NSPCC

Submission to the National Institute for Clinical Excellence/Social Care Institute for Excellence Health Technology Appraisal
National Society for the Prevention of Cruelty to Children (NSPCC) submission to the National Institute for Clinical Excellence/Social Care Institute for Excellence health technology appraisal:

Parent-training/education programmes for children with conduct disorders

Introduction
The NSPCC is the UK’s leading charity specialising in child protection and the prevention of cruelty to children. We exist to end cruelty to children, and aim to do so through a broad range of activities. Our role is to:

- prevent children from suffering significant harm as a result of cruelty
- help children who are at risk of such harm
- help children who have suffered cruelty to overcome its effects
- work to protect children from further harm.

We have more than 180 teams and projects throughout England, Wales and Northern Ireland. Our work includes:

- family support, assessment, counselling and therapy to children and families experiencing abuse;
- investigations into allegations of child abuse; and
- work within schools and other youth organisations to provide a voice for children and advocate their rights.

In the home, we seek to prevent the abuse of children by helping people to be good parents, by providing support to families and by promoting a culture of self-help.

The aim of our Full Stop Campaign is to end cruelty to children within a generation. We believe that, given the will, most abuse can be prevented. In order to achieve this, it is vital that all children, whatever their needs, have a range of services that are flexible and offer them support and protection. It is also important for families and parents to be supported and helped when they are experiencing difficulties with parenting.

The NSPCC very much welcomes the NICE/SCIE appraisal of parent training programmes for the treatment of conduct disorder, and we are pleased to be able to present early evidence to the appraisal team of the NSPCC’s experience of using parent training programmes in our family support services.

Please note that we have not referred in great detail to the literature on parent training programmes in our submission, as we are aware that an extensive literature review is being undertaken as part of the appraisal process.
General comment
The recent Green Paper Every Child Matters\(^1\) announced the Government’s intention ‘to put supporting parents and carers at the heart of its approach to improving children's lives'. This is something the NSPCC has welcomed, and we wholeheartedly agree with the Government’s statement that ‘the bond between the child and their parents is the most critical influence on a child’s life’.

The NSPCC regards parenting and family support provision as fundamental to improving parent-child relationships, to parents understanding and responding appropriately to their children’s developmental needs and to reducing the potential for child abuse. As Every Child Matters states, parenting support needs to be provided at both a primary prevention (universal) level, and a secondary prevention level, in the form of more targeted and specialist services. The Australian ‘Triple P’ positive parenting programme model, which offers differing levels of support for parents on a district-wide basis according to varying need, could be developed in England.\(^2\)

We believe that the NICE/SCIE appraisal of parent-training programmes for reducing conduct disorder in children is timely and very relevant to the Government’s stated aim to improve the quality of relationships between parents and their children.\(^3\) In pure economic terms it has been suggested that investment in this relationship, by providing parent training programmes, can reduce the costs to society of dealing with the effects of anti-social behaviour / conduct disorder significantly.\(^4\)

Overall, we recommend that work developed in this area should focus on what works best for children, as well as for parents. There are also good arguments for talking to children about what they feel their parents/carers need and the problems they experience in their own lives that may be linked to their parents’ circumstances and difficulties, including the way they treat them. Policies relating to health, housing and reducing child poverty are very important for improving the environments in which children grow up, and the context within which parents bring up children.

Overview of NSPCC Quality Parenting Family Support (QPFS) Services
The NSPCC provides a range of specialist support services for families experiencing more entrenched difficulties. Our services tend to work with families of children who are aged seven or less, although work with older children, up to about the age of 12, is also undertaken, usually when there are older children in the same family. In many

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\(^1\) *Every Child Matters* (September 2003). Government consultation paper presented to Parliament by the Chief Secretary to the Treasury. Cm 5860.


cases, children display the types of behaviour described in the DSM IV classification for Conduct Disorder, although they do not necessarily have a formal diagnosis of conduct disorder. By definition, our services tend to work preventively, and families may therefore be referred to our service before children are referred to Child and Adolescent Mental Health Services (CAMHS). However, children are also referred to our services when CAMHS do not have the capacity to work with the family in the way that is needed, or because the family do not meet the criteria for CAMHS services.

Our thirty-seven QPFS services therefore seek to reduce the likelihood of child cruelty by intervening at an early stage to prevent possible child abuse and neglect. As a consequence the services are usually tightly focused on the local needs of the neighbourhoods and communities in which they are located.

Our QPFS teams deliver three major types of service:

a) Child and family centres
b) Outreach services to children and families, including home visiting and volunteer support and
c) Parent education and parenting programmes

Our substantial experience of this type of work provides useful evidence for the types of parenting and family support that parents want and find effective. Crucially, our services have a clear basis in child protection, and staff and volunteers are able to offer more intensive one-to-one counselling or to support an adult or child to seek further help, if such a need becomes apparent.

Our QPFS services work in multi-skilled teams, which can include attached or seconded health visitors or community nurses, play workers, teachers or nursery nurses. The services also have qualified social workers to either lead or consult on any emergent issues of risk management in the safeguarding of children.

All our QPFS projects use family support to empower parents to learn to improve their parenting, and the emphasis is on learning rather than on treating or punishing poor parenting. To this extent, all our projects use parent education, in its broadest sense, to prevent cruelty to children. We find that parent education increases parents’ self-confidence and esteem, gives them a more positive self-image, builds their resilience and improves their ability to manage their child’s behaviour. All of these benefits have positive outcomes for children.

Ruth Gardner, Senior Research Fellow at the Royal Holloway College, University of London has evaluated some NSPCC QPFS services. In her recently published book on this research, Supporting Families: Child Protection in the Community, a 28-year-old mother of four children, who uses an NSPCC service in a metropolitan suburb, is quoted as saying:
"A lot of people associate the NSPCC with abuse – but this is a way of showing [they] are not just about children who are beaten up, but children having a better life, parents getting relief from stress".5

Evidence from Parent Training Programmes delivered in NSPCC Family Support services

To provide NICE/SCIE with up to date evidence of our QPFS services’ experience of providing parent training programmes, the NSPCC’s Evaluation Department conducted a survey of the projects which provide parent training programmes. The briefing and questionnaire which were used are attached as Appendix A. Twelve teams responded (see Appendix B), and this has provided very useful data for assessing the effectiveness of the programmes.

Type of programme

Our services reported using one or more of the following parent training programmes:

- Webster Stratton ‘Incredible Years’ Programme – both the ‘Parents Together’ programme for parents and the ‘Dinosaur School programme for children
- Home Video Guidance (interactive programme)
- Programmes produced by the Family Caring Trust
- “Let’s Talk Parenting” – materials adapted by a project for use with parents of under-5s from the Share Plus Programme developed by the Community Education Development Centre (CEDC) and Parentline Plus.
- “Handling Children’s Behaviour”. This is a programme developed by a particular NSPCC project, which has now evolved into a new programme called “Parenting with Confidence”. Both programmes are based on a combination of a variety of materials, together with practitioners’ experience of what parents need and what works for them.
- “Parenting: a Rough Guide: Positive Ways of Managing Children’s Behaviour” by Angela Phillips, developed by the CEDC and the NSPCC (has been used by a project in one-to-one work with parents of 0-7-year-olds).

Effectiveness of the programmes

Services mainly reported using pre- and post- assessment tools and evaluation questionnaires to assess the effectiveness of the programmes. Both parents and other professionals contribute to the evaluation and in some projects the Eyeberg Child Behaviour Inventory has been used to measure change in children’s behaviour problems, and a positive difference has been noticed in the children at the end of the programme. However, longer-term follow-up is not routine, unless parents are also receiving another service.

Feedback from the parents attending the programmes is very positive. The programmes are found to be effective in a number of ways. Examples cited include:

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• Lowering parental stress levels, altering parents’ expectations of their children and giving parents more confidence. All of these variables help parents to deal more effectively with conduct disorder and provide individuals with more resources for coping.

• Parents’ perceptions of their children changed, and they were helped to remain more calm, and to think of the child’s point of view.

• Both parents’ and children’s behaviour has changed.

• Parents show increased confidence and an improved ability to set boundaries and to praise their child(ren).

• Relationships between parents and their children improve. One example highlighted that the relationships became more warm, and parents were less out of control themselves.

• Positive changes in children’s behaviour, and parents’ satisfaction with what has been achieved.

• Children have been perceived as being better behaved (both at home and in school) and as having more self-esteem and better anger management skills.

• Parents have been helped to reflect and to learn new ways of managing their children.

• Parents generally report better handling of children’s behaviour during the programme and at final evaluation.

• Some projects also examine how individual support helps parents to manage the behaviour of the child, and parents identify topics which they found useful, things they would like to change and the things they have benefited from. They are also informed that continuing support is available to them.

• Parents’ ability to communicate with professionals also improved.

• The home video interactive programme is especially helpful for parents with limited ability, as it is visual. Evaluation and follow-up visits help to consolidate its effectiveness.

Factors critical to running an effective programme
Our services cited a number of elements which they believed to be critical to the effectiveness of the parent training programme they run.

Effective working relationships with other agencies
Effective working relationships and co-operation with other agencies are essential. For some of our services the children’s school is crucial, both because it refers children for services, and because it has an important role in monitoring children’s behaviour.
The setting and timing
Many factors affect the setting, including staff attitudes and the type of staff who deliver programmes – which are covered separately below.

In addition, it is important to have several strands of support available to parents, either within the family support service, or locally. Examples include social groups, particularly support groups for mothers experiencing post-natal depression, drop-in sessions, and, if available, local Sure Start services.

It is important to provide crèche facilities so that parents are not hindered from attending because of a lack of childcare.

Some projects are considering offering evening classes so that working fathers are also able to attend; others have negotiated for children to attend the children’s programme during school hours.

The staff
Our experience is that having a good mix of skilled staff is an important factor for running successful parent education programmes. It is beneficial to have staff with a range of skills that complement one another, and for the staff group to be stable and consistent. It is also important that they are ‘very nice/comforting people’, with family work, nursery nurse and/or groupwork experience.

Staff themselves need to be supported with training and skills development, ongoing supervision, and suitable, effective equipment.

The relationship between the worker and the child
This element was felt to be the most important for maximising the effectiveness of the work, as the relationship between the worker and the child makes all other work and therapy possible. The NSPCC’s core focus is the child, and we work with parents and families primarily to achieve improvements for the child, though of course such improvement is integrally linked to the quality and type of parental interaction with the child.

Engaging parents and sustaining involvement in parenting programmes
Some parents are very disadvantaged. For example, they may be very isolated, trying to bring up five children alone in a two-bedroom, damp property on very little money. Offering parenting support on its own will be of limited value, and we would argue that, for many parents, it has most potential to be beneficial when it is delivered alongside other interventions.

Overall, our experience is that voluntary engagement is usually more effective than work with parents referred by social services departments, where problems have been identified through core assessment work. However, it should not be underestimated how difficult it can be for some parents to make the first contact with any organised parenting group; and it cannot be assumed that parents themselves recognise that they are having problems and need advice.
Enrolment in a parenting programme should not be seen as a substitute for home contact and telephone contact between workers and parents. Many of our projects have found there is a need to ensure that parents receive telephone contact in between the group sessions, and sometimes home contacts are required to sustain involvement and engagement with the parenting programme.

The interaction/process that takes place prior to the session starting
Practitioners felt that a critical time was the period before the more formal session begins, which can help to motivate parents to take part in the groups. The beginning of the group creates a situation in which all members of the group are able to ‘gel together’. The process that takes place with parents at this stage includes assessing and defining key issues and consulting parents about their perceptions of the key difficulties and barriers for them in relating to their child.

Staff and services’ attitudes to and interaction with parents
It is vital that parents should not be blamed, but engaged, and that they should be treated in a supportive way by staff and local agencies, who should take a collaborative approach to working with parents. Practitioners should not patronise parents, but rather should acknowledge their abilities and strengths, thus reducing parents’ sense of inadequacy. The professional who is delivering the session should not use jargon, and should ensure that the content is relevant to the issues chosen by the parents. It is also helpful if sessions are not delivered in too much of a teaching style, as parents need to be involved. Role play is felt to be particularly effective.

Cost-effectiveness of parent training programmes
In relation to cost-effectiveness, there were a number of issues to be considered, though largely the groups were felt to be cost-effective for the following reasons:

- It is possible to involve greater numbers of parents in the groups than staff would usually work with, so in terms of reaching more parents with the same amount of staff time the groups are very cost-effective.

- Group-work confers other benefits for parents as well as the learning provided by the programme. Some projects felt that the group-work works particularly well, and can be more effective than one-to-one work with parents.

- The work can be very time-limited and focused, with clear objectives.

- However, some projects commented that without also having longer-term outcome evaluations, it is difficult to assess overall cost-effectiveness. Some projects are exploring ways of introducing such evaluation into the work, by establishing baselines at the start of the programme, conducting final evaluations at the end, and then follow-up evaluation at 6-12 months.

- If the course is delivered in school, this can add to its cost-effectiveness, especially if it timed for school arrival.
• It is much more cost-effective to put resources into families at an earlier stage than wait until behaviour becomes more entrenched and more expensive to treat.

Some projects reported that the groups are very cost-effective when they are successful. However, when they are run by a single agency, they can be expensive. Expenses include: transport, providing a crèche, meals, staffing, reward, telephones, assessments, delivery time and recording time. Sharing these costs with partner agencies is felt to be an advantage.

Other challenges include parents failing to commit to the whole course because of competing pressures from other agencies, and self-referring parents giving up part of the way through the course.

It is worth noting that the Green Paper *Every Child Matters* suggests that professional contact per hour with a family is half the cost of standard clinical treatment.

**Parent training provision for black and minority ethnic families and fathers**

It is clearly important that parent training programmes should be appropriate to meet the needs of all families, including disabled parents, the parents of disabled children and families from different cultures.

*Black and Minority Ethnic families*

The NSPCC also has a number of QPFS projects which work with black and minority ethnic (BME) families, and their experience is that doing work on positive parenting work with BME parents also requires a community-based approach, which involves not only parents, but also other relatives, and wider kin and community connections. They find that language is important their projects, as are storytelling and narratives which relate to a specific culture, though some of these are becoming more mainstream, as they are adopted as part of popular culture.

*Fathers*

The NSPCC’s experience is similar to that of other voluntary agencies in that our parenting work very largely is work with mothers and not fathers, and this is something which our projects are seeking to change. We would suggest that this is also an issue that it would be helpful for NICE/SCIE to consider as part of this appraisal. It may be helpful to refer to the father-friendly national standards which have recently been produced by Fathers Direct. These National Quality Standards for Father Friendly Services are available at: www.fathersdirect.com.

**Conclusions**

We wish to point out that positive parenting is enhanced by services which also aim to increase parents’ and carers’ emotional literacy; it is not just a collection of techniques and skills, but also about giving parents a sense of engagement in the emotional task of parenting. During the three-day intensive parenting courses we run in some of our projects’ work, parents are encouraged to work in groups and to use

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6 Further information about these programmes is available on request.
creative materials, art, drawing and painting, stones and storytelling. We find that it is through these methods that an emotional connection can be made to ‘parenting’. Most young parents say "I want to be better as a parent than my parents were with me", and these methods help them to realise this aspiration.

The NSPCC, in considering the evidence from its own services, and from the literature on parent training programmes, believes that such programmes should be much more widely and easily available for parents, not only for treating conduct disorder, but also for preventing it.

As we have outlined above, our QPFS services aim to work with children and families at as early a stage as possible in order to prevent parenting and family problems becoming more entrenched and less amenable to change and modification. In some of our projects, most of the children are displaying early onset of behaviour difficulties in the home and at school, which often indicate family relationship problems and difficulties with parenting.

To address this, some projects provide group work consisting of both a parent training programme and a child behaviour management programme, run concurrently. We have provided some evidence from these projects, but not a great deal, as the appraisal is examining only the impact of parent training programmes. However, we wish to point out that for some of our projects, this holistic approach, of working both with the parents and the children, is believed to be the most beneficial for families, and it is a prerequisite that parents should attend the parenting programme if their children are offered a place on the child programme.

We suggest that in order to engage and support parents in developing helpful parenting skills, parent education and support should be woven into the fabric of everyday parenting experience, but current provision is very patchy and services are far from being universally available.7 We should like to see broad statutory provision of parent education, provided by central government funding, backed-up by more intensive and extensive parenting and family support services for parents who need them, for instance for parents of children with conduct disorder. This should be provided according to local needs identified by the proposed Children’s Trusts and/or local child safeguarding boards, but developed according to national guidance on what services are effective, including research with parents on what they need and what works for them. This appraisal will, we hope, make a significant contribution to this.

Further information

The NSPCC would like to invite members of the appraisal panel to visit one of our QPFS projects to find out more about how we run parent training programmes in a family support service. This would provide them with the opportunity to speak with the staff who deliver the programmes, and we could also arrange for them to meet with some of the parents and children who use our

services. Alternatively we would be pleased to explore the possibility of some parents and children visiting central London to speak with panel members if this would be preferable.

Please contact Lucy Thorpe, Policy Adviser for Health and Family Support, for more information about our submission, and to discuss the potential visits suggested above, on: email: lthorpe@nspcc.org.uk; tel: 020 7825 2537 / 7427.

References


APPENDIX A

SURVEY QUESTIONNAIRE

EFFECTIVENESS OF PARENT-TRAINING EDUCATION PROGRAMMES

The National Institute for Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) are jointly appraising *The Clinical And Cost-Effectiveness Of Parent-Training/Education Programmes In Treating Conduct Disorders In Children Under 12 Years Old*.

The NSPCC, along with other organisations, has been invited to contribute to this appraisal process during an early consultation phase. The main purpose of this is to capture the experience and learning of those who provide parent-training programmes and obtain evidence of their effectiveness which may not be available from the published literature.

Please note that we should like you to respond to the following questions in relation to the parents of children who either have a diagnosed conduct disorder or who display some of the behaviours listed on the attached sheet, which defines conduct disorder.

**The 13 questions we are asking you to answer for this consultation are as follows:**

1. What is the name of the Programme or intervention? (e.g. Webster Stratton; Mellow Parenting; video home guidance)
2. What is the length & frequency of the programme? (e.g. 10 x 2 hour sessions once a week)
3. What is the content – briefly – (e.g. positive discipline, negotiation, anger control)
4. In what setting/s is the programme delivered? (e.g. parents home, community/church hall, agency offices, outdoors)
5. How many programmes have you run in each of the following years:

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<th>Year</th>
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6. How may adults are there per programme
7. How many households with children under 12 does this involve?
8. What is the main client group including average numbers and mix? (e.g. mothers, some fathers, mainly lone parents, occasionally couples, programme for Asian parents)
9. Are parents referred, do they self-refer or is there a mix? (if referred please say by which agency)
10. Do you think the programme has been effective in dealing with conduct disorder?
   Yes  No
   If so on what evidence? e.g. pre- and post- questionnaire? assessment? Parents’ views?

11. Please give any examples of effectiveness, e.g. of child behaviour change, parent behaviour change, child/parent relationship change.

12. What elements of the programme are critical to its effectiveness in your view?
   (E.g. staff skills mix; setting; other support services provided; local referring agencies; engaging grandparents, etc.)

13. Do you feel the parent-training programme you run is cost effective?
   Yes  No
   Please give brief reasons why/why not.

If you would prefer to complete the questionnaire instead of being interviewed please return it to Carol Curtis, Weston House on ccurtis@nspcc.org.uk or fax on 020 7825 2737

Please send any relevant evaluation reports, illustrative material or quotes to:
Lucy Thorpe, Public Policy Dept, NSPCC
Weston House
42 Curtain Road
London
EC2 3NH or email her - lthorpe@nspcc.org.uk
APPENDIX B

NSPCC services which responded to the survey

Almond Tree Project in Catterick Garrison, North Yorkshire

Beaumont Leys and Stocking Farm Sure Start, Leicester (Managed by the NSPCC)

Belfast Daycare Family Support

Coventry Family Support Team

Grimsby Family Support Project

Hull Family Centre

Leeds Children and Families Team

North Swindon Family Centre

Northampton Child and Family Centre

St Helen’s Early Years Team

Scarborough Family Support Service

Selby (North Yorkshire) Family Support Services