



A BRIEFING FOR JUSTICE PROFESSIONALS

All children misbehave from time to time, but in a small minority behavioural problems become persistent and severe. Nine out of ten persistent offenders showed signs of severe behavioural problems as a child.

Many of those on probation or in prison also have dependent children who are themselves at greater risk of developing early severe behavioural problems.

Poor early behaviour should always be taken seriously. Without effective early intervention, these problems damage a child's life chances. They also undermine parents' mental health and wellbeing, jeopardise community safety and impose high costs on public services and on society. Good quality parenting programmes can make a real difference, but most children don't get the help they need.

Those working in Youth/Criminal Justice systems are ideally placed to identify those facing the worst outcomes and to link families up with effective help before children's problems become entrenched. This paper provides guidance on what you can do.

How many children are affected?

Behavioural problems which start early in childhood have a strong tendency to persist into adolescence and beyond and can be very damaging to a child's life chances. About 5% of children aged 5-10 display problems which are sufficiently severe to justify diagnosis as a mental health condition (conduct

disorder), while a further 15-20% have difficulties which fall short of this threshold but still carry an increased risk of poorer outcomes in later life. Conduct disorder is twice as common among boys as girls and is also more common among children from disadvantaged backgrounds.

Why are early starting behavioural problems important?

Compared with peers, children with early starting behavioural problems are:

- four times more likely to be arrested for serious violence
- three times more likely to be arrested for property crimes
- five times more likely to be arrested for petty (non-traffic) crimes
- around 20 times more likely to end up in custody.

They are also:

- more likely to be victims of neglect or child abuse (particularly sexual abuse or emotional abuse)
- at greater risk of every type of adult mental illness

- around 20 times more likely to end up in an inpatient psychiatric unit
- three times more likely to be a perpetrator or victim of domestic violence
- many times more likely to commit suicide
- four times as likely to become dependent on drugs.

They cost the public purse ten times more by the age of 28 years than children without behavioural problems. The criminal justice system has the most to gain from savings resulting from early intervention.

For details, see our report that accompanies these briefings, *Building a Better Future*. **Get the report at:** <http://www.centreformentalhealth.org.uk/parenting>

Identifying high risk families and children

The signs of severe childhood behavioural problems broadly vary according to age.

3 to 7 years: persistent defiance, angry outbursts and tantrums, provoking others, physical aggression to siblings/peers, destruction of property, blaming.

8 to 11 years: many of the above but also swearing, lying, stealing, rule-breaking, physical fights, bullying, cruelty to animals or peers, fire-setting.

12 to 17 years: many of the above but also assault/violence, robbery, vandalism, burglary, running away, driving under age, substance misuse, persistent truancy, early sexual activity (particularly for girls), teenage pregnancy.

Parenting programmes work best when targeted towards children with the greatest needs. The Strengths and Difficulties Questionnaire (SDQ) is easy-to-use and can help establish whether a child's behaviour falls outside developmental norms. It is recommended for routine screening, can be used by non-health professionals and can be useful when negotiating access to support in the community. It is reliable from 3-16 years of age and can be completed by parents for children under 16 or children aged 11-16 can complete it themselves. **The SDQ tool can be found here:** <http://www.sdqinfo.com>.

Why are these children important to justice professionals?

Children of offenders are a highly vulnerable group. Nearly two-thirds of boys with a convicted parent go on to offend compared with less than a quarter of those whose parents do not offend. Furthermore, it is estimated that around 160,000 children also have a parent in prison each year. This is over 2.5 times the

number of children in care and over four times the number of children on Child Protection Plans. Children of prisoners face multiple risks both as children and as adults. These children are also three times more likely to have childhood mental health problems compared with those whose parents have not been imprisoned.

What can be done?

A range of early proven interventions for at-risk children have been shown to improve children's mental health as well as prevent later antisocial behaviour and offending.

For most children with or at risk of behavioural problems, simple low-cost parenting programmes, such as Incredible Years or Triple P, result in a range of improvements in behaviour. These programmes also reduce family stress and improve parents' mental health and strengthen children's development. They have also been shown to reduce the risk of child abuse in families.

The NICE guidance on conduct disorder is here: <http://guidance.nice.org.uk/CG158>

Programmes are generally delivered in a group in local communities and run for between 8 and 20 sessions. Groups are led by trained facilitators and are highly interactive, collaborative and non-judgemental. They improve children's behaviour by helping parents pick up practical techniques such as positive parenting by improving their relationship with their child.

For more information on parenting programmes, see: <http://www.triplep.net> and <http://incredibleyears.com>

A small number of children and parents with more complex needs may require ongoing specialised support to maintain progress; however, basic parenting programmes can play an important part in identifying when more support is required.

What if children get missed early on?

Sometimes children with behavioural problems get missed during early or primary school years; other children can develop anti-social behaviour for the first time during teenage years. Some parenting interventions also have a good record of turning around problematic behaviour during teenage years. These programmes are delivered by highly-trained therapists. They tend to be more resource intensive, working for up to 6 months with families, schools and peers. Programmes include:

- Multi-Systemic Therapy
- Functional Family Therapy

These programmes have been robustly tested and have also been associated with significant public sector savings (mostly to the criminal justice system) in the longer term.

Early intervention with teenage parents

Research highlights that those who offend are more likely to have children at a young age. The children of first-time teenage mothers have been identified as a high-risk group benefitting from additional resources to support their life chances. Many areas now run Family Nurse Partnerships (FNP) which involve intensive home visiting by nurses before the birth of a child and for up to 2 years thereafter. Referrals to

Family Nurse Partnerships are made via community midwives when pregnancy is confirmed. Children's outcomes have now been tracked over many decades showing a broad range of health and social improvements including reduced child behavioural problems and later arrests, fewer maternal offences, reduced child abuse and improved child mental health.

Engaging and motivating parents

Parents often feel confused, embarrassed or defensive about their child's behavioural problems. It is therefore important to use motivational language when introducing these programmes to maximise the chances of parents engaging with support.

Key messages which improve parents' chances of taking up any help offered include:

- Focusing on the many benefits for their child if they attend a programme rather than on the problematic behaviour.
- Stressing that every child is different; some are more challenging to parent than others. Children don't come with a manual and everyone can pick up

useful tips that make life easier. Simple 'positive parenting' techniques can make a real difference.

- Emphasising the practical and supportive feel of a parenting group. Parents value not being judged and being given common sense practical tips and strategies. They also value a better understanding of their child's behaviour and how to manage it. These programmes have been shown to really improve parents' wellbeing, as well as broader family stress.

It might be useful to show parents this video so that they can get a sense of how the group feels. It was made by parents for parents. **You can see the video at: <http://youtu.be/1K8eXup19TM>**

Referral to parenting programmes

Parenting programmes may be provided by a variety of agencies in local authorities. Some are provided by local authority parenting teams, some by Improving Access to Psychological Therapies teams, some by Child and Adolescent Mental Health Services and some by schools.

Establishing simple referral systems can help improve parents' access to services. These questions may help to assess what is available locally:

Do local authorities in your catchment area have a central gateway for all child and family referrals? Some areas have established a central gateway for all referrals for vulnerable children and their families. This simplifies the process. Get in touch with children's services or local children's centres to find out.

Does the area have a local coordinator of parenting or family work? Most do; but they are not always easy to track down. This strategic lead is usually located in

children's services and plans and coordinates what is available. Again, local children's centres are likely to know.

Does your service have a joint working protocol in place with children's services and a safeguarding protocol with the local safeguarding board? This can provide a sustainable foundation for an improved 'Think Child, Think Parent, Think Family' approach supporting joint working between adult and child sectors.

What happens if programmes are not available in a local area? Inadequate availability of these parenting programmes is a major commissioning gap. Evidence of any mismatch between local need and provision should be brought to the attention of the health and wellbeing board of your local authority. Data collected from OASys and the SDQ can provide good quality evidence of the number of offenders who are parents and of the scale of mental health need among children in your area and should feed into joint strategic needs assessments.

Case study

Cara was adamant that her son had Attention Deficit and Hyperactivity Disorder (ADHD) - but this had been dismissed by teachers.

Her probation officer suggested that Cara complete the SDQ, as a first step in gauging whether her son's behaviour fell outside healthy developmental ranges.

She seemed particularly distressed about her eight year old son's aggressive and defiant behaviour which had progressively worsened from the age of 5, creating constant tensions at home and difficulties in school.

She was stressed and on medication from her GP for depression.

CARA



Cara was on probation for persistent fraudulent use of a credit card while her partner was in custody.

She also introduced her to the idea of getting some support with specific parenting techniques which were known to make a real difference when children's behaviour became challenging over time.

After referral to the local parenting team, Cara met the school Family Support Outreach worker who talked through the benefits of attending the next parenting group.

She was struggling to keep the family afloat and felt overwhelmed by ongoing family, personal and economic crises.

She has continued to make progress and has not re-offended.

After attending the course, the parenting team also helped her link up with a local Women's Centre and further education to support her goal to get a part time job.

She described having fewer rows with her partner over the phone and her confidence was greatly improved.

Despite reservations, Cara attended the group and within weeks felt that the parenting tips had made a difference to relationships and tensions at home. She looked forward to attending the group and talking with other parents.

At the end of the course her child's behaviour had improved as had her own mental health.

January 2014

More briefings, the video and the accompanying reports on parenting programmes are all available at www.centreformentalhealth.org.uk/parenting

134-138 Borough High Street, London SE1 1LB

020 7827 8300

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 437309.