

RISE: Prevention of Child Mental Health Problems in Southeastern Europe

Adapt, Optimise, Test, and Extend Parenting for Lifelong Health

A study to prevent violence and improve child mental health in North Macedonia, Republic of Moldova, and Romania



Introduction

Parenting programmes that strengthen families through the development and reinforcement of positive parenting practices and the enhancement of positive parent-child relations are an effective strategy to reduce the risk of violence against children. The purpose of these interventions is to promote parenting behaviours that build functional parenting competencies of parents or caregivers to connect and provide adequate support and care for their children. Parenting interventions have also shown promise in preventing and treating child disruptive behaviour and reducing maternal mental health problems. Although there is much evidence on the effectiveness of parenting programmes in high-income countries, there are currently few evidence-based interventions that are well-suited for low- and middle-income countries. To respond to this need, Parenting for Lifelong Health for Young Children, aged 2-9 years, (PLH Children) was developed based on programmes that have been tested in the UK, US, Australia, the Netherlands, and Hong Kong. In several randomised controlled trial studies the PLH Children programme was adapted and tested, showing improvements in observed and self-reported positive parenting behaviour in families who participated in the programme in comparison to controls, also at immediate post-intervention and reductions in harsh parenting at 1-year follow-up.

Parenting for Lifelong Health (PLH)

Parenting for Lifelong Health (PLH) is an initiative led by experts from the **World Health Organization, UNICEF, the Universities of Bangor, Cape Town, Oxford, Reading, and Stellenbosch** (www.who.int/violence_injury_prevention/violence/child/plh/en/). PLH is committed to develop and test a suite of effective, feasible, culturally relevant, and scalable parenting programmes to reduce the risk of violence against children and improve child wellbeing in low- and middle-income countries.

RISE: Aims

The aim of the RISE project is to adapt, optimise, evaluate, and extend the most effective and cost-effective version of the PLH Children programme in order to prevent child mental health problems in three Eastern European countries: North Macedonia, the Republic of Moldova, and Romania. Funded by Horizon2020 as part of the Global Alliance for Chronic Diseases, it innovatively combines the Multiphase Optimisation Strategy (MOST) framework for intervention research with a rigorous implementation science approach.

RISE will be implemented from 2018 to 2021. **First**, the project partners will collaborate with the local stakeholders from UNICEF, government, academia, and civil society, as well as local parenting professionals, parents and primary caregivers themselves in order to determine the cultural

appropriateness and feasibility of the PLH Children programme.

Second, different versions of the PLH programme will be tested to develop the most effective and cost-effective programme to take to scale in each country.

Lastly, the project will rigorously evaluate optimized intervention in order to establish its effectiveness and cost-effectiveness with vulnerable families in each country.

RISE: Objectives

1. To adapt the PLH Children programme content, structure, and delivery approach to the local Eastern European culture and context;
2. To test the feasibility of the adapted programme when implemented within the service delivery system of each country;
3. To optimise the adapted programme using a factorial experimental design in order to select the programme components that are most effective and cost-effective with the highest level of implementation;
4. To evaluate the optimised intervention when delivered to families with children ages 2 to 9 who have elevated levels of behaviour problems in randomised controlled trial in each country.
5. To support the dissemination and sustainability of the PLH Children programme within the local service delivery context in each country.

Project activities

Phase 1: Preparation

The Preparation Phase will focus on adapting and piloting the original PLH Children programme so that it fits within the culture and context of each country.

1.1 Formative evaluation

We will consult officials, experts and practitioners from the child protection and family services sector in order to inform the design and adaptation of the locally-relevant intervention. We will also convene a Parenting Experts Working Group to guide the process of adaptation and piloting their opinions into the adaptation of PLH Children.

1.2 Feasibility study

We will then test the adapted programme in a small-scale feasibility study with 40 families who have children aged 2-9 with elevated levels of behaviour problems in each country site. This pilot study will examine the levels of participation and engagement of parents who are recruited to participate in the programme, as well as whether the intervention can be delivered with a high degree of fidelity and quality by local facilitators trained by PLH Master Trainers. We will also examine the preliminary effectiveness of the programme on reducing child behaviour problems and child maltreatment.

Phase 2: Optimisation

The Optimisation Phase will select the most effective, cost-effective, and scalable intervention components using a factorial experiment with 864 families with children who have high levels of behaviour problems (N = 288 families per country).

2.1 Factorial experiment

This phase will optimise the adapted intervention based on effectiveness, cost-effectiveness, and implementation. Participating families will be randomly allocated to 8 experimental conditions in order to test the differential effects of

3 intervention components on reducing child behaviour problems and child maltreatment: programme length (5 vs 10 sessions), engagement (basic vs enhanced) and fidelity (supervision on-demand vs structured supervision).

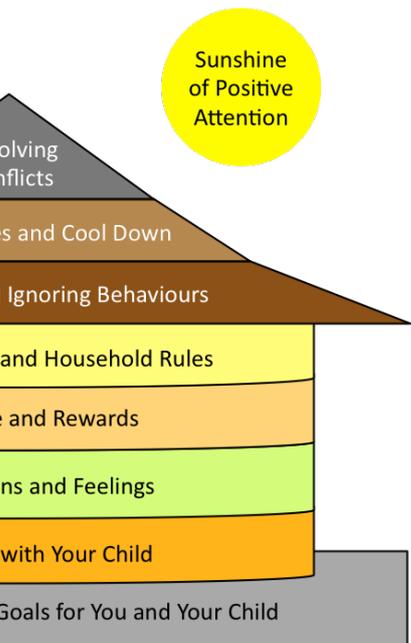
2.2 Outcome evaluation

Intervention outcomes will be assessed at 3 time points: baseline, immediate post-test, and follow-up. We will also examine cost-effectiveness of each component and its effect on implementation outcomes, as well as potential differences by subgroups such as parent/child age and gender. Results will inform the selection of programme components that contribute to reducing child behaviour problems and child maltreatment in order to optimise the parenting intervention for scalability based on the most effective and cost-effective components with the highest levels of programme implementation.

Phase 3: Evaluation

The Evaluation Phase will rigorously test the optimised intervention in a randomised controlled trial (RCT).

In order to determine the effectiveness and cost-effectiveness of the optimised version of the PLH Children programme, 720 families will be randomly assigned to receive either the programme or lecture as an active control (N = 240 families per country). We will then



PLH 2-9 model of building a home of support for you and your child.

evaluate the effectiveness of the intervention by comparing the outcome effects between the 2 groups at post-intervention and 6 months follow-up.

Cost-Effectiveness Analysis

As part of the project, there will be an overall cost effectiveness assessment during the study. The objective is to assess health economics as an integral part of the research, including considerations of scalability and equity.

Dissemination and Sustainability

The findings from the study will be shared with stakeholders at the provincial, national and international levels to discuss the impact of the program, any revisions that may be needed, and whether it should and can be scaled up to other areas.

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You may also visit our website at www.rise-plh.eu

