

SUBMISSION TO EARLY INTERVENTION REVIEW

Parentline Plus' Evidence

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Introduction

Parentline Plus, part of the Family Lives Group, is the leading provider of family and parenting support in England. We work with over 700,000 families a year to improve the lives of around 1 million children. Our services are, for the most part, universally available, but our service users tend to be those at the harder end of need. In the last year (April 09-April 10) 47% of callers to our Parentline service, a free 24 hour helpline, reported their annual household income as less than £20,000 per year.

In addition to Parentline we also run an information website, an email support service, live chat, local services based in 8 different areas including Nottingham, ongoing one to one telephone support and parenting groups and workshops.

Parentline Plus welcomes this review, and hopes to see the recommendations link in with a number of other related reviews, such as Frank Field's review on poverty and life chances and the review of the mental health strategy.

Summary

Parentline Plus welcomes this review and the current political emphasis on early intervention. We believe that supporting parents is an effective way of securing better outcomes for children, and that family support is a cost-effective way of promoting children's social and emotional capability.

Parentline Plus believes that there must be a diversity of provision in order to ensure that families are able to access the most appropriate service for them at the right time.

As an organisation, we run national and local services which provide support for families when they need it, preventing a problem from spiralling further out of control. The review team would be welcome to visit any of these services and meet service providers and families.

Parentline Plus welcomes initiatives to bring alternative sources of funding into early intervention projects, but is concerned that a diversity of provision that meets the needs of

struggling families must be maintained. Government has a role in helping the voluntary sector evidence its work in order to attract private investment, and in ensuring that private investors understand the need to fund infrastructure and capacity building work as part of a service delivery project.

What are the likely causes of impairments to children's social and emotional capability? And how common are they across the population?

Evidence shows that the way a child is raised and the type of parenting a child experiences are a key determinant in that child's outcomes. In the 2009 DEMOS report, Building Character, the researchers found that "*for both the main carer and second parent, self esteem, sense of control over their environment, and perceived competence as a parent were all significantly and positively associated with children's character capability development*"¹. Our organisation was founded in the wake of a child abuse tragedy in the 1970s by a group of parents who believed that helping to support other parents was an important way to help improve life for children.

We believe that parents or carers are the single most important factor influencing a child's social and emotional capability in a whole variety of ways. The overwhelming majority of families want the best for their children but, for a significant number, the issues and challenges they face makes them unable to achieve this without support.

In 'Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools'² Webster-Stratton, Reid and Stoolmiller state "School readiness, conceptualized as three components including emotional self-regulation, social competence, and family/school involvement, as well as absence of conduct problems play a key role in young children's future interpersonal adjustment and academic success. Unfortunately, exposure to multiple poverty-related risks increases the odds that children will demonstrate ...more conduct problems. Consequently intervention offered to socio-economically disadvantaged populations that includes a social and emotional school curriculum and trains teachers in effective classroom management skills and in promotion of parent—school involvement would seem to be a strategic strategy for improving young children's school readiness, leading to later academic success and prevention of the development of conduct disorders... Children with emotional and social problems and 'early onset' conduct problems (defined generically as high rates of aggression, noncompliance, oppositional behaviours) are at high risk for academic failure, school absences, and eventual conduct disorders, school dropout and delinquency".

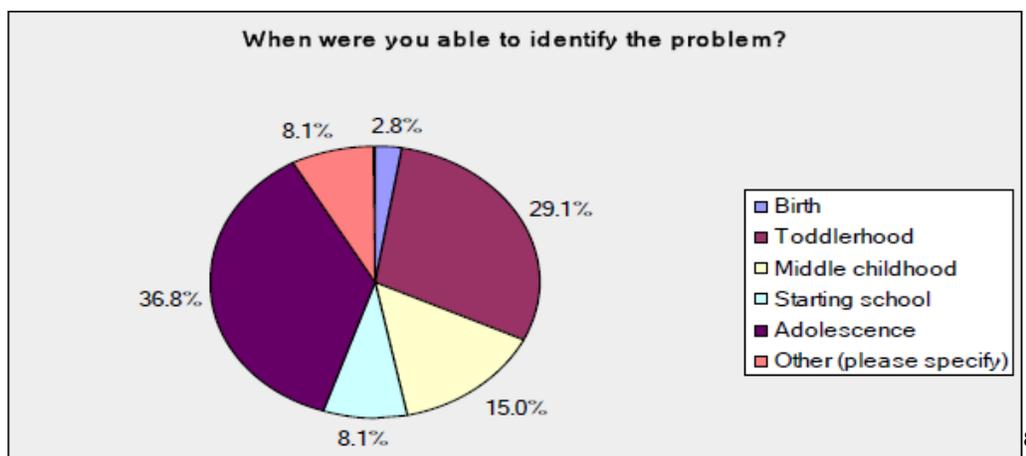
¹ J. Lexmond, and R. Reeves, 'Parents are the principal architects of a fairer society: Building character' DEMOS (2009), p42.

² Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools, Webster-Stratton, W Reid, J, Stoolmiller, M in J Child Psychol Psychiatry. 2008 May

The benefits of intervening early before problems escalate and taking a family-wide approach is supported by a strong evidence base. In particular, evidence from public mental health suggests that parenting interventions improves a range of outcomes including behaviour in children with conduct problems³, anti-social behaviour⁴, symptoms of attention deficit hyperactivity disorder⁵, reduced reoffending⁶ and improved mental health of families⁷

In terms of prevalence, our evidence on families seeking help on their child’s behaviour shows a strong need. A large number of calls to Parentline Plus’ free 24 hour a day telephone helpline have consistently concerned children’s behaviour: Between June 2008 and June 2010, 27% of the 83,469 long calls (classified as calls of a duration of 20 minutes or over) concerned children’s behaviour. Of these, 62% of callers were seeking advice about their child’s verbal aggression and 31% concerned physical aggression – 8% of all long calls to Parentline Plus.

The table below shows that there are a significant number of families calling Parentline Plus who have identified aggressive problem behaviour at a very early stage, a proportion of whom are likely to have early onset conduct disorders, which has a significant long term impact on life chances if no intervention is made to support the child and the family.



Data on the point of identification of behaviour is not centrally collected for Parentline calls, and no specific question is asked about whether the child has been diagnosed with a conduct disorder. However, from the table below it can be seen that 26% of all long calls to

³ Dretzke J, Davenport C, Frew E, et al (2009) The clinical effectiveness of different parenting programmes for children with conduct problems: a systematic review of randomised controlled trials. *Child and Adolescent Psychiatry and Mental Health*, 3, 7.

⁴ Hutchings J, Bywater T, Daley D et al (2007) Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. *BMJ*, 334, 678–682.

⁵ National Institute for Health and Clinical Excellence (2009) *Attention Deficit Hyperactivity Disorder: The NICE Guideline on Diagnosis and Management of ADHD in Children, Young People and Adults*. NICE

⁶ Woolfenden S, Williams KJ, Peat J (2001) Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17. *Cochrane Database of Systematic Reviews*, Issue 2

⁷ National Institute for Health and Clinical Excellence, Social Care Institute for Excellence (2006) *Parent- Training/Education Programmes In The Management Of Children With Conduct Disorders. Technology Appraisal TA102*. NICE

⁸ Parentline Plus user survey: How do you cope with aggressive behaviour? July 2010. 245 respondents

Parentline concern children aged 0-6 and 12% of calls about children’s physically aggressive behaviour concern children who are under 6 years old

Column 1 Age	Column 2 % of verbal aggression (n=16,878)	Column 3 % of physical aggression (n= 8451)	Column 4 % of all calls about behaviour as a primary issue	Column 5 % of all long calls to Parentline
0-3	2%	4%	3%	13.5%
4-6	5%	8%	6%	12.5%
7-9	8%	9.5%	8%	14%
10-12	17%	17%	15%	17%
13-15	38%	35%	37%	25.5%
16-18	23%	21%	24%	15.5%
19-21	4%	4%	4.6%	3.5%
22-25	2%	1%	2%	2%
26 +	1%	0.7%	1.2%	2%

Do we know how to improve children’s social and emotional capabilities in a cost-effective way?

The Marmot review on health inequalities found that: “Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status.... To have an impact on health inequalities we need to address the social gradient in children’s access to positive early experiences.”⁹

The Marmot review recommends a focus on investment on the early years, in order to prevent later health inequalities. Parentline Plus agrees that investment in the early years is key and has the potential to prevent longer term entrenched family and behavioural difficulties. However, we would also like to see significant investment in support when parents need it, to achieve better outcomes for the child and the adult. The large numbers of callers who contact us about violence and aggression in teenagers suggests that support at this stage is also vital. Parenting based interventions are also powerful enough to break intergenerational cycles of low productivity and educational attainment¹⁰. NICE Guidelines on Children with conduct disorder see Parenting Programmes as an effective intervention for children up to the age of 12. Child development experts see the “imprint” period as longer than the early years – children and young people can still be very open to change given effective intervention. We advocate a focus on early intervention in the sense of early in the onset of problematic behaviour as well as age or life course definition. An evaluation

⁹ The Marmot Strategic Review of Health Inequalities in England (2010)

¹⁰ Royal College of Psychiatrists (2010) No health without public mental health: the case for action, Position statement, PS4/2010

into the cost effectiveness of early intervention to treat psychosis in people of all ages has supported the value in early intervention.¹¹

The social, economic and moral case for investing in effective parenting support to tackle behavioural problems is overwhelming. Parenting interventions are associated with both improved parental and child mental health and wellbeing. Parenting support is an important element in the case for a more preventative, early intervention-led approach to mental health and wellbeing.

A Centre for Mental Health report stated: “Overall, we estimate that around 80% of all criminal activity is attributable to people who had conduct problems in childhood and adolescence, including about 30% specifically associated with conduct disorder.”¹² Costs of criminal activity related to conduct disorder are suggested to equate to £22.5 billion each year, with a further annual cost of £37.5 billion which can be attributed to conduct problems¹³. Other economic assessments of the cost of mental ill health in children and young people found that for every child, every year the costs to society can be quantified as between £11,030 and £59,130¹⁴. The case for action is compelling when taken with the Centre for Mental Health’s other analysis: “Just 1% of the law and order budget would be sufficient to fund a comprehensive programme of pre-school support for 30% of all children born each year”¹⁵. A very high proportion of adults with anti-social personality disorder had a recognisable conduct disorder as a child. In fact, the National Institute for Health and Clinical Excellence’s guidelines on the treatment of adults with anti-social personality disorder emphasises the need for early intervention in the life course, starting with the effective treatment of conduct disorder in the child or young person¹⁶. Therefore the evidence base suggests that much of these costs, in both human and socio-economic terms are avoidable.

If we know how to improve children’s capabilities in a cost effective way, why are we not doing so? What is the split between universal schemes and specific schemes?

A fundamental change in the role of the state to frontload investment in preventative activities will require cross-party political consensus. Whilst there exists a level of consensus around the need for preventative activities to take place, there are more practical issues about which interventions work best, what constitutes an evidence base

¹¹ Economic Evaluation of Early Intervention (EI) Services: Phase IV Report, Paul McCrone, A-La Park and Martin Knapp PSSRU Discussion Paper 2745, October 2010

¹² Centre for Mental Health (2009) *The Chance of a Lifetime: Preventing Early Conduct Problems and Reducing Crime*.

¹³ *ibid*

¹⁴ Suhrcke M, Pillas D, Selai C (2008) Economic aspects of mental health in children and adolescents. In *Social Cohesion for Mental Wellbeing among Adolescents*. WHO Regional Office for Europe

¹⁵ Centre for Mental Health (2009) *The Chance of a Lifetime: Preventing Early Conduct Problems and Reducing Crime*.

¹⁶ National Institute for Health and Clinical Excellence (2009) *Antisocial Personality Disorder, Treatment, Management and Prevention*.

and how these programmes should be funded in a time of public spending cuts that remain unanswered.

There is a social stigma attached to seeking parenting support that needs to be overcome before families who need help are willing and able to seek appropriate support before a situation becomes a crisis and support is either mandated, or sought too late.

The majority of Parentline Plus's services are universal, or at least accessed through a universally accessible point such as our helpline. Specific local services are targeted in areas of high need, such as in a GP surgery in an area of socio economic deprivation, or a school in special measures. The universality, or perceived universality of the service helps to reduce the stigma families may feel in accessing it.

Many of our group sessions enable families from different backgrounds to mix, and to realise that parenting challenges are not unique to them, or necessarily attributable to any parental failure.

Are there interventions with a robust international evidence base that have been effectively applied in the UK? We are particularly interested in evidence which demonstrates both the effectiveness and cost-effectiveness of interventions. Programmes which can clearly and unambiguously demonstrate measurable benefits, which have a cashable value, will be particularly helpful.

There is a strong evidence base (including Randomised Control Trials RCTs) of the effectiveness of parenting interventions on improved long-term impact on behavioural outcomes and reduced criminal behaviour¹⁷. According to the Centre for Mental Health: "Effective help for parents and families to prevent and manage conduct problems is extremely good value for public money and should be offered routinely across the UK."¹⁸

The National Institute for Health and Clinical Evidence (NICE) published guidance around the role of parent-training/education programmes in the management of children with conduct disorders up to the age of 12 (NICE, July 2006)¹⁹. NICE recommends group-based parent-training/education programmes as the intervention of choice in the management of children with conduct disorders. Individual-based programmes are recommended where the family's needs are too complex for a group-based programme.

A review of the current provision of parenting programmes found that the types of service most likely to be delivering these programmes were early years and health visiting services and CAMHS. 22% of structured parenting programme provision was by generic CAMHS

¹⁷ National Institute for Health and Clinical Excellence (2007); *Treatment of children with conduct disorder* and New Philanthropy Capital (2010), *Caring for Children; briefing on parenting*

¹⁸ Centre for Mental Health (2009) *The Chance of a Lifetime: Preventing Early Conduct Problems and Reducing Crime*.

¹⁹ National Institute for Health and Clinical Excellence (2007); *Treatment of children with conduct disorder*

teams and 22% by early years and health visiting services. A further 17% of provision was by other types of specialist CAMHS including targeted teams, dedicated CAMHS workers working in non-CAMHS services and tier 4 provision. School health services provided 8% of parenting provision and maternity and neonatal services 10%²⁰.

Webster Stratton remained the most frequently used programme being used in 44% of services while Triple P was used in 16% of services. Other programmes with increased use were Strengthening families used by 9% of services, Nurturing used by 8%, Strengthening families, strengthening communities used by 5% and Parents as first teachers used by 1%.

There is a lot of research into international programmes such as Triple P and Webster Stratton and their effectiveness at reducing incidences of conduct disorders. However, a Policy Research Bureau report points out that despite the excellent results of these programmes, there is a high dropout rate: “although by the standards of public health interventions in general these top-of-the-range programmes report an enviable success rate, they also experience a considerable degree of treatment failure, either due to families dropping out midway through the programme or because of failure to engage at the outset.”²¹

Whilst Parentline Plus run Webster Stratton and Triple P programmes, we believe that our core offer of non-judgemental, confidential, empathetic parenting support provided over the telephone, is an effective choice for many families, certainly as a first step for more chaotic families with multiple disadvantages for whom a longer term more structured parenting programme may be difficult to engage in at an initial stage. This type of support is far more difficult to evaluate from a clinical perspective, as it is anonymous, making it unsuitable for randomized control trials. However, an independent evaluation of Parentline undertaken by Thomas Coram found that “eight out of ten reported that their situation had improved as a result of the call”²². This result was confirmed in a recent caller satisfaction survey undertaken by Parentline Plus which found that 86% were very satisfied with the overall quality of their call. Increased confidence, reduced stress and an improved belief in the parent’s ability to deal with the child’s behaviour, which were all self-reported outcomes that achieved a high rating, are among factors associated with improved parental efficacy²³.

A 2007 evaluation of the evidence for the Policy Research Bureau, Interventions for children at risk of developing antisocial personality disorder, identified some key features of effective programmes. These included:

- a strong, coherent and clearly articulated theoretical basis
- professional, qualified and trained staff to deliver the intervention

²⁰ Barnes D, Devaney C, Uglebjerg A et al (2010) *A profile of children’s health services, child and adolescent mental health services and maternity services in England 2008/9*. Durham University School of Applied Social Sciences

²¹ Prime Minister’s Strategy Unit/Department of Health Policy Research Bureau (2007), David Utting, Helen Monteiro and Deborah Ghate, *Interventions for children at risk of developing antisocial personality disorder*

²² Thomas Coram (2008), Evaluation of the individual telephone service, Parentline Plus

²³ Barnes J, Cohen E, Stewart-Brown S (2003) Parent training programmes for improving maternal psychosocial health. Cochrane Database of Systematic Reviews, Issue 4

- high 'programme fidelity' (core elements of the programme are consistently delivered to all users) assisted by manuals and training programmes (usually overseen and certified by the programme originators)
- flexibility within the programme to assess and meet the needs of core clientele (achieved without loss of core fidelity)
- a high degree of face-to-face work with parents and/or children
- partnership with families as a core principle
- programme delivery in community rather than clinical settings
- multi-modal/multi-dimensional approaches to accommodate different preferences and learning styles, and to tackle multiple risks and problems simultaneously
- a tiered approach so that support can be 'ratcheted up' to the next level if initial intervention is not having the desired effect
- a relatively sustained treatment period.²⁴

What lessons can previous experience teach us about what doesn't work? What programmes have proved ineffective? What characteristics associated with previous programmes are ineffective? What other aspects of early intervention are ineffective?

Whilst Parentline Plus agrees with the key findings set out in the Policy Research Bureau paper noted above, we also think that the list includes some aspects of the programmes that contributed to the researchers' observation that these programmes experienced high dropout rates. Whilst flexibility of the programme is noted, it is flexible only within the constraints of delivering a sustained structured programme.

It is our belief that our services work for many families for whom a structured intervention such as a triple P course or a Webster-Stratton course would not. Certainly, some local authorities have commissioned our services as a gateway to a more structured parenting programme, in order to mitigate against high drop out rates. One of the key tenants of Parentline Plus' support is that it is directed by the family and their needs and is therefore empowering.

Are there promising programmes that have yet to be properly evaluated? What are the future evaluation plans and over what timescale might we expect results?

Parentline Plus has a number of new or recently embarked upon programmes that have yet to be evaluated, but which we feel are effective early interventions. The evaluations for these projects will be ongoing over the next two years.

²⁴ Prime Minister's Strategy Unit/Department of Health Policy Research Bureau (2007), David Utting, Helen Monteiro and Deborah Ghate, *Interventions for children at risk of developing antisocial personality disorder*

Work with Fathers of under 5s

In Berkshire, the County Council have funded a 3 year project to work with the fathers of children aged 0-5. The project works collaboratively in partnership with Children Centres and multi-agencies to deliver a wide menu of accessible services, information and support that promotes the role of fathers in caring for their children.

The project will:

- Provide emotional and practical support for vulnerable young fathers
- Develop the confidence of fathers in their role as parents
- Support disadvantaged and socially excluded young fathers to address other issues in their lives
- Develop a strong local network of multi-agency support
- Influence the way professional agencies respond to fathers
- Empower fathers to help influence service providers

Our Support Worker works closely with each father to gain trust whilst assessing individual needs for appropriate service, information or guidance as is needed. This is an ongoing process throughout the life time of the work to ensure services are aligned to be inclusive of fathers' and their requirements and evidence overlap, gaps in service and points of synergy.

As no one size fits all we offer fathers a flexible service that is within their 'comfort zone.' Our 'on the ground' services employ a wide-ranging variety of delivery methods including one-to-one, group work, fixed-term programmes, peer support, and more mixed approaches that may combine elements of each. Activities include monthly 1 hour Saturday afternoon 'ProTeenDads' workshops in the Children Centre providing young teen dads the chance to meet other young fathers, bring their babies, work on their parenting skills, share experiences, develop confidence, explore fatherhood issues in a fun and informal environment.

A team of dad champions/ volunteer peer mentors will be recruited during the project and formally trained to OCN level 2 to assist their peers in various levels of formality from a casual conversation, to more dedicated help.

The project is to be evaluated using a variety of measures including numbers of referrals taken up, numbers of Dad's engaged and self reporting questionnaires.

GroBrain

In our Gloucestershire office, a small amount of funding has been secured to train workers in a course of parenting workshops called GroBrain. This course will be delivered as part of our Parents Together Programme, and specifically caters for parents of babies pre-birth to 1 year old. The course is four sessions long and is based on attachment, neuroscience and psychodynamic theories and links basic parenting skills with infant brain development

Ongoing research in neuroscience and related fields continues to demonstrate clearly that the human brain is not fully developed at birth. Most of the connections that form the brain's wiring develop during infancy and childhood, based on children's specific life experiences. Children need regular, positive interactions with nurturing adults in order to develop the complex networks of brain connections they will need to form healthy relationships. Children's early relationships are vital to brain development because they help wire the brain to trust others, to love, and to feel safe and secure.

Insecure attachment is found in approximately 40% of toddlers in the UK and US combined. Factors that contribute to insecure attachment can include, family breakdown, abusive or neglectful parents, alcohol abuse, parental depression and a lack of parenting skills.

We feel that there is a gap in mainstream provision for this. Our aim is to deliver these courses in Children's Centres working with some most potentially vulnerable families referred to us by Health services, GP's and other specialist agencies such as substance misuse, teenage pregnancy teams and schools.

What new models of financing early intervention, or wider social policy, exist?

Parentline Plus is aware that methods such as Social Impact Bonds are being piloted to try and find new sustainable ways of funding early intervention work. We welcome the recognition that sustainable funding is the key to securing outcomes, but with limited capacity we are struggling to understand the role that social impact bonds could play in our work.

We remain unsure how, in a service environment where a struggling family may be working with many different organisations and service providers, a direct link can be shown between one intervention such as our own, and an outcome for that family.

What must government do and not do to enable non-government financing to assist Early Intervention?

Private sector partnerships can be a sustainable way to fund projects and Parentline Plus is engaging with corporate partners to try and establish working relationships. However, private sector is keen to fund projects that work directly to improve outcomes for families – on the ground services. This leaves a gap where it is difficult for us to find non-governmental funding for the infrastructure to deliver those services.

There is a role that Government could usefully play in helping voluntary sector organisations to evidence and evaluate their work to a standard that private investors would be satisfied with. Independent evaluations are costly and resource intensive and many

smaller voluntary sector organisations do not have the capacity to commission these evaluations, making securing private sector funding an uphill struggle.