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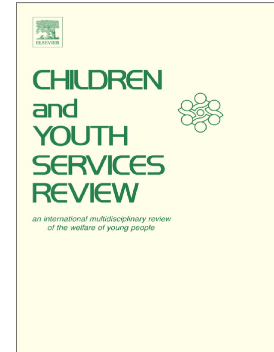

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Parents' experiences of services addressing parenting of children considered at-risk for future antisocial and criminal behaviour: A qualitative longitudinal study

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Abstract

This paper presents themes from qualitative analysis of interviews with parents and practitioners, aiming to consider how families benefit, or do not, from services' intervention. Eleven London families in contact with child protection services were followed for five years. In-depth, repeat interviews were conducted with mothers and with practitioners they nominated as helpful. The families had originally been referred to a therapeutic parenting programme because their child was considered to be at risk for future antisocial behaviour due to their conduct problems, and additional risk factors in the family. However not all families completed, or even began that programme . The interviews explored families' interactions with all services over the five years including social work, mental health and family support provision. The analysis suggested a number of changes in parenting which appeared to be related to improved outcomes for children and their families. For example, changes in mothers' conceptualisation of their child's behaviour, brought about through therapeutic intervention, could transform parent-child relationships and thereby improve longer-term outcomes. However, other mothers could bring about change without these cognitive shifts, through use of strategies to manage children's behaviour or improve mothers' own wellbeing. Services sometimes played an important role in these changes. The analysis also suggested features of provision which prevented intervention with families being effective. Services' focus on parenting, and the associated perceived blame, can sometimes undermine parents and be counter-productive, whereas empowering parents through developing shared goals seems more useful.

Key words: parenting; behaviour problems; social work; child protection; antisocial behaviour

17

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1. Introduction

A great deal of evidence from cohort studies links early childhood family- and child-related factors with antisocial and criminal behaviour in early adulthood (Farrington 2015) although a large proportion of 'at-risk' children do not go on to display such behaviours (Frick & Dickens 2006). Parenting behaviours are among the factors shown to be related to children's later delinquency (Hoeve et al. 2009) and have increasingly, since the late 1990s, been a focus of family support services, in the UK and elsewhere (Klett-Davies 2016).

Evidence of effectiveness in intervening with school-age children with behaviour problems has been shown in systematic reviews of trials of manualised interventions such as parenting programmes (Furlong et al. 2012). However, positive effects found in trials are mainly small, there is little evidence of long-term benefits, and outcomes for the most vulnerable children, or those whose parents drop out of programmes, are unclear (Epstein et al. 2015; Stevens 2014b; Gardner & Leijten 2017). Short-term interventions such as parenting programmes constitute a small proportion of families' involvement with services, which can include social work, physical and mental health, housing and special education services, the criminal justice system and social security benefits (Batty & Flint 2012; Ward et al. 2014). Yet little is known about whether and how parents and children in the most vulnerable families benefit from service involvement in the longer-term (Stevens 2011; Munro 2012). Reviews of 'What Works' inevitably focus on interventions which are easier to describe, name and evaluate (O'Connor & Waddell 2015) even though evidence suggests that relationships between those receiving and those delivering services can matter more than the content of interventions (Little et al. 2015).

The study reported here takes a qualitative approach to investigating what aspects of services' intervention seem to be helpful to families in the longer term by following a small group of high need families over five years, exploring parents' experiences of services, and practitioners' perspectives on the help given. The families all included a child who was primary-school aged at baseline (under age eleven) and considered by schools or social services to be at high risk for future antisocial and criminal behaviour. This paper addresses intervention delivered to the parent or to the family as a whole, usually taking place in the home or a community or clinic-type setting; school-based intervention is addressed in a separate paper (Stevens 2018b), as is the role of community, neighbourhood and societal factors (Stevens 2018a). The themes presented here cover factors which emerged as helpful in bringing about changes in parenting, children's behaviour and family functioning, and features of intervention which helped bring about, or prevented, such changes.

2. METHODS

1.1 2.1 Aims and design

The study aimed to explore the ways in which families with children identified by services as at risk of future criminal or antisocial behaviour benefit, or do not, from services' intervention, in the longer term. The exploration took a qualitative, longitudinal approach, following a small group of

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families over 5 years and focussing on the perspective of parents, while also including the perspectives of practitioners working with the families.

The broad objectives were as follows:

- To explore with primary carers their experiences of interactions with services, and with practitioners their experiences of working with the families
- To understand which aspects of families' lives participants felt best responded to service provision
- To understand which aspects of service provision were viewed as helpful or unhelpful by primary carers and practitioners

The aim was to recruit parents in families where there was a child considered by services to be at high risk for future antisocial behaviour. Use was made of an existing sample of 14 inner-London families recruited to a previous study, a pilot uncontrolled evaluation of a one-to-one 20-week therapeutic parenting intervention, usually delivered in the home, the Helping Families Programme (HFP) (Stevens, L Harris, et al. 2014; Day et al. 2012). The use of this existing sample allowed a five-year follow-up of parents' experiences of service use because families had been questioned about all service involvement at the time, not just about the Helping Families Programme. The aim was not simply to investigate long-term impact of that one programme but to ask about all involvement with services including social work, family support, housing, youth justice and mental health intervention. School-based intervention was also covered and is discussed in a separate paper (Stevens 2018b). Some of the sample were considered by clinicians delivering the HFP to have benefitted from the programme, mainly based on parental report at the end of HFP, while others had not, and several had dropped out. Baseline data (collected pre-HFP) consisted of a full record of families' use of services, measures of children's behaviour and feedback from schools. Transcripts of post-HFP interviews with mothers who completed HFP were also available. Families' initial referral to the programme was at a time of crisis and returning to interview the same mothers three, and again four-five, years later provides information on a range of more 'naturalistic' experiences about their lives, and services responses, since the initial contact, allowing exploration of mechanisms of change over time.

1.2 2.2 Recruitment

Families were referred to the original pilot trial by a Family Intervention Project, a Youth Offending Service and a Children's Services team in three different inner-London boroughs. These services were asked to invite parents to participate if they had a child aged five to eleven years displaying behaviour meeting definitions of Oppositional Defiant Disorder or Conduct Disorder (American Psychiatric Association 2000) and currently excluded, or at risk of being excluded, from school. In addition, the parent was subject to at least one of the following risk factors:

- Harmful substance use
- Interpersonal conflict with their child, partner, close family and/or school

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- Inability to maintain a tolerant, stable and regulated mood
- Lack of supportive family/social networks
- Frequent crises

Attempting to contact the original 14 families three years after the trial was challenging and involved letters, phone calls, texts, house visits, and contact via services and schools. The original HFP pilot was targeted at the primary caregivers in the family. A father was involved in the programme in only one of the original 14 families and despite extensive efforts this family could not be contacted at the follow-up.

Ethical considerations regarding these efforts were discussed with the LSE ethics committee and the voluntary nature of participation was stressed at each conversation. Interview participants were given £20 as a thank you for their time.

1.3 2.3 Data collection and analysis

In addition to the pre-and post-programme data from the original HFP pilot study conducted in 2010-11, two new sets of in-depth interviews were conducted with the mothers, in 2013-14 and again in 2015-16. At each of the latter two timepoints, respondents were asked to nominate a practitioner, or two, from any service, who had been helpful, and these practitioners were also interviewed (Table 1).

Table 1 Practitioners nominated and interviewed

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	Number interviewed
Non-school based	
Family worker/support worker	2
CAMHS psychiatrist	1
CAMHS other	1
Social worker	3
Mainstream school staff	
Head of year or senior leader	2
TA/LSA	3
Pastoral support	3
Special school staff	
Teacher	5
Senior leader	1
Total	**21**

CAMHS: Child and Adolescent Mental Health Services

TA/LSA Teaching Assistant/Learning Support Assistant

Interviews with mothers lasted about two hours and usually took place in their home. The voluntary nature of participation, options to leave the study at any time and anonymised use and storage of interview data were discussed at the beginning of each interview session. The potential limits to confidentiality, in case interviewees or others appeared to be in danger, were discussed during these consent procedures. Ethical issues arising in connection with the interview were discussed with the project's ethical advisors.

Interviews were semi-structured with a topic guide used to ensure all areas were explored. Interviews focused on parents' experiences of services for themselves, their child and the wider family, and on other factors in their lives which helped or made it more difficult for them to parent their child. A checklist of possible services was used as a prompt and towards the end of the interview mothers rated services on visual analogue scales. This aided discussion around comparison of different practitioners' roles. These checklists also helped draw out longer-term impacts of service

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involvement and was useful to refer to and prompt discussion at follow-up interviews. Views about experiences mentioned in earlier interviews, and perception of lasting impacts, were explored and changes between timepoints were discussed. At the second follow-up interviews, emerging findings were explicitly discussed, and participants' feedback sought on tentative conclusions.

Interviews with nominated practitioners were also semi-structured using a topic guide. They explored practitioners' contact with the family and their views on what aspects of their own and others' support were helpful, as well as any constraints on provision of appropriate services and support, and any other barriers to improved child behaviour and family functioning.

The analysis approach was largely inductive thematic analysis (Braun & Clarke 2006), that is, analysis was concerned with addressing the broad aim of investigating what helped and what hindered families from benefitting from services over the five year study period. Within that broad aim however, coding preceded inductively so that categories were not pre-set but emerged from the data, allowing the development of themes not anticipated by the researcher. Parents' and practitioners' interpretations of 'helpful' were explored. The initial analysis was case-based including comparison of responses, interpretation and emerging themes between time points, focussing particularly on processes that appeared to bring about change over time. Events and ideas which were shared between accounts were noted and subsequent stages further developed interpretative cross-case thematic analysis. Nvivo software was used to help organise the material, allowing side by side review of the same codes from different participants, and facilitating organisation and reorganisation of coding categories.

1.4 2.4 Sample description

Following the efforts to contact the fourteen families originally recruited to the HFP pilot study, contact was eventually made with eleven parent/carers, ten of whom agreed to take part and the other declined. Contact was made with the school of the child in one further family, and the school provided follow-up data; the child had been taken into care and the mother could not be traced. Another of the study children had been taken into care since the original involvement with HFP but the mother remained in contact with the child and took part in the follow-up interviews.

In the current study all parent/carer interviewees were mothers except one primary care giver who was another female relative; they will all be referred to as mothers for ease. Ten boys and one girl were the target children, aged between five and eleven at baseline (the pre-HFP timepoint). Only one child had a live-in father figure; that father did not participate in the research. Two fathers had contact with their child; two further fathers were in prison, another was on probation from prison but was not in contact with the child.

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By the final follow-up six of the children had diagnoses of Attention Deficit Hyperactivity Disorder (ADHD). All the families had involvement with Children's Services with six out of the eleven children being on the child protection register at some point over the five years. All the children spent at least some time in mainstream education over the five years but at the final follow-up only four out of the eleven were in mainstream schools. The Appendix reports further characteristics of participating families.

3. FINDINGS

It was clear from the in-depth interviews that all the families continued to face significant difficulties five years after they were identified by services as having a child at risk of future antisocial or criminal behaviour. Children's behaviour remained challenging, however, there had been some important improvements in family relationships. The range of experiences, and repeat interviews, allowed the analysis to identify changes, and aspects of service provision, which seemed related to outcomes. This paper focusses on experiences with services which worked directly with family members, which are briefly described before the presentation of analytic themes. The types of services families had contact with, and discussed in the interviews, (excluding school-based services) are listed here:

Early intervention team, Youth offending team, Police, Mentor, Youth worker, Social worker, Psychologist, Psychiatrist, Other CAMHS worker, Parenting programme, Parent support group, Family support intervention, Domestic violence support group, Counselling, Housing officer, Religious support, Foster care, General Practitioner, Accident and Emergency, Health visitor, Hospital inpatient services.

Many practitioners saw families in their homes, while others did so at clinics, neighbourhood centres or schools. Social worker contacts usually took place in parents' homes, or in schools or children's services' premises for meetings that were not solely with the family. CAMHS (Child and Adolescent Mental Health Service) contacts usually took place at CAMHS offices, but sometimes at schools. Family support services could be received either in the home or in a centre. These might consist of an individual worker regularly visiting to discuss household management and parenting issues, or could be more of a drop-in service, where parents could go for support. Children, as well as mothers, would sometimes meet practitioners elsewhere in the neighbourhood, for example a café or park. Respondents did not always know which service a visiting practitioner represented, why they were there or what job role a practitioner had.

A consistent aim of services was to change parenting behaviours. Interviewees were also asked about contextual factors which affected family wellbeing and parenting, including neighbourhood, housing, social support and resources issues. These factors are discussed in a separate paper which also draws on a larger cohort study to address the issues raised (Stevens 2018a). All but one of the mothers interviewed were receiving out-of-work benefits while the remaining family received in-work benefits until the final follow-up when these had been cut. Practitioners were very aware of the impact of these factors on family wellbeing, and support on occasion included efforts to improve

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access to improved benefits, housing and social support. Nevertheless, the focus of most intervention was on parenting. Mothers' and practitioners' experiences of this type of intervention are the subject of the analysis presented in this paper.

The findings below are divided into two sections, the first (3.1) discusses features of families' lives which appear amenable to change to improve family functioning and children's behaviour, and which are, or could be, the target of service intervention. The second section (3.2) discusses features of intervention which were experienced as helpful or harmful.

1.5 3.1 Changing parenting to improve family functioning and children's behaviour

Relationships between parents and children improved in different ways and services often played a part in bringing about changes. Table 2 summarises ways in which change occurred in relation to the efforts of services over the years, drawing mainly on analysis of interviews with parents but also, where stated, on the accounts of service-providers.

Table 2 Summary of mothers' reactions to services' attempts to change parenting over five years

Esther	Services felt Esther would not implement change; Esther herself felt little ability to change, although she did not agree about all the changes suggested. Child taken into care; maintains supervised contact and encourages child to listen to foster carers and be good at school
Linda	Completely changed her understanding of child's behaviour through therapeutic intervention and became more empathetic to child, fighting his corner rather than blaming him
Jenny	Although always loving towards child, was not felt by services to respond to their attempts to make changes which would keep child safe. Child taken into care
Donna	Open to new ideas and parenting strategies in principle but did not attempt suggested anger-regulation techniques. Little change in parenting. Services stop attempting change and withdraw
Mary	Had learnt about the value of setting and enforcing consistent boundaries; felt services outside school had had only a minor role, school intervention was the essential component.
Kathleen	Has absorbed much knowledge about parenting theory and techniques; services questioned extent to which this was implemented in practice
Sue	Transformed her view of child's behaviour, with help from key practitioners, stopped blaming him and became his defender. Came to see that child needed different treatment from her other children.

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Bella	Learnt a lot about parenting techniques and became organised and proactive in arranging service support for her children. Long-term relationship with supportive CAMHS practitioner.
Nicole	Tended not to place blame with herself or her son. Thought by services not to act on advice given, but this changed over time. Services' suggestion of psychological therapy for mother eventually accepted after several years
Amana	Formed close relationship and obtained regular detailed advice from consistent CAMHS contact whose advice she implemented faithfully
Paula	Did not find parenting advice useful and felt burdened by intensive family support received. Appears that services will stop attempting major change and withdraw

1.5.13.1.1 Addressing mothers' interpretations of their child's behaviour

The Family Partnership Model, which informs the HFP, refers to parents' 'constructions' of their children's behaviour; that is, how parents interpret and put meaning on their child's behaviour (Davis & Day 2010). It is felt that negative constructions of children's behaviour need to be addressed. This concept influenced analysis of interviews with mothers, and two broad types of construction emerged. Firstly, where the blame was put on the child, for their behaviour, and often for the family's wider difficulties; that there was something wrong with the child, even that the child was evil. A second type was where none of the behaviour was the child's fault, that it was beyond their control and they should be treated accordingly.

Two mothers, Linda and Sue, altered their attitudes towards blaming their child, through therapeutic support from HFP, radically improving their relationship in a way that was still evident at the final follow-up four years later. At the time of her first involvement with HFP Linda had been asking for Jamie to be taken away, feeling he was destroying her family. She explained how she had changed, and the advice she would give to others:

> *Look at the positive rather than the negative all the time, you know? Not to look at the bad points, look at the good points he's got and things like that, which I would never have - if I had not had met people, I would never have assumed that.*

At the beginning of HFP Sue felt that she had tried everything and that it was Aaron (her son) who needed to change. Sue explained that she had been 'blinded by stress' and could not see Aaron's good behaviours and was overly negative. But she transformed this conceptualisation during the programme and became, and remained, as the follow-up interviews showed, a great supporter of her son (see their illustrated story, Stevens, 2014a).

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Other mothers' attitudes did not seem so open to change. A family worker commented on the impossibility of getting one mother to accept that any change on her part might improve her daughter's behaviour, and another mother was noted as stating that her (pre-school-aged) children 'have an agenda' and 'do it on purpose'. Sometimes practitioners felt mothers had too high expectations of their children's behaviour.

Other mothers, conversely, had perhaps gone too far with the idea that the child was not responsible for their actions. Donna, while acknowledging the great burden of her son's behaviour on her family, saw his behaviour as beyond his control. One consequence was that she expected his school to treat his difficulties the same way as she did, whereas the school encouraged Joe to take responsibility for his actions. This led to antagonistic relationships between Donna and the schools.

Services also sought to help parents consider the effects of what their children may be exposed to, including inappropriate behaviours or conversations. The two mothers whose children were taken into care, Jenny and Esther, had been deemed by child protection services not to keep their child safe. Kathleen was unusual in the degree to which she put blame on herself. Kathleen had been supported by services to separate from her abusive husband. However he still lived in the area and she continued to suffer from the trauma experienced. She described how parenting programmes helped her see how her children's exposure to her own distress could be upsetting them:

> *How can I change my children's behaviour? I myself have to change first for my children to change, because children they act what they see in me... If I scream a lot, or if I cry a lot, like [daughter] she's crying only because she sees me cry and she's taking that to school*

Parents' new understandings could lead to different methods of communicating, and new ways of managing children's behaviour. But parents could also bring about change without fundamentally altering their view of their child, through use of strategies.

1.5.23.1.2 Learning strategies to help manage children's behaviour

Parents were asked to reflect on what they had learnt over the years and what advice they would give to others struggling with children's difficult behaviour. Their main points are summarised in Table 3.

Table 3 also summarises where parents said they learned these strategies. Amana felt very strongly that formal support, such as from Child and Adolescent Mental Health Services (CAMHS), was essential in working out the most successful ways to parent a difficult child, and setting up realistic routines: 'You need professional help I think'. Amana sought, received and implemented detailed parenting advice and was passionate about wanting her story to be used as an example to others about how utilising the right support could make parenting easier. Bella, in contrast, felt she had

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learned purely through experience. The parenting messages she was given, such as not shouting, did not accord with her experience of what worked; Bella left the HFP. Nevertheless, several years later she had learned useful strategies, through trial and error, and appreciated the support from her long-term CAMHS worker.

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Table 3 Mothers' parenting strategies learnt over the years

Mother	Tips for parenting	Learnt from professionals or experience	Quotes
Esther	Just go along with it (second follow-up)		*I'm sort of like a laid back person, you see, I just let them get on with it. But no, it's no good being laid back, trust me (first follow-up)*
Linda	Be more accepting of the child, do fun things together, positive attention; boundary rule; star chart; not giving in	A bit of both; try things out	*Mainly, it's just not giving in. Which was my biggest downfall, you know? I'd just give in all the time.*
Donna	Pick other parents' brains; try advice to see if it works; set boundaries and see through consequences	Experience, others' ideas, TV	*I told the school …'I ain't one of these parents like if they've been bad at school, right, okay, you can go out now'. I said, 'If they've been naughty, there's a consequence, and he knows that. School know that'.*
Mary	Clear boundaries, rewards and punishments (e.g. taking something away); no means no; don't scream and shout; when younger just hold him, restraining; have patience, let a lot go over your head; naughty step is rubbish	Experience, although example given from parenting programme video	*Not letting it escalate. That is the worst one, if you let it go like that then he absolutely goes mental. So you've got to get it in the beginning. I've put him out in the fresh air for that a couple of times. Open the back door and I said go outside and calm down.*

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Mother	Tips for parenting	Learnt from professionals or experience	Quotes
Kathleen	Don't scream and shout; punishments like taking away computer; get another adult to speak to him; teens don't like to talk to you on phone in front of friends, send a message instead; more talking, don't say it was bad, show the impact of what they did, e.g. on their future; talk while engaged in another activity	Both together	*I say okay, this is what I used to do with [HFP practitioner], I'll calm myself. I'll go and do my meditation and everything, just to ease up my mood and everything.*
Sue	Talk; trial and error; leave scene during tantrum	Both together	*You just have to find ways of doing it. If speaking to him this way doesn't work, try a different way…It's just trial and error; …I think bits from everything and maybe put it all together my own way.*
Bella	Routine; time out; choices; consequences, have a chart e.g. rewards for sibling playing nicely. Quality time with each child	Chart from practitioner, the rest from own experience	*Involve all your kids in what you're doing, that's what it is, … And you ask them all for advice, like if I want to watch a film today we've all got to agree on the one film to watch, so we all know what we're watching, no-one's going to be arguing, things like that, silly things, it makes a difference*

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Mother	Tips for parenting	Learnt from professionals or experience	Quotes
Nicole	Clear boundaries, be consistent. Best tip: give them a choice, the behaviour is their decision, explain consequences; sanctions e.g. no Playstation, no going out. Leave room if tantrum	Both	*Walking away. Yeah. Don't get involved in the argument. Just say, 'I'm not arguing now, I've said my piece, that's it'. Just don't fall to their level, got to rise above it, really.*
Amana and Darius	Restraint techniques when young; setting aside more one-to-one time; praising child; warnings, and seeing through realistic consequences; patience, boundaries, routine, persevere	Practitioner	*Just always keep the same thing so he knows that like this is your first warning, this is your second warning. And it should be something that is kind of straight away.*
Paula and Harriet	Would prefer to use physical punishment but has been told cannot; doesn't believe other methods work		*My ex has realised they're walking over me, because I'm trying to talk to them, we end up in this house full of shouting because I can't hit'em*

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While the strategies mentioned by parents are similar to those taught in parenting programmes, most parents who had attended programmes were not particularly positive about the experience. Programmes were not necessarily well-targeted or well-timed. Paula, for example, was sent on a programme with parents of much younger, and less challenging, children than her own. Moreover, the benefits were not necessarily the intended ones (generally to teach parenting strategies and thereby improve child behaviour). One mother valued groups that got her out of the house, and into a social environment, and several parents mentioned feeling better when they found there were others with worse problems.

However, mothers often turned down offered parenting programmes:

> *I said, 'Not to be rude, I don't need to be here, 'cause everything you're saying, I know'. I thought they were just flinging me in any course they could. But not really thinking of how much experience I already have.*

There were also mixed views of parenting programmes from nominated practitioners. While some saw a role for the programmes, they also warned against expecting too much from them. One practitioner mentioned parents who had been on multiple programmes, and knew the right answers to give, but did not seem to bring about change. Another saw possible harm:

> *I think it's quite insulting for people who are basically intelligent and have good parenting skills and are not cruel or nasty to their children to be sent on a parenting course.*

Both parents and practitioners pointed to the danger of making mothers feel criticised and disempowered.

Bella and Paula objected to parenting programmes because they focussed only on the needs of the child. Bella commented:

> *'You're human, yeah, so when you go to these little courses and things, they don't go into depth of how the parent feels, it's like the parent is just there to be the parent to the child and you have to learn about your child's feelings, what about everybody else's? And they don't pick up on none of that, to me it was just boring, it was nothing, nothing useful.*

1.5.33.1.3 Addressing mothers' own wellbeing and recognising the impact of parents' personal and mental health histories

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The mothers in this study faced many difficulties apart from the study child's behaviour which contributed to high levels of stress and anxiety. Many of the sources of difficulty were beyond the control of mothers or practitioners working with them. All the mothers interviewed recognised at some point, if not initially, that their own wellbeing was important for that of their children. Regulating their own responses to stress and their child's behaviour was often a stated goal, a goal sometimes developed in conjunction with a practitioner. Some mothers commented on the importance of 'giving yourself a break':

> *At the end of the evening if I've had a stressful day I will pour myself a brandy and coke and sit down and have a drink, you know, so I don't care, I've taught myself, which I think it's a good thing…I would love to let other parents know like and try and give them a bit of enlightening.*

As with parenting strategies, there is a question around how much stress- and self-management can be taught and how much can only be learned from experience. Practitioners and parents both noted the connection between stress levels and harsh parenting. Seven parents commented on learning to walk away from arguments, and/or calming techniques, such as mindfulness and breathing exercises (taught by HFP practitioners), and some were very positive about such techniques and still used them.

All the mothers interviewed, except for stoical Mary, referred to the impact of their own mental state on the way they were able to parent their child.

> *At that time I was sort of low, yeah, I was just low I was just letting them get on with it, which I shouldn't have done anyway. That was my BIG mistake. (Esther)*

> *Yeah, I suffer depression, as well, and, was it vertigo? Anxiety? Just really pissed off at life. (Sue)*

Some had received counselling, not always with positive results, others had sought counselling and not got it, and sometimes counselling had been offered and not accepted.

Parents had difficult stories in their backgrounds, often with little in the way of role models of nurturing parenting. Intervention which fails to at least be aware of these issues was criticised by practitioners, and several parents stated their need for psychological support. Other parents expressed their desire *not* to address deep-rooted trauma, for example from their own childhoods. In fact when interventions sought to address these background issues, seen as a barrier to change, it could lead to disengagement. Bella felt that confronting her deeper issues at the time she started HFP would detract from her primary concern of caring for her children:

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> *Not for now, cause, urgh, no, I'm just too busy. I just, you know what, I'd just rather do it when everything's settled. For all I know, I could talk to someone, and it could open up a whole different…, and I don't even wanna go there now, I got small kids!*

Similarly, Jenny had not engaged with services that attempted to address her own emotional issues and she stopped attending HFP sessions when the therapist began to address questions about her past.

Parents' histories, and their mental health, are significant factors which may affect how effective intervention can be. The degree to which underlying trauma should or can be addressed needs to be considered, and for some parents a coping strategy of not addressing these may work. For others it may be, as social services eventually decided in Jenny and Esther's cases, that the problems cannot be addressed and affect the parent's ability to look after their child adequately.

While changing parents' 'constructions' of their child's behaviour away from blaming the child could be helpful, if mothers felt overly blamed it could add to stress levels, without necessarily leading to improvements in child behaviour. Children's behaviour could involve parents being permanently on call, being kept up at night, forgetting to eat, not being able to leave the house and dealing with violence towards themselves and their home. Parents could feel services were unsupportive when they did not appreciate the difficulty of their lives. Practitioners that were aware of this put an emphasis on strengths-based intervention and giving positive feedback. This was a feature of intervention felt by mothers to be beneficial as discussed in the next section.

1.6 3.2 Features of intervention which help bring about change and, conversely, features of intervention which prevent families benefitting

The interviews with parents, and practitioners they nominated as helpful, shed light on aspects of practitioners' behaviour experienced as useful and aspects of practitioners' behaviour, and organizational constraints on their behaviour, which seem to prevent intervention being helpful.

1.6.13.2.1 Features of effective parent-practitioner relationships: trust and shared purpose

To some extent a balance needs to be struck between being purposeful and being supportive. The data suggest that skilled practitioners can avert the risk of undermining parents' confidence and trust, by taking time to listen, not judging, and focussing on parents' strengths; they can be purposeful in partnership with parents by setting goals together.

Parents value a practitioner who will take time to listen, and this was said of practitioners in a variety of different roles including practitioners from HFP, an art therapist, social workers, teachers, headteachers, teaching assistants, CAMHS practitioners and GPs. However, other individuals from all these professions were criticised for not taking this time, and for lacking

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understanding. Listening was seen as essential to being non-judgemental and strengths-based, as was not assuming you know what is going on, not blaming, and focussing on what parents do well.

One social worker felt she was the first in a long line of social workers to listen to the mother and her children, and to compare the family's version of their story with the version recorded by her predecessors. She explained making a connection with them:

> *I think the way that I looked at it was actually – yeah, this family has too much tasks to do and they've been overwhelmed, and no wonder things aren't working. So I just wanted…to start afresh, so I think when I first went to conference I kind of unpicked all the nonsense that was in the report before.*

Many parents, as well as some practitioners, commented on social workers sometimes being unnecessarily critical and overly negative in their reports about families:

> *You know, I think [families] want to be heard – you know, not kind of judged straight away. I know that this family is a difficult family…but I just think that we make our work much harder when we kind of start of negatively (social worker).*

Reflecting on the reasons why social workers might do this she said, "I wonder if it's to do with power?"

The younger mothers in the study were used to being stereotyped, criticised and patronised by practitioners, and all study mothers had negative previous experiences of service involvement which made building trusting relationships more difficult. Helpful practitioners made a point of highlighting what the parent did well. Recalling the HFP practitioner she'd worked with Amana said:

> *It was really helpful, and it was nice to have support. He was very understanding, and praised me for the things that I was doing, even though I was struggling at some points, and it was very, very hard…. he just showed me I was on the right track, and he helped me think of ideas and stuff*

This contrasted with her first experience with a social worker:

> *She is one of those people that you would go I would never ever, ever, ever get involved with Social Services ever again, and it was almost like, I came to you, but now you're accusing me of these horrible things.*

1.6.23.2.2 Barriers to building trust: Surveillance and a focus on trivial issues

While most mothers did want support, poorly coordinated intervention could be problematic. Four mothers had periods when they felt overburdened by the amount of appointments with

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services that they had to keep and could not always see how they were helping. Some aspects of services' aims, organisation and behaviours made it difficult for the sort of trusting relationships that could facilitate change to arise, or be sustained.

Surveillance as a primary role of services, resulting from their statutory role to protect children (HM Government 2015) can undermine parents, trusting relationships and help-seeking. Many study parents had negative views of social workers in general, even though they could be positive about individual social workers. There was some evidence that social workers had done their best to counteract the image of unsupportive surveillance; two mothers reported being told it was not their parenting that was in question but the safety of the environment around the child. One mother wished to defend social services as a place to seek help:

> *What I'm saying, trying to say to some people is, social services ain't all bad... the only reason they take the kids away is when it's to the extreme. That's what I'm saying. They are quite helpful, they've been helpful for me.*

However, social workers can find themselves, according to the accounts of both parents and practitioners, focussing on seemingly trivial issues, which can further undermine parents, and relationships. While the surveillance obligation is meant to encourage practitioners to note and act on evidence of abuse or neglect, there is often an emphasis on apparently minor issues such as tidiness and household routines. Apparent 'tick-box' approaches can seem inappropriate to parents when they come to look at what food is in the fridge, and comment on the amount of sugar eaten, whether clothes are appropriate for the season, the tidiness of the home and whether the children have nits:

> *I sort of like personally feel that my life has been too much of a huge fish tank … you know, I want some privacy now.*

This mother had been obliged to accept a large amount of family intervention, carried out by inexperienced workers, according to the practitioner interview. The mother experienced it as burdensome rather than supportive and the overriding impression from the interviews is that Children's Services' input had made a stressed family more stressed and undermined the confidence of a mother struggling in difficult circumstances. Concerns about the surveillance role of services came up in interviews with eight of the families and respondents in five families talked about services' interest in apparently trivial issues.

1.6.2.1 Reform versus support

Services were often put in place as a response to crises, or referrals from schools, rather than requests for help from parents, and parents did not generally feel that support was available 'on call'. Families could experience a 'cliff edge' of support being in place short term, followed

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by nothing. Practitioners felt there was diminishing organisational tolerance for support that did not bring about change, and could see the rationale:

> *You could be stuck in cases for years and you're holding these people's hands when technically we've got to empower them to move on and get on and manage their situations rather than holding their hand all the time. (Family worker)*

However, others felt that such on-going support could be what was needed, when this was lacking in mothers own networks, and long-term support is known to be important for a range of positive outcomes including family resilience and desistance from crime (Lietz & Strength 2011; Sapouna et al. 2011).

> *The kind of models that we're supposed to be working with now are that people come in, you assess them, you treat them for a certain period, they improve and you discharge them. Which, in my experience, is not really how things tend to work. (CAMHS worker)*

Some families did have experiences of occasional on-call support, by telephone or in the community, from a practitioner they had formed a relationship with in the past, despite the relationship having officially ended. Some official relationships *had* continued longer term: with school TAs or with CAMHS staff, made possible by sympathetic commissioners, the worker arguing the case, or because the child was on medication for ADHD resulting in regular meetings with a psychiatrist over the years. Four mothers had formed relationships with practitioners who had then supported them in meetings with other services, an advocacy role which mothers often found empowering.

However, in other cases, support that is appreciated had been stopped, because of service reorganisation, funding cuts or practitioners leaving their post, but also because the service felt insufficient progress had been made. One nominated social worker stopped working with the family despite being the first practitioner the mother had really appreciated. This approach could mean that those families who are hardest to help experience the most changes in social worker, further undermining trust-building.

4. CONCLUSIONS

This longitudinal study showed that it is possible for lasting change to be brought about in parenting and that this can happen in different ways. Some parents had transformative experiences with therapeutic intervention which fundamentally altered their view of their child. Their constructions of their children's behaviour changed so that they no longer solely blamed the child for their behaviour but saw that their own behaviour could contribute to improvements in that of their child. This is an important outcome and parents' empathy for

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their child is associated, among other things, with reduced recurrence of abuse (Hindley et al. 2006). Other parents also changed their parenting in a beneficial way without such a change in constructions. These parents learned strategies for addressing children's difficult behaviour, and their own wellbeing, and implemented these to improve family relationships. These strategies were often learned with help from services but sometimes just through experience, or from other parents or television. Some parents did not want to address underlying trauma which may have been contributing to their own behaviours and reactions. By using strategies some of these parents could nevertheless bring about change.

However, services' focus on parenting can also undermine parents and be counter-productive. Empowering parents through developing shared goals seems more useful (Davis & Day 2010). Stressed and distressed families can easily divert from certain expectations of parenting and housekeeping (Walsh 1995) and intervention that seems to focus too much on apparently trivial factors can be alienating for parents. This study's findings support the importance of a strengths-based approach shown elsewhere (Macleod & Nelson 2000) and suggest that the surveillance role of the English child protection system may be incompatible because of its child-centric focus on assessing risks posed by caregivers (Featherstone et al. 2014). It has been argued that effective implementation of a strengths-based approach, when social workers are 'walking a tightrope between responsibilising and governing families' demands a broadening of the strength-oriented focus in the social, economic and political contexts surrounding families and those intervening with them (Roose et al. 2014). At present, as reported by mothers in the current study, research on parents' experiences of social work interventions reveal adversarial working processes, difficult parent-practitioner relationships and blaming of mothers in professional discourses (Forrester et al. 2012).

This study shows that helpful practitioners recognise when time needs to be taken to build trust to overcome resistance and ambivalence resulting from previous negative experiences (Ward et al. 2014). Lapses take place, and professionals need to be aware of their potential to both increase and reduce resistance to change (Forrester et al. 2012). Nevertheless, the study found that mothers want support, and study families received useful support from a variety of sources, often from practitioners who went beyond the call of duty, or expected organisational cultures. This happened with practitioners from various types of services including social work, family support and child mental health. There were examples of both short-term reforming intervention and long-term supporting intervention which seem to have long-lasting impacts on families' wellbeing, from practitioners who were non-judgemental and took time to listen to families and agree goals for the future. Practitioners described as helpful highlight and praise mothers' achievements and strengths, which some mothers had not experienced before. They validate parents' wishes regarding life aims outside their parenting responsibilities, such as employment or education for themselves. Mothers find this empowering.

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Limitations of the study include the absence of children's perspective and the small sample size. It was unfortunate that fathers were absent from the research. As explained in the sample description, this was because they were largely absent from their children's lives. The focus has therefore inevitably been on the role of mothers. Existing research has tried to grapple with the issue of engaging fathers in child protection and welfare services, and identified promising approaches, although little empirical evidence of impact exists (Maxwell et al. 2012; Gordon et al. 2012). Previous research has suggested problems with the content and delivery of parenting programmes which may discourage participation of fathers (Panter-Brick et al. 2014). Future qualitative research could focus on fathers, examining mechanisms by which fathers, and their children, benefit, or do not, from involvement with services aiming to support them and/or impact on parenting. The use of a convenience sample, following-up parents who had previously consented to non-statutory intervention, may mean the parents were more positively disposed towards intervention than a representative sample of families with similar characteristics. However only six of eleven families participating in the follow-up research had completed the original parenting intervention and the sample provided a range of complex experiences.

A major contribution of the study is the long-term follow up of a hard-to-reach sample, as well as triangulation of parents' and practitioners' accounts, enabling reflection to be combined with reference to, and analysis of, earlier accounts. This revealed aspects of intervention, across service types, which had meaningful long-term significance for families, and illuminated the way mothers' own discourses about their situation developed. These discourses were enabling when mothers came to see the contribution of their own resources to their families' well-being, despite the disadvantages and struggles they face.

Declaration of interests: None

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2 APPENDIX

Included in this appendix are further details about the study families followed by the topic guides for the interviews with parents and practitioners.

Demographic characteristics of the families were first collected at the start of the Helping Families Programme in 2010–11 and are shown in Table A.1 (anonymised family characteristics) and Table A.2 (pseudonyms and additional family characteristics). Pseudonyms are not included in Table A.1, to maintain anonymity.

Appendix Table A.1: Family characteristics

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Child's age at baseline	Child's ethnicity	Number of siblings by final follow-up	Mother's ethnicity	Father
10	White European	3	White European	Absent
6	Black British	3	Black British	Absent
7	White British	5	White British	In home
5	White British	0	White British	On probation/no contact
9	White British	4	White British	Absent
9	White British	2	White Irish	In prison
11	Black African	2	Black African	Lives locally
8	Mixed race British	3	Mixed race British	Occasional contact
9	Mixed race British	2	White British	In prison
6	Black British	1	Black British	Absent
8	White British	2	White British	Involved, outside home

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Appendix Table A.2: Baseline (except *) characteristics of interview study mothers and children

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Pseudonyms	Mother's details 2011				Child's details 2011		
Mother & Child	**Employment status**	**Age at school leaving**	**Qualifications**	**Relationship status**	**Completed HFP**	**School exclusion ever**	**Diagnosis, if any, by *final follow-up**
Esther & Shaun	Not employed	16	<5 GCSEs	Single	No	Yes	
Linda & Jamie	Not employed	15	None, expelled age 11	In relationship	Yes	Yes	ADHD, full-time medication
Jenny & Tyler	Not employed	16	Not known	In relationship	No	No	ADHD
Donna & Joe	Not employed	<16	None	Single	No	Yes	ADHD, part-time medication
Mary & Ryan	Not employed	16	None	Married	Yes	Yes	ADHD, full-time medication
Kathleen & Michael	Student	<15	Taking NVQ	Single	Yes	Yes	
Sue & Aaron	Employed part-time	15	English & Maths (adult education)	Single	Yes	No[1]	Autism spectrum
Bella & Palani	Not employed	<16	None	Single	No	Yes	ADHD, medication stopped
Nicole & Ben	Employed	Post-16	Diploma	In	Yes	Yes	

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	full-time			relationship			
Amana & Darius	Employed full-time	18	A levels	In relationship	Yes	Yes	ADHD, full-time medication
Paula & Harriet	Not employed	15	<5 GCSEs	Separated	No	No[1]	Learning difficulties

HFP: Helping Families Programme; NVQ: National Vocational Qualification; GCSE: General Certificate of Secondary Education; ADHD: Attention Deficit Hyperactivity Disorder. [1]No exclusions at baseline but excluded by end of study. For more information on school type and exclusions see Chapter 6.

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Topic guide for parent interviews

In-depth qualitative discussion will take place during completion of the adapted Client Service Receipt Inventory (CSRI; see Stevens, L. Harris, et al. 2014; Beecham & Knapp 2001) *around discussion of services received. Responses will be probed and explored in order to elicit information relevant to the research questions. Respondents give each service a rating, then the appropriate questions will be asked from those listed here:*

How did you feel about this service/person?

> How do you think it helped you?
>
> Did you/your child/other family member change how you acted or thought about things as a result? In what way?
>
> What sort of changes did you notice?
>
> Did the changes last?
>
> Why do you think it wasn't helpful?
>
> What do you think [the person/service] was trying to achieve?
>
> How would that help?
>
> What do you think you/your child needed and why?
>
> What sort of changes did [the person/service] want you/your child to make or hope to see?

These further questions follow the discussion around the CSRI and SDQ, but some aspects may have already been discussed where the opportunity arises during CSRI discussion and completion.

[Numbering continues from CSRI]

9. Are there any other services that your child (or you on your child's behalf) have been in contact with in the past 3 months?

> *Specify services and discuss helpfulness as above; add to CSRI where appropriate*

10. Is your child on any medication to do with her/his behaviour?

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11.What about services you have received longer ago? Tell me about those.

Probe: as above

12. Do you get other important help from family, friends or neighbours? For example with babysitting, DIY, lifts, shopping, housework, moral support etc

Probe for description and usefulness

13. Is there any help you would find useful which you are not receiving?

Prompt: For yourself; For your child; For your home; In your local area; Financially

How would this help? How do you think this might make a difference for your child?

14. Is there anything preventing you from seeking more support?

Prompt: Don't know what's available; Don't think it would be helpful; Worried people might think badly of me; attiudes to social services.

15. Now could we talk some more about other aspects of life which affect how easy or hard it is to look after your child and your family and what changes you think would help?

a) I'd like to know whether there are aspects of your life and surroundings which make it more difficult to parent your child, or things you could mention which actually help, or changes you would like to see to make things easier.

Prompts: housing, neighbourhood (eg. play areas, activities, roads & traffic, neighbours, crime), employment, school, family and friends

b) Is there anything else important that you would like to add?

16. If you were free to spend the money spent on services supporting your family in any way you saw fit, what would you spend it on?

17

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Topic guide for practitioner interviews

Support for families with children with difficult behaviour:

What is useful for families?

If you don't mind I will record my explaining the study to you and then I'll ask if you're happy for me to record the interview [give practitioner letter].

You were identified by the named study participant as a key practitioner who supports, or has supported this family. I interviewed the participant about what services the family is involved with, whether or not they are helpful in dealing with their child's difficult behaviour, and what else makes it harder or easier to deal with their child. The study participant has given consent for you to be interviewed about your involvement with the family and other services you know them to be involved with. All the information you give me will be kept strictly confidential, stored securely with an ID number rather than names. No identifying information will be used in reports.

We are interested in what services or other influences affect the chances of poor outcomes for at-risk children, particularly in terms of later antisocial and criminal behaviour.

Are you happy for me to record the interview? This is only for my own use, so that I don't have to take too many notes while we're talking.

1. Could you tell me your job title and main responsibilities
    a. To what extent is supporting families an official part of your job?

2. How long have you known this family?

3. Could you tell me about your involvement with this family?
    a. Which members do you see? How often? For how long? When did you last see the primary carer?
    b. What support do you give to this family?

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Why? [ask about decisions made and reasons for them]

How much of your approach is down to you and how much is down to your institution?

Do you ever have to go beyond official expectations of your role?

To what extent is this voluntary on your part?

c. How much time do you spend on this family that isn't direct contact? (how long in last 3 months)

d. Have you been involved with/in contact with other services regarding this family?

- Can you tell me about that?
- When there are lots of different services involved, who holds responsibility for making sure things get done?

4. How important do you think the support is to the family? What do you think the impact is?

   a. How does the primary carer respond to the support given? (*attitude to help*)

5. How does providing this support fit in with the rest of your job?

   a. Is there anything that makes it easier or more difficult for you to provide support to this family? (Sufficient time? Resources? Missed appointments? Support from managers?)

6. What other services do you know that this family is involved with?

   For each service that you are aware of please can you tell me, if known:

   a. Frequency and typical duration of contact

   b. How useful you think the contact is for the family and why

   (Ask for a rating to be marked on the separate sheet)

   c. Any factors that help make the contact useful, or prevent it being useful

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We would like to know about:

Social services, including youth justice services

Community and voluntary services

Education services

Youth justice services

Health services

7. Do you think there is any other support which the family receives e.g. from family, friends and neighbours? (For example with babysitting, DIY, lifts, shopping, housework etc.)

    a. How important is this support?

8. Do you think there is any support/services/intervention they are getting which is not helping? Can you tell me about it?

9. What other aspects of their lives do you think affect how easy or hard it is for them to look after their child and family? (e.g. income, personal factors, housing, neighbourhood, employment etc.)

10. Can you think of any other help this family might find useful?

    a. If yes, what are the barriers to the family getting this help?

11. How does this family's experiences with services compare to the experiences of other families with similar types of difficulties?

12. *(If not already covered)*

Have there been any particular parenting tips this family has needed to take on board?

What about with other families? What are the main parenting tips that are useful for parents to learn?

Can they be taught?

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Highlights

Changing parenting is focus when services see families of conduct disordered children

This can be helpful when trusting relationships with service providers develop

Family functioning can improve when parents change attitudes to the child's behaviour

Parents find implementing consistent behaviour management helps

Much intervention does not help but is seen as burdensome and judgemental

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