



A BRIEFING FOR SCHOOLS

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.

This paper provides some 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 to schools?

A child with a history of serious behavioural problems is at increased risk of a range of distressing, damaging and costly outcomes, both in childhood and in later life. Compared with their peers, these children are:

- **much more likely to be excluded from school or be a school non attender**
- more likely to be involved in classroom disruption, bullying and aggression
- **much more likely to have special educational needs**
- more likely to leave school without educational qualifications
- much more likely to be smokers and to misuse alcohol and drugs as teenagers
- **more likely to become teenage parents and have sexual health problems**
- more likely to be involved in any criminal activity including gang membership
- **around 20 times more likely to end up in prison.**

Children with severe behavioural problems are also often unpopular and isolated with few if any friends.

These children are significant to schools in many other ways:

- Most parents of children with severe behavioural problems seek help from schools and from GPs. However, most children fail to get the help they need.
- The education sector bears the greatest immediate financial burden for children with severe and persistent childhood behavioural problems. This is over and above the normal cost of schooling and covers expenditure associated with SEN as well as extra costs falling on frontline education services (e.g extra help provided in school by teachers and teaching assistants, increased contacts with families).
- There is strong evidence from long term studies emphasising the importance of good mental health and emotional wellbeing to academic attainment.

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 such as 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 a group format 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 to pick up practical techniques such as positive parenting and to improve their relationship with their child. They also help to reduce stress in the family, improve parents' mental health and strengthen children's broader development.

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

Identifying high risk families and children

Schools can identify children with serious behavioural problems by looking out for a range of behaviours. The following provides a broad guide by age of the type of behaviours which may require early intervention:

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 can help schools to establish whether a child's behaviour falls outside healthy developmental norms and might benefit from a parenting programme. It is reliable from 3-16 years of age. It is completed by parents (or teachers) for younger children and children aged 11-16 can complete it themselves.

The SDQ can also help identify children with more severe and complex needs requiring further assessment; in tracking changes in a child's mental health and wellbeing over time; and in looking at the overall needs of the school population. **The SDQ tool can be found here:** <http://www.sdqinfo.com>.

This Ofsted report (see <http://www.ofsted.gov.uk/resources/exclusion-school-of-children-aged-four-seven>) provides a useful summary of the challenges and opportunities experienced by schools when seeking to manage and support children with severe behavioural difficulties and at risk of exclusion. As well as advocating the development of a broad range of support in schools for these children, the report also stresses the importance of schools building good quality relationships with families and partner organisations and highlights the importance of effective pathways to broader community-based universal, targeted and specialist community resources.

Using the SDQ

In Glasgow, health visitors, nurseries and schools all complete the SDQ, tracking children's behaviour and linking to evidence based support to strengthen parenting when children's behaviour falls outside healthy ranges. The SDQ is completed routinely by schools at P3 (age 8-9) and P6 (age 13). Parents of children identified as falling outside healthy ranges are linked up with Triple P parenting support.

Engaging and motivating parents

Parents of children with behavioural problems can often feel confused, embarrassed or defensive. In order to help children access the help they need, schools need to build strong and trusting relationships with parents over time - starting with when they transition from home into school. Some schools said having lower-key taster sessions and 'drop-in's' for parents built trust with parents and supported their engagement with other available support.

The use of engaging and appropriate language during initial discussions is also crucial in promoting engagement with support programmes.

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

- Focus on the many benefits for their child (and for family stress levels) if they attend a programme rather than on the problematic behaviour.
- Stress that every child is different; that 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.

- Explain that they are not alone facing these challenges.
- 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.

Some schools have improved recruitment on programmes through involving other parents who have already made progress as a result of attending parenting programmes. It may also be useful to establish whether crèches are available locally to help them attend parenting groups; studies show that crèches and practical help with attending (such as transport) are crucial in encouraging parents' to attend.

This video on parenting programmes 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. Some parenting programmes are provided by local authority parenting teams, some by Improving Access to Psychological Therapy teams and some by schools directly (working in partnership with or contracting in local authority parenting teams in to deliver these services to parents on a termly basis).

To assist referral, local schools could jointly map what is available in their communities and establish a simple referral protocol to available parenting programmes. School nurses, whose operational aims include reducing health inequalities, supporting educational attainment and improving outcomes for children at risk of entering the youth justice system, may be able to support mapping. These questions may help to assess what is available locally:

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 referral process and it is important to ensure that parents know how to get 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 plans and coordinates what is available. It may be useful to link up and get a copy of this parenting or family plan.

Do you have strong links with CAF systems and processes locally? Completing the Common Assessment Framework can help highlight children and family need helping mobilise multi-agency support.

What happens if programmes are not available in your local area? Schools need clear, consistent and reliable pathways to help children and parents access the help they need in a timely manner. Evidence of poor access to support or any mismatch between local need and provision should be brought to the attention of the health and wellbeing board of your local authority. Inadequate parenting provision is a major commissioning gap. Use of the SDQ in a school can provide good quality evidence of the scale of mental health need among children in your school, for example to inform joint strategic needs assessments.

Case study

“The head teacher that’s there now I can sit down and talk to him, laugh, cry, scream and he will listen and he’ll give me updates on how [my daughter] is getting on at school... I communicate with the school and that’s good.”

At the end of her tether, she approached her daughter’s head teacher for help.

Sasha hoped she would get practical help with managing her daughter’s behaviour but this did not happen.

The head teacher explained how other parents had been really positive about attending a parenting group and the effect it had had on their children’s behaviour and on family stress.

SASHA

SASHA’S DAUGHTER



Sasha was struggling to manage her 9 year old daughter’s behaviour.

He arranged for another mother to meet up with her in school and tell her a bit more.

After investigations their daughter was placed on a child protection plan.

The police were called following a drunken row between Sasha and her partner and a report of domestic violence.

At first, Sasha was really nervous about attending and about what other people would think, but she agreed to try ‘maybe one or two sessions’ to see what it was like.

“It’s worked really, really, well, she’s a lot calmer, she doesn’t swear at me anymore... it was within a couple of weeks... I left Triple P one week and I thought I can do this, I can do this and then slowly, slowly that bad behaviour began to slip away. Don’t get me wrong she still has her moments... but it does make a big difference.”

In fact, much to her surprise, she really enjoyed it:

The techniques she learnt helped her and her family make real steps forward. Her daughter’s behaviour improved and when issues did emerge, she learnt how to quickly nip them in the bud.

“The people in the group... they’re lovely, they don’t judge, I feel like I’ve known them all for ages, I don’t need to keep nothing in... we all have a laugh, we have a joke. If someone’s crying we all get up and give them a cuddle. It’s like a whole new family.”

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

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