

THE
MINISTRY OF
PARENTING



Summary Report of the STOP Programme
Commissioned by Essex County Council as part of the
Early Intervention Project
(2016-2018)

Introduction

This report includes data from 92 parents who attended a STOP parenting group commissioned by Essex County Council as part of the Early Intervention Project, Years 1 -3.

All the STOP groups were delivered by the Ministry of Parenting CIC.

FIF Early Help Project is managed in South, Mid and West Essex by The Children's Society (TCS) and in North Essex by the Youth Enquiry Service (Y.E.S).

- Appendix A & B has the data configured to show the outcomes from the 2 Early Help Project management areas.
- Appendix C has comments from the parents to the commissioners of the Early Intervention Project
- Appendix D has a parent's case study

About the STOP programme

The STOP Parent Programme is a 10-week programme for parents of children/adolescents aged 11-16 years old. Parents attended weekly 2 – 2.5 hour sessions for 10 weeks.

The programme sets out to support parents, by helping them build or strengthen their core relationship with their child/adolescent, both in the short term and the longer term. This is done by offering parents aid and teaching them to better understand their adolescent child by encouraging them to improve their listening, praise and encouragement skills, giving them information and teaching them practical ways to cope with their child/adolescents behaviour. Alongside practical ways to deal with confrontational situations, reassurance about their role as a parent/carer and a realistic understanding of what should be expected of them in that role, in addition to giving them a better understanding about peer influences on young people.

Attendees included in this report

Data in this report is from 92 parents who completed the STOP programme in full in the first 3 years of the FIF early intervention project.

- 69 mothers
- 23 fathers

Age range of Young person they were most concerned about 11-17 years

Outcome measures

Evaluation of the STOP groups included a short questionnaire at the end of each session to appraise how the parents experienced the session. This data aids group facilitators to modify the programme to the group's needs. A parent's experience evaluation questionnaire is given at the end of the STOP group course. We also conduct pre and post Strengths and Difficulty Questionnaire's (SDQ) as part of our outcome measures.

Strengths and Difficulties Questionnaire

The Strengths and Difficulty Questionnaire (SDQ); is a brief child mental health questionnaire for children and adolescents, developed by the UK child psychiatrist Robert N Goodman. The SDQ is a widely used and validated behavioural screening questionnaire which can be used for children aged 4 to 17. SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviour. The same self-completion questionnaire is given to the parent and the young person, although the wording is slightly different as it is in the first person. The total difficulty score of the SDQ (range 0-40) is a fully dimensional measure, with each one-point increase in the total difficulty score corresponding to an increase in the risk of mental health disorder.

(Appendix A & B has the data configured to show the SDQ (S & D) outcomes from the 2 management areas)

See Table A for the whole range of scores and Table B which has the norm scores.

Score meaning

- 0-15; low need
- 16-18; some need
- 19 – *clinical need level
- 20 plus; high need

Table A

A post **decreased is a positive result.**

**The horizontal line is the number of parents and the vertical line is the S&D score range*

The

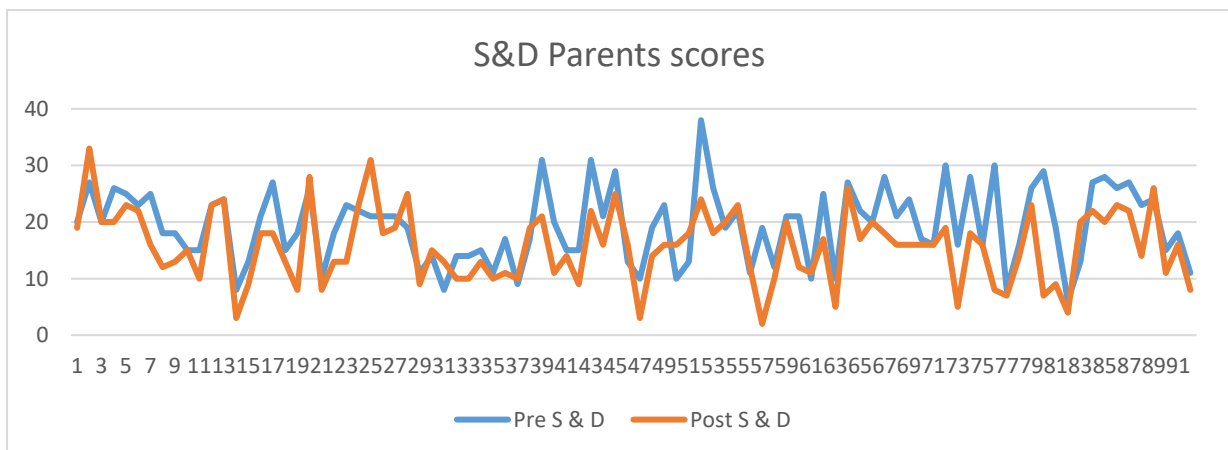


Table A Summary

Summary of the young people scored pre-course below the clinical range of need

- 41 of the 92 young people were scored by their parents as being below the clinical range of need at the start of the STOP group (expected early intervention scores).

- 3 of the young people’s scores remained the same whilst 9 young people had increased scores at the end of the course, but all remained below the clinical range of need.
- 1 had a dramatic increase (from 13 to 20) and put the young person in the clinical level of need. When this was explored with the parent, the father reported it was because he was spending more time with his son and becoming more aware of the problems than he was previously.
- 28 of the 41 had reduced scores and continued to remain below the clinical range of need.

Summary of the young people scored pre-course above the clinical range of need

- 51 of the 92 young people were scored by their parents as being in the clinical range of need at the start of the STOP group.
- 38 of the 51 young people scored by their parents as being in the clinical range of need had reduced scores at the end of the group
- 8 young people scores were increased, and 4 young people’s scores remained the same.
- **24 of the 51** young people scored by their parents as being in the clinical range of need came out of clinical range of need at the end of the group

Table B; SDQ Norm scores *Increased change improvement is a positive result

	Per (mean 92)	Post (mean 92)	Norm change improvement
North Essex	20.52	15.35	5.17
South Essex	19.34	15.64	3.70
All Essex	19.42	15.75	3.67

Parent’s experience evaluation

Feedback from parents experience questionnaires produced some very positive feedback showing that parents enjoyed the groups in terms of what they learnt, what they liked about the group, what changes they had noticed from attending the sessions and comments about the session facilitators. 100% of the parents confirmed that they felt supported. Parents were also happy with the times of the sessions and found the termly alternating from day to evening group’s delivery model to be helpful, as it catered for working parents and child care requirements. When asked if the number of sessions were acceptable, all agreed, however there were requests post course for the course to be longer.

Cost saving

It is difficult to calculate the true costs saving to society on the individual child/family, however the analysis from the 2011 PEIP report ^{*1} stated the average cost of funding a

¹ Source: Analysis of CEDAR primary LA data . Department for Education May 2011

parent who started a parenting programme was approximately £1244. The same study indicated that the suggestive cost of achieving a 1 effect size reduction in the SDQ impact score stood at between £3,300 and £3,700. Therefore, the findings from the 92 parents who undertook SDQ pre and post the STOP programme would indicate that the STOP programme has a high probability of being cost-effective in the longer term.

For consideration

- 1) The effectiveness of the outcomes appears stronger in year 2 and 3. This we believe is a result in the group facilitators getting to know the programme and target new geographical areas better. This highlights the need for new interventions to be given an opportunity to be delivered and become known about in new areas by both professionals making referrals and also by parents in order for them to show their true effectiveness.
- 2) The high number of young people scores as rated by their parents in the clinical range; this is a concern as the STOP programme was only targeting early intervention families; therefore lower pre scores would have been expected. This suggests a high percentage of the parents are in “crisis/high level of need” at time of the intervention.
- 3) In examining the young people’s scores which increased, there appears to be a pattern; of the parents who scored their young person higher post the group programme a higher percentage were fathers. Fathers increased their time with their young person as directed within STOP, spending an hour a week with them. This may indicate that these fathers had a better understanding of their young people and their additional needs i.e. ADHD post the group programme.
- 4) The number of young people’s scores which remained in the clinical level of need despite a positive reduction in their scores. This would indicate further support is required to enable these parents to maintain and improve the positive changes they have made i.e. support for young person especially in anger management, additional parenting support sessions on key topics such as ASD, ADHD and managing issues relating to separated/blended families.
- 5) The Strengths and Difficulties Questionnaire is suitable for measuring social and emotional wellbeing but is less advantageous for cost-effectiveness decision-making as no consensus has been reached as to what a clinically meaningful change in score represents, nor has a cost-effectiveness threshold been defined. It remains uncertain how these cost-effectiveness results will be interpreted in a service decision-making context where cost-effectiveness thresholds have not been set up.

Appendix A

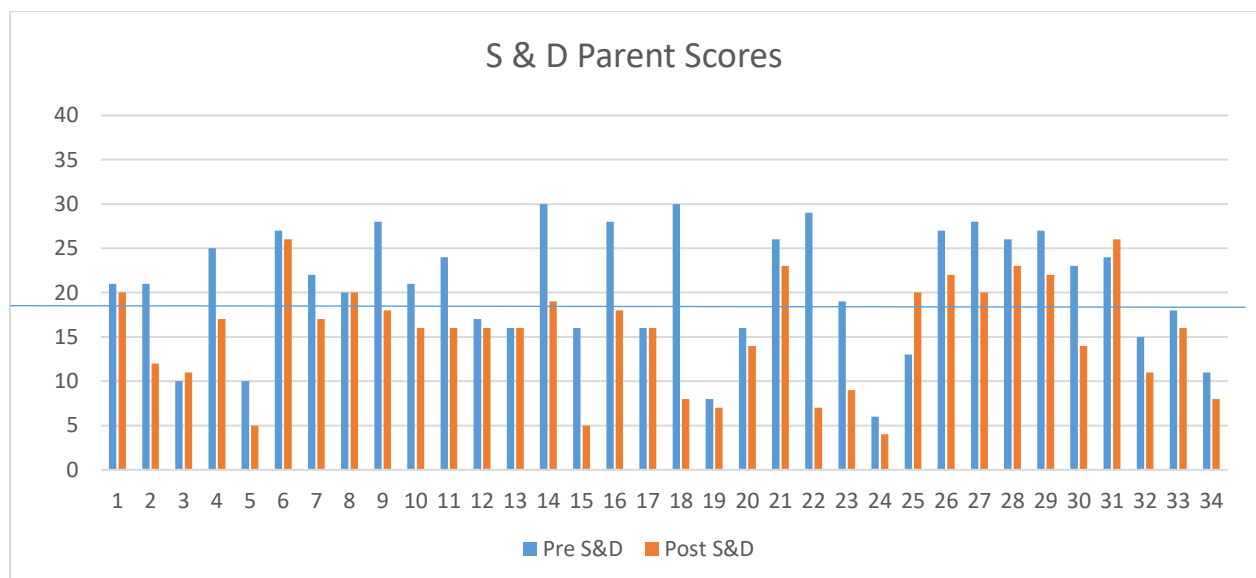
Data in this section relates only to the 34 parents who completed the STOP programme in North Essex.

- 26 mothers
- 8 fathers

YOUNG PERSON they were concerned about;

- 27 male
- 7 female

Table C; Data on 34 parents who completed the SDQ in full at the start and completion of the STOP group programme. Please note the scores are only a guide, not a formal clinical assessment and the questionnaire was brief so is not the same as an individual assessment by a qualified medical clinician i.e. Paediatrician.

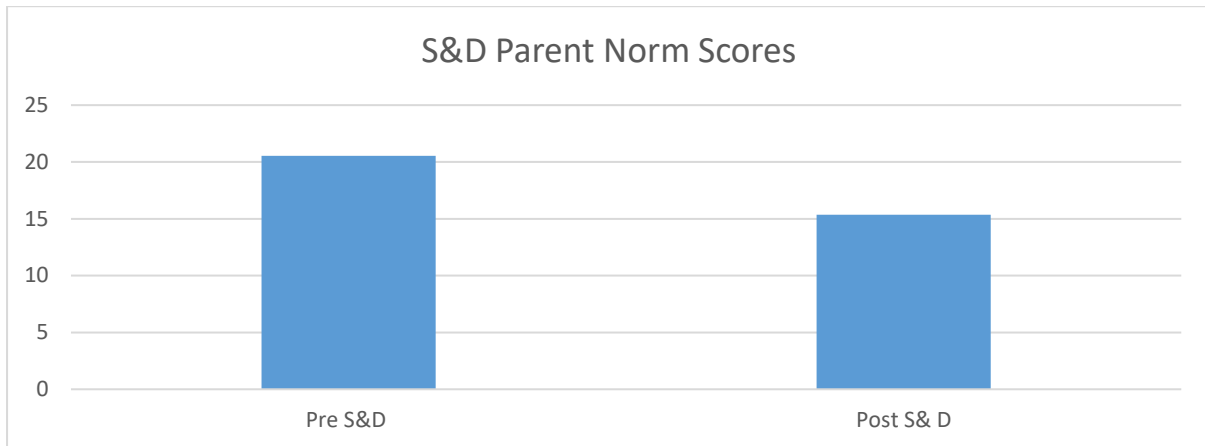


Summary of table C scores

- 13 of the 34 young people were scored by their parents as being below clinical range of need at the start of the STOP group (expected early intervention scores). 2 of these young people had increased scores at the end of the course; 1 had a dramatic increase (from 13 to 20), when this was explored with the parent, the father reported it was because he was spending more time with his son and becoming more aware of the problems than he had been previously.
- 21 of the 34 young people were scored by their parents as being in the clinical range of need at the start of the STOP group.
- 19 of the 21 young people scored by their parents as being in the clinical range of need had reduced scores at the end of the group

- 1 young person's score was increased, and 1 young person's scores remained the same.
- 12 of the 21 young people scored by their parents as being in the clinical range of need came out of clinical range of need at the end of the group

Table D; Norm (mean) scores

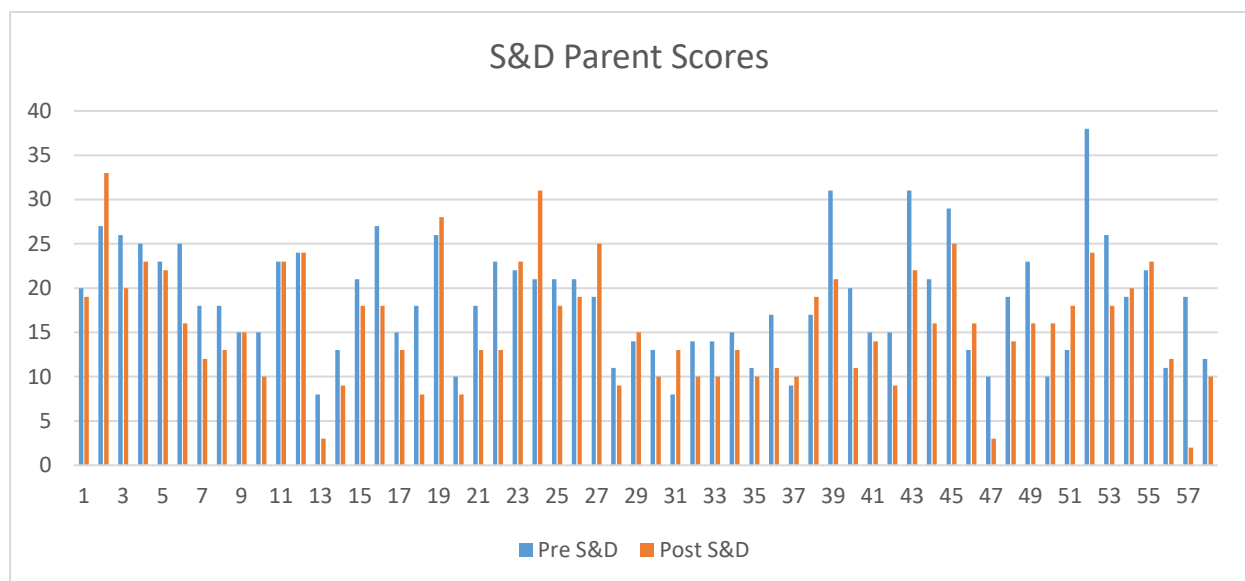


Appendix B

Data in this section relates only to the 58 parents who completed the STOP programme in South Essex.

- 43 mothers
- 15 fathers

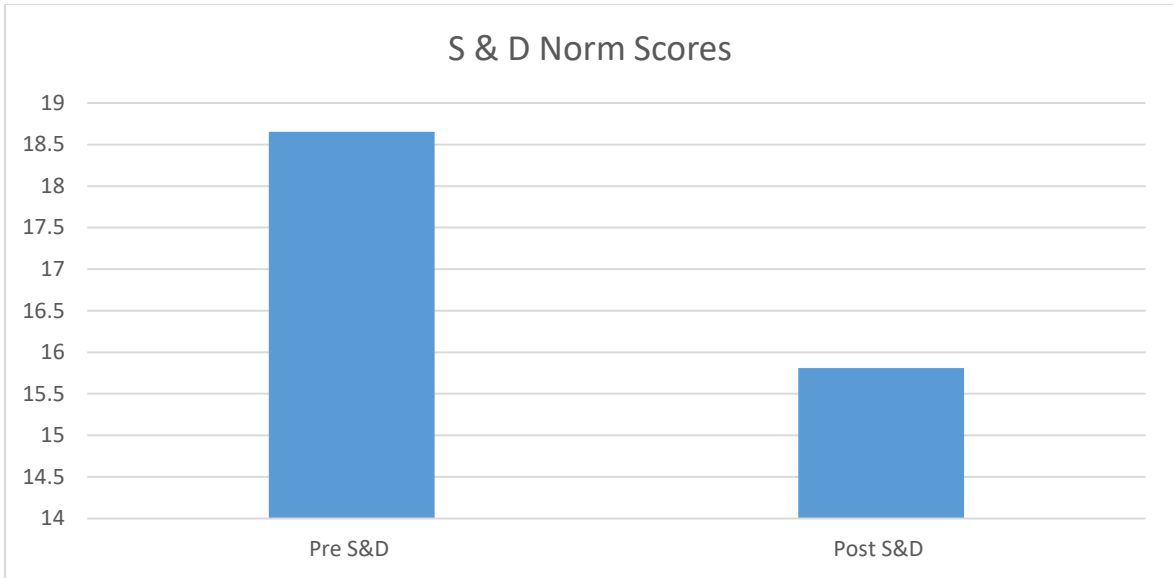
Table E; Data on 58 parents who completed the SDQ in full at the start and completion of the STOP group programme. Please note the scores are only a guide, not a formal clinical assessment and the questionnaire was brief so is not the same as an individual assessment by a qualified medical clinician i.e. Paediatrician.



Summary of table D scores

- 28 of the 58 young people were scored by their parents as being below the clinical range of need at the start of the STOP group (expected early intervention scores). 8 of these young people had increased scores at the end of the course but all still remained below the clinical range of need. 19 of the 28 had reduced scores.
- 30 of the 58 young people were scored by their parents as being in the clinical range of need at the start of the STOP group.
- 19 of the 30 young people scored by their parents as being in the clinical range of need had reduced scores at the end of the group
- 7 young people scores were increased, and 3 young people's scores remained the same.
- 12 of the 30 young people scored by their parents as being in the clinical range of need came out of clinical range of need at the end of the group

Table E- Norm scores



Appendix C

We asked the parents what messages they would give to the funder. Below are a selection of their comments

'Keep funding this group! Parents need support to understand and nurture our fantastic teens.'

'Any parents that attend this group programme will gain a benefit. If they cannot currently empathise with some information it is useful information for the future.'

Please continue with STOP – it can only help add value to the lives of many young people and families. Everyone should be able to attend!

'Keep going, it really helps and they do a great job.'

'This group programme, even though only 10 weeks will, I think, last a lifetime! I am just starting to learn still from the group programme, and will hopefully improve my relationship with my son. Hopefully it will improve his life and carry on through his lifetime and beyond.'

'It is the best parent group I have been to, friendly people, informative, I have learnt a lot. You can feel relaxed here. Well done to the funders, great having free food and drink.'

'This is a very valuable group programme for parents with tricky teens, thank you for making this learning journey possible – please continue providing funds so other parents can keep on benefitting.'

'Group programme's like this should be offered to ALL parents. We are not given a 'Parent Manual' and so much of what we do is left to chance and experience from your own parents. Nobody ever tells you 'that was right' or 'that was wrong' – you just feel your way and hope for the best.'

'A huge thankyou – it has helped me through a challenging time. Every parent of teenagers should have the opportunity to attend a group like this.'

'This is money well spent – please do not cut any budgets associated with this worthwhile programme.'

Appendix D

Your "STOP" story

A parent's case study

Your family structure (number of children, ages etc.)

2 parent family, 2 girls aged 13 and 11

Other services involved with your child/family

None – requested help via doctor and been assessed by Kids Inspire, but no help has yet been offered.

Optional - Family background (including employment, housing situation, mental health history etc.) Both parents employed, own our house, no previous mental health issues.

Presenting concerns at time of starting group

Extreme anger and risky behaviours from our 11 year old. Frequent tantrums and arguments

Main goal at start of the group

To improve family harmony and learn new strategies for coping/handling situations

The impact the group has had

I didn't think I would enjoy this course and attended due to desperation rather than anything else. I have absolutely loved going and it has improved the relationship I have with my daughters, helped me to keep matters in perspective, 'shared the load' by meeting other parents who are also struggling and given me new strategies and ideas.

What to keep working on;

I need to keep working on everything I have been taught! It's a constant learning curve.

Message to funders

I would never have come on this course if it had been self-funded. I heard about it through my eldest daughter's school and it has been an enormous help to me and will be beneficial to our whole family. I have already shared hints and tips with other Mums and friends and have been able to maintain a much more positive outlook due to the work done with the Ministry of Parenting. I have also gone on to seek one to one counselling for my daughter, with one of the team, to continue the good work we have started. This we are paying for privately and it has gave me confidence to do this as I knew the professional involved and had total confidence in them. Please keep running this course!!