructional or skills-based approaches delivered in the classroom to improve social-cognitive problem solving and emotional regulation.

In addition to changing individual risk and protective factors, multi-component programs also address risk and protective factors relating to the school climate, the peer group, the home and/or the community. Multi-component programs usually involve a combination of classroom approaches, school-wide approaches, family-based approaches (parent education, family interventions, home-school collaboration), as well as community development strategies.

Child-focussed and multi-component programs that are delivered in the school setting may be universal or targeted in their approach. The goal of a universal program is to enhance protective factors on a school-wide basis to keep minor problems and difficulties from developing into more serious problems. Targeted programs typically address groups of students who do not respond to universal programs or who are at heightened risk for developing problems in the future.

The school setting is targeted for the following reasons:

- Schools enable access to the majority of children and young people, including those at highest risk of poor outcomes.
- Outside of the family environment, the school is the primary setting within which the development of children and young people can be directed and shaped.
- Delivering interventions in the school has the potential to reduce the recruitment and retention problems commonly experienced when delivering programs in the community.

Programs to prevent child sexual abuse

Programs to prevent sexual abuse involve personal safety instruction and teach children to avoid situations in which sexual abuse could occur and to encourage children to disclose previous or ongoing abuse.

These programs appear to be effective in increasing knowledge and self-protection skills, although it is not known whether these programs also change behaviour or reduce the incidence of sexual abuse.

Programs to prevent child sexual abuse should:

- involve behavioural skills training
- be a minimum of three sessions in duration
- be implemented with children in the early primary school years, as they may be more effective with younger children
- involve close monitoring of outcomes as there may be negative effects associated with these programs, such as increases in anxiety and fear of adults.

Programs to prevent violence or conduct disorder

Universal and targeted programs to prevent violence or conduct disorder are effective in reducing aggressive behaviour and increasing social competence, at least in the short-term.

Programs to prevent violence should:

- involve active skills training and aim to enhance children's social skills
- include additional components that also target parenting skills and enhance communication between the parent and the school, especially for high risk children and young people
- be delivered in both primary and high school
- avoid aggregating high-risk children and young people into groups due to potential negative peer influences.

The most positive effects were for interventions designed to improve children's relationships or social skills. Most programs focus largely on boys, however positive program effects are similar for both boys and girls.[11]

Programs to prevent substance use

Universal programs to prevent substance use are effective in the short-term, although there is less evidence for the effectiveness of targeted programs.

Programs to prevent substance use should:

- be interactive in their approach and involve the provision of knowledge and refusal skills
- provide participants with significant opportunities to exchange ideas and practice new skills
- include peers in the delivery.

Programs to prevent depression and anxiety

There is mixed evidence to support the effectiveness of universal and targeted programs to prevent depression. While some cognitive behavioural programs have demonstrated positive effects on depressive symptoms, other programs have found no effects.

The *Resourceful Adolescent Program*[12] and the *Problem Solving for Life Program*[13] are two universal programs evaluated in Australia. Both programs have shown reductions in student depressive symptoms, at least in the short term.

Recent research suggests that universal or targeted programs to prevent anxiety are effective in the short-term and long-term although further research is needed before widespread dissemination. Several studies have shown that an Australian program, *FRIENDS*, is effective in preventing anxiety, especially when delivered in late childhood.[14]

Programs to enhance school connectedness and prevent drop out

School connectedness is an important protective factor for behavioural, emotional and school-related problems. Interventions to enhance school connectedness generally involve multiple components that target the classroom, entire school, family and community.

These interventions enhance children's academic achievement and may prevent a number of problem

behaviours, such as substance use and antisocial behaviour. There is some evidence that a sustained intervention beginning in the first year of primary school may be necessary to show positive outcomes. An Australian program, the *Gatehouse Project* is an example of a successful intervention to enhance school connectedness.[15]

Conclusion

There are a diverse range of early intervention programs that have been examined within the literature to improve outcomes for children and young people aged eight to fourteen years. While there are very few parenting programs that have a good evidence base for this age group, there are numerous child-focussed and multi-component interventions that are effective in strengthening protective factors and reducing risks associated with negative outcomes such as child sexual abuse, violence, substance use and anxiety.

There is detailed information about the different programs and strategies being implemented in Australia and overseas in the review, *Early intervention strategies for children and young people 8 to 14 years.*

Further Reading

Early Intervention Strategies For Children And Young People 8 To 14 Years: Literature Review. NSW Department of Community Services, 2007

The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.

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Endnotes

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