

**BLACKBURN WITH DARWEN**

**CHILDREN'S PARTNERSHIP BOARD**

**PARENTING STRATEGY**

**JANUARY 2016**

## BLACKBURN WITH DARWEN PARENTING STRATEGY

### FOREWORD AND INTRODUCTION:

We are proud to introduce the Parenting Strategy developed for Blackburn with Darwen on behalf of the Children's Partnership Board. Parenting programmes are one of the four key elements of the Early Help Strategy for 2015-2017. Alongside the work we have done to develop our Early Help offer, promote and evaluate the impact of Routine Enquiry about Adversity in Childhood (REACH), and our focus on enhancing the emotional health and wellbeing of all our families and communities in Blackburn, evidence-based Parenting Programmes are fundamental to our strategy.

Making the solid foundation of healthy parental bonds a priority area for the Children's Partnership Board was an easy decision. Parenting programmes, when delivered by well-trained staff following an evidence-based protocol, not only deliver positive results leading to reductions in behavioural and conduct problems for children, they also lead to better parental mental health and more rewarding relationships between parents and children. Finally in the context of restricted public sector funding and multiple competing priorities, it is essential that we invest in programmes that have proven benefits and that have been shown to be cost effective at the same time.

Blackburn with Darwen implemented its first parenting strategy in 2006 as part of its Sure Start Local Programme. The work came to an end in 2013 when budget reductions became necessary. At its most successful the service offered featured:

- delivery of universal, targeted and specialist programmes for families across the continuum of need and response
- a single point of access through the family support panel
- a small dedicated team, allowing a rolling programme to be offered across the borough on an ongoing basis and the growth of more specialist practitioners
- clinical/specialist oversight, ensuring programme fidelity, along with clinical supervision for parenting practitioners
- effective tools to measure treatment outcomes.

The impact of programme delivery was very positive with participants reporting

- improvements in their child's behaviour
- improvements in their perceptions of how problematic their child's behaviour was for them
- an improvement in parents emotional health and wellbeing.

Our new Parenting Strategy echoes the successful elements of the previous work and improves on them to involve the wider children's workforce and to focus on a wider age range of children and their families.

Our Parenting Strategy supports the priority outcomes of the Health and Wellbeing Board, and builds on the excellent track record of partnership working that we are recognised for in Blackburn. We ask that partners make a commitment to adopting this strategy and the key principles for successful implementation outlined within. It is essential that as partners we work together using this strategy as a shared vision of what excellence in this area looks like and remain aligned to execute and evaluate this strategy.

Linda Clegg  
Chair: Children's Partnership Board

Dr Warren Larkin  
Chair of Parenting Strategy Development

## THE CASE FOR EVIDENCE-BASED PARENTING INTERVENTIONS:

There is indisputable evidence that specific family- and parent-based interventions are effective at remediating challenging childhood behaviour problems. This considerable body of evidence, gathered over the past 35 years tells us what works with whom and when, and is surprisingly consistent in its findings<sup>1</sup>. These interventions include programmes such as Family Nurse Partnerships<sup>2</sup>, which support young mothers during the first two years of a child's life and parenting programmes such as the Incredible Years series<sup>3</sup>. More recently the cost effectiveness of these types of interventions has been studied, comparing the cost of intervening to the cost of leaving the problem untreated.

The Social Research Unit<sup>4</sup> evidences a universal spend of at least £5,000 per child, per year in children's services. This is mainly school expenditure, but includes expenditure on health visiting, CAMHS, school nursing, youth offending, social care and voluntary sector for each child from birth to their 18<sup>th</sup> birthday<sup>1</sup>. The Unit argues that in order to maximise the benefits from this spending it is important that interventions at each level are evidence based and the most beneficial whilst being the most cost effective.

The National Institute for Clinical Excellence (NICE)<sup>5</sup> produced a guideline on Conduct Disorder in 2013 which anticipated that providing successful interventions to children and young people with conduct problems and/or their parents or carers will result in savings. Drawing together a substantial body of evidence, NICE concluded that adults who had a conduct disorder or conduct problems in childhood are estimated to be responsible for 80% of crime and they are likely to incur additional NHS, social services and education costs from childhood. It has been argued that the implementation of successful interventions in childhood such as parenting will result in savings across public sectors including the NHS, social services, education and the criminal justice system, as well as private costs such as insurance and replacing stolen property<sup>6</sup>. The lifetime savings per person will differ depending on the intervention received and the success rates achieved. The potential average lifetime savings to the NHS and social services per person are estimated to range between £4,700 and £24,800. Estimated lifetime savings increase to between £23,800 and £104,900 when the education and the criminal justice systems are taken into account.<sup>4</sup>

Family is the single most important influence in a child's life. From their first moments of life, children depend on parents and family to protect them and provide for their needs. Children thrive when parents are able to actively promote their positive growth and development. Sometimes parents and carers struggle to do this so family support and intervention offers those parents and carers one to one practical help and support. Work carried out by the Social Exclusion Task Force in 2007 showed that families with the most complex and entrenched problems often do not benefit from services they receive because these do not take the full family situation and context into account. "Currently systems and services around families are highly complex and fragmented. Often this results in an un-co-ordinated and inadequate response to chronic, multi-faceted needs, forcing frontline staff to 'work round' the system." Family intervention and support takes a different approach to working with families:

- By working with the whole family in a way which recognises they interact and influence each other rather than viewing them as individuals with problems

- Using a dedicated worker or dedicated team to get to the underlying problems, rather than individual services responding to the presenting problem of each family member
- By developing a relationship with the family, being persistent and building trust with them in order to challenge them to make the changes they need to, step by step, rather than containing and monitoring their problems
- And, where necessary, drawing in specialist services in a sequenced way at the right time for the family rather than services being available on the basis of meeting thresholds and availability.

From 2007 to 2012 a national monitoring system run by the National Centre for Social Research (Natcen) collected information on the majority of families who received family intervention. Year on year, this data has consistently shown reductions in a wide range of family problems which go far beyond the antisocial behaviour and risk of eviction that the original projects were set up to address. In Blackburn with Darwen evidence from the Troubled Family Programme showed that between 2012 – 2015, 465 families who received family intervention support achieved outcomes including reductions in anti – social behaviour, improvements in children’s school attendance and many parents making progress into work or learning. Many families need this one to one support to help them to become the best parents they can be. When family support and intervention is offered alongside parenting programmes, the support worker can help the family embed the learning and put into practice the tools for managing the home and family.

The Parenting Strategy acknowledges that family intervention and support can be the first step for parents and carers in helping to build and strengthen their capacity to provide and promote positive development of children and young people and that, delivered alongside evidenced based parenting programmes, parents and carers can embed and sustain the tools and resources they have learned through such programmes.

Locally in Blackburn with Darwen access to evidence-based parenting interventions is limited. This lack of access reflects the national picture in the UK. Interestingly, the national picture also suggests that in some places, even where these programmes are available, it is not guaranteed that they will deliver on their promised outcomes because of inadequate implementation procedures and poor attention to fidelity<sup>7</sup>. Despite this rather bleak national outlook there is a persistent and strong Government steer for local authorities and health services to continue to prioritise and invest the time and effort necessary into making these programmes accessible and effective. This is because the national indicators show that in places where delivery does occur with fidelity there are strong indicators of successful outcomes and cost effectiveness.<sup>7</sup> In Blackburn with Darwen having access to evidence-based interventions for behavioural problems is important because research suggests that the prevalence of serious conduct problems among adolescents has increased *significantly* over the last 30 years.<sup>8</sup> It becomes very necessary then that robust interventions are available and properly implemented to meet this increased need and we will need to address and ameliorate these difficulties for a significant number of families.

The latest national figures suggest that around 30,000 children every year in England are likely to meet the threshold for conduct disorder whilst a further 90,000 children have

moderate conduct behavioural problems<sup>9</sup>. These figures do vary across geographical areas however, because the development of conduct problems is associated with the presence of a number of risk factors, such as obesity, poor physical health and poor emotional health and wellbeing.

In Blackburn with Darwen there are a number of risk factors within the borough which would indicate a significant number of children may develop conduct problems. Indeed, the fact that the borough is the 17<sup>th</sup> most deprived local authority out of 326 in England, in and of itself, would suggest there are a significant number of risk factors present.

The estimated figures from Blackburn with Darwen's Local Authority CHIMAT profile below, specifically estimate the number of children predicted to develop difficulties and highlights the potential scale of the problem locally. See fig 1 below.

**Table 1. Estimated number of children aged 5-16 with Mental Health Disorders, Conduct Disorders and Emotional Disorders in BwD (2012)**

Age Group	Estimated number of children with Mental Health Disorder	Estimated number of children with Conduct Disorders	Estimated number of children with emotional disorders
<b>5 - 10 years</b>	980	625	305
<b>11 - 16 years</b>	1,435	825	625
<b>Total (5-16 years)</b>	2,415	1,450	930

These figures speak for themselves and highlight that around 1,450 children will develop a behavioural problem severe enough to be called a conduct disorder. The CHIMAT profile also identified the average prevalence rates for mental health disorders in *pre-schoolers* by estimating the pre-school population. This analysis suggested an additional figure of 1,770 children aged 2 – 5 years living in Blackburn with Darwen would also have difficulties of a magnitude that could be called a mental health disorder. This is of particular interest because the evidence tells us that not only can we identify at the age of three years old those children who will go on to develop oppositional behaviour or conduct problems, but that the earlier we intervene, the more successful we are going to be<sup>10</sup>. Indeed, within the literature there is categorical evidence that if children's aggressive behaviours are not addressed by age eight their learning and behavioural problems become *less responsive* to intervention and their condition is more likely to become a chronic disorder<sup>11</sup>. There is also evidence that the deliberate targeting of those families with higher risk factors gives the greatest chance to achieve change<sup>12</sup>. Thus it would appear that well-targeted interventions for younger children with severe behaviour problems have the greatest chance of achieving significant change and offers the best value for money.

It is thought provoking that the cost of not intervening within the first 12 years is that many children in Blackburn with Darwen will impose a significant economic burden to the borough and experience significant personal distress. There is indisputable evidence that many young people with challenging behavioural problems will go on to develop criminal behaviour, and in young adulthood are often unemployed, have poor physical health, pose a greater risk of suicide, teenage pregnancy and substance misuse<sup>13, 14, 15</sup>. We are fortunate in that we do have proven interventions that mean these costs associated with poor health and social outcomes can be minimised by investing in evidence-based interventions delivered in a targeted way with close fidelity to the programmes.

Too Little, Too Late? Historically, despite the above evidence local authorities and health services have been more concerned with children and young adults in the latter stages of conduct difficulties. This is often when the difficulties become obvious at a neighbourhood or community level. For example when children and adolescents begin to exhibit anti-social behaviour, vandalism, substance misuse and come to the notice of children's care services. At this point there are obvious pressures for authorities to find short term solutions to deal with those specific behaviours rather than taking the longer term view which is the more cost-effective approach in the longer run.

The case for investment and borough-wide commitment to evidence-based parenting interventions as described in this strategy document is compelling if we are to make good our responsibility to give our children and families the best opportunity to reach their full potential.

This strategy is deliberately focussed on the use of evidence-based parenting interventions but the Children's Partnership recognises the value of 'first steps' parenting programmes which may not always have an evidence base. Therefore this strategy proposes that first step parenting programmes aimed at parents and carers should be developed in conjunction with Blackburn with Darwen's adult learning tutor team. Adult and family learning tutors will help delivery partners to recognise and record learner's progress and achievement and support them to design quality assured (OSTED regulated) courses. To contact the adult learning team email : [neighbourhoodsandlearning@blackburn.gov.uk](mailto:neighbourhoodsandlearning@blackburn.gov.uk)

### **Children with Moderate, Severe and Profound Learning Disabilities**

The population of children aged 5 to 19 years with Moderate, Severe and Profound Learning Disabilities (MLD, SLD, PMLD) in BwD is 615. Children with learning disabilities are up to 40% more likely to experience mental health problems (Foundation for People with Learning Disabilities 2002). In a population that struggles to communicate this is often manifest in behavioural difficulties. Children with a learning disability are 10% to 15% more likely to display challenging behaviour than children following a typical path of development.

Research over decades is clear that behavioural and sleep problems are the major reason for families becoming unable to care for their child with a learning disability (Quine 1997/2007). This puts children at risk of being placed in expensive out of authority placements. This is in conflict with the Transforming Care agenda formulated following the Winterbourne scandal. We therefore need to be able to deliver robust, evidence-based programmes to this population to prevent family breakdown. It is acknowledged that many of the recognised parenting interventions have not been researched for use with this population. However, the underpinning principles apply (functional analysis, social learning theory) and skilled staff are needed to adapt programmes developed for the mainstream population. Clinical experience tells us this is possible. 'Riding the Rapids' is one programme that was developed specifically for parents of children with Learning Disability (Bromley, Todd and Mellor) and has been evaluated by a Department of Education research project: Managing Behaviour and sleep problems in disabled children (Beresford 2010).

Population data for children under 5 is less clear. The terminologies used are variable and include Learning Disability, Global Developmental Delay, Additional Needs and Complex Needs; as it may not be clear in the early years whether or not a child has a learning

disability. However, what is clear is that children who are likely to exhibit very challenging behaviour of the severity, intensity and frequency that will lead to family breakdown can be identified as early as 5 years old and this population needs to be targeted with multi agency interventions. (Kiernan 2012)

The interventions offered are delivered jointly by Paediatric Learning Disability Nursing Service (PLDS) and Clinical Psychology for children with learning disabilities.

## **VISION**

***“Improving outcomes for children, young people and their parents/carers through a commitment to evidence-based parenting programmes and an integrated commissioning and delivery system”***

This vision will be realised via the robust implementation of a defined suite of evidence-based parenting programmes appropriate to the needs of the Blackburn with Darwen population across the continuum of need. These programmes will be implemented in a cohesive way across Blackburn with Darwen via a Commissioner-Provider Collaborative promoting high-quality, joined up, comprehensive and accessible service provision for children, young people and parents. This Collaborative will promote evidence-based parenting programmes underpinned by the key principles outlined below:

1. The Parenting Collaborative will ensure the cost-effective delivery of clinically-proven parenting interventions as appropriate to their agency role and the relevant continuum of need at which they operate.
2. The Parenting Collaborative will provide parenting interventions drawn from the agreed specification of parenting programmes approved by the *Children’s Partnership Board*.
3. The Parenting Collaborative will deliver programmes as intended by the developer and evaluated by empirical research, with a commitment to model fidelity and a systematic appraisal against the appropriate academic framework.
4. The Parenting Collaborative will ensure services are accessible to all families across Blackburn with Darwen, with appropriate adaptations as required, with relevant programmes available at each level of the continuum of need.
5. The Parenting Collaborative will be outcomes focused and guided by best practice research in relation to implementation processes.
6. The Parenting Collaborative will make best use of the existing skills and former training within the wider workforce
7. The Parenting Collaborative will implement evidence-based programmes with fidelity and according to the programme developer’s recommendations including giving programme facilitators appropriate time for delivery and access to programme specific consultation and supervision.

This parenting strategy will provide a consistent approach to supporting and encouraging positive and responsible parenting. Importantly as outlined above it is a strategy with multi-agency commitment via a Commissioner-Provider Collaborative which seeks to provide provision in line with the continuum of need. This continuum provides a central point around which all services within Blackburn with Darwen operate. This strategy will serve to increase

the co-ordination of parenting services across the continuum of need, clarify pathways and expected outcomes and clearly identify access points for families and professionals.

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**TABLE 2: CONTINUUM OF NEED AND MENU OF AGREED EVIDENCE-BASED PROVISION**

Age	<p><b>Level 1</b>                      Met via Universal Services  <i>(E.g., Children’s Centres, Health Visitors, Midwives, Education, 3<sup>rd</sup> Sector)</i>                      Represents children whose needs are met through accessing universal services</p>	<p><b>Level 2</b>                      Met via single agency targeted or specialist services working under CAF Framework  <i>(E.g., Children’s Centres, Early Start, Think Families, 3<sup>rd</sup> Sector, Education)</i>                      Represents children with additional needs that can be met by Single Agency Targeted Service Provision or a Child and Family Assessment (CAF)</p>	<p><b>Level 3</b>                      Met via specialist services and/or Single Agency targeted Services working under Child in Need or Children’s Act Framework  <i>(E.g., Early Start, Think Families, Children’s Psychological Services, Social Services, Education, 3<sup>rd</sup> Sector)</i>                      Represents children in need – Child in Need (CIN): Section 17 of the Children Act (1989)                      Social Care Lead Professional</p>	<p><b>Level 4</b>                      Met via highly specialist and specialist targeted Services, working under LAC or Child Protection Framework  <i>(E.g., Children’s Psychological Services, 3<sup>rd</sup> Sector, Children’s Social Care, SCAYT):</i> ELCAS:                      Represents children where there is reasonable cause to respect the child is suffering or likely to suffer significant harm, requiring immediate multi-agency management and service provision: S.47 of the Children Act (1989) Social Care Lead Professional (Single Assessment)</p>
0-1	<ul style="list-style-type: none"> <li>• Bumps Birth &amp; Beyond</li> <li>• Multi-Agency delivery</li> <li>• Midwifery</li> <li>• Specialist Infant Feeding Team</li> <li>• Health Visitors</li> <li>• Early Years/Children’s Centres</li> <li>• Solihull Ante-Natal</li> <li>• Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• IY Baby</li> <li>• Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• IY Baby + Advanced</li> <li>• Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Video Interaction Guidance</li> <li>• Family Nurse Partnership</li> </ul>
1-3	<ul style="list-style-type: none"> <li>• Solihull Early Years</li> <li>• 1-8 Positive Parenting</li> </ul>	<ul style="list-style-type: none"> <li>• Solihull Early Years</li> <li>• IY Toddler</li> </ul>	<ul style="list-style-type: none"> <li>• IY Toddler + Advanced</li> </ul>	<ul style="list-style-type: none"> <li>• Video Interaction Video Interaction Guidance</li> <li>• Parent Child Game</li> <li>• IY Toddler + IY Advanced</li> <li>• Learning Disability – Parent Child GAME</li> </ul>
2-8	<ul style="list-style-type: none"> <li>• Positive Parenting</li> </ul>	<ul style="list-style-type: none"> <li>• IY Toddler</li> <li>• IY Preschool Basic (14 weeks)</li> </ul>	<ul style="list-style-type: none"> <li>• IY Toddler</li> <li>• IY Preschool Basic (16-20 weeks)</li> <li>• Learning Disability:                             <ul style="list-style-type: none"> <li>• Parent Child GAME</li> <li>• Riding The Rapids</li> <li>• IY</li> <li>• Cygnet</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Video Interaction Guidance</li> <li>• Parent-Child Game</li> <li>• IY Preschool Basic (16-20 weeks) + IY advanced</li> <li>• Learning Disability:                             <ul style="list-style-type: none"> <li>• Parent Child GAME</li> <li>• Riding The Rapids</li> <li>• IY</li> </ul> </li> </ul>
6-12		<ul style="list-style-type: none"> <li>• IY School Age</li> </ul>	<ul style="list-style-type: none"> <li>• IY School Age + Advanced</li> <li>• Learning Disability:                             <ul style="list-style-type: none"> <li>• Parent Child GAME</li> <li>• Riding The Rapids</li> <li>• IY</li> <li>• Cygnet</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• IY School Aged + Advanced + Other Individually tailored Treatment or child groups</li> <li>• Learning Disability:                             <ul style="list-style-type: none"> <li>• Parent Child GAME</li> <li>• Riding The Rapids</li> <li>• IY</li> </ul> </li> </ul>
10-14			<ul style="list-style-type: none"> <li>• Strengthening Families 10-14</li> <li>• Learning Disability:                             <ul style="list-style-type: none"> <li>• Parent Child GAME</li> <li>• Riding The Rapids</li> <li>• IY</li> <li>• Cygnet</li> </ul> </li> </ul>	

## **Rationale for Programme Inclusion**

The rationale for the choice of which parenting programmes to include in a multi-agency specification is complex. This is because there are many local and historical factors to take account of in decision-making, in addition to close appraisal of the research evidence base. To be included in this parenting strategy, programmes had to meet the criteria of being *designed* to help parents bring about positive outcomes for children with elevated levels of behaviour problems and robustly evidenced as meeting these outcomes. Decision making and final agreement of what programmes to include in the specification was aided by:

1. Commissioning toolkit on [www.education.gov.uk](http://www.education.gov.uk)
1. Early Intervention Foundation (EIF) Guidebook tools [www.eif.org.uk](http://www.eif.org.uk)
2. The outputs from a one day conference for key stakeholders to examine desired outcomes and how best to meet these as part of the wider Blackburn with Darwen Children's plan.
3. Consideration and identification of previously trained workforce and what programmes they were trained in.
4. Consideration of the numbers of sufficiently expert individuals within the local workforce who can provide in-house training, consultation, supervision and skills development and in which programmes.
5. Inclusion of programmes which offer a suite of programmes across the age-range in order to make best use of the workforce. This is because for many of these suites of programmes the process delivery skills are the same with differences being largely related to content. Therefore skill acquisition and generalisation will be quicker and easier.

## **Evidence-Based Programme Fidelity Framework**

The Commissioner-Provider Parenting Collaborative is committed to ensuring that families attain the best possible outcomes from the evidence-based programmes included in this strategy and recognise that in order to attain the best outcomes, programmes need to be delivered as closely as possible to the research trials from which their evidence-base is derived. This means staying true to the specific delivery processes recommended by the programme developer and delivering with fidelity, this includes;

1. Using authorised manualised materials
2. Accessing accredited and authorised trainings
3. Accessing programme specific post-training supervision, consultations and coaching sessions
4. Using fidelity-monitoring tools and processes
5. Accessing practitioner support networks
6. Building on experiential learning from group delivery via developmental progression to support and build skills in others.

## **Additional (Non-Evidence-based) Group Programmes in Blackburn with Darwen**

It is not the intention of this strategy or the Commissioner-Provider Collaborative to stifle innovation and there is a recognition that in order to ensure continued innovation and active

contribution to the evidence base pertaining to parenting programmes, this specification must allow for a limited number of programmes that do not currently meet the criteria outlined above but which are agreed by the parenting sub-group as effective and which will be supported in their endeavours to add to the research base and the innovation agenda.

Blackburn with Darwen offer a number of such successful educational and support groups for parents. These are not parenting programmes by definition as they do not target behavioural change in children per-se but they do have a long and proven track record of positive outcomes that empower parents. These include:

- Speech and Language Programmes
- Therapeutic Group Work for Parents (Think Family)
- Adult Learning Courses
- Freedom Programme (For Victims of Domestic Violence)
- Parenting Through Play (Children Centres)
- 0-2 Tune into your Baby
- 2-4 Tune into Your Toddler
- 0-8 Family Fun
- Ready Steady School
- Chatter Chums
- Breast-Feeding Drop in Groups and Peer Support

The Commissioning-Provider Parenting Collaborative will support the delivery of these programmes and the outcomes from these groups will be included in the overall Blackburn with Darwen Outcome Framework.

### **Workforce – Making the Most of Assets**

Delivery of parenting group programmes is not for everyone. This strategy will make best use of a workforce, some of whom have previously been trained in parenting programmes. This workforce will be enthusiastic and well-resourced and operating very clearly at their agency level of need. Previous parenting strategies in Blackburn with Darwen have resulted in the retention within the borough of a number of highly-skilled and knowledgeable staff, experienced and competent in delivery of some of the evidence-based programmes included in this strategy. These staff will require ongoing programme specific supervision, consultation and coaching to enable them to deliver the programmes with fidelity and deliver the outcomes attained in the research. Fortunately, the borough has also retained a small number of expert individual staff who can provide the appropriate in-house training, support and expertise in a number of these programmes. It is recognised that to continue to establish and build a robust workforce in this field there will need to be some links with the Local Authority Workforce Development programme.

In order to ensure that the workforce are delivering the programmes with fidelity and obtaining results commensurate to those in the literature it is important for each agency to ensure that experienced staff are released for adequate time to deliver the programmes and attend and/or deliver programme specific supervision, consultation and peer coaching sessions as appropriate to the programme. To ensure ongoing establishment of these interventions agencies may want to consider putting parenting programme delivery into job descriptions.

It is important that the Commissioner-Provider Collaborative agree the longer term strategy of embedding and sustaining the programmes by making a clear investment (time and financial) into the workforce. This commitment will contribute to the development and establishment of the borough's longer term parenting strategy. Specifically, to support and enable particular staff within the workforce to achieve programme specific accreditation that allows them in turn to deliver coaching, supervision and training locally within the borough. Workforce development should be supported by the programme developers.

The workforce data and outcomes need to be made available to the Commissioner-Provider Collaborative who will adopt some oversight of quality implementation in terms of regularly reviewing the outcomes achieved on a regular basis

### **Single Point of Access (SPOA)**

It should be easy for children and families to get access to the right help and advice with a phone call or quick search of the internet. It is essential that the Children's Partnership Board considers the need for a single point of access to enable families and professionals to navigate the system easily and without delay. It may be that an existing information and advice service operating in BwD could adopt this function and act as the SPOA for advice related to parenting programmes, linking in with the Transforming Lives agenda.

Blackburn with Darwen's pan life course 'Transforming Lives' agenda is based on a set of principles that have been agreed by a range of organisations, both statutory and non-statutory, that work with children, adults and families across Blackburn with Darwen. This approach is underpinned by the borough's Early Help Strategy focused on children and their families and designed to support earlier identification and earlier help through the ethos of 'the right help at the right time' echoing that of the parenting strategy.

The Transforming Lives principles include integrated, streamlined systems and processes, co-located teams, reduced duplication and gaps in service delivery along with improved information and data sharing. A single point of access for services has been implemented so support these principles in the form of the 'Transforming Lives Panel'. The panel and its associated systems and processes would seem to be an established way of working that will support the implementation of the parenting strategy.

The Transforming Lives (TL) weekly panel was established in June 2014. to develop an operational model for partnership working with families and individuals who are presenting concerns, or a level of risk to themselves or their community, with a view to improving outcomes for those individuals/communities; maintaining improvements once they are made and delivering efficiency savings for the authority and its partners

### **Cost-Benefit Evaluation**

It is essential to articulate and agree a set of routine outcome measures (ROMS) that can be used across programmes and adopted by all partners supporting the BwD Parenting Strategy. It is recommended that the Commissioner-Provider Parenting Collaborative undertakes this piece of work as one of its first tasks and plans an evaluation approach - over the short, medium and long-term – with input from Public Health and EIF colleagues.

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