

Incredible Years Preschool

Review: [Foundations for Life](#), July 2016

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

The Incredible Years (IY) Preschool basic programme is for parents with concerns about the behaviour of a child between the ages of three and six.

Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting positively with their child and discouraging unwanted behaviour. Two facilitators (QCF-7/8) lead parents in weekly two-hour group discussions of mediated video vignettes, problem-solving exercises and structured practice activities addressing parents' personal goals.

The Advanced add-on to Incredible Years Preschool includes a component that seeks to improve children's outcomes by improving the quality of interparental relationships (IPR).

Evidence
rating: **4+**

Cost rating: **2**

EIF Programme Assessment

Incredible Years Preschool has **evidence of a long-term positive impact** on child outcomes through multiple rigorous evaluations.

Evidence
rating: **4+**

What does the evidence rating mean?

Level 4 indicates **evidence of effectiveness**. This means the programme can be described as evidence-based: it has evidence from at least two rigorously conducted evaluations (RCT/QED) demonstrating positive impacts across populations and environments lasting a year or longer.

What does the plus mean?

The plus rating indicates that a programme's best evidence is level 4 standard, and there is at least one other study at level 4, and at least one of the level 4 studies has been conducted independently of the programme provider.

Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Preventing obesity and promoting healthy physical development

Improved independent play

Based on study 3

1.90-point improvement on an observed child independent play scale

Improvement index: **+28**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 78% and worse outcomes than 22% of their peers, if they had received the intervention.

Immediately after the intervention

Enhancing school achievement & employment

Improved reading ability

Based on study 2

9.18-point improvement on the Weschler Objective Reading Dimensions age-standardised score

Improvement index: **+16**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 66% and worse outcomes than 34% of their peers, if they had received the intervention.

Long-term 10 years later

Preventing crime, violence and antisocial behaviour

Reduced frequency of behaviour problems

Based on study 1

29.19-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)

Improvement index: **+35**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 85% and worse outcomes than 15% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 3

17.8-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)

Improvement index: **+21**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 71% and worse outcomes than 29% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced number of behaviour problems

Based on study 1

4.99-point improvement on the Eyberg Child Behaviour Inventory (Problem Scale)

Improvement index: **+26**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 76% and worse outcomes than 24% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 3

3.90-point improvement on the Eyberg Child Behaviour Inventory (Problem Scale)

Improvement index: **+18**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 68% and worse outcomes than 32% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced child deviance

Based on study 2

2.12-point improvement on the Strengths and Difficulties Questionnaire (Deviance Scale)

Improvement index: **+14**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 64% and worse outcomes than 36% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 1

1.92-point improvement on the Strengths and Difficulties Questionnaire (Deviance Scale)

Improvement index: **+14**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 64% and worse outcomes than 36% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced externalising behaviours

Based on study 2

5.23-point improvement on the Child Behaviour Checklist (Externalising Scale)

Improvement index: **+21**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 71% and worse outcomes than 29% of their peers, if they had received the intervention.

Immediately after the intervention

Improved behaviour

Based on study 2

9.98-point improvement on the Child Behaviour Checklist

Improvement index: **+17**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 67% and worse outcomes than 33% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced parent defined problems

Based on study 2

1.41-point improvement on the Parent Defined Problems Questionnaire

Improvement index: **+32**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 82% and worse outcomes than 18% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced total problems

Based on study 2

3.94-point improvement on the Parent Daily Report

Improvement index: **+27**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced oppositional defiant disorder

Based on study 2

0.22-point improvement on a coded observational measure of structured play

Immediately after the intervention

Based on study 2

1.61-point improvement on the Child and Adolescent Psychiatric Assessment

Improvement index: **+33**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 83% and worse outcomes than 17% of their peers, if they had received the intervention.

Long-term 10 years later

Reduced oppositional defiant symptoms

Based on study 2

1.58-point improvement on the Child and Adolescent Psychiatric Assessment

Improvement index: **+32**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 82% and worse outcomes than 18% of their peers, if they had received the intervention.

Long-term 10 years later

Reduced antisocial personality traits

Based on study 2

4.41-point improvement on the Antisocial Process Screening Device

Improvement index: **+26**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 76% and worse outcomes than 24% of their peers, if they had received the intervention.

Long-term 10 years later

Reduced antisocial behaviour

Based on study 2

1.79-point improvement on the Strengths and Difficulties Questionnaire (Conduct Problems Scale)

Improvement index: **+29**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 79% and worse outcomes than 21% of their peers, if they had received the intervention.

Long-term 10 years later

Reduced child hyperactivity

Based on study 1

4.32-point improvement on the Conners Parent Rating Scale (Parent Report)

Improvement index: **+28**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 78% and worse outcomes than 22% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 1

1.07-point improvement on the Strengths and Difficulties Questionnaire (Hyperactivity Scale - Self-Report)

Improvement index: **+18**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 68% and worse outcomes than 32% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 2

0.21 point-improvement on the Parent Account of Child Symptoms Interview

Improvement index: **+12**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 62% and worse outcomes than 38% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced negative behaviour

Based on study 3

5.00-point improvement on an observed child negative behaviour scale

Improvement index: **+28**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 78% and worse outcomes than 22% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced conduct problems

Based on study 1

0.82-point improvement on the Strengths and Difficulties Questionnaire (Problems Scale)

Improvement index: **+17**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 67% and worse outcomes than 33% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 2

0.40-point improvement on the Parent Account of Child Symptoms Interview (Parent-Report)

Improvement index: **+31**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 81% and worse outcomes than 19% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 2

1.05-point improvement on the Strengths and Difficulties Questionnaire (Conduct Problems Scale - Self-Report)

Improvement index: **+19**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 69% and worse outcomes than 31% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced frequency of behaviour problems in siblings

Based on study 1

21.35-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)

Improvement index: **+27**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Immediately after the intervention

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting
- Community centre
- Out-patient health setting

The programme may also be delivered in these settings:

- Home
 - Children's centre or early-years setting
 - Primary school
 - Community centre
 - Out-patient health setting
-

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated
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Where has it been implemented?

United Kingdom, United States, Ireland

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
programmes for children with recognised or possible special education needs
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About the programme

What happens during delivery?

How is it delivered?

- Incredible Years Preschool is delivered by two IY co-leaders to groups of approximately 12 families in 20 sessions of around two hours each.

What happens during the intervention?

- During the sessions, parents practise child-directed play skills that build positive relationships and attachment; strengthen more nurturing parenting using social, emotion and persistence coaching methods; encourage school readiness skills and early problem-solving skills; establish predictable routines and rules; provide incentives for positive behaviour; and reduce behaviour problems.
- Parental social support is strengthened by weekly facilitator calls, parent-buddy calls and group process methods.
- IY Preschool can be combined with Incredible Years Advanced for families with more complex issues. Advanced is a 10 to 12-week add-on component that covers anger and depression management, building support networks, effective problem-solving for couples and has teacher and family meetings.

What are the implementation requirements?

Who can deliver it?

- It is delivered by two IY co-leaders with QCF-7/8 qualifications who may be a psychologist, social worker, nurse or physician.

What are the training requirements?

- The practitioners have 24 hours of training each. Booster training of practitioners is recommended.

How are the practitioners supervised?

- Supervision is shared between the host agency and the programme developer and is provided by two supervisors with QCF-7/8 qualifications.

What are the systems for maintaining fidelity?

- Fidelity monitoring
- Face-to-face training
- Accreditation or certification process
- Supervision

Is there a licensing requirement?

Yes, there is a licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- The Incredible Years model assumes that some parenting behaviours inadvertently encourage unwanted child behaviour.
- Parents will learn more effective strategies for dealing with unwanted child behaviour when they have opportunities to practise and perceive themselves as effective in using them.
- Effective parenting strategies help the child learn how to better manage his or her emotions and behaviour.
- In the longer term, the child will get along better with others and there will be a reduced likelihood of antisocial or criminal behaviour.

Intended outcomes

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<http://www.incredibleyears.com/>
<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=194>
<http://www.promisingpractices.net/program.asp?programid=134>
<http://www.cebc4cw.org/program/the-incredible-years/>

About the evidence

The Incredible Years (IY) Preschool Basic Programme's most rigorous evidence comes from three RCTs which were conducted in the UK.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme has evidence from three rigorously conducted RCTs, with at least one study demonstrating long-term impact, and impact on assessment measures independent of study participants (not self-reports). In addition, at least one study has been conducted independently of the programme developer. Consequently, the programme receives a 4+ rating overall.

Study 1

Citation: Hutchings et al (2007)

Design: RCT

Country: United Kingdom

Sample: 153 families attending Sure Start centres in Wales

Timing: Post-test

Child outcomes:

- Reduced frequency of behaviour problems
- Reduced number of behaviour problems
- Reduced child hyperactivity
- Reduced conduct problems
- Reduced child deviance
- Reduced child hyperactivity
- Reduced frequency of behaviour problems in siblings

Other outcomes:

- Reduced symptoms of depression
Reduced levels of stress
Reduced critical parenting
Increased positive parenting

Study rating: 3

Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C., & Edwards, R.T., (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial, *BMJ*, 334, doi:10.1136/bmj.39126.620799.55.

Available at www.bmj.com/content/334/7595/678 > <http://www.bmj.com/content/334/7595/678>

Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of families to an IY treatment group and a control group.

This study was conducted in the UK, with a sample of 153 families attending Sure Start centres in Wales.

The majority of participants (89.5%) had a total weekly household income of ? £64/person. The average age of children was 48 months.

Measures

Child number and intensity of conduct problems were measured using the Eyberg child behaviour inventory (parent report) (sibling report). Child hyperactivity and conduct problems were measured using the Strengths and Difficulties Questionnaire (parent report). Child hyperactivity was measured using the Conners abbreviated parent/teacher rating scale (parent report). Child deviance was measured using the Dyadic parent-child interaction coding system (expert observation of behaviour).

Parental stress levels were measured using the Parenting Stress Index-Short Form (parent report).

Depressive symptoms were measured using the Beck depression inventory (parent report). Positive and critical parenting were measured using the Dyadic parent-child interaction coding system (expert observation of behaviour). Parental competencies were measured using the Arnold parenting scale (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced frequency of behaviour problems
- Reduced number of behaviour problems
- Reduced child hyperactivity
- Reduced conduct problems
- Reduced child deviance
- Reduced frequency of behaviour problems in siblings

Study 2

Citation: Scott et al (2001) and Scott et al (2014)

Design: RCT

Country: United Kingdom

Sample: 141 families referred to CAMHS for child behavioural problems and 94 participants from the original study

Timing: Post-test; 10-year follow-up

Child outcomes:

- Improved reading ability
- Reduced child deviance
- Reduced externalising behaviours
- Improved behaviour
- Reduced parent defined problems
- Reduced total problems
- Reduced oppositional defiant disorder
- Reduced oppositional defiant symptoms
- Reduced antisocial personality traits
- Reduced antisocial behaviour
- Reduced oppositional defiant disorder
- Reduced conduct problems
- Reduced child hyperactivity
- Reduced conduct problems

Other outcomes:

- Reduced inappropriate commands Warmer expressed emotion

Study rating: 3

Scott, S., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. *BMJ*, 323, 1-7.

Scott, S., Briskman, J., & O'Connor, T. (2014). Early Prevention of Antisocial Personality: Long-Term Follow-Up of Two Randomized Controlled Trials Comparing Indicated and Selective Approaches. *American Journal of Psychiatry*, 171, 649- 657.

Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC35270/>

<https://www.ncbi.nlm.nih.gov/pubmed/24626738>

Study design and sample

The second study is a rigorously conducted RCT.

This study involved random assignment of families to an IY treatment group, a waitlist control group, and a standard treatment group.

This study was conducted in the UK, with a sample of 141 families referred to CAMHS for child behavioural problems. On average, the children were 5.7 years of age with almost half (46.8%) eligible for free school meals. Sixteen percent of the parents were in ethnic minority.

Measures

Child antisocial behaviour and hyperactivity were measured using parent account of child symptoms (parent report) and clinical interviews (diagnostic interview). Child conduct problems were measured using the Strengths and Difficulties Questionnaire (SDQ) (conduct problems, total deviance) (parent report), the Child Behaviour Checklist (externalising problems, total) (parent report), the parent daily report questionnaire (parent report), the parent defined problems questionnaire (parent report), and the ICD—10 diagnosis of conduct disorder (oppositional defiant type) (diagnostic interview). Child reading was measured using the Wechsler Objective Reading Dimension (direct assessment). Adolescent oppositional symptoms and diagnosis were measured using the Child and Adolescent Psychiatric Assessment (diagnostic interview). Adolescent antisocial personality traits were measured using the Antisocial Process Screening Device (parent report). Adolescent antisocial behaviour was measured using the SDQ conduct problems scale (parent report) (teacher report) and the Self-Report Delinquency instrument (child self-report). Parent-child relationship quality was assessed through a five-minute parent-child conversation audio sample (expert observation of behaviour) and a 20-minute videotape of parent-adolescent interaction (expert observation of behaviour).

Parental inappropriate commands were measured using observations of an 18-minute structured play task (expert observation of behaviour).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced conduct problems
- Reduced child hyperactivity
- Reduced child deviance
- Reduced externalising behaviours
- Improved behaviour
- Reduced parent defined problems
- Reduced total problems
- Reduced oppositional defiant disorder
- Reduced oppositional defiant symptoms
- Reduced antisocial personality traits
- Reduced antisocial behaviour
- Improved reading ability

Study 3

Citation: Gardner et al (2006)

Design: RCT

Country: United Kingdom

Sample: 76 families with a child aged six or younger

Timing: Post-test

Child outcomes:

- Improved independent play
 - Reduced number of behaviour problems
 - Reduced frequency of behaviour problems
 - Reduced negative behaviour
-

Other outcomes:

- Increased sense of competence Increased positive parenting strategies
Decreased negative parenting strategies
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Study rating: 3

Gardner, F., Burton, J., & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. *Journal of Consulting and Clinical Psychology*, 47, 1123-1132.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/17076751>

Study design and sample

The third study is a rigorously conducted RCT.

This study involved random assignment of families to an IY treatment group and a waitlist control group.

This study was conducted in the UK, with a sample of 76 families (63% in receipt of welfare benefits) with a child aged six or younger.

Measures

Child number and intensity of conduct problems were measured using the Eyberg Child Behaviour Inventory (parent report). Child independent play and observed negative behaviour were measured using coded observations of videotape recordings (expert observation of behaviour).

Observed negative and positive parenting strategies were measured using coded observations of videotape recordings (expert observation of behaviour). Parental discipline style and techniques were measured using the Parenting Scale (parent report). Parental sense of competence was measured using the Parenting Sense of Competence Scale (parent report). Parental depressive symptoms were measured using the Beck Depression Inventory (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced number of behaviour problems
 - Reduced frequency of behaviour problems
 - Improved independent play
 - Reduced negative behaviour
-

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Additional studies are available at <http://www.incredibleyears.com/research-library/all-articles/>

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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