

Respect



**realising
ambition**

The Respect Young People's Programme (RYPP)



**Report Summary
Social Research Unit Outcomes Monitoring**

For the purpose of this report, the term adolescent, child and young person may be used interchangeably to describe children aged 10 years and above.

Introduction

The Respect Young People's Programme (RYPP) is a programme for families where children and young people aged between 10 and 16 are abusive and/or violent towards the people close to them, particularly their parent(s) or carer(s). This abuse is frequently a combination of physical; verbal; financial; coercive or emotional; making threats or causing damage in the home.

The programme works with parent(s)/ carer(s) and the young person, seeing them all as part of the solution. It is designed to enable families to identify negative behavior patterns and work towards positive outcomes. The programme reaches its full potential if both the young person and parent(s)/carer(s) are willing to fully engage, however the intervention can also be delivered to parent(s)/carer(s) or the young person without full engagement of the other

The RYPP has been designed combining a range of theoretical models – primarily a cognitive behavioural approach in addition to interventions aimed at influencing criminogenic features of the young person's immediate environment (primarily parenting, family life and school). The programme draws on learning from:

- Social learning theory
- cognitive behavioural approaches
- Systems theory
- Invitational and strength- based approaches
- Neuroscience and self-soothing
- Attachment theory
- Restorative justice
- Conflict resolution
- Solution Focused approaches

The programme is facilitated by trained RYPP practitioners and takes about 3 months to complete. There is flexibility to extend this period for families with more complex needs and higher levels of harm and flexibility to deliver via individual practitioners, small teams working separately with different family members or in a group format. Agencies delivering the RYPP have used delivery models that play to their strengths, local needs and referral pathways.

Some sessions involve the whole family, with parallel sessions with the parent and the young person on their own.

The RYPP was originally funded under the "Realising Ambition Programme" via the Big Lottery Fund. The funding enabled Respect to work with partner agencies to pilot the RYPP to test effectiveness and replication across different localities and agencies.

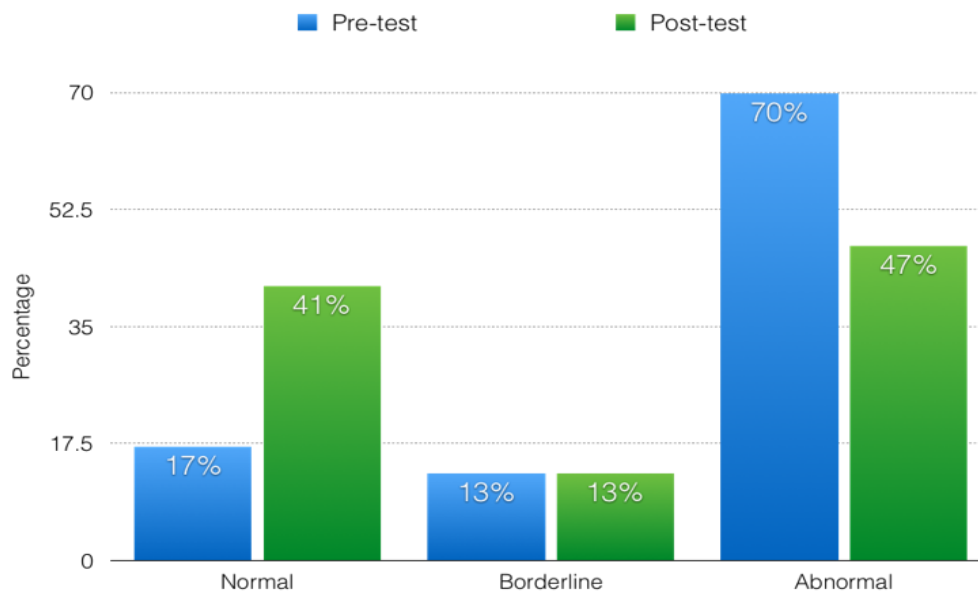
To ascertain whether participation in the RYPP improved outcomes for children and young people, Realising Ambition carried out detailed analyses of the outcomes data

of all families who completed programme. Realising Ambition's focus was on the improved mental health for participants taking part in the RYPP. In addition, Respect wanted to capture data the child's emotional and behavioural changes.

In the final report the Social Research Unit stated:

“Over the course of the Respect Young People’s Programme, all scales within the parent-report SDQ and the majority of scales within the child-report SDQ demonstrated significant improvement between pre- and post-test. Encouragingly, the overall mental health of young people (as represented by the Total Difficulties scores) and also their behaviour (both conduct difficulties and pro-social) improved according to the reports of both parents and children – a positive result considering the focus of the intervention is on reducing adolescent-to-parent violence. Two-thirds of parents reported improvements in their child’s overall mental health and conduct, with scores in the abnormal range reducing by 23% and 27% respectively” (Social Research Unit)

The graph below show the changes in the total difficulties score from SDQs pre and post the RYPP intervention



The following pages give a more detailed report on the statistical analyses carried out by the Social Research Unit on data collected by Respect during the implementation of the RYPP up to 2016.

Method

Sample

Initially the intention was to deliver the RYPP to **609** young people and their families across seven sites in:

- York.
- North Yorkshire.
- South Tyneside.
- Halifax.
- Stockport.
- Knowsley and
- Wirral.

Of this original target, **562 (92%)** participated in the programme.

Outcome Measures

For the purpose of this evaluation, the child self-report (11-17) and parent-report versions of [Strengths and Difficulties Questionnaire \(SDQ\)](#) were used. The SDQ is a behavioural screening questionnaire that comes in several versions and is widely used in both Child and Adolescent Mental Health Services (CAMHS) and research to monitor health and behavioural outcomes in children. All versions ask about 25 attributes, some positive and some negative.

These attributes fit within 5 scales:

1. Conduct problems
2. Emotional symptoms
3. Peer problems
4. Hyperactivity
5. Pro- social behaviour.

Each attribute has three possible responses, “not true” “somewhat true” or “certainly true”. Each of the scales is scored separately, with sixth scale, “total difficulties” generated by adding the totals of scales 1-4 (based on 20 items).

In addition, there is an “Impact Supplement Score” which assesses the child’s distress and the impact on any difficulties on home and school life, friendships and leisure activities. The SDQ’s were completed pre and post intervention.

The SDQ’s will provide an indication of whether the outcomes for families were positive and data strongly supported this. However, we do acknowledge that without the investment in a full clinical trial with a matched control group it is not possible to say with confidence that these all the outcomes were exclusively due to participation in the RYPP. Children will often improve naturally over time, and a control group enables any change observed in the programme group to be compared to the change that may have occurred naturally in the absence of any intervention. To address this, [the SDQ Added Value Score \(SDQ-AVS\)](#) was applied to the parent report.

The SDQ-AVS is an algorithm derived from data gathered from longitudinal studies where children with mental health and/or behavioural issues had not received a specialist intervention. This gave an indication of the likely impact/added value of the RYPP in the absence of a control group. Respect would welcome a full Randomised Control Trail if that investment became available.

Results

The following analysis was based on 212 complete sets of data (pre and post intervention) for the child report and 122 complete sets of data for the adult report. The pre and post- test scores of the SDQs were analysed using a variety of statistical methodsⁱ to ascertain the effect size/impact and significance of the impact of the RYPP.

For the purposes of the report, the results will be broken down into six sections corresponding to the SDQ:

- Total difficulties
- conduct problems
- emotional symptoms
- peer problems
- hyperactivity problems
- pro-social behaviour.

Outcomes relating to mental health were measured at the beginning and the end of the programme. The child and parent results for each section are presented together for comparison. Of note is that parent SDQs identify much higher levels of need for the young person than there self-scored SDQs.

Overall mental health (Total Difficulties)

Chart 1: Child self- report

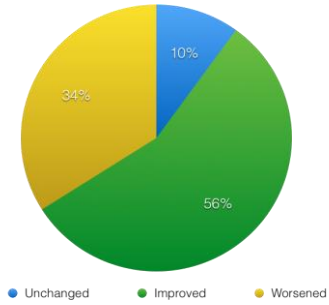


Chart 1 illustrates that in terms of overall mental health, between pre and post intervention, 56%(n=119) of the sample improved,34% (n=72) worsened and 10% (n=21) remained unchanged. Further statistical tests on the child reports indicated that this **improvement** was **significant**.

Chart 1a: Parent report

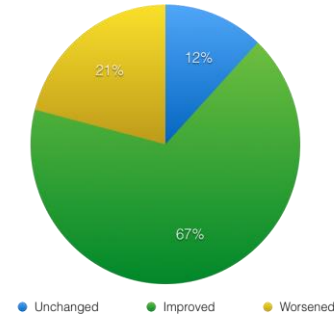


Chart 1a illustrates that in terms of overall mental health, between pre and post intervention 67%(n=82) improved, 21%(n=26) worsened and 12% (n=14) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that their **child's mental health was significantly better** at the end of the programme than it was at the start

Conduct difficulties

Chart 2: Child

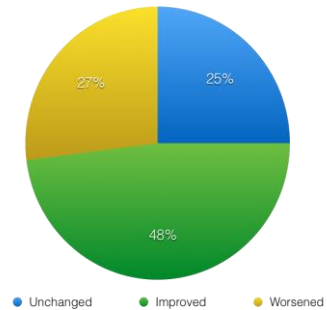


Chart 2 illustrates that in terms of conduct difficulties, between pre and post intervention, 48 %(n=104) of the sample improved, 27 % (n= 59) worsened and 25% (n=21) remained unchanged. Further statistical tests on the child reports indicated that this **improvement** was **significant**.

Chart 2a: Parent

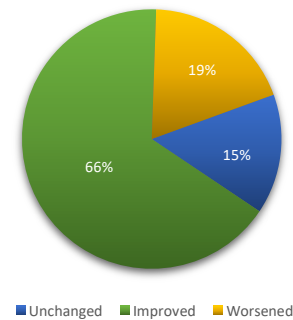


Chart 2a illustrates that in terms of conduct difficulties, between pre and post intervention 66% (n=84) improved, 19% (n=24) worsened and 15% (n=19) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that their **child's conduct difficulties were significantly better** at the end of the programme than they were was at the start.

Emotional problems

Chart 3: Child

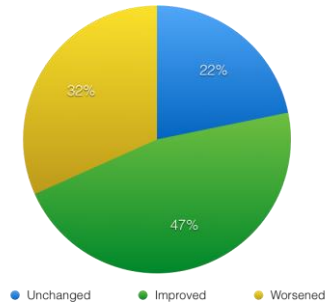


Chart 3 illustrates that in terms of emotional problems, between pre and post intervention, 47 % (n=99) of the sample improved, 32 % (n=68) worsened and 22% (n=46) remained unchanged. Further statistical tests on the child reports indicated that this **improvement** between pre and post intervention was **significant**.

Chart 3a: Parent

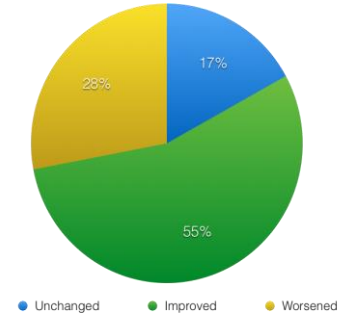


Chart 3a illustrates that in terms of emotional problems, between pre and post intervention 55% (n=69) improved, 28% (n=35) worsened and 17% (n=21) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that their **child's emotional problems were significantly better** at the end of the programme than they were at the start.

Peer Problems

Chart 4: Child

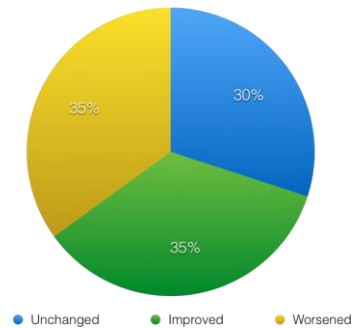


Chart 4 illustrates that in terms of peer problems, between pre and post intervention, 35 % (n=75) of the sample improved, 35 % (n=74) worsened and 30% (n=65) remained unchanged. Further statistical tests indicated that the scores between pre and post intervention were **not significant**. However, children reported that their peer relationships were **similar** to what they had been at the start of the programme.

Chart 4a: Parent

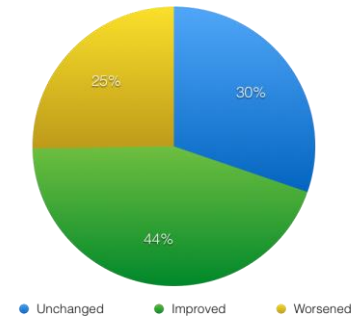


Chart 4a illustrates that in terms of peer problems, between pre and post intervention 44% (n=56) improved, 25% (n=32) worsened and 30% (n=38) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that their **child's relationships with peers were significantly better** at the end of the programme than they were at the start.

Hyperactivity problems

Chart 5: Child

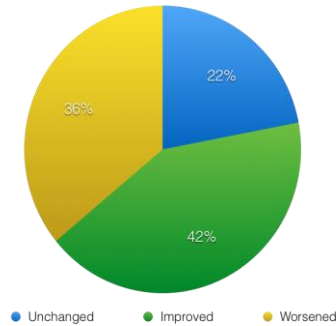


Chart 5 illustrates that in terms of hyperactivity problems, between pre and post intervention, 42% (n=91) of the sample improved, 36% (n= 77) worsened and 22% (n=48) remained unchanged. Further statistical tests on the child reports indicated that children reported that their hyperactivity problems **were not significantly different** to what they were when they started the programme.

Chart 5a: Parent

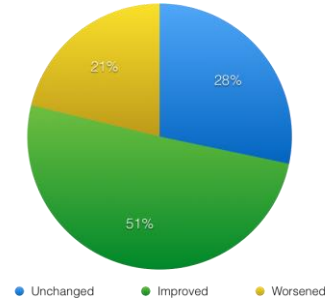


Chart 5a illustrates that in terms of hyperactivity problems, between pre and post intervention 50% (n=64) improved, 21% (n=27) worsened and 28% (n=36) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that their **child's hyperactivity problems were significantly better** at the end of the programme than they were at the start.

Prosocial Behaviour

Chart 6: Child

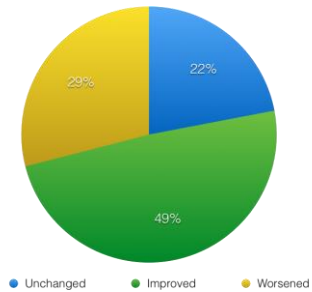


Chart 6 illustrates that in terms of prosocial behaviour, between pre and post intervention, 49% (n=105) of the sample improved, 29% (n= 62) worsened and 22% (n=47) remained unchanged. Further statistical tests on the child reports indicated that this **improvement** between pre and post intervention was **significant**.

Chart 6a: Parent

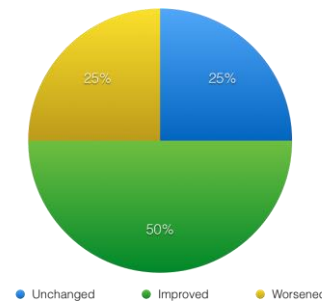


Chart 6a illustrates that in terms of prosocial behaviour, between pre and post intervention 50% (n=63) improved, 25% (n=32) worsened and 25% (n=32) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that their **child displayed significantly more pro social behavior** at the end of the programme than they were at the start.

Impact of difficulties (Impact supplement)

Chart 7: Child

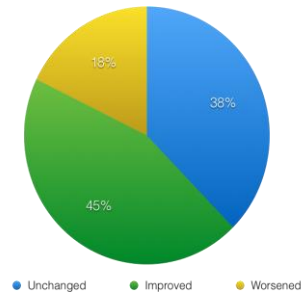


Chart 7 illustrates that in terms of the impact of their difficulties on everyday life, between pre and post intervention, 45% (n=86) of the sample improved, 18% (n= 34) worsened and 38% (n=73) remained unchanged. Further statistical tests on the child reports indicated that this **improvement** between pre and post intervention was **significant**. This meant that by the end of the programme, children reported that their difficulties had less impact on their everyday lives than they had at the beginning of the programme

Chart 7a: Parent

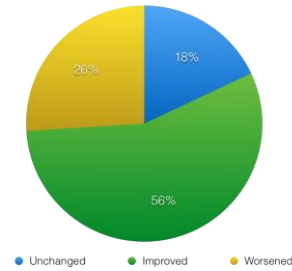


Chart 7a illustrates that in terms of the impact of their child's difficulties on everyday life, between pre and post intervention 56% (n=71) improved, 26% (n=33) worsened and 18% (n=23) remained unchanged. Further statistical tests indicated that this **improvement** was **significant** with parents reporting that the impact of their child's difficulties on the child's everyday life as was significantly less than it had been at the start of the programme.

Discussion and Conclusion

Over the course of the RYPP, all scales within the parent-report SDQ and the majority of scales within the child-report SDQ demonstrated significant improvement between pre- and post- intervention. Encouragingly, the overall mental health of young people (as represented by the Total Difficulties scores) and their behaviour (both conduct difficulties and pro-social) improved according to the reports of both parents and children and these were the areas that were targeted through the RYPP. Particularly encouraging is the large proportion of participants who moved out of the 'Abnormal' (high needs) threshold and the positive result produced by the SDQ Added Value Score.

According to the reports of children receiving the programme, children and young people were experiencing relatively high levels of relationship problems with peers at the beginning of the programme, and this had not changed by the end. However, the parent SDQs stated otherwise. Interestingly, parents reported greater levels of change than young people throughout, although this will in part be due to the higher levels of difficulties identified by them at pre-test.

The young people accessing the RYPP were more likely to be victims of bullying than bullying others which was not what we had expected when designing the intervention. Turning around the behaviour of others towards the young person is something that may take longer than the time frame of the pre and post measures used here.

The programme is effective in producing change in the areas it targets – YP mental well-being, conduct, parental relationships but less so on peer relationships (not a target area for the RYPP). In future iterations of the RYPP and in the training of the RYPP practitioners there will be more of focus on contextual safeguarding issues present in the lives of many of these young people.

The young people participating in the RYPP are often seen by others as “problem kids” who are a risk to others and their vulnerability is frequently unseen or not considered. The high Total Difficulties SDQ scores are clear indicator of the need to provide pathways to more stable lives for these young people and the RYPP goes some way to achieving this.

Limitation of the study

No control group

Child report SDQs had 366 complete sets of data at pre intervention (65% of total participants) and 215 complete sets of data post intervention (38%). The parent report had 320 sets of data at pre- intervention (60%) and 126 at post-intervention (22%).

There are various reasons for this. Practitioner error, practitioners not completing the SDQ with the parent and child at the initial meeting. Some practitioners left the SDQ with the family to complete and send in later. The response rate for completion of the final SDQ reduced as soon as the practitioner was no longer working with the family.

To increase the effectiveness of outcomes monitoring, agencies should look to place greater emphasis on data collection at service user exit.

ⁱ These included the Wilcoxon Signed Rank Test and paired t-tests and Cohen's d.

- **The Wilcoxon Signed Rank Test** is used to compare two sets of data from the same participant. It is a non-parametric test meaning it does not assume the distribution of the data is normal. A normal distribution has a mean, median and mode symmetry about the middle with 50% of the values less than the mean and 50% of the values greater than the mean. A normal distribution is often referred to and illustrated as a Bell Curve.
- **Paired t-test** is another test to compare two sets of data from the same participant. It is a parametric test. It rests on the assumption that there is a normal distribution.
- **Cohen's d** is a statistic used to measure effect size. An effect size is how large the effect of something is and is used to communicate the significance of results.