Investing in services for children

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Prevalence child mental disorders; impact; service use

- Emotional 4%
- Behavioural 4%
- Developmental 1%
- Kim-Cohen et al (2003) 75% of adults with mental disorders had a child disorder
- Petrou et al (2010) HUI higher than many physical disorders
- 25% get any specific treatment; ? Half or less of that is evidence based
Outcomes at age 25 by how antisocial aged 7 (Fergusson et al 2005)

<table>
<thead>
<tr>
<th>Age 7 Anti-social</th>
<th>Violent offending</th>
<th>Heavy drug use</th>
<th>Teen Parent</th>
<th>No exams</th>
<th>On benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 5%</td>
<td>35</td>
<td>20</td>
<td>20</td>
<td>52</td>
<td>33</td>
</tr>
<tr>
<td>0- 50%</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>
Oppositional & defiant
Blamed by parents
Disliked by siblings

Gets into fights
Rejected by peers
Low self esteem

Hard to control
Poor school achievements
Blames others

Stealing and truanting
Deviant peer group
Antisocial attitude

Career offender
Unemployed
Drug misuse

Continuity of anti-social behaviour from age 5 to 17. Source: Scott 2002

% of all children
15
10
5
0

1/5
4/5
1/5
4/5
1/5
4/5
1/5
4/5
1/5

5 years
8 years
11 years
14 years
17 years

No past antisocial behaviour
Outcomes of early adopted children according to genetic risk and quality of adopting family (Bohman 1996)
Biological effects of parenting

• Sixfold rise in cortisol in adolescent rats stressed by eye puff who were separated from mother 3hrs a day for a week as infants (Meaney)
• Elevated CRP in adult humans exposed to harsher parenting as children (Danesi, 2009 *Archives Gen Psychiatry*)
• Emerging evidence of specific genes conferring sensitivity to parenting (not just vulnerability a la Caspi 2003 for MAOI)
• But will treatment reverse this? Fisher 2007
Proportion & numbers of children in a typical Local Authority of 250,000

- 50%  25,000
- 5%    2,500
- 2%    1,000
- 0.5%  500

- Looked After Child; confirmed abuse
- Child Protection; statemented; Learning disabled
- "Child in need"; being treated by CAMHS
- Poor reader; behaviour problems at school & home
- Only 1 or 2 needs intermittently
- No underachievement or additional needs
For costs, the pyramid is inverted: a few cases cost a lot.

- LAC confirmed abuse (0.5% 250): £1.5m by age 30
- CPR; statemented; LD (2% 1,000): £500k
- “Child in need”; CAMHS (5% 2,500): £250k
- Poor reader; behaviour problems (10% 5,000): £100k
- Only 1 or 2 needs intermittently (10-50%)
- Occasional additional needs only (50%)
Total extra cost to age 28
(Scott, Knapp et al 2001, BMJ)

Mean cost £ 1998

- No problems: £10,400
- Conduct problems: £24,300
- Conduct disorder: £70,000
Estimated costs in UK
(Friedli & Parsonage 2007)

- Better half: £115,000
- 50th to 95th: £230,000
- Conduct disorder: £230,000
The Munro Review of Child Protection

Interim Report: The Child’s Journey

Professor Eileen Munro

Reclaiming Social Work in Hackney

Reclaiming Social Work is a programme developed in the London Borough of Hackney, to improve services for children and families recognising social work as a challenging profession requiring complex skills, deep professional knowledge and a strong understanding of its evidence base. Central to the changes has been the creation of Social Work Units in which social workers function as part of small multi-skilled teams headed by a consultant social worker, who has some managerial responsibilities and overall responsibility for cases. The teams also include a qualified social worker, a child practitioner, a clinician (one per two units) and an administrator. An independent evaluation found the approach to:

- support reflective learning and skill development through its shared approach to case management;
- foster a sense of openness and support;
- re-establish the primary focus of social work on the family; and
- allow social workers to spend more time with families by passing on administrative tasks to the administrator.

Results have shown that there are now lower rates of children becoming the subject of a Child Protection Plan for a second or subsequent time and fewer looked-after children. The Initiative has also shown an overall cost saving of children's social care of 4.97% due to:

- a reduction of the number of children coming into care;
- a 55% fall in staff days lost to sickness;
- placement stability; and
- very low numbers of children in residential care.
Early Intervention: The Next Steps

An Independent Report to Her Majesty’s Government
Graham Allen MP

January 2011

3 Year Old Children

Normal

Extreme Neglect
Clinical trial (Scott, Spender et al 2001, BMJ)

- 141 children age 3-7 referred to CAMHS
- severe, persistent antisocial behaviour (worst 1%)
- 'Incredible Years' parenting programme:
  - videotapes shown in group, 3 wks each of
    - Play
    - praise & rewards
    - setting limits
    - handling misbehaviour
Child Antisocial Behaviour

PACS Interview Score

Waiting List | Parent Group
---|---
Pre: 1.82 | Pre: 1.9
Post: 1.87 | Post: 0.75
1 Year: 0.75 | 1 Year: 0.75
Long-term follow up

- Follow up 2005-07 7-10 years later of 94 children now aged 10-17 (mean 13)
- Intention to treat, 74 allocated to IY, 20 controls
No effect on Alabama qu’re, Parent or Child
No effect on directly observed parent-youth interaction (Oregon “hot topics”)
ODD diagnosis
(p< 0.007)
Parent SDQ total
(p<0.003)
Youth report home beh (p<0.038)
Youth report school beh
(ns)
Teacher SDQ total
(ns)
Programmes for abuse

*Mellow Parenting* (Puckering et al, 1994) a fairly intensive (one day a week) UK programme for which training is available

*Multisystemic Therapy* (MST-CAN version; Swenson et al 2010) proven in US; UK trial to stop children coming into care underway, some training available

*Helping Families Day* (2011) for families with complex needs

*Functional family Therapy* (Mears 1998)
Measures of abuse reduction

• **Administrative** Eg numbers of
  – referrals to social services (600k pa in England 2009/10),
  – initial assessments (400k),
  – core assessments (140k),
  – child protections plan (40k),
  – taken into care (?10k)

• **Parental function** eg abusive or neglectful

• **Child function** eg behaviour problems, school
HOW TO MAKE CHILDREN GROW UP ANTISOCIAL

NEGATIVE PARENTING → .3 → SCHOOL FAILURE

DEFIANT, CALLOUS → .5 → ANTISOCIAL BEHAVIOUR → .6 → CRIMINAL

HYPERACTIVITY → .2 → ANTISOCIAL 'FRIENDS' → .2

3 years 9 years 15 years
the SPOKES Programme in schools
(Scott, Sylva et al 2010, JCPP)

- Address a whole population
- Get them young
- Engage the most deprived
- Address child behaviour AND learning
- Use the most effective interventions
- Make it normal and fun

PREVENTION AT A POPULATION LEVEL
Child Antisocial Behaviour - PACS Interview scores

Pre Post

Group
Helpline
Child Hyperactivity - PACS Interview Scores

Pre  Post
Group  Helpline
Child Reading: BAS RA-CA

Graph showing the months difference between Pre and Post for Group and Helpline.
The National Academy For Parenting Research

- Set up in 2007 as the National Academy for Parenting Practitioners, with a role to *Train and Research*

- By March 2010 over 4,000 practitioners had been *trained* in evidence-based parenting programmes, each proven to reduce abusive parenting and improve child outcomes

- From April 2010 the training function of NAPP was taken over by CWDC to integrate its activities. This year’s target by CWDC for training is lower, under 1,000.
1. Parenting Programme Evaluation Tool & Training evaluation studies

2. Trials
   - FFT
   - SPOKES
   - High Need
   - Fostered children
   - Callous-unemotional children

(1) Use evidence-based programmes

Effect sizes av 0.6 with EB progs (Barlow et al 2002) Effects 0-0.2 otherwise

Eg Fort Bragg, Homestart,
Oxford Home Visiting (Weisz et al 1998)
(2) Target accurately

Improvement in antisocial behaviour, according to initial severity level (Scott 2005)

Clinical trial worst 2%

SPOKES prevention trial targeting worst 20%

PALS prevention targeting by geographical area
(3) Be engaging!

Percent initial enrolment (prevention) depends on trust & liking, and:

- Accessible
- Available
- Affordable
- At convenient time

(after Pugh 1997)
Changes in Sensitive Responding according to number of sessions Attended in PALS trial (Scott, O’Connor & Futh in Press)
(5) Quality, quality, quality
(Scott, Carby and Rendu 2007)

Child outcome and professional skill

Skill of professional in delivering programme

child aggression improvement

lowest lower third middle third upper third

(Scott, Carby and Rendu 2007)
Skill in Functional Family Therapy & crime rates

Exhibit 9
Adjusted Felony Recidivism Rates at 6-, 12-, and 18-Month Follow-up Periods

- FFT: Not Competent Therapists
  - 6 Months: 8%
  - 12 Months: 13%
  - 18 Months: 27%
  - 18-Month Recidivism: 25%

- Control Group
  - 6 Months: 17%
  - 12 Months: 19%
  - 18 Months: 32%
  - 18-Month Recidivism: 27%

- FFT: Competent Therapists
  - 6 Months: 6%
  - 12 Months: 9%
  - 18 Months: 11%
  - 18-Month Recidivism: 13%
### NAPR/LSE cost-benefit of evidence-based parenting programmes

(Bonin et al, 2010)

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<tr>
<th></th>
<th><strong>Worst case</strong></th>
<th><strong>Base case</strong></th>
<th><strong>Best case</strong></th>
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<tr>
<td>Savings year 1 per person</td>
<td>£ 967</td>
<td>- £ 737</td>
<td>£ 196</td>
</tr>
<tr>
<td>Total savings (25 years) per person</td>
<td>£ 1,246</td>
<td>£ 4,530</td>
<td>£ 40,284</td>
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<tr>
<td>Years to break even</td>
<td>9</td>
<td>5</td>
<td>1</td>
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cost-effectiveness

Return per pound spent, by type of programme and practitioner skill level
New Initiatives

• CY IAPT £8m pa for 3 years
  – Strengths
  – Weaknesses

• Parenting classes
Proposals

• Survey what services are doing
• Develop true child quality of life for mental health disorders
• Investment, including social impact bonds?
• True payment by results?