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WHEN FAMILY LIFE HURTS:

Family experience of aggression in children

31 October 2010

Parentline Plus, part of the Family Lives Group. CAN Mezzanine, 49-51 East Road, London N1 6AH. Free textphone (for people who are deaf, hard of hearing or have a speech impairment): 0800 783 6783 Web: www.parentlineplus.org.uk Email: parentsupport@parentlineplus.org.uk Parentline Plus is the operating name of FamilyLives. Registered Company No 3817762 (limited by guarantee). Registered Charity Number 1077722.

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ABOUT PARENTLINE PLUS

Parentline Plus, part of Family Lives, is a leading, national charity with over thirty years experience in the field of family support. We believe all families should have access to non-judgemental support. Parentline Plus works around the clock, transforming the lives of families making happier relationships happier families and a stronger society.

Our experience enables us to help families with any problem or challenge that they face, big or small. We provide support to over 700,000 families every year and help to transform the lives of over a million children. Through helping parents and the wider family, we strengthen family relationships, improve children's outlook which has a positive impact on society as a whole.

Our services

We reach families in three key ways; FREE 24/7 helpline, Online Services and through our locally-based outreach work. We have offices in Newcastle-upon-Tyne, Nottinghamshire, Hertfordshire, Hampshire, Essex, Gloucestershire, Surrey and Greater London. We work around 4 core areas which are: Family Relationships & Support, Education, Health & Wellbeing and Family Rights and Responsibilities.

A lifeline for families

Our free 24 hour helpline is a vital service for parents/carers in need of help, support and advice. It reaches the most vulnerable families in the UK; 45% of parents who call our helpline come from families with a combined income of less than £20,000. Parents ring us at times when they are most in need of support and information. Parents/carers ring us either at a time of crisis and/or with deeply entrenched and chronic difficulties. Call takers enable callers to unburden themselves, explore the issues and consider further actions they could take to improve their situation. The main issues that parents call to discuss relate to mental health, divorce and separation and behavioural problems with their children. Between April and June 2010, 45% of calls taken related to mental health issues.

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1. INTRODUCTION

"My wife and I are at the end of our tether and I believe it will only be a matter of time before he seriously injures either of us or someone else - there is no preventative help available - until it's too late." (respondent to web survey)

Parentline Plus receives a steadily increasing number of calls from parents and carers who are experiencing abuse at the hands of their children. The abuse comes in the form of intimidation, aggression, and physical violence. Parentline Plus recognises that incidences of physical or verbal aggression are part of normal child development, and dealing with them presents important learning and growth opportunities for both parent and child. However, Parentline Plus data suggests that a growing minority of families are battling with more entrenched and complex problems that point towards concerns around their child's emotional and mental health. It is this growing minority that is the focus of this report.

Some of the families we hear from in this report are likely to be experiencing complex or multiple problems and are in need of targeted support. The importance of interventions and approaches targeted at families with multiple problems is acknowledged by the Coalition government *(The Coalition: Our Vision for Government", May 2010).* However, as the Parentline service user in the quote above reiterates, support from statutory services is, all too often, not available to desperate parents early enough to prevent damaged lives. Parentline Plus believes its services play a vital role in providing accessible, non-judgemental support that is often the first port of call for families experiencing serious behavioural problems in their children.

Data from Parentline shows that families calling about aggression in children are more likely to report that their children are not enjoying good mental health and wellbeing. Many appear to be displaying behaviours associated with conduct disorders and a number of families are already in contact with specialist Child and Adolescent Mental Health Services (CAMHS). Conduct disorders are the most common childhood psychiatric disorders[1].

The benefits of intervening early before problems escalate and taking a family-wide approach is supported by a strong evidence base. In particular, evidence from public mental health suggests that parenting interventions improves a range of outcomes including behaviour in children with conduct problems[2], anti-social behaviour[3], symptoms of attention deficit hyperactivity disorder[4], reduced reoffending[5] and improved mental health of families[6] . At a family level, interventions that are known to reduce levels of violence and abuse include parental mental health promotion, parent training and early intervention for child emotional and behavioural disorders[7]. Yet, Parentline Plus' experience is that all too often, by the time many families seek help they are in a desperate position and some require intensive interventions, such as children being taken away by the police or social services. The stigma attached to the abuse can prevent families from seeking help early and preventing the problem from spiralling out of control.

2. Executive summary

Using data from Parentline calls, a web survey filled in by parents experiencing aggressive behaviour from their children and secondary research, this report examines the link between parenting and aggressive behaviour in children and adolescents.

The scale and intensity of the aggression and abuse that many parents report make it likely that a significant number of these calls relate to children with, or at risk of, developing conduct disorders. We investigate the link between conduct disorders and parenting, concluding that the provision of effective parenting support can reduce the occurrence and impact of aggressive episodes associated with conduct problems and improve the mental health and wellbeing of parents and children. We provide outcome data and feedback in the form of case studies from our service users to make this case as well as citing strong clinical evidence in this area.

We identify a series of recommendations for policy-makers to stem the tide of young people and families who are experiencing aggressive behaviour. In particular, Parentline Plus is concerned that the steadily growing problem of child-on-parent verbal or physical abuse points towards a significant unmet need within the statutory sector. This is backed up by recent evidence suggesting that up to 70% of children and adolescents with conduct disorder are not receiving any form of effective treatment[29]. Indeed many practitioners believe that the real figure is even lower.

According to guidance from the National Institute of Clinical and Health Excellence (NICE), the treatment of choice for children with conduct disorder and ADHD is parenting training and education programmes. Parentline Plus notes the experience of a number of its users who report that the threshold for receiving support from specialist services, including local Child and Adolescent Mental Health Services (CAMHS) is too high and is not geared towards early intervention and therefore prevention.

From the evidence base, we know that this unmet need is storing up huge problems for universal and specialist statutory services across schools, health, criminal justice and society as a whole. We use research evidence to spell out the exact nature and scale of the human, social and economic cost of not intervening at the earliest opportunity with parenting support.

2.1 Key findings: Parentline call data

A large number of calls to Parentline Plus' free 24 hour a day telephone helpline have consistently concerned children's behaviour: Between June 2008 and June 2010 (the period of time the statistics in this report cover, unless otherwise stated) 27% of the 83,469 long calls (classified as calls of a duration of 20 minutes or over) concerned children's

behaviour.

- Of these, 62% of callers were seeking advice about their child's verbal aggression and 31% concerned physical aggression – 8% of all long calls to Parentline Plus
- 88% of the callers concerned about their child's aggressive behaviour were concerned about the aggression within the home environment
- Mothers appear to take the brunt of their children's aggressive behaviour, although it affects all family members
- Contrary to public perception, the issue of parent's experiencing aggression from their children crosses the gender divide. Boys and girls are physically and verbally aggressive, in similar numbers, although boys are more likely to be both physically and verbally aggressive
- Aggressive behaviour is more likely to be acted out at home than at school or in other public places
- Aggressive behaviour is reported in children of all ages, but peaks in children aged between 13 and 15 years old
- Parents facing aggressive behaviour from their children report feeling desperate, helpless, ashamed and out of control
- Where aggression was the main feature of the call to Parentline Plus, children were more likely to have emotional problems, poor wellbeing and/or mental health problems
- Parents calling about their child's behaviour were more likely to report poor mental health, including diagnosed depression, anxiety and stress
- Aggressive behaviour was also linked to higher incidences of involvement with the youth justice system, gang and weapon carrying, smoking, anti-social behaviour and children wanting to leave home

The table (to follow) shows the kind of behaviours that parents responding to our web survey are experiencing. Respondents reported that in 71% of cases their children misbehaved almost every day and in most cases (88.7%) this involved angry outbursts, aggression towards parents or carers (76.1%) and towards siblings (62%). Again, Parentline Plus stresses that these reported behaviours are not in themselves indications of poor mental health or wellbeing in children. However, if unchecked or unsupported, in many instances, are likely to contribute to a downward spiral.

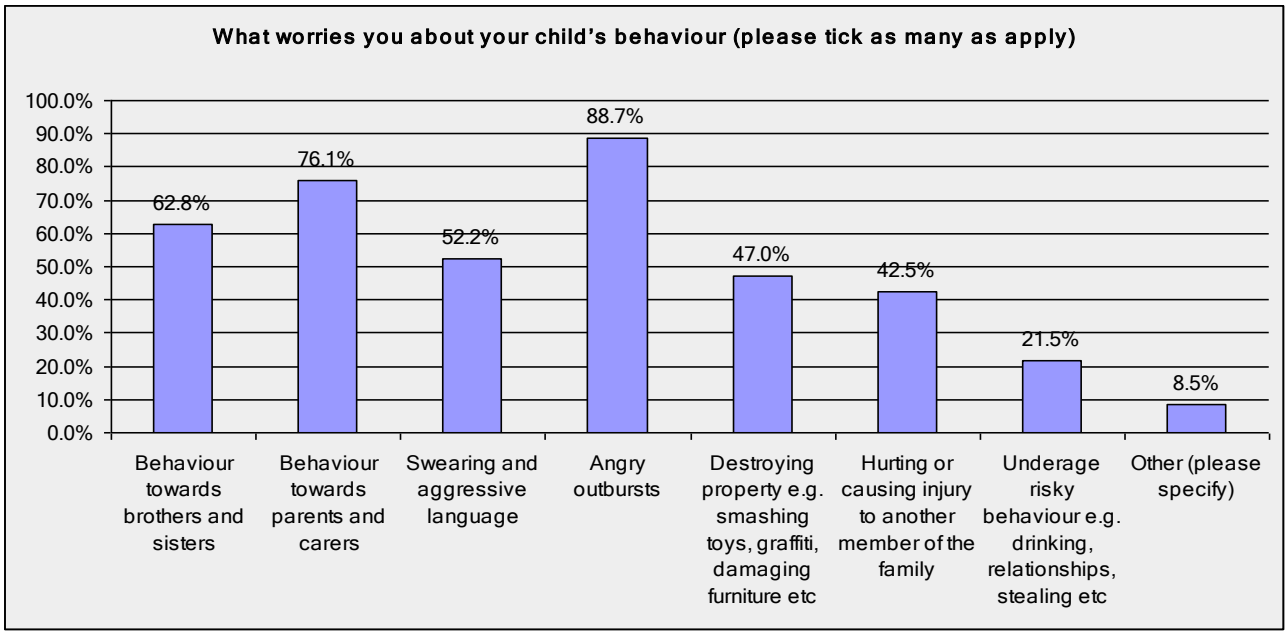


Table 1: (based on 249 responses)

2.2 Key findings: Summary of the research evidence

- While occasional outbursts of physical violence or verbal abuse in children and adolescents are normal parts of growing up, protracted or problematic childhood aggression, physical violence, verbal abuse and other risky or anti-social behaviours are symptoms associated with conduct disorders and those children and young people with conduct problems (often referred to within mental health as "sub-threshold conduct disorder").
- 50% of all lifetime cases of diagnosable mental illness are detectable by the age of 14-16.[9]
- 6% of children have conduct disorder and 18% have conduct problems (or sub-threshold conduct disorder[1]
- On optimistic estimates, less than 30% of children with conduct disorder are receiving effective treatment.[8] There are indications that the real figure is much lower.
- NICE guidelines for effective treatment of conduct disorders and ADHD in young people recommends parenting interventions[10].
- Conduct disorder is associated with increased risk of personality disorder, with 40–70% of children with conduct disorder developing antisocial personality disorder as adults[11]. NICE treatment for anti-social personality disorder is focused on the need to intervene early in the life course, treating conduct disorder in children and young people[11]. 12Annual costs of crime by adults who had conduct disorder and conduct problems (subthreshold conduct disorder) as children and adolescents are estimated to amount to approximately £60 billion per year.[12]

- More than half of children with early onset conduct problems experience enduring and serious lifetime problems including crime, violence, drug misuse and unemployment[13].
- Poor parental mental health is associated with a four to five times increased risk of conduct disorder for the child[8].
- Parental unemployment is associated with a two to three times increased risk of the child developing emotional/conduct disorder[8].
- Parenting interventions promote better parental mental health, better outcomes for the child, including school behaviour and attainment and reduce the risk of a lifetime course of poor health and outcomes, including criminality and anti-social behaviours[7,·] It reduces the take-up of risky behaviours including smoking, alcohol and substance misuse[7]. It also has the power to break negative intergenerational cycles by improving parenting style and skills for the current as well as next generation[7.]

2.3 Key recommendations

Parentline Plus calls for policy makers to recognise the importance of parenting support for families experiencing aggression and serious behavioural problems. We call for recognition of the importance of different types of services and support that are geared towards prevention and early intervention. We call on government to better enable and encourage statutory services to work effectively with the voluntary sector around parenting support programmes.

Parentline believes that the current financial challenges provide greater, not lesser, impetus for the early intervention and prevention of the treatment of children with conduct disorders and the support for families experiencing childhood aggression and other behavioural problems. Cost–benefit analyses confirm the economic case for parenting support.

Given the evidence showing the harmful effects of family breakdown on children's behaviour[15], this report recommends that measures should be put in place to better support families and therefore protect children in cases of divorce and separation. Before a family goes through a court or legal process, a parenting programme such as a Separating Parents Information Programme should be undertaken to give families the best chance of putting the needs of their children first.

3. Children's mental health and wellbeing

Data from Parentline shows that families calling about aggression in children are more likely to report that their children and not enjoying good mental health and wellbeing. It is clear that the children who are displaying aggressive and abusive behaviour towards their families are themselves experiencing a range of emotional and mental health difficulties. Children exhibiting challenging behaviour are more likely to suffer from identified or unidentified depression compared to general mental and emotional health issues coming from all long calls. They are also more likely to suffer from hyperactivity (identified and unidentified) as well as have an increased tendency for suicide and low self-esteem (Table 2, Column 3 & 4).

Table 2: Children's emotional and mental health issues with verbal and physical aggression

	Column 1		Column 2		Column 3	Column 4
	% of long calls on verbal aggression (n= 12,246)		% of long calls on physical aggression (n= 6385)		% of calls where behaviour primary	Child mental health (average % of all long calls)
	July 08-Jun10	Oct 07-Jun 08	July 08-Jun10	Oct 07-Jun 08	July 08-Jun10	July 08-Jun10
Depression (not identified)	5.6%	4%	5.4%	5%	6	2
Depression (identified)	2.2%	2%	2.3%	3%	2.2	1
Self-harm	3%	2%	3%	3%	3.3	1
Suicide	3%	-	3.5%	-	3	1
Hyperactivity (not identified)	1.7%	2%	2.4%	3%	1.7	0
Hyperactivity (identified)	2.5%	2%	3.4%	3%	2.4	0
Stress	14.3%	15%	12.3%	17%	15	46
Fearful	2.7%	3%	2.9%	4%	3.2	15
Self-esteem	6%	2%	5.6%	8%	6.3	3
Withdrawn	2.7%	3%	2.5%	3%	3.33	2
Angry	38%	33%	37%	42%	33.5	43
Other emotional and mental issues	18%	31%	19.7%	9%	19.8	47

The organisation New Philanthropy Capital (NPC), who undertook in depth research on the topic of children's mental health in 2008, identify a state of 'good mental health', which they define as being more than the absence of mental illness: "it is a positive sense of well-being. For children and young people, it is the ability to learn, play, enjoy friendships and

relationships, and deal with difficulties experienced during childhood, adolescence and early adulthood[15]." Concerns relating to the wellbeing of the UK's children are well documented. A UNICEF survey in 2007 ranked the UK bottom on children's well-being compared with North America and 18 European countries[16], and among the lowest 5 European countries out of 29 in a survey published in 2009[17].

The NPC researchers found that the number of children experiencing mental health problems is growing, and they identify a number of contributory factors: "Children and young people face increasing pressure to attain status in all spheres of life (education, social life, physical attractiveness)... They are also under more pressure as they make difficult decisions about sex, drugs and other life choices at ever younger ages."[15]

Good social, emotional and psychological health is known to protect children against a range of emotional and behavioural problems including violence and crime, teenage pregnancy and misuse of drugs and alcohol[7,15]. Resilience can be developed at individual, family and community levels, although parenting influence is particularly important[7,15].

Around 10% of children and young people are known to have a clinically recognised mental disorder[1].

The case for effective early intervention is strong. Half of all lifetime cases of diagnosable mental illness are known to begin between the ages of 14-16[9]. There are a range of clinically proven interventions that can improve children's and young people's mental health. Intervening at the right time, in the right way, can prevent a life-time course of mental-ill health and all its associated economic and social costs. Yet it is estimated that only 60-70% of children with a diagnosable mental health disorder are receiving effective clinically proven interventions at the earliest opportunity to intervene[8].

3.1 Conduct Disorders

Conduct Disorder is a psychiatric condition recognised in all major illness classification systems. Conduct disorders are among the most common emotional and mental health problems experienced by young children and adolescents. 6% of those between the ages of 5-16 have conduct disorder with a further 18% have conduct problems that are sometimes referred to as sub-threshold conduct disorder[1]. The researchers in the NPC report define a conduct disorder as follows: "Conduct disorders involve severe and persistent disobedience and defiance. Typical behaviour includes unusually frequent and severe temper tantrums beyond the age when they are normally seen, excessive levels of fighting and bullying, cruelty to others or animals, running away from home and criminal behaviour."[15] Conduct disorders are sometimes also referred to as early onset conduct disorders, as they are often diagnosable in very young children.

While all children and young people have to learn how to control anger or other strong emotions as a normal part of their development, it is clear that many of the families who filled in our web survey are likely to be experiencing aggressive behaviour which points towards a more serious underlying problem such as a conduct disorder, although for many this had not been diagnosed:

> "*My daughter is 15 & for the past 6 months has done exactly what she wants. She doesn't come home from school until 9.30/10pm, she goes to school on a Friday & doesn't come home until Sunday. She has a Jekyll/Hyde personality, bad side is on show all the time. Last night she was in floods of tears saying she was scared she didn't know what was happening to her, then sat down calmly & played cards with us. This morning because I wouldn't take her to school & buy her some tobacco she flew into a rage threw everything off my sideboard smashed a glass & ripped a towel rail off the wall, constantly swearing & telling me she f***ing hated me. I'm not a doctor but I'm sure this is more than depression. She even asked her dad to put her in a home so someone could find out what was wrong with her but that's not an option as nobody will help as she's 15. We just want our daughter back."* (web survey respondent).

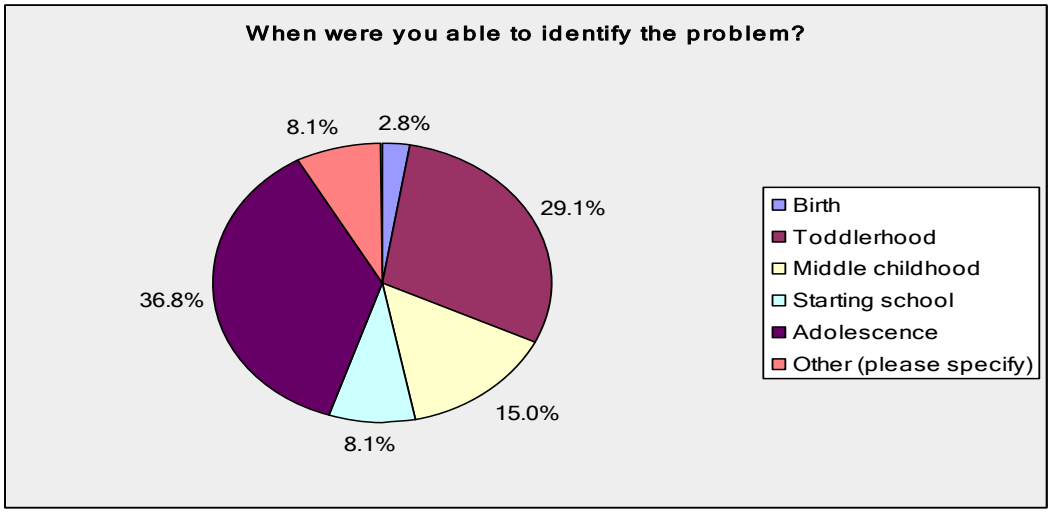
Conduct disorders are often found alongside other conditions, such as learning or development disabilities or other psychiatric conditions. In a study for the policy research bureau, Dr Hughes of the University of Cambridge Family Research Centre found that: "Children with conduct disorder also commonly display problem behaviours that extend beyond the diagnostic list of symptoms. For example...argumentativeness, temper tantrums, non-compliance, defiance, deliberate provocations, and displays of anger and resentment. Likewise, 40-70% of children with conduct disorder also meet criteria for ADHD, displaying symptoms such as hyperactivity, impulsivity, distractibility and difficulties in sustaining attention"[18].

3.2 Adolescent limited conduct disorder

Adolescent limited conduct disorders begin in teenage years and are less likely to remain into adulthood than early onset conduct disorders[12]. The Centre for Mental Health investigated conduct disorders and found that: "The contributory factors leading to adolescent limited conduct disorder are thought to be rather different and the condition has been described as "the product less of individual risks than of frustrations attendant on the adolescent 'maturity gap' [when individuals reach physical maturity some years before achieving economic and social independence], and social mimicry of deviant peers. Social factors and social roles are therefore much more important than in the case of early-onset disorder."[12]

It is likely that a significant number of callers to Parentline are seeking help for adolescent limited conduct disorders. In the web survey 36.8% of respondents had first identified the problem in adolescence (see table below). This table also shows that there are a significant number who have identified aggressive problem behaviour at a very early stage, a proportion of whom are likely to fall into the early onset conduct disorder bracket, which has a more significant long term impact on life chances. It is worth noting that in the 'other' bracket, 18% or respondents stated that divorce or family breakdown was the point at which they identified problem behaviour in their child.

Table 3 (out of 249 responses)



Data on the point of identification of behaviour is not centrally collected for Parentline calls, and no specific question is asked about whether the child has been diagnosed with a conduct disorder. However, it is clear from the data that the majority of families seek help from Parentline when their child is displaying aggressive behaviour in the teenage years:

Table 4: Challenging behaviour by age

Column 1	Column 2	Column 3	Column 4	Column 5
Age	% of verbal aggression (n=16,878)	% of physical aggression (n= 8451)	% of all calls about behaviour as a primary issue	% of all long calls to Parentline
0-3	2%	4%	3%	13.5%
4-6	5%	8%	6%	12.5%
7-9	8%	9.5%	8%	14%
10-12	17%	17%	15%	17%
13-15	38%	35%	*37%*	25.5%
16-18	23%	21%	*24%*	15.5%
19-21	4%	4%	*4.6%*	3.5%
22-25	2%	1%	2%	2%
26 +	1%	0.7%	1.2%	2%

A significant number are also concerned by pre-teens aggressive behaviour (17%) and 15% are calling about aggressive behaviour in young children. Compared to all long calls over a two year period, parents of 13-15 year olds are 13% more likely to call about children's verbal aggression. 13-18 year olds are most likely to exhibit aggressive behaviour, with 56% of calls about physical aggression concerning this age group and 61% of calls about verbal aggression. There is also a significant proportion in the 10-12 age bracket, with 17% of calls about both physical and verbal aggression concerning this pre-teen age group.

3.3 Conduct problems

In addition to a general lack of wellbeing, a specific adolescent conduct disorder and a diagnosable early onset conduct disorder, the Centre for Mental Health identify another group of children who have conduct problems. These children fall below the threshold for child and adolescent mental health services (CAMHS) yet many have significant unmet mental health needs: "much larger numbers display early conduct problems which, while below the threshold for a clinical diagnosis, still increase the likelihood of adverse outcomes in later life, including offending.[12] This group is often referred in mental health practice and research literature as sub-threshold conduct disorder.

4. What causes conduct problems?

As there are a spectrum of behaviours and conditions, there is also a range of different likely factors which contribute to, or are associated with the serious behaviour and difficulties that children and families face and are reported in the Parentline data.

4.1 Links with parental mental health

Parentline Plus' data shows that many of our callers concerned about aggressive behaviour in their children are suffering from poor mental health. They are 30% more likely to suffer from stress compared to their counterparts in all long calls received calling about other issues. They also experience higher percentages of depression- both identified and non-identified (Table 5).

Table 5: Adult mental health and challenging behaviour

	% of all long calls on verbal aggression (n= 8,965)	% of all long calls on physical aggression (n=17,811)	% of all long calls on behaviour	Adult mental health (average % of all long calls)
Stress	57%	60%	*61.3%*	36%
Anger	17%	18%	*17%*	10.5%
Depression (not identified)	9%	8%	*7%*	3.5%
Depression (identified)	5.5%	5%	*4.6%*	4%
Postnatal depression	0.2%	0.1%	0.2%	1%
Suicide	0.9%	0.8%	0.7%	1%
Panic attacks	0.9%	0.7%	0.7%	1.5%
Self-harm	0.2%	0.1%	0.1%	1%
Other	8.5%	7%	8%	7.5%

According to research literature, risk factors for mental illness in childhood include parental factors. For example, poor parental mental health is associated with four- to five-fold increased risk of emotional/conduct disorder[8].

The NPC report on parenting stresses that postnatal depression and its impact on attachment can be a trigger for conduct disorders: "When the parent-child relationship breaks down, children may suffer. This is true at every stage of a child's development, although there are certain stages when a child may be more vulnerable than at others. For instance, postnatal depression, which affects approximately one new mother in ten, can damage parent-child bonding and child development in infancy. One study has showed that children whose mothers have postnatal depression are almost 12 times more likely to have a statement for special needs for emotional, behavioural or learning problems at school"[14]

Beyond post natal depression, other forms of mental illness in parents present an elevated risk for children's wellbeing. Moreover, these risks continue throughout adult life and are passed down to the next generation so that a child of a mother with depression is five times more likely to develop conduct disorder and a generalised increased risk of mental illness as an adult[8].

It is unclear whether the higher incidences of poor mental health in the adults calling our helpline occurred before their child's behaviour began, or whether they are suffering as a result of the aggressive behaviour they are experiencing. One parent described her 14 year old daughter's behaviour as threatening to burn the house down, pulling doors off hinges when asked to do simple things such as pick up mess she'd made. She described the effect the behaviour had on her life:

> *"I can't deal with her when I have become so stressed with her behaviour myself. I feel broken because of her."* (Web survey respondent). Another respondent expressed similar emotions: *"She seems to have no respect for me as a mother. I feel unable to cope as I have no one to turn to I feel as if I am no longer a good mother it has took all of my confidence and has depressed me. I feel I total failure"*

4.2 Parenting, health inequalities, unemployment and child poverty

The Marmot review on health inequalities found that: "Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status.... To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences."[19]

The Marmot review recommends a focus on investment on the early years, in order to prevent later health inequalities. Parentline Plus agrees that investment in the early years is key and has the potential to prevent longer term entrenched family and behavioural difficulties. However, we would also like to see significant investment in support when parents need it, to achieve better outcomes for the child and the adult. The large numbers of callers who contact us about violence and aggression in teenagers suggests that support at this stage is also vital. Parenting based interventions are also powerful enough to break intergenerational cycles of low productivity and educational attainment[7].

Parental worklessness is a significant risk factor in childhood mental health. It is known that children whose parents are unemployed are 3 to 4 times more likely to have a emotional or conduct disorder[8]. In the UK, one in six children now lives in a workless household[20]. Children from households with the lowest 20% of incomes have a three-fold increased risk of mental health problems than children from households with the highest 20% of incomes[1]. (45% of callers to Parentline report being on combined household incomes of less than £20k, lower than the national average).

Parentline Plus is concerned that the impact of the Government's austerity measures on lower income families may lead to an increase in families struggling to cope with their children's behavioural problems including aggression and abuse often associated with conduct and emotional disorders.

4.3 Parenting style and efficacy

A Policy Research Bureau report investigating methods of preventing conduct disorders examines the different theories for the origins of the behaviour. They summarise the research by the Oregon Social Learning Centre: "It is theorised that a combination of temperamentally difficult children and inexperienced parents may instigate a downward spiral where ineffective and inconsistent discipline unwittingly reinforces the child's negative, attention-seeking behaviour."[21]

There is a wide body of evidence that shows the impact of parenting style on children's behaviour and outcomes, the risk factors and the protective factors which influence a child's life chances. A recent report by Demos, Building character, explored different types of parenting and found that parenting was the single most important factor influencing children's outcomes: 'improving the quality of parenting, especially for disadvantaged children, is a key priority for policy aimed at generating a fairer society'[22]

4.4 Divorce and separation

Parentline data shows that 48% of calls about concerns over children's behaviour came from lone mothers, slightly higher than the average number of lone mothers contacting Parentline about all issues, 46.5%.

Table 6: Caller relationship comparison between behaviour and all long calls

	Caller Relationship when behaviour is the primary reason	Caller relationship (%) when behaviour is the primary reason	Caller relationship (average % of all long calls)
Mother	11084	*80%*	71%
Father	1322	10%	12%
Non-resident mother	122	1%	1.5%
Non-resident father	103	1%	3%
Stepmother	181	*1.3%*	1%
Stepfather	176	*1.3%*	1%

Partner of non-resident father	15	0.1%	1%
Partner of non-resident mother	16	0.1%	1%
Other female relative	507	4%	4%
Other male relative	86	0.6%	1%
Female friend	87	0.6%	1%
Male friend	27	0.2%	1%
Professional	25	0.2%	1%
Other	74	0.5%	1%

15% of parents in our web survey identified family breakdown as the point at which they identified aggressive behaviour in their child, and chose to stress that this was the point at which the behaviour began, rather than selecting one of the defined age brackets. NPC state in their issues paper on parenting, Caring for Children: "recent research suggested that children of parents who separate are four times more likely to develop emotional disorders than those in families that stay together."[14]

In a response to our web survey, a stepmother describing her partner's teenage son's behaviour explained: "*I think at times he doesn't want to cooperate with me because I'm not his mum, he can be calm one minute and fly into a rage the next*". She went on to describe the insecurity the child felt as a result of being abandoned by his mother, who remained an inconsistent presence in his life.

In a report for the Policy Research Bureau looking at interventions for children at risk of developing an anti-social personality disorder, researchers found that conflict in intact couples had as significant an impact: "Persistent conflict between parents, whether between intact couples or those in the process or aftermath of separation, has been associated with children's disruptive behaviour and conduct disorder. An end to conflict may see children's conduct problems improve to pre-stress levels."[21]

Evidence shows that divorce and separation can have a significant long lasting negative impact on children, but if the child's needs and wellbeing are central to the process then these negative impacts are less likely to be long lasting[23]. The current Family Justice Review (2010, ongoing) recognises that the system is failing large numbers of children. Parentline Plus would like to see reform that ensures that in cases where there are no domestic violence or child protection issues; before a family goes to court they must go through a programme which helps them to put their child's needs first during the process. The Separated Parent Information Programme (SPIP), a group based programme which helps separating couple understand divorce and separation from the perspective of the

child, has been shown to be an effective intervention, helping many families to change their behaviour.

4.5 The Role of Fathers

There is significant evidence of the important and positive role of fathers in factors that promote better wellbeing in children[24]. It is significant that a higher proportion of mothers call about their child's aggressive behaviour compared to other issues and a lower proportion of fathers call about their child's aggressive behaviour than other issues (see table, above). One respondent to our web survey, a single mother answered a question about what they thought might help tackle their child's behaviour: *"another male figure but we don't really have that option"* (web survey respondent). Research suggests that the gender of the role models has less of an impact than the involvement of a father in a child's life: "Although social modelling theory would suggest otherwise, there seems to be no evidence that children are more likely to imitate aggressive behaviour by the same-sex parent: for example, boys model mothers' aggression just as often as fathers' aggression (Davies et al, 2002)"[24].

The Fatherhood Institute has a body of evidence that points to the importance of good quality father involvement after separation for children's adjustment and long term positive outcomes. Put succinctly: "In separated families, high levels of non-resident father involvement protect against later mental health problems in children[24].

5. Seeking Help and Support

The families responding to our survey tended to have tried a wide range of discipline techniques. By far the most common answer to our question: “what discipline technique works for you?” was “nothing” with 43% of respondents choosing this answer.

Table 7: What discipline technique works best for you?

Answer Options	Response Percent	Response Count
Nothing	43%	90
Removal of privileges	22%	46
Grounding	13%	28
Discipline techniques like reward charts; 1,2,3 magic etc	13%	28
Stay calm and talk through the issues	9.5%	20
Ignoring (either as a discipline technique or because they wanted to avoid aggravating a situation)	8%	17
Distracting	3%	6
Setting harder boundaries	1.5%	3
Smacking/ holding child tight	1.5%	3
Allow child to release anger through physical exercise (i.e. trampoline) or bath	1.5%	3
Paying for repairs of damaged items	<1%	1
Raising voice	<1%	1
Compromising	<1%	1
Calling the police	<1%	1
Encouraging to write a diary	<1%	1
Routine/ anger	<1%	1
answered question		209

For many families, the behaviour seems to have come out of nowhere, and they could not think of any explanation. 38.5% of respondents to our web survey who had experienced aggression at the hands of their child were unsure what triggered the behaviour. One parent, when explaining the child’s background, was clearly at a loss: “*no violent histories in the family. good education. nothing wrong that I can recognise*.” (web survey respondent)

56% of web survey respondents had sought help for their child’s behaviour. The table below shows the sources of help sought. Amongst the “other” category, health visitor was the most common answer.

Table 8: Who did you seek help from?

Answer Options	Response Percent	Response Count
School	62.0%	80
GP	57.4%	74
CAMHS	37.2%	48
Educational Psychologist	19.4%	25
Parentline Plus	15.5%	20
Psychiatrist	9.3%	12
Other voluntary organizations	9.3%	12
Social Services	22.5%	29
Friends and family	30.2%	39
Other doctor	5.4%	7
Behaviour therapist	13.2%	17
Police	16.3%	21
Other (please specify)	16.3%	21
	answered question	129

5.1 External support from universal services

Many respondents were keen for outside professional help: "*some outside 3rd party taking her and try and find out why she behaves in this way"* (web survey respondent) but many had tried this route and felt let down. The following case is a powerful example of a family who sought professional help but did not find the solution they were after:

"We took in our grandsons after they were removed from their mother's care by the family court. Both boys had been emotionally and physically abused by their mother's latest partner. My son is the boys' father and separated from their mother approx 10 years ago when children were 2 & 4 years old. ..in 2007 their mother was adjudged by the courts to have failed to protect them and ... the boys were passed over to the custody of myself and my husband ... Both boys have presented with behavioural problems ...(and) there are concerns that either or indeed both of the boys may have underlying mental health problems. ...The elder boy is aggressive towards his younger brother as well as myself and his grandfather. The older boy refuses to respond to any kind of discipline and will tantrum, scream and lash out for hours on end if we try and take away privileges as a punishment. I can describe the older boy's behaviour as swinging from one extreme to the other, one minute hitting out at me and the next demanding a kiss and cuddle as though he has done nothing wrong... I have rung the local police on several occasions when things became really bad but was made to feel rather guilty by saying 'did I really want my grandson to end up with a criminal record' when I had reported his aggressive behaviour to them. As I write this I am once again awaiting a visit from them following an incident which erupted at around 5.30pm, the time now is 8,35pm. I feel as though no one is interested or wants to listen to what we have to put up with" (web survey respondent)

Respondents to our web survey were most likely to have sought help from universal services, with 62% having done so from schools and 57.4% having contacted GPs. According to the Independent Review of Child and Adolescent Mental Health Services (CAMHS review)[25] these services found it difficult to cope with the demand: "Schools and other universal services often say that they require more input from CAMHS than CAMHS is able to provide, due in part to the difference in the levels of need prioritised by the two services."[25] For many of the families, the external help they desire is out of reach.

In our eight local Parentline Plus offices, we work in a number of settings including GP surgeries and schools, taking the pressure off services where possible. For example, in Stroud, a Parentline Plus worker is based part-time in three GP practices and sees parents referred by the primary care team on an individual basis in order to identify their needs. Tailored individual or group-based parenting support is then provided. For many families, although they see their GP because of 'medical' symptoms, what they ultimately need is skilled and non-judgemental listening and parenting support at a community level. Likewise, in schools in Hertfordshire we have a parent support worker based part-time in the school working with the families of children who display challenging behaviour. Through parenting support children as young as 6 have been turned away from a path of school exclusion and seen improvements in attainment, attendance and behaviour.

5.2 Unmet need and CAMHS

Whilst parenting support is the most suitable intervention for some families, for others this may need to be alongside specialist mental health services. The CAMHS review[25] found that: "Children, young people and families need ready access to specialist support when the issues they are facing go beyond the capacity and capability of staff in universal services."[25]

For many families, a diagnosis of a condition is crucial, enabling them to get help which is otherwise not readily available.

'[My] 12 year old son – he self harms, bangs his head against the wall - threatens to stab himself. He kicked me in the nose. He has hurt me before, but not seriously. [He has] ADHD and dyslexia. [I am] looking for assistance and for a proper diagnosis. We're fighting to get the help we need.'[27]

However, some children fall through the gap between needing more specialist services and meeting the threshold for specialist services. A key recommendation in the CAMHS review is:

"To improve the access that children, young people and their families have to mental health and psychological well-being support, local areas should set out a clear description

of the services that are available locally. These will include services to promote mental health and psychological well-being, early intervention support and high-quality, timely, responsive and appropriate specialist services which span the full spectrum of children's mental health and psychological needs"[25]

As the CAMHS review identified: "Administrative and legal processes, unhelpful thresholds for access to services and some entrenched professional views can 'parcel up' children into individual services and prevent their needs being met in a holistic, flexible and responsive way, or leave their needs unaddressed[25]. It is crucial that a range of options of different ways to access support are available to families in a way that will meet their needs.

5.3 Developing GP-led support and IAPT

Parentline Plus welcomes the Government's commitment in the 2010 Comprehensive Spending Review to expand psychological therapies (IAPT), making them available to children and young people. Expanding and investing in psychological therapies is an important step towards bridging the gap for those who fall below the threshold for other support and could have a powerful preventative effect. However Parentline Plus is concerned about the consistency of availability and service provision across the country, as it is as yet unclear how mental health commissioning will work in the new GP consortia arrangements and the other structural changes proposed in the NHS White Paper *Liberating the NHS* (DH, 2010). We call on the emerging GP consortia to recognise and use the skills and experience held in the voluntary sector, in organisations such as Parentline Plus, to help develop extended services focused around early intervention and prevention, including evidence-based parent support programmes.

6. Parenting support – effective interventions

There is a strong evidence base (including Randomised Control Trials RCTs) of the effectiveness of parent interventions on improved long-term impact on behavioural outcomes and reduced criminal behaviour[10,14]. According to the Centre for Mental Health: "Effective help for parents and families to prevent and manage conduct problems is extremely good value for public money and should be offered routinely across the UK."[12]

The National Institute for Health and Clinical Evidence (NICE) published guidance around the role of parent-training/education programmes in the management of children with conduct disorders up to the age of 12 (NICE, July 2006)[10]. NICE recommends group-based parent-training/education programmes as the intervention of choice in the management of children with conduct disorders. Individual-based programmes are recommended where the family's needs are too complex for a group-based programme.

A review of the current provision of parenting programmes found that the types of service most likely to be delivering these programmes were early years and health visiting services and CAMHS. 22% of structured parenting programme provision was by generic CAMHS teams and 22% by early years and health visiting services. A further 17% of provision was by other types of specialist CAMHS including targeted teams, dedicated CAMHS workers working in non-CAMHS services and tier 4 provision. School health services provided 8% of parenting provision and maternity and neonatal services 10%[26].

Webster Stratton remained the most frequently used programme being used in 44% of services while *Triple P* was used in 16% of services. Other programmes with increased use were *Strengthening families* used by 9% of services, *Nurturing* used by 8%, *Strengthening families, strengthening communities* used by 5% and *Parents as first teachers* used by 1%[26].

There is also a lot of research into international programmes such as *Triple P* and *Webster Stratton* and their effectiveness at reducing incidences of conduct disorders. However, a Policy Research Bureau report points out that despite the excellent results of these programmes, there is a high drop out rate: "although by the standards of public health interventions in general these top-of-the-range programmes report an enviable success rate, they also experience a considerable degree of treatment failure, either due to families dropping out midway through the programme or because of failure to engage at the outset."[21]

Whilst Parentline Plus run *Webster Stratten* and *Triple P* programmes, we believe that our core offer of non-judgemental, confidential, empathetic parenting support provided over the telephone, is an effective choice for many families, certainly as a first step for more chaotic families with multiple disadvantages for whom a longer term more structured parenting programme may be difficult to engage in at an initial stage. This type of support is far more

difficult to evaluate from a clinical perspective, as it is anonymous, making it unsuitable for randomized control trials. However, an independent evaluation of Parentline undertaken by Thomas Coram found that “eight out of ten reported that their situation had improved as a result of the call”[27]. This result was confirmed in a recent caller satisfaction survey undertaken by Parentline Plus which found that 86% were very satisfied with the overall quality of their call. Increased confidence, reduced stress and an improved belief in the parent’s ability to deal with the child’s behaviour, which were all self-reported outcomes that achieved a high rating, are among factors associated with improved parental efficacy[28].

Parentline Plus Parenting Support – Case Study

Parentline Plus and Gingerbread worked in partnership to deliver the Family Safe project specifically for single parents dealing with threatening or violent behaviour from their children. Gingerbread's Helpline commissioned Parentline Plus to arrange for a dedicated Parentline Plus worker to ring the parent back at an appointed time for a call that lasts up to forty minutes and to have follow up calls directly with the same worker. The following anonymous case study outlines how the support can work:

Ms GW is a single parent and has two young sons under 12. The older child had been aggressive and violent for some time before Ms GW sought help, prompted by signs that the younger child was beginning to mimic his brother's behaviour and because she was getting hurt as the older boy grew stronger and was less able to contain himself while out with her.

She was initially quite sceptical that merely talking things through with a stranger would be able to offer her enough support. As there seemed little to lose she agreed to go ahead and began to speak at a great rate about the complexities facing her. As she then heard her own words out loud it became obvious that she was hearing herself properly for the first time. What had made sense in her head now seemed altered, what she thought she was saying translated into something different when heard by another. She acknowledged that she was scared of so many things and worried by more. The first call took almost an hour, but to her had felt like 20 minutes as she was shocked when we needed to gently end the call. She had not been truly listened to in a non judgemental fashion for a great length of time and was audibly lighter at the end of the session. She said she had now so much to think about and would look forward to next week as she endeavoured to put into practice the things we had commented upon and discussed.

By call two Ms GW had made some progress even if this was not instantly obvious because sadly it had been overshadowed by a particularly challenging event when both boys attacked her after she refused to spend more money on them. She was distressed and despairing and found it hard to see that what had changed was her refusal to accept poor behaviour now and an inkling of belief that she could do this. This call featured heavily on tips and suggestions aimed at minimising the causes of violent outbursts coupled with working on what might be driving the behaviour in the first place.

As she talked it through it became clear that this family lived with intolerable stresses, but had become very used to it, so much so that it now seemed invisible and not as a contributing factor. The children's paternal extended family exerted powerful mostly negative pressure and expectation which was frequently coupled with disappointment as contact visits were broken time and again at the last minute, with little or no explanation, but with huge repercussions on the boy's behaviour.

Contd./

Case Study contd./

Again, as Ms GW was able to examine her own motives and drives, she began to sort out her priorities, recognising instantly that the family needed more fun and days off from routine and scheduling which seemed to take up all their spare time. She said she felt more certain about what she needed to do and we agreed that her third call could be a few weeks time so that she could put into practice what she had 'learnt'.

Her third call saw her feeling delighted and confident and feeling in charge again. She said she had expected to be told how to parent and had not expected that the service would look at her style with her and help her to see what she felt worked well and make changes to what she could see was not being effective. She said she had expected to be judged and would come out poorly as she was obviously 'failing' because her son had become so violent. She said she had looked forward to the calls eagerly and realised that other than these sessions, little else was in her life that satisfied her and that realising that she needed to look after her son's mother at least as well as she looked after her sons had helped her to re-energise for the struggle ahead.

Ultimately, she was surprised that she actually had all that she needed within herself, but as all her skills had become entangled with doubt and confusion and different opinions from different sources, she had stopped being herself and was trying to be someone else. What had worked particularly well for Ms GW was being heard and supported while she took a step back and looked at her situation through new eyes.

7. The social and economic case for effective parenting support

The social, economic and moral case for investing in effective parenting support to tackle behavioural problems is overwhelming. Parenting interventions are associated with both improved parental and child mental health and wellbeing. Parenting support is an important element in the case for a more preventative, early intervention-led approach to mental health and wellbeing.

A Centre for Mental Health report stated: "Overall, we estimate that around 80% of all criminal activity is attributable to people who had conduct problems in childhood and adolescence, including about 30% specifically associated with conduct disorder."[12] Costs of criminal activity related to conduct disorder are suggested to equate to £22.5 billion each year, with a further annual cost of £37.5 billion which can be attributed to conduct problems[12]. Other economic assessments of the cost of mental ill health in children and young people found that for every child, every year the costs to society can be quantified as between £11,030 and £59,130[29]. The case for action is compelling when taken with the Centre for Mental Health's other analysis: "Just 1% of the law and order budget would be sufficient to fund a comprehensive programme of pre-school support for 30% of all children born each year.[12] A very high proportion of adults with anti-social personality disorder had a recognisable conduct disorder as a child. In fact, the National Institute for Health and Clinical Excellence's guidelines on the treatment of adults with anti-social personality disorder emphasises the need for early intervention in the life course, starting with the effective treatment of conduct disorder in the child or young person[11]. Therefore the evidence base suggests that much of these costs, in both human and socio-economic terms are avoidable.

What is harder to quantify, and would benefit further research, is the causal or sequential link between difficult child behaviour in the household and parental mental health. A high number of Parentline callers whose calls related to concerns around their child's behaviour also reported poor parental mental health. We know that parenting support interventions reduce stress and anxiety in the adult[28]. Stress and anxiety have a significant impact on economic productivity. The NPC also estimates that: "Between 13 and 91 million working days are lost every year due to stress, depression, and anxiety. Mental health problems account for 40% of people on Incapacity Benefit. Treating mental health problems is estimated to take up about a third of GPs' time."[15]

8. Conclusions and recommendations

Parentline Plus' experience is that the issue of children's aggression, abuse and violence towards parents is a serious one and appears from Parentline Plus's data to be a slowly growing problem. A number of families we are in contact with are grappling with serious and complex problems, including their child's underlying mental and emotional health. Families who find themselves unable to cope with and manage their child's physically or verbally aggressive behaviour need a range of advice and support. The economic, social and human case for investing in support is well evidenced. Working to reduce children's mental health and conduct problems can help to prevent future criminal and antisocial behaviour, saving money and helping children to reach their full potential.

The evidence demonstrates that the cost of not supporting families experiencing childhood aggression and conduct problems is high – and has implications for all aspects of society and therefore policy areas across all government departments. We call for effective cross-government support and working in this area, particularly across the Department for Education, the Department of Health, Ministry of Justice and the Home Office. Specifically, we make the following recommendations to policy-makers:

1. **Families experiencing conflict, divorce or separation need targeted support**

   It was clear from many of the respondents to our web survey that family conflict, divorce and separation can contribute to anger and aggression in children and adolescents. Parentline Plus endorses the call from a respondent to our web survey for an appropriate form of parenting support to be made available to all families going through a divorce. The court process is rarely a positive experience for families and can have long lasting ill effects on children.

2. **The current financial challenges provides greater, not lesser, impetus for the early intervention and prevention of the treatment of children with conduct problems and the support for families experiencing childhood aggression**

   Many families seek help to deal with their child's violent and aggressive behaviour, but large numbers of children fall through the gaps in provision and are not able to access any support at all. It is essential that investment in early intervention in mental health is prioritised and support is made available to families. Approaches that promote and treat parental mental health are, arguably, doubly important since parental mental health has a direct influence on the children's mental health. In light of the wider society, cross-government nature of the issue, Parentline calls on the forthcoming Public Health White Paper, the Mental Health strategy, the Independent Review on Early Intervention and the Child Poverty Review to recognise the role and

effectiveness of parental support and training programmes in improving outcomes for children and families and its power to break damaging intergenerational cycles. Cost–benefit analyses confirm the economic case for parenting support.

3. Support to turn around the lives of families with multiple problems will only be effective through government-enabled partnership between the statutory and voluntary sectors

Parentline Plus notes the Comprehensive Spending Review's announcement of a "new national campaign to support and help turn around the lives of families with multiple problems, improving outcomes and reducing costs to welfare and public services". Parentline Plus believes that some of the families who are experiencing entrenched and ongoing problems around childhood aggression and other associated factors linked to conduct disorders are likely to be among the target groups for this new approach. We would encourage policy makers to consider the valuable role that the voluntary sector could play in delivering this ambition.

Families who are struggling with an angry, aggressive child rely on services such as Parentline Plus. Users frequently report that they value the confidential, non-judgemental approach of our services and often report they find help more accessible and easy to engage with than their experience of statutory services. Our parent support advisors work in a number of ways to help empower parents to redress the power balance and reinstate their authority, supporting their child to manage their behaviour and work through their problems. When necessary, we help families to negotiate the support that they need from CAMHS, social services and the police. The Government must ensure that non-statutory services which support families are protected from austerity measures, as disinvestment is likely to be a false economy. We call for a more equal and productive co-production relationship between voluntary and statutory services in the NHS and local government in relation to evidence-based parenting interventions.

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