

Subject:	Public Health Approach to Parenting		
Date of Meeting:	14th January 2012		
Report of:	Joint report of The Director of Public Health and Children Services		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 It is proposed that Public Health and Children's Services jointly develop a public health approach to parenting. This will include a public consultation; positive parenting media campaign and an implementation plan to provide a wider range of help and services to parents. This will be a key part of the city's early help strategy.
- 1.2 Evidence based parenting programmes have been proved to be effective in reducing adverse childhood experiences and behaviour problems. This produces better outcomes for children, reduces mental health problems in parents, improves work performance and reduces sickness absence in working parents. Adverse childhood experiences are linked to higher mortality rates in adults due to social and psychological factors such as violence, suicide, drugs and alcohol misuse.
- 1.3. Evidenced based parenting programmes have been shown to:
- Promote the independence and health of families through the enhancement of the parent's knowledge, skills and confidence
 - Promote the development of non violent protective and nurturing environments for children
 - Promote the development, growth, health and social competence of young children
 - Reduce incidence of child maltreatment, behavioural and emotional problems in childhood and adolescence, delinquency, substance misuse and academic failure
 - Enhance the competence, resourcefulness and self-sufficiency of parenting
 - Promote family and community cohesion (FAST)
- 1.4 Research indicates that every £1 spent in preventing and treating "conduct disorder" in children saves £14 in costs over 25 years, with a third of these benefits taking the

form of savings in public expenditure¹ (Bonin et al 2001). Approved evidenced based parenting programmes are recommended by National Institute for Clinical Excellence for the treatment of conduct disorders.

1.5 The whole population Triple P programme has been proven to be effective in reducing the number of children who become looked after children; reduce the number of substantiated cases of child protection, and the number of children attending A&E for intentional injuries. In Brighton and Hove the number of looked after children, and children subject to child protection plans is significantly higher than comparable authorities. Implementing Triple P in the city is an important part of the strategy to reduce the number of children subject to child protection plan and in care.

2. RECOMMENDATIONS:

2.1 That the committee approve a joint public health and children services approach to the promotion of positive parenting . This will consist of:

- engagement with key partners and stakeholders
- a 'Big Debate' that will help the local authority and partner agencies to ascertain the public's views on impact of parenting in the community and support needed for parents
- a media parenting information campaign that will aim to get key messages and information about services to parents and professionals.

2.2 The committee approve the development of an implementation strategy for a whole population public health approach to parenting, informed by the consultation process above. This would mean aiming to reach 60% of parents over a two to three year period, giving brief information and advice progressing to intensive support depending on need. It is estimated that about 10% of the population will benefit from intensive services (e.g. an 8 week group).

2. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 In 2006 Brighton & Hove City Council were awarded a Parenting Early Intervention Programme (PEIP) grant to trial the implementation of Triple P. (Positive Parenting Programme) which is an international programme with a multi-level intervention model proven to prevent and treat behavioural, emotional and developmental problems in children. The initial 18-month project was evaluated nationally by Warwick University and was deemed to be very successful. Triple P was found to :

- significantly reduce reported child conduct problems
- Improved parental mental well being and improved responsiveness and consistency in their parenting²

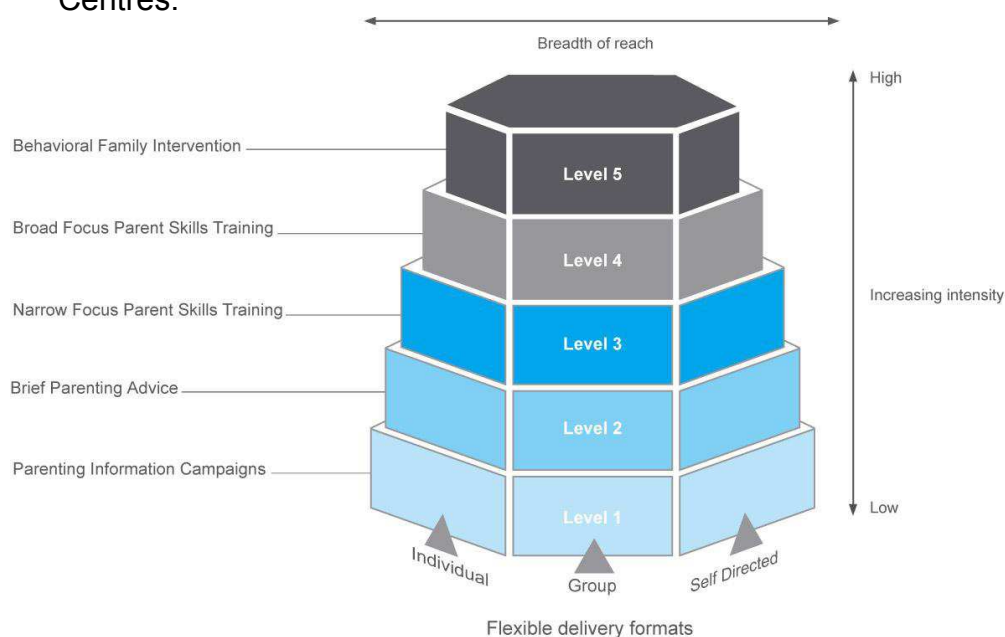
B&H exceeded the PEIP target number of families and the outcome data matched results from Triple P trails.

3.2 Triple P has been integrated into the service delivery of a range of statutory and voluntary organisations. Uniquely B&H also implemented a peer education

¹ Bonin, E., Stevens, M., Beecham, J., Byford, S., & Parsonage, M. (2011) Costs and longer savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study. BMC Public Health, 11, pp. 803.

² Department for Education. (2011). Parenting Early Intervention Programme Evaluation (Research Report DFE – RR121 (a)). United Kingdom: Lindsay et al.

approach: training pairs of parents and professionals to deliver Triple P Level 4 group programme in local communities, mostly through school clusters and Children Centres.



3.3 Triple P is focused on promoting positive relationships between parents and their children and equipping parents with positive and effective behaviour management strategies by enhancing their knowledge, skills and confidence. Triple P addresses a number of factors likely to impact on the quality of the parent-child relationship and child development. It includes principles and strategies to enable parents to build their relationship with their child (spending time, talk, engaging activities, showing affection); teach new skills (descriptive praise, problem solving, managing emotions); use assertive discipline (setting rules and a good example, clear instructions, being consistent, decisive and fair, using consequences); and plan for stressful or risky situations (see further detail see Appendix 1. A folder of Tip Sheets will be placed in the members library.)

3.4 Since 2007, in Brighton & Hove City Council over 1500 parents have completed Triple P group (based on 74% return rate of questionnaires). The completed pre and post Strengths and Difficulties questionnaire show that 74 % of parts saw an improvement in their child's behaviour; Parenting Scale showed 85.9% improvement in their parenting style and Depression Stress and anxiety Scale reflected 61.4% improved in Depression; 52.1% improved in anxiety and 97.7% improved in stress.

3.5 In 2009 B&H commissioned Families and Schools Together (FAST) which improves the wellbeing of children through building community capacity and cohesion. It is a universal programme delivered in schools in areas of high deprivation. It brings together groups of families in the school, to do a range of carefully designed activities for 8 weeks. It is facilitated by a team made up of parents, school staff and community partners. It has been shown to reduce family conflict, improve family cohesion, and improve children's behaviour and parents' engagement in children's education. This has been started in 3 schools that have high levels of special needs and indicators of deprivation, and has run 5 times. It is intended that this will continue to be rolled out.

3.6 Research has shown that 5 % of children in any one year cohort have severe conduct disorder and they will be 19 times more likely to be imprisoned compared to

children with no problems³. Positive parenting is a protective factor for behaviour problems, which are associated with hostile, critical, punitive and coercive parenting. Positive parenting has also been shown to act as a protective buffer against the negative effect of poverty.

3.7 In 2007, an Australian study examined the economic case for Triple P as a means of reducing the prevalence of conduct disorder in children and adolescents and found:

- Triple P needs to avert only 1.5% of conduct disorder cases to pay for itself and
- Has the potential to avert at least 26% of cases of conduct disorders.⁴

3.8 A Triple P whole population Randomised Control Trial trial led to reduction of Child Protection and Looked after Children by up to 16% compared to control areas⁵. Researchers estimated for every 100,000 children under the age of eight the results would translate annually into:

- 688 fewer cases of child maltreatment
- 240 fewer children in care
- 60 fewer children being admitted to hospital with abuse injuries

3.9 The proposal is to develop an implementation plan for a whole population public health approach, building on the existing largely targeted service. The implementation strategy would build on current provision and integrate additional parenting advice and support into services in statutory and voluntary sector. It would include scoping the level of need; service delivery model; agreed output targets and outcome measurements; evaluation and review strategy; time scales and costs. For example, it is intended that schools will be able to train their own staff, or commission CVS to deliver in their school, or be able to refer individual families with high level need to the appropriate agency for parenting intervention.

3.10 This population based approach will be beneficial because it:

- enables parents to access services at the right level of intensity
- the more costly intensive interventions are reserved for parents with the highest needs
- public health campaign will address the stigma of asking for help for parenting which is a considerable barrier, particularly for families with multiple problems.

3.11 It is proposed to hold a 'Big Debate' in order to understand

- how parents see their role, their goals and aspirations for themselves and their children and how service can help them achieve this.
- the importance the 'community' places on the need for parents to be sufficiently well supported so that they can raise children that are confident, happy, competent and resilient.
- community's views on the benefits of skilled and confident parenting and the costs of parents not being able to meet their children's needs.

³ Fergusson, D., Horwood, J., Ridder, E. (2005). Show me the child at seven: the consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry*, pp. 46 (8) 837-849

⁴ Mihalopoulos, C. (2007). Does the Triple P – positive parenting programme provide value for money? *Australian and New Zealand Journal of Psychiatry*, 41 (3), 239-46.

⁵ Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R., (2009). Population-Based Prevention of Child Maltreatment: The US Triple p System Population Trial. *Prevention Science*, 10 (1), 1-12.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 Community engagement and consultation is an integral part of the public health approach. The focus groups followed by a Big Debate campaign (similar to the Alcohol Big Debate Campaign) will engage the community in the exploration of the importance of parenting and help us to understand how parents want to use services. The Big Debate will start in March 2013.
- 4.2 A steering group including key partners and stakeholders will direct the development of the implementation plan. The first meeting is planned for early January and the aim would be to complete the process by May 2013.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The cost of the Big Debate Campaign (including focus groups) is £15,000 and will be funded by Healthy City , Public Health budget in this financial year
- 5.2 The delivery of Triple P levels 2 and 3 will be largely integrated within existing service delivery of family behaviour change programmes (e.g. Sure Start Children Centres and community programmes: MEND; health trainers; Albion in the Community).
- The costs in this financial year for continuing training for evidenced based parenting is £60,000 and has been identified within current training budgets held by Human Resources team (Lindsey Pearce Workforce Development/Professional Qualifications/CPD Manager)
- 5.3).

Legal Implications:

- 5.2 The Local Authority has duties to protect and safeguard children who are living in their area from harm, there are considerable costs, both economic and emotional in taking such protective action. Nationally there is a move towards looking more at methods of prevention before problems arise which require protective action. There is a duty under Schedule 2 of the Children Act 1989 for the Local Authority to take reasonable steps through provision of services to prevent children suffering ill-treatment or neglect, and this would be one such method.

Equalities Implications:

- 5.3 An Equalities Impact Assessment has been completed and sent to Equalities Team for comment.

Sustainability Implications:

- 5.4 As discussed above (para 1.4 & 3.5), evidenced based parenting interventions have been shown to make significant savings for public bodies through the prevention and treatment of conduct disorders and child maltreatment.

Crime & Disorder Implications:

- 5.5 Children with a severe and diagnosable conduct disorder are 19 times more likely to be imprisoned in adult life than children with no conduct disorder. The prevention and treatment of conduct disorders in children therefore has the potential to make a significant impact on the reduction of crime and disorder.

Risk and Opportunity Management Implications:

- 5.6 The Implementation plan will need to address the following risks:
- That families with most need access the most intensive provision
 - There are robust monitoring and evaluation process in place to assess reach, quality of service and outcomes.
 - The capacity of agencies to provide early help is integrated into core business and protected

Corporate / Citywide Implications:

- 5.7 The public health approach to parenting in the city will meet Brighton and Hove City Council's Corporate Plan 2011-2015 priority to tackle inequalities.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 An alternative option to taking a public health whole population, progressively targeted approach to parenting provision is to take a purely targeted approach. This approach would mean that only identified families with highest need access parenting services. Whilst this has the advantage of only targeting resources at known greatest need, it has the following disadvantages:
- Arguably further stigmatising parenting help, making it less attractive to families that professionals most want to engage
 - Creates time consuming and resource heavy barriers for families who are experiencing problems and want to access a service (i.e. referral and assessment processes)
 - Restricts preventative and early help

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 To expand parenting services to include information, advice and early help and to develop a Parenting Implementation Strategy.

SUPPORTING DOCUMENTATION

Appendices:

1. Triple P Summary
2. Brighton & Hove local Triple P outcome data

Documents in Members' Rooms:

1. File of Triple P Tip Sheets

Background Documents:

1. N/A

Appendix 1

Triple P Summary

The 5 Steps to Positive Parenting



By Professor Matt Sanders

What is Positive Parenting?

Positive parenting aims to promote children's development and manage children's behaviour and emotions in a constructive and non-hurtful way. It is based on strong, nurturing relationships, good communication and positive attention to help children develop.

Positive parenting involves emphasising the positive and planning ahead to prevent problems. It also involves using everyday situations and creating opportunities to help children learn and to motivate them to do their best.

Children who grow up with positive parenting are likely to develop the skills they need to do well at schoolwork, build friendships, and feel good about themselves. They are also much less likely to develop behavioural or emotional problems when they get older. Parents who learn to use positive parenting skills typically feel more confident and competent in managing daily parenting tasks, are less depressed, less stressed, and have less conflict with their partners over parenting issues.

1. Creating a Safe, Interesting Environment

- Teach Your Child Road Safety Rules
- Provide Safety Equipment
- Be Safety Conscious Near Schools
- Teach Your Child About Personal Safety

2. Having a Positive Learning Environment

- Spend Time With Your Child
- Speak Nicely
- Chat and Listen Often
- Share Your Own Experiences
- Be Affectionate
- Use Descriptive Praise

- Give Your Child Attention
- Use Incidental Teaching
- Get Involved in Your Child's School

3. Using assertive discipline

- Prepare in Advance
- Arrange Activities so your child has something interesting to do
- Set Some Ground Rules
- Praise Good Behaviour
- Watch and Supervise
- Use Planned Ignoring for Minor Misbehaviour
- Use Your Voice Effectively – stay calm, get close to your child and use a firm voice
- Use Directed Discussion to make sure your child knows and understands the rules
- Give Clear, Calm Instructions
- Take Away a Problem Activity
- Back Up Instructions With Quiet Time
- Use Time-out for Serious Misbehaviour

4. Having Realistic Expectations

- Consider Your Expectations of Your Child
- Check What Other Parents Expect
- Check What Your School Expects
- Consider Your Expectations of Yourself

5. Taking Care of Yourself as a Parent

Parenting is easier when parents' personal needs for support, companionship, intimacy, recreation and time alone are being met. Being a good parent does not mean that your child should completely dominate your life. If your own needs as an adult are being met, it is much easier to be patient, consistent and available to your child.

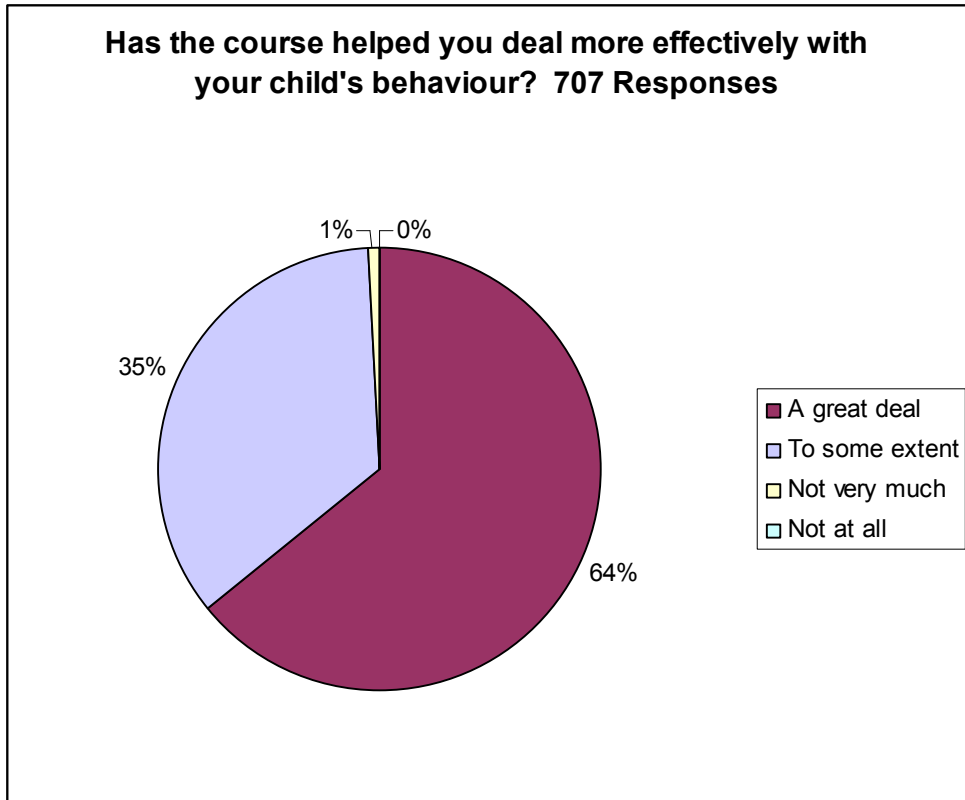
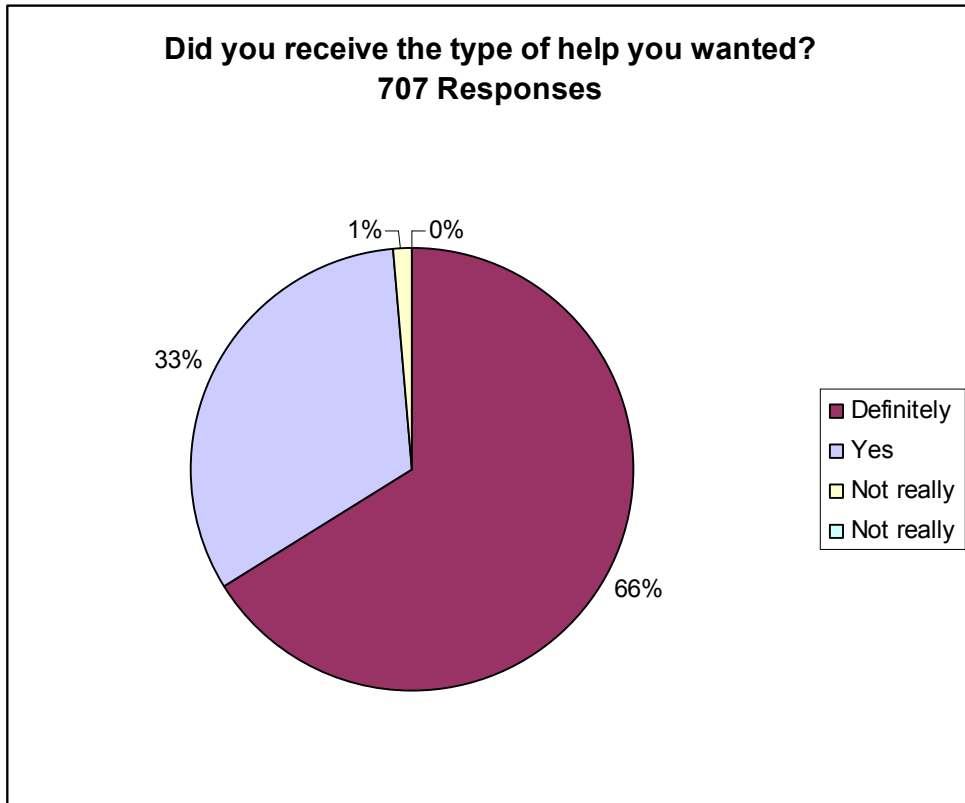
Here are some ideas to help you look after yourself:

- Balance Work and Family
- Talk Back to Negative Thinking

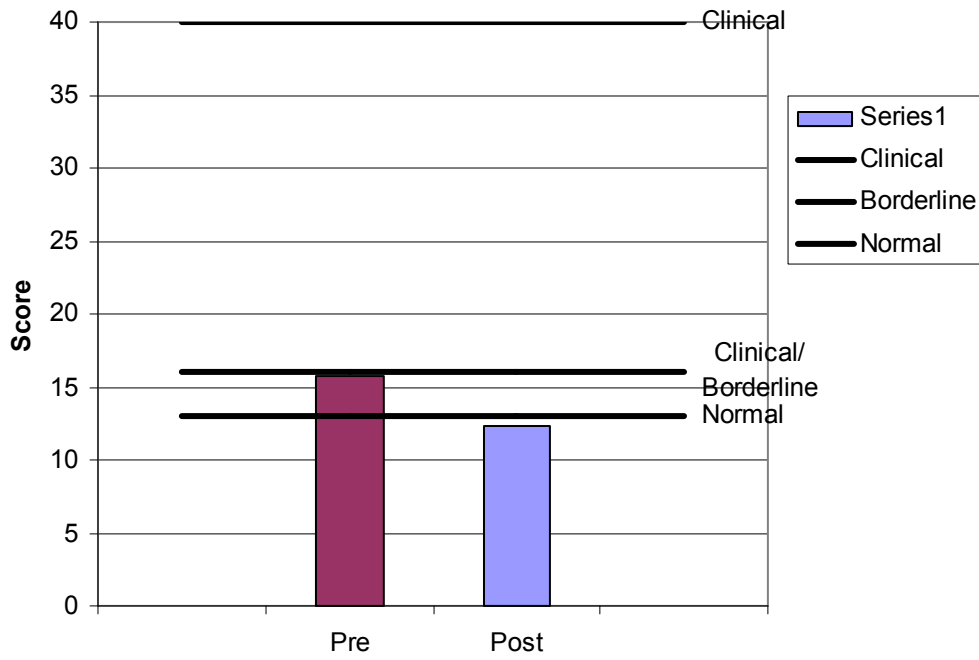
- Work as a Team

Appendix 2

Brighton & Hove Triple P Outcome data



Strengths & Difficulties Questionnaires - 1142 Responses



Parenting Scale - 1016 Responses

