Tuning in to Kids

Review: February 2023

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.

Tuning in to Kids is aimed at children aged 3-12 years with behaviour difficulties, or who would benefit from a preventative programme to reduce future behaviour difficulties.

- Tuning in to Kids teaches emotion coaching skills to parents and carers.
  - The goal of emotion coaching is to respond to children’s emotions in a way that helps children better understand and regulate their feelings, and consequently manage their behaviour more appropriately. Tuning in to Kids also teaches parents to reflect on their own emotions and how they are managing and expressing them in parenting.
- The programme consists of group sessions and home exercises.

Evidence rating: 2+ *

Cost rating: 1
Tuning in to Kids has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

**Evidence rating: 2+ * **

**What does the evidence rating mean?**

**Level 2** indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

**What does the plus mean?**

The plus rating indicates that a programme’s best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

**What does the asterisk mean?**

The asterisk indicates that this programme’s evidence base includes mixed findings: that is, studies suggesting positive impact alongside studies that on balance indicate no effect or negative impact.

**Cost rating**

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.
Child outcomes

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

### Supporting children’s mental health and wellbeing

- **Improved child behaviour**
  - Based on study 1

- **Reduced intensity of problem behaviours**
  - Based on study 2

- **Reduced conduct problems**
  - Based on study 2

- **Reduced threatening/retaliatory behaviours**
  - Based on study 2
Key programme characteristics

**Who is it for?**
The best available evidence for this programme relates to the following age-groups:

- Toddlers
- Preschool
- Primary school

**How is it delivered?**
The best available evidence for this programme relates to implementation through these delivery models:

- Group
- Individual

**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
- Primary school

The programme may also be delivered in these settings:

- Home
- In-patient health setting
- Out-patient health setting
### How is it targeted?

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

- Targeted selective

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### Where has it been implemented?

Australia, New Zealand, Chile, United States, Canada, Mexico, United Kingdom, Norway, Sweden, Denmark, Iran, Turkey, Kurdistan, Germany, Switzerland, Russia, China, Hong Kong

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### UK provision

This programme has been implemented in the UK.

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### UK evaluation

This programme’s best evidence does not include evaluation conducted in the UK.

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### Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

TIK is delivered in 6 to 8 sessions of 2 hours’ duration each by a TIK practitioners, to groups of 6-14 families.

The programme can also be delivered to individual families.

What happens during the intervention?

The programme includes psychoeducation, role play practice, small group exercises, group discussions, watching video demonstrations, and home activities. These activities all help to build parents/carers skills with emotion coaching as well as understanding and regulating their own emotions.

What are the implementation requirements?

Who can deliver it?

The intervention can be delivered by one or two trained facilitators (2 is recommended).

All those who work in the caring profession can become certified Tuning in to Kids facilitators. This includes psychologists, psychiatrists, paediatricians, educators, counsellors, social workers, support workers, allied health professionals and clinicians. In addition, peer support workers can also train to deliver the program.

What are the training requirements?

The training is delivered in 2 formats:

In-person: 2 days of training, 6.5 hours of training per day

Online: 3 sessions of training, 4.5 hours per day

How are the practitioners supervised?

There are free, monthly online supervision sessions available for all trained facilitators as well as regular themed workshops.

Organisations can also purchase supervision packages.
What are the systems for maintaining fidelity?

Not available

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- TIK aims to teach parents and carers skills in emotion coaching, emotional competence (their own emotion awareness and regulation) and how to reduce emotionally dismissive responses to their children's emotions.

- In the programme parents learn to use emotion coaching with their children.

- This reduces parents’ emotionally dismissive responses, and assists children to develop emotional competence, including skills in emotion understanding and regulation.

- When children develop emotional competence, this is related to better social, emotional and behavioural functioning.

- Short term outcomes are thus reduced emotion dismissive parenting, increases in emotion coaching, improved parent emotion competence, increased connection with their child and reduced emotional and behavioural difficulties in their child.

- Long term outcomes are that the short-term outcomes are maintained and that children develop emotional competence and improved social, emotional and behavioural functioning as well as reduced mental health difficulties.

Intended outcomes

Supporting children's mental health and wellbeing
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About the evidence

A programme receives the same rating as its most robust study, which in this case are the Havighurst et al., 2010; Duncombe et al., 2016 and the Wilson et al., 2020 studies, and so the programme receives a Level 2+ mixed rating overall.

The programme does not yet receive a rating of Level 3 because the conclusions that can be drawn from Tuning in to Kids's most robust evidence (Havighurt et al., 2010; Duncombe et al., 2016) are limited by methodological issues pertaining to a lack of clarity in terms of attrition, hence why a higher rating is not achieved.

This programme's evidence base includes mixed findings: that is, studies suggesting positive impact alongside studies that on balance indicate no effect or negative impact.
### Study 1

<table>
<thead>
<tr>
<th><strong>Citation:</strong></th>
<th>Havighurst et al., 2010</th>
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</thead>
<tbody>
<tr>
<td><strong>Design:</strong></td>
<td>RCT</td>
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<tr>
<td><strong>Country:</strong></td>
<td>Australia</td>
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<tr>
<td><strong>Sample:</strong></td>
<td>61 preschools in culturally and linguistically diverse lower to middle class socioeconomic regions of Melbourne, were grouped into 12 clusters and randomised to TIK or a waitlist control. Across these sites, 216 families participated in the trial, 106 of whom were randomised to receive the intervention.</td>
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<tr>
<td><strong>Timing:</strong></td>
<td>• Pre-test • Post-test • Six months’ follow-up</td>
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<td><strong>Child outcomes:</strong></td>
<td>• Improved child behaviour</td>
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<tr>
<td><strong>Other outcomes:</strong></td>
<td>• None measured</td>
</tr>
<tr>
<td><strong>Study rating:</strong></td>
<td>2+</td>
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**Study design and sample**

The first study is a cluster RCT. This study involved random assignment of 216 children, within 12 clusters that 61 preschools were merged to to a Tuning in to Kids group and a waitlist control group. This study was conducted in Australia and involved parents of children aged 4-5 at preintervention assessment. The majority of intervention participants were mothers (n=207). 77% spoke English as a first language. 22% had not completed high school; 25 % had no post high school education; 30% had completed non-university qualifications, and 45% had completed Bachelor degree or higher. 50% were not in paid employment, and those in the workforce worked a mean number of 17 hours per week.

**Measures**

**Parent measures:**

- Parent reported emotion awareness and regulation was measured using the Difficulties in Emotional Regulation Scale (parent-report)
- Parent reported beliefs about children’s emotions and emotion coaching was measured using the Parent Emotional Style Questionnaire [PESQ] (adapted from Maternal Emotional Style Questionnaire) (parent-report)
- Parent reported empathy and emotional connection was measured using the Empathy/Connection scale – adapted from a subscale of PESQ
- Emotion-coaching was measured using videotaped structured task (independent measure)

**Child measures:**

- Receptive language was measured using the Peabody Picture Vocabulary Test – Third Edition (assessment)
- Emotional knowledge was measured using the Emotion Skills Task – two sub-tests only (assessment)
- Child behaviour was measured using the Eyberg Child Behavior Inventory 6 (parent-report) and the Sutter-Eyberg Student Behavior Inventory (teacher-report)

**Findings**

This study identified statistically significant positive impact on a number of child outcomes. This includes improved parent and teacher-reported child behaviour. The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of attrition hence why a higher rating is not achieved.
Study 2

Citation: Duncombe et al., 2016

Design: RCT

Country: Australia

Sample: 48 schools randomised to TIK, an active control or a waitlist control condition. 320 children at risk of conduct disorder aged 4-9 participated in the trial, 91 of whom were randomised to TIK (113 in waitlist group; 116 in active control).

Timing: Baseline, post-test

Child outcomes:

- Reduced intensity of problem behaviours
- Reduced conduct problems
- Reduced threatening/retaliatory behaviours

Other outcomes:

- None measured

Study rating: 2+

**Study design and sample**

The second study is a cluster RCT. 48 preschools were randomised to a TIK group, an active control, or a waitlist control - of these 8 dropped out before the trial commenced. This study involved 320 children at risk of conduct disorder aged 4-9 participated, 91 of whom attended schools that were randomised to TIK (113 in waitlist group; 116 in active control). This study was conducted in Australia in schools in lower socioeconomic deciles. 74% of participating children were male. 92% of participating families identified as Caucasian. 27% of children lived in single-parent households. 45% of primary caregivers did not graduate high school, and 44% were unemployed or stay-at-home parents. Those who were employed (50.8%) worked on average 25.31 hr/week. 93% of primary caregivers were mothers.

**Measures**

Parent measures:
- Parent psychological well-being was measured using the Depression Anxiety and Stress Scales short form (parent-report).

Child measures:
- Child conduct problems were measured using the Eyberg Child Behaviour Inventory Intensity Score (parent-rated).
- Strengths and Difficulties Questionnaire – Conduct Problems subscale (teacher-rated).
- Home Interview with Child – The Percent Threatening/Retaliatory Behaviours (child-rated).

**Findings**

This study identified statistically significant positive impact on a number of child outcomes. This includes reduced intensity of problem behaviours; reduced conduct problems, and reduced threatening/retributive behaviours.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of attrition hence why a higher rating is not achieved.

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**Study 3**

**Citation:** Wilson et al., 2012

**Design:** RCT

**Country:** Australia

**Sample:** 25 preschools were randomised to the treatment or control condition - 66 families received TIK and 66 were in the waitlist control group.

**Timing:** Baseline, post-test

**Child outcomes:**
Other outcomes:

- Improved parenting outcomes, including reduced emotion dismissing beliefs, reduced emotion dismissing practices, improved emotion coaching practices, and improved positive involvement.

Study rating: NE

Study design and sample
The third study is a rigorously conducted cluster RCT. 25 preschools were randomised to the treatment or control condition - 66 families received TIK and 66 were in the waitlist control group. This study was conducted in Australia, and the intervention was offered as a universal programme. Nevertheless 21% of the children were above the clinical cutoff on the parent-reported Eyberg Child Behavior Inventory (ECBI) Intensity scale. 52% of participating children were male. 91% of parents were married or cohabiting. 22.7% of primary caregivers did not graduate high school.

Measures

Parent measures:
- Parent reported emotion awareness and regulation was measured using the Difficulties in Emotional Regulation Scale (parent-report)
- Emotion socialisation practices were measured using with the Coping with Children’s Negative Emotions Scale (parent-report)
- General parenting practices were measured using the Alabama Parenting Questionnaire (parent-report)

Child measures:
- Child behaviour was measured using the Eyberg Child Behavior Inventory 6 (parent-report)
- children’s initiative, self-control, and attachment were measured using the Devereux Early Childhood Assessment (parent-report)
- Social competence, affective expression, and adjustment were measured using the Social Competence and Anger Aggression scales from the Social Competence and Behavior Evaluation 30 (teacher-report)

Findings
This study identified no statistically significant positive impact of the intervention on any child outcomes. Child behaviour improved both in the treatment and the control group. There was a number of improved parenting outcomes, including reduced emotion dismissing beliefs, reduced emotion dismissing practices, improved emotion coaching practices, and improved positive involvement.
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.


Evaluation of the one-to-one variant of TIK in Iran that would not contribute to the programme rating over and above the existing rating


QED with small sample size


Methodologically limited RCT evaluating TIK in Iran


Evaluation of TIK variant that includes child-focused components


Pre-post study conducted in Australia


RCT with small sample size


TIK evaluation conducted in Indonesia, methodologically limited by small sample size


Feasibility study involving targeted indicated sample


Evaluation of one-to-one TIK adaptation

Otterpohl, Nantje, Katharina Buchenau, Sophie Havighurst, Joachim Stiensmeier-Pelster, and Christiane

**Evaluation of TIK in Germany only reporting parent outcomes**


**Evaluation of TIK in China; no child outcomes**


**Implementation evaluation in Norway**
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
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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