



A BRIEFING FOR MIDWIVES, HEALTH VISITORS AND SCHOOL NURSES

All children misbehave from time to time, but in a small minority behavioural problems become persistent and severe. This should always be taken seriously. Good quality parenting programmes can make a real difference, but most children and families at risk don't get the help they need.

How many children are affected?

About 5% of children aged 5-10 have problems sufficiently severe to justify clinical diagnosis of conduct disorder. A further 10-15% have sub-threshold problems which nevertheless imply increased risk of poor long-term outcomes.

More than a third of children with conduct disorder have another psychiatric diagnosis as well. Prevalence is twice as high among boys as girls and is higher among children from disadvantaged backgrounds.

Why are early behavioural problems important?

A child with a history of serious behavioural problems is at increased risk of a range of distressing, damaging and costly outcomes during their lives. Compared with peers, they are:

- more likely to be identified with poor health
- **more likely to suffer from physical and developmental disorders and experience physical injury**
- more likely to be taken to A & E departments and be admitted to hospital
- more likely to be excluded from school and to leave school without any qualifications
- twice as likely to be smokers and four times as likely to become dependent on drugs
- **more likely to become teenage parents and to experience sexual health problems**

- more likely to experience every type of adult mental illness
- much more likely to commit suicide
- are more likely to have serious adult physical health problems and reduced life expectancy
- **are around 20 times as likely to end up in prison.**

Behavioural problems undermine children's relationships with their parents or carers and also have adverse effects on children's friendships. These children tend to be heavy users of services across their lifetime and cost the public purse ten times more than average by the age of 28.

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

What can be done?

For most children with or at risk of behavioural problems, simple low-cost parenting programmes (e.g. Triple P and Incredible Years) will result in a range of improvements. A small number of children with more complex needs may require more specialised support.

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

Parenting programmes are usually delivered in groups 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 and improve their relationship with their child. They also help to reduce family stress, improve parents' mental health and strengthen children's development.

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

Identifying high risk families and children

The signs of severe behavioural problems broadly vary according to age and maturity levels.

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 truanting, 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 an easy-to-use tool which helps establish whether a child's behaviour falls outside healthy developmental norms and is recommended for routine screening purposes. It is reliable from 3-16 years of age and is completed by parents or teachers for younger children and by young people themselves as they grow older.

The SDQ can also help identify children with more severe and complex needs requiring further assessment and can track changes in children's mental health and wellbeing over time. **The SDQ tool can be found here: <http://www.sdqinfo.com>.**

Opportunities to intervene

As part of the Healthy Child Programme, midwives, health visitors and school nurses have golden opportunities to identify children with or at risk of behavioural problems and to facilitate access to timely support.

Midwives:

Persistent behavioural problems result from a mix of genetic and environmental risks. These include poor attachment, harsh parenting, maltreatment, teenage parenthood, parental reliance on drugs and alcohol and poor maternal mental health. Midwives are well placed to identify many of these risks and to mobilise compensatory support, including advising parents on where to get help if they are worried. Parents have told us they want more information at an early stage about behaviour, parenting and when and where to seek help.

Some intensive nurse-led programmes have been developed for very high risk groups such as first-time teenage mothers. Midwives are well-placed to identify the families which might benefit from these programmes.

Health visitors:

Health visitors have contact with most parents as part of the 'Healthy Child Programme' development checks at 30 months, often linking closely with parenting teams in local authority children's centres and with primary and specialist health resources for children with more complex needs. The assessment includes a focus on social skills, behaviour and language, and is an important opportunity to identify and raise early concerns. Health visitors can also pick up problems affecting older siblings in the family during routine infant developmental checks.

School Nurses:

School nurses can provide an important safety net picking up children missed at earlier stages or those whose behaviour deteriorates as they face adversity or mature. They can also play a key role in motivating parents to attend parenting programmes.

For children with more severe and complex behavioural needs, school nurses can facilitate access to special educational needs teams, community paediatricians and child development centres and specialist child and adolescent mental health services (CAMHS). If waiting times for these specialist services are lengthy, parents should be encouraged to attend parenting programmes as a form of interim support.

Using the SDQ

In Glasgow, health visitors, nursery staff and primary school teachers use the SDQ during 30 month child development checks, at nursery reception and during the equivalent of key stage 2 to help establish whether children's behaviour lies within healthy norms and to support engagement of the right parents with programmes where additional help is needed.

More intensive programmes

Many areas now run Family Nurse Partnerships (FNP) which involve intensive home visiting from nurses before the birth of a child and for up to two 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 in some studies reduced offending for mothers and children.

Two promising home-visiting programmes are also currently being piloted in the UK by the NSPCC:

- **Parents Under Pressure:** is a time-limited home visiting intervention for parents with drug and alcohol problems,
- **Minding the Baby:** is an intensive home-visiting programme helping high-risk first time mothers (such as those with mental health or substance related difficulties) develop positive relationships with their baby.

Engaging and motivating parents

The parents of children with behavioural problems often feel confused, embarrassed or defensive. The use of appropriate language is therefore crucial in promoting engagement with support.

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

- Focus on the many benefits for their child if they attend a programme rather than on the problematic behaviour.
- Stress that every child is different; but 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.

- Emphasise 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. Emphasise also that their own wellbeing will be improved, as will stress within the family.

It may be helpful to provide this link to a video on parenting programmes which gives a flavour of what groups feel like and the benefits to parents and children. 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 and funded from a variety of budgets. Simple referral systems can help improve access to support when parents need it.

These questions may help midwives, health visitors and school nurses to identify how to refer to parenting programmes:

Do we 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. However, it is important to ensure that parents know how to use it.

Does our 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 they plan and coordinate what is available. It may be useful to link up and get a copy of this parenting or family plan.

What happens if programmes are not available in our area? Evidence of any mismatch between local need and the provision of parenting support should be raised with the health and wellbeing board of your local authority. Aggregate data collected from the SDQ can provide good quality evidence of the scale of mental health need among children in your area and should feed into joint strategic needs assessments.

Case study

Anna raised her worries with the health visitor. She helped Anna complete the SDQ which confirmed that her daughter's behaviour fell outside healthy developmental ranges.

The health visitor raised the possibility of Anna attending a parenting support group which could provide practical tips and strategies for managing her daughter's behaviour.

These tantrums were extreme and affected the whole family recently leading them to cut short a holiday.

ANNA



Anna had recently had her third child.

Anna was interested in the idea and agreed to discuss it with her partner.

She also agreed that the health visitor could contact her local parenting worker for more information about the timing, venue and crèche arrangements. The worker was really friendly and helpful and Anna made the decision to go.

She had become very stressed and anxious due to her middle child's worsening tantrums.

She also disclosed how low she had become when previously struggling to manage her daughter's behaviour without support. Both her own and her family's wellbeing had really improved.

Anna explained that she felt so much more confident as a parent and was now able to quickly bring things back under control at the first sign of things getting out of hand.

Anna really enjoyed the group and felt relieved to hear that she was not the only parent facing these difficulties. Within a few weeks of consistently using the techniques, she saw a real change in her daughter's behaviour and happiness.

January 2014

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

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