

Why is this issue important?

Parenting is rightly a public health issue. There is strong evidence that the quality of parent–child relationships is associated with multiple aspects of psychological, emotional, social, behavioural educational, intellectual and physical health.¹ Parent–child relationships that are characterised by low warmth, high criticism, hostility, conflict and unresponsiveness are linked to poor child outcomes. The mental health of a significant proportion of children is compromised by poor parenting. Adverse childhood experiences and poor childhood mental health lead to increased risks of low educational attainment, reduced productivity, increased criminality and violence, mental disorder, unhealthy lifestyles and ill-health in adulthood (Figure 1). There is also a relationship between childhood abuse and household dysfunction and many of the leading causes of death in adults.²

Figure 1: The Adverse Childhood Experiences



Source: The Adverse Childhood Experiences (ACE) Study, Vincent J Felitti, MD, FACP et al, 1998

Research has shown that effective interventions that improve the quality of the parent – child interaction have an impact on improving:

- child health and wellbeing³
- parent wellbeing⁴
- family functioning⁵
- health and mortality outcomes for adults⁶

¹ Joseph Rowntree Foundation. O'Connor T, Scott S. Parenting and Outcomes for children; 2007.

² Felitti MD et al. The Adverse Childhood Experiences (ACE) Study; 1998.

³ See: Allen G MP. Early Intervention: The Next Steps; Jan 2011; Lindsay G et al. Parenting Early Intervention Pathfinder Evaluation; 2008; and Prinz RJ, Sanders MR et al. Population-based prevention of child maltreatment: The US Triple P system population trial; 2009.

⁴ FAST, Triple P evidence.

⁵ Department for Children, Schools and Families. Mooney A, Oliver C, Smith M. Impact of Family Breakdown on Children's Wellbeing; 2009.

- strengthening communities.⁷

There is currently a national focus on working with families to improve outcomes for children. In June 2013, the Government announced plans to expand the Troubled Families Programme⁸ for a further five years from 2015/16, focussing on coordinated work with families to reduce crime/antisocial behaviour, get adults back into work and getting children back into school and improve children's outcomes where domestic violence and health issues is present. Early Intervention: The Next Steps shows that working with parents at an early stage in children's lives helps prevent future problems and saves money.⁹

Key outcomes

- **School readiness (Public Health Outcomes Framework)**
- **Child development at 2-2.5 years (Public Health Outcomes Framework)**
- **First-time entrants to the youth justice system**

Impact in Brighton & Hove

In April 2012, the Government launched the Troubled Families Programme: a £448 million scheme to incentivise local authorities and their partners to turn around the lives of 120,000 troubled families by May 2015. The first programme worked with families where children were not attending school, young people were committing crime, families were involved in anti-social behaviour and adults were out of work. In June 2013, the Government announced plans to expand the Troubled Families Programme for a further five years from 2015/16 and to reach up to an additional 400,000 families across England.

The target number of families to be worked with in Brighton & Hove is 2,240, or 448 per year across

⁶ Vincent J, Felitti, MD et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study; 1998; Sanders MR. Strengthening the population level effects of evidence based parenting interventions; 2008.

⁷ FAST evidence

⁸ Financial Framework for the Expanded Troubled Families Programme; March 2015

⁹ Allen G. Early Intervention: The Next Steps; 2011.

⁹ Cabinet Office Social Exclusion Taskforce. Reaching Out: Think Family: Analysis and themes from the Families At Risk Review. 2007. Available from http://webarchive.nationalarchives.gov.uk/http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_families_full_report.pdf [Accessed 18/05/2012]

five years – double the 225 per year target of the first programme.

The new programme retains the first programme's focus on families with multiple high cost problems and continues to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it also reaches out to families with a broader range of problems. The inclusion of families into the programme is based upon a cluster of six headline problems:

1. Parents or children involved in crime or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan
4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents or children with a range of health problems

The broadening of the focus in the new programme is borne out by analysis of the presenting issues of the families worked with in Brighton & Hove to date, where 72% of families worked with to date are identified as having health problems impacting on family functioning, and 82% are identified as having a "child in need of help".

Brighton & Hove has higher numbers of children on child protection plans, children in need and children in care than the England average or statistical neighbour average.

The 2010 Annual Report of the Director of Public Health on Resilience¹⁰ highlighted that the high levels of domestic violence, substance misuse and teenage conceptions in the city have an adverse impact on family relationships and stability.

Where we are doing well

In 2013 Brighton & Hove City Council carried out an extensive consultation with communities across the city. The Big Parenting Debate involved an online survey and questionnaires, press and social media campaigns as well as qualitative research involving 18 focus groups with communities across the city. This improved our understanding of needs and informed the development of a parenting policy and strategy. As a result of the Big Parenting Debate services have been developed to offer a wider ways of accessing parenting help – recognising parents preferences for shorter interventions, Online options and services delivered out of normal working hours.

Brighton & Hove have invested in two evidenced-based parenting programmes : Triple P (Positive Parenting Programme), which incorporates a principle of self-efficacy, promoting parental competence and self-sufficiency and FAST (Families and Schools Together).

Brighton & Hove is committed to principle of Marmot's 'proportionate universalism'¹¹ to deliver early brief preventative help for all families and more intensive services for families with complex needs. Families that access help share their learning with family and friends which generates benefits for children in the wider community (reference Fives, et al (2014) Parenting support for every parent: A population-level evaluation of Triple P in Longford and Westmeath Final Report Atlone: LWPP)

The Triple P multi-intervention programme is available in a range of formats at all levels of need across the age range. These can be accessed directly by parents and carers or delivered by primary care practitioners, teachers and a range of other professionals.

Since 2007, at least 4172 parents have completed Triple P courses (levels 2 to 5). Triple P has been shown to result in predictable decreases in child behaviour problems maintained over time.¹² Pre- and post-Course standardised questionnaires are completed by parents. Local data (Level 4) shows

¹¹ Marmot M. Fair Society, Healthy Lives, The Marmot Review of health inequalities. 2010

¹² De Graaf I et al. Effectiveness of Triple P on Behaviour Problems in Children; Netherlands; 2007.

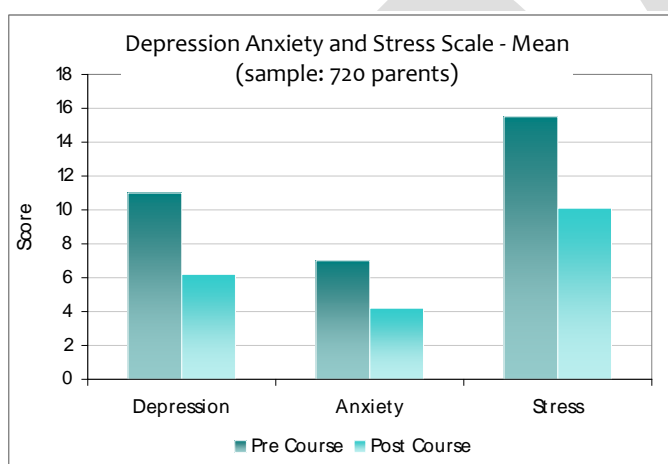
¹⁰ Annual Report of the Director of Public Health Brighton and Hove 2010.

that 72% (1758) of participants see an improvement in their child's behaviour; 87% (1876) of participants see an improvement in the way they parent; 83% (1532) see an improvement in their confidence and self-efficacy; 57% (1304) see an decrease in their levels of depression; 50% (1129) see a decrease in their levels of anxiety; and 65% (1488) see a decrease in their levels of stress. Moreover, there was a statistically significant improvement in all score between the pre-course and post-course questionnaires.

Parenting interventions have been shown to have a positive impact on parental mental health and wellbeing (Figure 2). Evidence, from post-course satisfaction questionnaires, shows that parents value Triple P parenting interventions.

Stepping Stones Triple P, offered in Brighton & Hove by Amaze, offers parents of children with disabilities and SEN an effective programme that reduces child behaviour problems and improves parental competence, skills and satisfaction.¹³

Figure 2: Mean pre- and post-Course 'Depression, Anxiety and Stress Scale'¹⁴ scores for Brighton & Hove.



Source: Brighton & Hove Parenting Team

In recognition of the impact of parental conflict and separation on children, Brighton & Hove are piloting the Triple P Transitions Programme for separated parents (reference Tavistock Centre for couple Relationships (2011) Parenting Work which focuses on the parental couple relationship: A policy paper from TCCR) .

78 families have completed one of the three FAST programmes in Brighton & Hove primary schools. Pre- and post-Course questionnaires from FAST programmes that have run in two local primary schools show a statistically significant drop in family conflict from the level you would expect to see in 'distressed' families to within the normal range (data from 38 families and two programmes). Teachers report increased parental involvement in children's education.

National FAST research has shown statistically significant improvements in parental involvement with education, social relationships and social support plus better coping with stress and improved relationships. In addition, drop-out rates were low - typically around 20%.¹⁵

There is good evidence the first years of a child's life are critically important: the foundations for virtually every aspect of physical, intellectual and emotional development are laid down in pregnancy and early childhood (ref Marmot 17). Health visitors play a crucial role in ensuring that families get good joined up support at the start of life. In Brighton and Hove the health visiting service offers support to all families assessing attachment and promoting sensitive parenting , with a focus on providing consistency of care and support to vulnerable mothers and fathers. The service is co-located in children Centres and works with a range of service to ensure that the complexity and the range of needs are understood and addressed.

Local inequalities

Triple P in Brighton & Hove:

Sex: 15% of parents are male and 83% female.

Sexual orientation: 75% of parents identify as heterosexual; 1.1% as homosexual; 1.2% as other; 23% prefer not to state.

Race / ethnicity: From a sample of 2040 parents, the ethnicity of parents attending groups corresponds to the demographics of the city's population.¹⁶

¹⁵ Macdonald L. Aggregate FAST UK Evaluation of 15 schools in 15 LEAs; 2010. Marmot 2010 Fair Society, Healthy Lives The Marmot Review

¹³ Saunders M, Mazzuchelli T. Stepping Stones Triple P research; 2000.

¹⁴ Lovibond SH, Lovibond PF. Manual for the Depression Anxiety Stress; 1995.

Marriage and civil partnership: 40 % of parents were married or in civil partnership compared to 53.4% of Brighton population. 18.55% were cohabiting compared to 26.31% of Brighton population and 30% were lone parents compared to 20.25% of Brighton population.

Child poverty: The University of Warwick evaluated the Parenting Early Intervention Pathfinder: of the 247 Brighton & Hove parents in the sample 76% had an income below the poverty line.

Predicted future need

The city's population is projected to rise by 4% between 2010 and 2020 with increased numbers of children under 15 years. However, the number of births per year in the city is projected to remain stable at around 3,300.¹⁷ The increased population and increased numbers of children could create pressure on city services and may increase the demand for parenting advice and interventions.

The trend in children subject to Child Protection Plans and the number of children in care is reducing from a high of 423 children on CP plans in August 2015 to 361 in May 2016 (15% decrease). It is a priority of children's services to further reduce the number of children at risk of suffering harm through earlier intervention.

What we don't know

IDropout and retention information is not clear and research into this is underway. The service has highlighted a need to investigate the number of children subject to family separation and breakdown.

Key evidence and policy

NICE guidelines¹⁸ on the management of conduct disorder in children under 12 years recommends manual-based parenting programmes such as Triple P as the treatment of choice. Key evidence and references to policy are documented above.

International and national evidence shows that investment in evidence-based parenting interventions reduces pressure on services and saves money. The Department for Education

estimates that the delivery of an evidence-based parenting programme could save on average £81,624 per family, with local authorities directly saving £40,341.¹⁹ An international cost analysis found the cost of Triple P universally would be recovered in a single year by the 10% reduction in the number of families where abuse/neglect occurred.²⁰

Specific guidance for a range of services includes:

Drug and Alcohol Treatment: Guidance on development of local protocols between drug and alcohol treatment services, Safeguarding Boards and children and family services.

<http://www.nta.nhs.uk/uploads/supportinginformation.pdf>

Offender Management: Guidance on how prisons, probation trusts, and children and family services should work together to support children and families of offenders.

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00638/>

Mental health: Guidance for a whole family approach for professionals working with parents suffering with mental ill-health.

<http://www.scie.org.uk/publications/guides/guide30/>

Neighbourhood policing: Early intervention, prevention and whole family practice guidance for neighbourhood policing managers and practitioners.

<http://www.neighbourhoodpolicing.co.uk/publication.asp>

Young carers and their families: Associations of Directors of Adult and Children's Services model local protocol setting out how services should work more closely together to prioritise support for the person being cared for as well as the young carers.

<http://www.adass.org.uk/images/stories/MOU%20Working%20Together%20to%20support%20young%20carers.pdf>

Recommended future local priorities

Public Health and children services are working to encourage wider access to and availability of parenting training support in the city.

¹⁷ONS sub national population projections (2010 based). <http://www.ons.gov.uk/ons/taxonomy/index.html?nsl=Sub-national+Population+Projections> [Accessed 23/08/2012]

¹⁸NICE Guidelines 102, 2006

¹⁹Department for Education. Intensive Support for Families with Multiple Problems: The Business Case; 2008.

Foster M et al. Cost of a Public Health Infrastructure for Delivering Parenting and Family Support; 2007; Triple P – An invaluable investment in your region's future: www.triplep-staypositive.net.

A whole population approach to parenting programmes has been proven to be effective in preventing adverse childhood experiences and behaviour problems as well as reducing mental health problems in parents and overall providing better outcomes for children and their families.²¹ A whole population approach is necessary to de-stigmatise and normalise parenting issues.²²

There will be a continued need for intensive interventions for families with complex needs.

The following is in development: an evidenced based parenting programme for parents of babies and for teenage parents.

Key links to other sections

- Carers
- Children in need
- Education
- Not in education, employment and training
- Under 18 conceptions and teenage parents
- Young offenders
- Emotional health and wellbeing and mental health
- Substance misuse
- Alcohol

Further information

www.triplep.net

Last updated

November 2016

²¹ Prinz R, Sanders M. Population based prevention of child maltreatment; 2009

²² Joseph Rowntree Foundation. O'Connor T, Scott S. Parenting and outcomes for children; 2007.