Key Findings

Children and Families



Parents/guardians with children with behaviours consistent with ADHD reported improved disciplinary practices across all time points of the research. Specifically, they reported that since completing the ADHD-focused IY Parent Programme, they were more likely to employ positive parental strategies when their child misbehaved, less likely to overact and overall their disciplinary practices had improved after taking part in the parent programme.



Parent/guardians reported that they experienced parenting as less stressful after taking part in the parent programme and found their child less difficult to parent. Other findings were improved parent-child interactions and a reduction in the distress they experienced in relation to their role as parent/guardian.



Parents/guardians saw reduced **hyperactive and** impulsive behaviours in their child after they had taken part in the parent programme. This improvement was sustained and significant across all time points.

Parental reports also indicated a consistent improvement with regard to children's

concentration, attention levels and distractibility. Reductions in these behavioural features were observable across all time points. The percentage of children with the Predominantly ADHD Inattentive subtype reduced to:







from 68% T1-T3, n=75



T1-T4, n=35



Social and emotional

presentations, such as externalising emotional problems, difficulties with peers, hyperactivity and conduct problems experienced by the programme child, were all seen to have reduced across all time points by the parent/guardian.

The results showed a **strong correlation** between changes in the parent/guardians' disciplinary practices and changes in the child's behaviours. Specifically, children of parents/guardians whose disciplinary practices improved showed fewer of the problems and behavioural patterns that are typical for ADHD. The relationship between improved parenting practices and ADHD-consistent behaviour was particularly strong immediately post programme but remained evident for the later follow ups.

Implementation



Participants in the ADHD IY Parent Programme reported high levels of satisfaction (with mean scores of 15.36 out of a possible 16 achieved on the IY Parent Weekly Evaluations). Key factors for parents were the lengthened programme to allow additional time to practise skills and work on problem behaviours as well as the ongoing support they received from the Programme Facilitators and their fellow parent participants.



Training, support and fidelity

measures were used to ensure the quality of The Changing Lives Initiative, while some flexibility

was still provided to allow programme facilitators to tailor the programme in response to specific presenting needs of families.



Cross border success:

Partners used the same programme, practices and protocols across the three jurisdictions. Additionally, the implementation of the Initiative

benefited from cross-border training, knowledge sharing and the sharing of expertise and resources.



The core components for the successful partnership in implementing The Changing Lives

Initiative were shared values,

shared protocols for delivery, and a shared vision based on a preventative approach. Much time and effort was also put into engaging with local communities and services, and building capacity with local stakeholders.



Factors that could **potentially inhibit implementation** included practical operational issues,

as differing IT systems, staff working in a statutory partner organisation being called for higher priority work; and the high level of reporting requirements and slow turnaround of payments from the project funder.

Economic

€1,155.09 - €1,555.42

The **cost per family** completing The Changing Lives Initiative programme across the jurisdictions ranged from €1,155.09 to €1,555.42. For all three jurisdictions costs were commensurate (or lower) than reported elsewhere in the literature.



No immediate direct cost savings were demonstrated in relation to health and social care costs;

an evaluation over a longer period would be required to determine long-term cost saving potential. There is extensive wider evidence, however, of the long-term cost effectiveness of this type of early intervention.

Remote Delivery



Remote delivery of the ADHD IY Parent Programme had wide acceptability from both parents and facilitators. The IY programme structure and strategies translated well to remote delivery and provided an otherwise unavailable support network during a stressful and pressured time for families (COVID-19, Lockdown).