



A BRIEFING FOR CHILD SOCIAL WORKERS

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.

Harsh parenting and child maltreatment create a particularly toxic environment for children's development, increasing the chance that children develop early behavioural problems which damage their life chances.

This briefing provides some information on what social workers 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 behavioural problems important to social workers?

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 later life. Compared with peers, they are:

- **more likely to be in care or on the child protection register** (particularly for sexual and emotional abuse or neglect)
- **more likely to have children with behavioural problems or who go into care**
- more likely to have poorer physical health and lower life expectancy
- 25 times more likely to be excluded from school
- more likely to become teenage parents and have sexual health problems

- four times as likely to become dependent on drugs
- **more likely to experience every type of adult mental illness and to commit suicide**
- more likely to be involved in domestic violence (either as victim or perpetrator)
- **around 20 times as likely to end up in prison**

Behavioural problems have adverse effects on children's friendships and on relationships with parents and carers. These children also 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.

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 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 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>

Benefits to children at risk of entering the care system

Children with severe behavioural problems are at high risk of being placed on child protection plans and of being taken into care. Children in care are also around seven times more likely to have sufficiently severe problems to merit mental health diagnosis compared with others.

There is strong evidence of the high lifetime costs of children with early conduct problems and of their impact on a wide range of public sector budgets including:

- education,
- the NHS,
- social care child abuse and protection costs, and
- antisocial behaviour and crime.

There is good evidence to show that group parenting programmes are effective in reducing child abuse and related costs.

Our report that accompanies these briefings, *Building a Better Future*, provides a comprehensive review of the costs of childhood conduct problems, the effectiveness of tried and tested parenting support and of the economic benefits of effective early intervention for a range of budgets. **Get the report at: <http://www.centreformentalhealth.org.uk/parenting>**

Identifying high risk families and children

Social work staff can identify children with serious behavioural problems by looking out for a range of behaviours, which vary according to a child's 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 truanting, early sexual activity (particularly for girls), teenage pregnancy.

Parenting programmes work best when targeted towards children with the greatest risks and needs.

The Strengths and Difficulties Questionnaire (SDQ) is an easy-to-use tool which can help parents and practitioners 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 and is completed by parents (or teachers) or 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 overall needs for an area's population. **The SDQ tool can be found here: <http://www.sdqinfo.com>.**

Engaging and motivating parents

The parents of children with behavioural problems can feel confused, embarrassed or sometimes defensive. Use of appropriate language is therefore 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 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.

- 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 range of agencies and funded from a variety of budgets. Some parenting programmes are delivered by local authority parenting teams; some by Improving Access to Psychological Therapies teams and some by schools. This can make referral complicated without some work to integrate what is provided.

To assist referral, social workers could collaborate with local partners (e.g. health and wellbeing boards, local safeguarding boards, children's centres, GPs, schools and midwives and nurses, adult social workers) to map what is available to support children with behavioural problems in their communities and establish simple referral protocols.

Better access to programmes for children with conduct problems is likely to result in significant cost savings for a number of partners. For details, see our report that accompanies these briefings, *Building a Better Future*.

Get the report at:

<http://www.centreformentalhealth.org.uk/parenting>

These questions may help to assess what is available locally:

Do you 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 refer themselves in this way.

Does your 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 strategically plans and coordinates 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 your local area? Inadequate parenting provision 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. Use of the SDQ by health visitors, early years staff and schools in Glasgow has provided good quality evidence of the scale of mental health need among children in the area, helping target resources and informing joint strategic needs assessments.

Case study

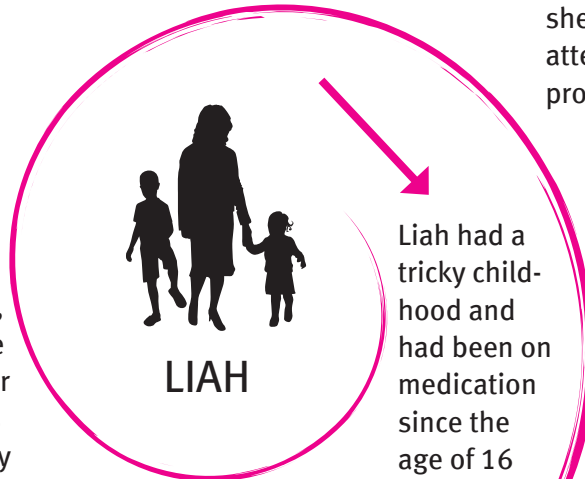
Her son had been placed on the at-risk register following concerns over his development, his safety and violence in the family home.

She was also struggling to manage her son's increasingly challenging behaviour.

On being told that her daughter would go straight onto a child protection plan at birth, she was persuaded to attend her local parenting programme.

She lived with her partner but the relationship was violent.

At the age of 21, she had a stable tenancy, a 3 year old boy and was expecting a baby daughter.



LIAH

Liah had a tricky childhood and had been on medication since the age of 16 for anxiety.

Although initially sceptical, Liah completed the course and was very positive about what she had picked up both from the programme and from others attending.

She also had a history of misusing drugs and alcohol and had lived on the street.

She described learning very practical skills which quickly improved her son's behaviour.

After three months, a decision was made to take both children off child protection plans due to progress made.

Liah learnt that she needed to be quick and consistent in employing the techniques she had learnt to prevent any reoccurrence of her son's difficult behaviour.

Liah's mental health and stress levels improved significantly, to the extent that she was able to come off her medication.

The course also helped her reflect on other aspects of her life; her own parenting and her relationship. Consequently, she made changes to her relationship.

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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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