



Engaged Research Case Study Template

Project Title (8 words max)	Evaluation of wraparound in Ireland for Children and families (ENRICH): Developing, implementing and evaluating complex health and social care interventions for vulnerable children and their families.
Health and wellbeing	
<p>Project synopsis (100 words max) Please give a very short description of the societal challenge, the action taken, and the intended/ achieved result.</p>	<p>Parenting interventions and support services are an increasingly important public health priority and are critical to ensuring that children, particularly the most vulnerable, are healthy, safe and achieve their full potential in life. A key societal challenge is the need to develop and implement appropriate and effective evidence-based services and interventions for parents and young children that help to promote child and family health and well-being, whilst also reducing/ alleviating developmental disadvantage and inequality.</p> <p>The five-year ENRICH project (2014-2019) comprises a multi-component, rigorous programme of research which is being conducted to help promote child health and family wellbeing early in life through the development, implementation and evaluation of wraparound-inspired models of care for vulnerable/ potentially vulnerable children. This research aims to promote the development of, explore the implementation, and assess the effectiveness and cost-effectiveness of two newly-developed wraparound-inspired prevention and early intervention services in Ireland called: (a) the Parent and Infant (PIN) programme; and (b) the Children at Risk Model (ChARM). Both programmes are designed to support parents in the early years and promote child social, emotional and behavioural well-being. 'Wraparound' is a structured process which aims to meet multiple needs and reduce barriers to engagement through collaborative, multidisciplinary practice and service delivery in community settings.</p> <p>Two 'add-on' strands of work (funded by the HRB and the NIHR respectively) aim to (a) promote the translation of the ENRICH findings into policy and practice and build capacity in KT; and (b) undertake a comparative sub-study with collaborators in a number of universities in the UK, including York, Exeter, Sheffield and Lancaster, as well as several NHS local authorities and community-based organisations.</p>
Higher Education Institution:	Maynooth University (Centre for Mental Health and Community Research (www.cmhcr.eu), Department of Psychology and Institute of Social Sciences
Engaged Research Partners (civic, civil society organisations, Social enterprises, public or professional service or product users, policy makers, members of the public).	<ul style="list-style-type: none"> • Public Health Nursing (HSE) Dublin West • Archways/Blue Skies (ABC) Initiative (Clondalkin, Dublin)* • The Genesis (ABC) Programme (Co. Louth)* • Deansrath Family Resource Centre, Dublin • The NI Clinical Trials Unit, Belfast
Engagement (research method or activity) (100 words max)	The key aims of the ENRICH research are to: (1) assess parent and child outcomes over time (e.g. parenting skills, child behaviour, parent-child relationships); (2) explore and identify facilitative/ inhibitive factors impacting



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	<p>programme implementation; and (3) assess the cost-effectiveness of the programmes. A core aspect of the research involves close collaboration between the research team based in Maynooth University, service providers and practitioners working in public health nursing, social care and community-based services, and parents and children living in disadvantaged communities across Dublin West, Kildare, West Wicklow and Co. Louth. We aim to reach a wide range of service providers in the public health, social care and community/voluntary sector, as well as academics and researchers across a number of disciplines and decision makers and policy makers in the field.</p> <p>Broadly speaking, this research involves elements of three engaged research approaches including: (1) community-based research; (2) community-university partnerships; and (3) participatory action research. Thus, there was extensive collaboration and engagement between community partners and the research team in developing the research idea, informing the research design(s) and, in the case of the ChARM strand, helping to develop a new intervention/programme for parents of children at risk of entering care. The research also involves regular liaison and stakeholder agreement on ongoing research developments and outputs and active participation in 'sharing and learning' workshops and other stakeholder events.</p> <p>The research is being conducted in line with the Medical Research Council's (MRC) framework for developing and evaluating complex interventions and MRC guidance on the process evaluation of complex interventions.</p> <p>Specific methods include:</p> <ul style="list-style-type: none"> • A multi-site community-based controlled trial. • A small exploratory Randomised Controlled Trial (RCT) (also community-based). • Two process evaluations. • Two economic appraisals. • A separate Knowledge Translation (KT) strand (e.g. survey, series of one-to-one interviews and focus groups with a wide range of key stakeholders, design and development of a series of Implementation Guides for the Parent and Infant programme/ service, development of a digital dashboard, plus a range of other focused KT activities).
<p>Project outputs and outcomes: (600 words max) Please describe briefly the target audience and activities that occurred and short terms results. This information could include:</p> <ul style="list-style-type: none"> • who you worked with; • issue to be addressed • what actions you took; 	<p>The outputs are as follows:</p> <ul style="list-style-type: none"> • A new service model co-developed by the research team and community-based stakeholders. • Peer-reviewed journal articles (4 to date; 3 in submission; 6 in preparation). • Research and technical reports (> 16 to date). • Conference presentations, seminars, invited papers and keynotes (>30 to date). • Six stakeholder workshops/ seminars.



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<ul style="list-style-type: none"> • the geographical location; • any shorter-term outcomes or changes in local situation and circumstances, knowledge and skills attitudes or behaviour, policy, practice, organisational development etc, decision-making. 	<ul style="list-style-type: none"> • A Knowledge Translation workshop (April 2018). • Project promotional materials. • E-newsletter. • Large number of quantitative and qualitative data sets (which could be usefully archived and made available for future analysis pending approval from the funders). • Policy briefs (planned). • A project webpage (see www.cmhcr.eu), social media (Twitter) and participation in relevant media activities (e.g. radio interviews). • Protocols for the evaluation of wraparound-inspired prevention and early intervention programmes (developed in collaboration with community partners). • Liaison and active dialogue throughout the research process to create and, in turn, promote engagement, recruitment and retention of parents from disadvantaged communities. • New collaborations/ partnerships (e.g. with universities in the UK and community-based organisations). <p>The outcomes are as follows:</p> <ul style="list-style-type: none"> • To generate a better understanding of the needs of parents in the early years amongst relevant health and social care professionals and community-based organisations. • To increase knowledge and understanding of the effectiveness and cost-effectiveness of new wraparound-inspired programmes for children and families in the earliest years (from birth to two years; part of the first 1000 days). • To help improve developmental outcomes for children from birth to 11 years and family wellbeing (including strengthened parental competency) living in disadvantaged communities. • To inform the on-the-ground practices of health and social care professionals and community-based organisations who work with vulnerable/potentially vulnerable families. • To help influence thinking, behaviour and policy in relation to the implementation of evidence-based programmes in the early years. • To promote the uptake of evidence-informed practice and build capacity in knowledge translation amongst researchers in the field.
<p>Longer term anticipated areas for Impact (Choose from below):</p> <p>Economic Policy & Public Service Societal Engagement Health & Wellbeing Professional services Environmental New knowledge</p>	<p>Health and Wellbeing Policy/ product development Professional services New knowledge Human Capacity/ capacity building</p>



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Human Capacity	
Funding sources:	Health Research Board Collaborative Applied Research Grants Scheme (€1.25m) HRB Knowledge Exchange and Dissemination Scheme (€60k) National Institute of Health Research (NIHR) (£1.8m)
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