Madeleine Stevens, Lucy Harris, Megan Ellis, Crispin Day and Jennifer Beecham

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Investigating changes in use of services by high need families following the Helping Families Programme, an innovative parenting intervention for children with severe and persistent conduct problems.

Ms Madeleine Stevens[1] (corresponding author), Dr Lucy Harris[2], Ms Megan Ellis[2], Dr Crispin Day[2], Prof Jennifer Beecham[1]

[1] Personal Social Services Research Unit, London School of Economics and Political Science, Houghton Street, London WC2A 2AE.

Email: m.stevens@lse.ac.uk

[2] Centre for Parent and Child Support, South London and Maudsley NHS Foundation Trust
Child and Adolescent Mental Health Service Research Unit, Kings College, Institute of Psychiatry,
Michael Rutter Centre, De Crespigny Park, Camberwell, London SE5 8AZ

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Abstract

Background: Interventions aimed at high need families have difficulty demonstrating short-term impact on child behaviour. Measuring impact on use of services could provide short-term indication of longer term benefits. **Method:** During a feasibility pilot we collected data on service use and attitudes to services from a small sample of parents from high need families, before and after receiving the Helping Families Programme. **Results:** Respondents provided a range of opinions on a variety of social and community services received. **Conclusions:** The study demonstrates the potential of short-term changes in enhanced service use data for building hypotheses of longer term change.

Keywords: Evaluation; Conduct disorder; Parenting; Prevention; School

Introduction

Improving parenting has been a policy focus of both the current and previous UK governments. Poor parenting has been blamed for a variety of social ills, including the riots of August 2011 (Riots Communities and Victims Panel, 2012), and parenting classes have been promoted as an evidence-based response (Allen, 2011). Economic modelling studies have pointed to large long-term cost savings if interventions are effective in reducing the antisocial behaviour and criminality which can develop from childhood conduct disorders (Bonin et al., O'Neill et al., 2011).

A key challenge is that such classes are less likely to benefit families with high levels of need (NICE and SCIE, 2006). Because the ‘manualised’ (structured and repeatable) nature of these interventions makes them easier to evaluate in trials, they could be favoured over other approaches which might be more effective, particularly for families with more complex difficulties (Featherstone et al., 2011). It has also been argued that oversimplification in economic research risks undervaluing the contribution of more complex approaches, such as much child protection intervention (Segal and Dalziel, 2011). Partly in response to the rising profile of evidence-based practice there have been calls for ‘alternative realistic methodologies’ capable of reflecting the complexity of families’ lives (Pawson, 2006).

Cost-effectiveness studies (of which there are very few in the parenting field (Stevens, 2012)) attempt to estimate a cost per unit of improvement, taking into account the cost of an array of services received. With the small sample sizes typical of family intervention trials, cost-effectiveness studies are likely to lack sufficient statistical power to detect changes in costs other than those of the intervention itself, because of the large variation in support packages and costs (Briggs, 2000). These studies are usually short-term and it might be expected that the overall costs of supporting a family may not reduce, or may initially increase, following an intervention which in itself might identify a need for further support. Take-up of new intervention such as family therapy, if effective, could more than pay for itself but only in the long term, with a reduction, for example, in antisocial and criminal behaviour or in the need for later crisis intervention. Equally, a change to a more positive attitude towards an intervention a family is already engaged with, for example a social worker, could change an ineffective relationship to a helpful one without any immediate change in costs. Longer-term controlled studies could investigate these hypotheses, although challenges include large sample sizes and time needed to wait for results. The approach piloted here instead aimed to look at how an intervention might affect the type of services used and, as importantly, participants’ attitudes to those services. This information would provide a starting point from which to consider whether any changes identified are likely, based on existing theory and evidence, to lead to longer-term benefits.

The current study was carried out in conjunction with a before-after pilot trial of the Helping Families Programme (HFP) (Day et al., 2011, Day et al., 2012) which ran between June 2010 and March 2011. HFP is an intensive community-based parenting intervention based on the Family Partnership Model (Davis and Day, 2010), delivered one-to-one, usually in the home, over a period of approximately 20 sessions/six months. HFP targets primary school aged children and high need families where there are additional parental risk factors for child conduct disorder. A core hypothesis of the programme is that it will affect the way families access and benefit from services.

We collected and examined data on the full range of families' service contacts, and their opinions on how useful they were, and how these changed over the period of the intervention. There is very little evidence regarding the full range of services accessed by vulnerable families and even less on how these change over time, both crucial factors for considering long-term impact. There is a need for methodological advances to gain a richer understanding of complex families' service use and relationship to services. The intention of this paper is to investigate whether data on short-term changes in service use could be used to build hypotheses about longer-term change.

Methods

Participants

Participants were parents or carers of resident children, aged 5-11 with severe and persistent conduct problems and at risk of exclusion/excluded from school. The families were taking part in a pilot of the HFP in inner-city London (Day et al., 2011). They were recruited via referrals from a Youth Offending Team (YOT) and a Family Intervention Project and had given informed consent to being interviewed for the research. Conduct problems were considered present if the child met diagnostic criteria for Oppositional Defiant Disorder as defined by DSM-IV. Fourteen families were recruited in which the parent/carer suffered from at least one of the following: harmful substance use; interpersonal conflict with their child, partner, close family or school; inability to maintain a tolerant, stable and regulated mood; lack of supportive family/social networks; frequent family crises.

Collection of service use data

Data on service use were collected in an interview with a researcher using an adapted version of the Client Service Receipt Inventory (CSRI) (Beecham and Knapp, 2001). The interview was carried out before the family began the HFP and following completion. The adapted CSRI was administered in an innovative way by presenting respondents with a list of possible services on which they could tick which services they had been in contact with in the previous three months. The list, which could be provided in advance of the interviews, included education, social care, community, health and youth justice services, and was developed in conjunction with therapists and researchers working in the same localities.

Based on the list of services used, the researcher then completed the adapted CSRI with the parent providing detailed information about each service. Data were collected for a fixed retrospective period of three months, i.e. only services used by families in the three months preceding each interview were recorded. Participants were asked the number and typical duration of contacts with each service. Pre-pilot interviews using the adapted CSRI showed participants found it difficult to answer questions about services provided at school in the past three months, so these were asked regarding *current* use of education services. Parents were asked whether they felt they had a choice in seeing each service and 'how helpful is this service in dealing with your child's difficulties?' The latter question was rated by parents marking a visual analogue scale (Figure 1) which we converted to a rating between 0 and 1, 1 representing the most positive possible opinion. Respondents were also asked whether the child had missed school due to their behaviour. The form included space to record any further comments about each service and concluded with open questions about other helpful or unhelpful services, non-professional help received and other help wanted.

[Figure 1 here]

Analysis

Estimating costs of services provides a common currency with which to measure service use e.g. we can compare £100 worth of therapy with £100 worth of classroom support. Where possible, unit costs for each service were taken from publicly available sources (Department of Health, 2011, Curtis, 2010) or previous research. Where no appropriate existing estimates were available, unit costs were estimated anew using comparable methods (Beecham and Knapp, 2001). Unit costs (per hour, per appointment etc.) were then multiplied by the amount of use each family made of that service (number and length of contacts). These service costs were summed to arrive at the total support package cost for each child. All costs are reported at 2009-2010 prices.

As part of the HFP clinical pilot evaluation (Day et al., 2011) a qualitative interview with participants was conducted. Although attitude to services was not the primary focus, the interviews were scanned for any mention of changing attitudes resulting from participation in the intervention. This information is reported below, as are further illustrative quotes taken from open responses recorded on the CSRI form.

Results

We report on the service use of the ten families who agreed to provide data at both time-points (ten out of fourteen families), presenting the hours and cost of services by sector (see below). We describe the data on choice and helpfulness ratings narratively. See Table 1 for demographic characteristics. Full results for all participants are available from the first author.

[Table 1 here]

School-based services

At baseline all children but one were in mainstream school. There was a noticeable increase in additional school supports between the two interviews (Table 2). However, one parent (Family 10) said that despite being assessed as academically two years below age norms the child had received no additional support as yet, either in or out of class, for her educational or behavioural needs.

After the HFP intervention fewer children missed school because of their behaviour (3 versus 6). Half the children had extra teaching support at baseline and three had seen an educational psychologist. Post-intervention, more children had learning support assistants (LSAs; 6 versus 4), and fewer had contact with an educational psychologist (1 versus 3). Five of those using LSAs post-intervention had full-time one-to-one support, compared to only two at baseline. For at least two children support was provided over lunch and break as well as class times and one respondent commented ‘full-time plus!’ This contributed to higher school-based costs for nearly all families at follow-up (final column Table 2). Family 7 was also provided with an LSA full-time, but shared with a few other pupils (recorded as a small group intervention) so the cost is lower than one-to-one support. Another driver of higher costs post-intervention was increased use of specialist one-to-one interventions for two pupils (such as anger management).

We have not included the cost of mainstream school in Table 2 but have included the additional cost for a child who was attending a pupil referral unit (PRU) at baseline, estimated as the difference in cost between mainstream school (£1,770 per term) and the PRU (£10,954 per term). For this child, therefore, costs at baseline are significantly higher than at follow-up, when the child had returned to mainstream school, even though the child then had a full-time LSA.

[Table 2 here]

Community, social and health care services

There is some indication of a change in the types of services used after the HFP intervention (Tables 3 and 4). There was less contact with social workers, and new contacts with early intervention YOTs (and of course the HFP). Five children had had contact with a social worker at both baseline and follow-up; three of these had seen a social worker at both time points. Following the intervention, three of the children had had contact with a YOT, compared to two at baseline. An additional family (Family 4) had been offered a YOT intervention for the child but had declined.

The biggest per service costs (unit cost x contact hours) were for social worker contacts, a combination of four different support workers for one family, and foster care for one child. This child had lived with foster parents for the three months preceding the baseline interview, and had just returned to live with her family. One family had no community or social services at either time-point other than the HFP.

In general health services were used less than school-based, social and community services, except for one family. At baseline this child had weekly visits with a psychologist and a hospital stay of seven days, reportedly due to behaviour. The parent stated that the child “could not calm down”. Half the families had higher health service costs post intervention than at baseline, and more children had seen the GP.

[Tables 3 and 4 here]

Total service use costs

Observed mean total services costs are slightly higher post intervention than at baseline (Table 5) and are higher for seven out of the ten families. Costs for the HFP were not included in the total cost estimates. High unit costs for individual items have a large impact on the total cost. For example, the PRU for Family 5 and foster care for Family 10 absorb a high proportion of their total support costs and lead to substantially higher costs for these families than for others in the sample. It is therefore unsurprising that there is no correlation between the number of services received and the total cost at baseline (correlation coefficient = 0.01) compared to a reasonably high correlation of 0.6 post intervention.

[Table 5 here]

Helpfulness ratings

Parents’ ratings in response to the question ‘How helpful was this contact?’ (measured on a scale of 0-1) indicate a range of experiences, even within the same type of service. All those providing a LSA rating at baseline (n=3) gave higher values post-intervention and there was a notable improvement in the perceived helpfulness of the school in general, up from an average 0.6 to 0.9.

All participants gave the HFP very high marks (>=0.97). Among the other services, the most commonly used and rated were GPs and social workers. The ratings for GPs were mostly high (mean 0.81 for three baseline ratings and mean 0.81 for six post-intervention ratings) and one parent commented that the GP knew her child well. Social workers, however, received a mixed response from the parents and the scores ranged widely: of the five parents who recorded contact with a social worker at baseline, three gave very high ratings, and two rated the social worker in the middle; at post-intervention, two gave a very high helpfulness rating and two gave very low ratings. Three families had the same social worker at baseline and follow-up. Of these, one rated helpfulness much lower, one much higher, and one rating remained the same as at baseline. One respondent happened to be interviewed on the final day of her social worker's involvement (Family 6). She commented that the social worker had pointed her in the direction of other support services:

> *"She's been a lovely social worker, really, really helpful, great signposting. I'm sad to be losing her".*

A parent who rated her social worker very poorly commented:

> *"It's not helpful, she talks to the kids and then leaves. It's a waste of time but I have to see them".*

One parent commented that it was important to her that HFP was not associated with social services. Another two parents said they had asked for help from social services but had not received any.

Most parents felt they had a choice about seeing services but at least one parent felt they did not have a choice about seeing: a social worker, Child and Adolescent Mental Health Services worker, a psychologist and a YOT worker but for all these services at least one other person said they *did* have a choice.

When respondents said they felt they did not have a choice it was often because of child protection considerations and the parent felt obliged to comply with the recommended intervention. Although many of those without choice gave low ratings for the service, this was not always the case. Of those involved with the YOT without choice, one gave the contact a very high rating, and the other very low. One parent who attended counselling objected to the lack of choice she felt she had about this, but another felt it had been a good decision.

Respondents were not asked directly whether they felt the HFP had had an impact on their relationship with other services. However during the second interviews relevant comments included one mother stating that she realised through the intervention that her whole family needed to change, not just the child, and had therefore agreed to family therapy, which she was finding helpful. Another said she now had the confidence to attend a parenting group, which she had not previously. One had begun to speak much more to the child's school, proactively, and the increased communication meant she received positive (as opposed to solely negative) feedback about her son. In some cases the HFP practitioners directly involved themselves with other services, for example negotiating with the school and child over improving attendance and supporting parents in core group meetings.

Discussion

This pilot study investigated the possibility of discerning short-term changes in service use and attitudes to services, following an intervention, which could then be used to inform hypotheses about longer-term change, for example, in family wellbeing or costs to the public purse. Whilst we cannot draw firm conclusions about the impact of the HFP on service use (due to sample size and lack of control group), the type of data received does provide a picture of possible change.

The adapted version of the CSRI, completed by an interviewer in conjunction with the parent, was effective and efficient in collecting a full picture of families' service contacts. Although respondents were not always sure which service the person they had seen came from, using the list of services known to operate locally helped. Participants were engaged with the process and were happy to provide ratings using the scale. The schedule was presented in an open, conversational style, so that additional comments from participants were encouraged and included on the form. This aspect of the interview could be developed further to explore emerging theories of change.

There was some indication of a change in the types of services used, particularly an increase in school support (notably LSAs) and less use of social workers' time at follow-up. These changes could indicate improved use of preventative resources. However it could be simply due to passing time, where a previously requested resource has been put in place, or at the second interview the parents may have known more about the child's school life. Nevertheless, if evidence of reductions in social work contact and moves to more preventative support services could be replicated in larger samples with control groups the results could be clinically and socially significant.

With regards to cost, although the use of a full-time LSA may be costly it is less expensive than attending a PRU, and may prevent this higher level of intervention. Costs were higher for the education sector (over and above mainstream schooling costs) than for health or social/community services, concurring with other studies of children with behaviour problems (Knapp et al., 1999, Snell et al., 2012, Vostanis et al., 2003). The levels of support confirm that the children pose challenges to the school environment and suggest that schools bear a high proportion of the cost of children's behaviour problems. Measuring changes in access and attitudes to education and social support services could indicate that an intervention has had a positive effect, even though the ultimate outcomes of interest are not affected until the longer term.

The complexity of causal mechanisms implicated in the development of serious behaviour problems in children (Hill, 2002) indicates a wide variety of plausible approaches to reducing risk and improving outcomes. These include improving parenting, household wellbeing (e.g. via income, neighbourhood or social capital), life chances of the parent (e.g. through education or employment) and therapeutic or educational intervention with the child. The different interventions involved with families, as illustrated in this study, could be conceptualised as a complex intervention. Improving families' relationships with services could lead to an improved combined effect of the set of services they are involved with. Looking at the effects on the principle outcome of interest in isolation (e.g. behaviour problems) may give results that are difficult to translate to practice situations, as well as undervaluing multiagency approaches, which may address the mediators of improvements in children’s behaviour.

At present there is very little evidence on changes in service use for this group. Two studies have tentatively suggested an increase in education-based interventions and fewer health and social services following parenting interventions (Bywater et al., 2009, O'Neill et al., 2011). In a trial of the Mellow Parenting intervention (Hallam et al., 2005) an association was found between service use and level of need for the intervention group but not for the control group suggesting that the intervention may have brought about better targeting of services. However, only looking at aggregate levels of intervention (e.g. by total cost) might mask important variations. Findings from a Dutch study, for example, found that children who recovered from serious early conduct problems had received similar levels and range of support as those who didn’t recover but the ones who made better progress had typically received more special educational services (Veenstra et al., 2009).

Although families with complex needs are often high users of services it has also been recognised that many high need families are not accessing services, sometimes because of a perceived threat of child protection proceedings (Morris, 2012). Low socio-economic status and parent psychopathology have been found to predict low engagement (Nock and Ferriter, 2005) and survey data has highlighted parents’ wariness regarding formal services in health, education and social support, despite a wish for more support (Bradshaw et al., 2008). Interventions (such as HFP) which aim to improve relationships between families and the services trying to support them may therefore have the potential to make an important contribution (Day et al., 2011). The evidence-based practice movement has tended to encourage the use of manualised, structured intervention programmes but for high need families the style of personal interaction may be equally important. Researching effective elements of programmes may be more useful than comparing whole programmes (Barth et al., 2012).

Some interventions which parents say they appreciate do not show evidence of effect on the outcomes selected in trials (McAuley et al., 2004). The possibility of sleeper effects is sometimes raised. Here we have described an attempt to capture evidence of short-term change which might prove indicative of such sleeper effects. Sefton and colleagues have argued that qualitative methods should play a more important role in the economic evaluation of complex social welfare interventions (Sefton et al., 2002). Many types of intervention with families, particularly school-based and much social work intervention, tends to lack evidence of effect, and attempts to measure effectiveness in practice are often hampered by adherence to output/process indicators such as numbers through services. Qualitative work may need to fit alongside quantitative ratings and costings to get at the changes in relationships which might improve effectiveness of support, for example where a family might be seeing the same contact, but engaging with that contact in a more productive way. Qualitative work could also look at combinations of services which might be important. Such research has for example shown that less easily researchable interventions such as community development programmes may be important in providing informal support to families (Hansen, 2005). Further qualitative research would also help in the current case to investigate the degree to which changes may be due to families' work with the HFP practitioners. The schedule piloted here included open-ended questions which could be expanded to ask in more depth about possible connections raised in the interview. Relevant quantitative methods are also developing, for example with tools to measure the quality of interactions with services (Commission for Health Improvement, 2002). A further step is to develop approaches combining more in-depth qualitative and larger-scale quantitative methods. Future work also needs to involve comparison groups and larger samples to provide a clearer picture of whether interventions such as the Helping Families Programme help families to make better use of services and/or reduce the need for support.

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Figure and Tables

Figure 1: Rating scale marked by participants

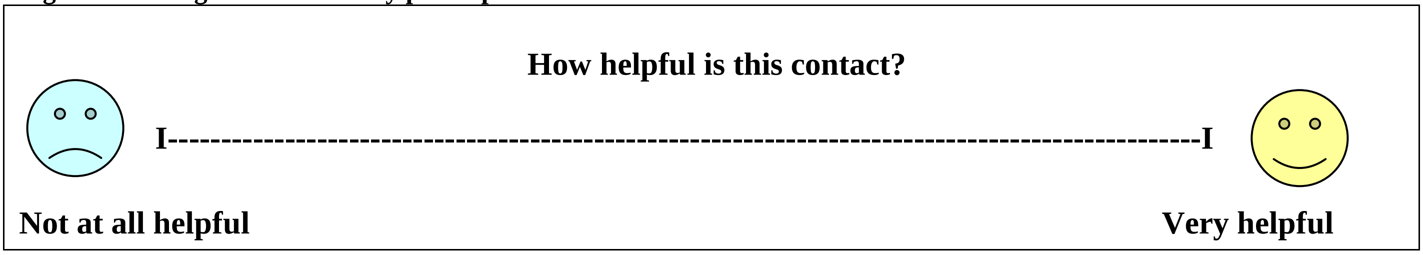

Table 1: Demographic characteristics of participants

Relationship to child	
Mother	9
Grandparent	1
Child ethnicity	
White British	3
Mixed Race British	2
White European	1
Black British	1
Black African	2
Other	1
Relationship status	
Married	1
Single	2
Separated	2
In non-cohabiting relationship	5
Employment	
Not in paid employment	4
Employed part time	1
Employed fulltime	2
Retired	1
Missing	2

Table 2: School-based services by child in hours of face-to-face contact over 3 months and total cost per child at baseline (T1) and post intervention (T2)

ID	Child age	Small groups inc exclusion class		LSA one-to-one		Other school one-to-one		Speech and lang		Ed Psych		SENco		Total cost over 3 months	
	T1	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
1	11		15											£0	£90
2	7				250									£0	£4000
3	5				300	10			15			2		£614	£5460
4	10	20					5							£120	£243
5	10	PRU			250					5				£9764	£4000
6	11	30		10	10		115*			5				£920	£5738
7	10		300	50							2	0.5	0.33	£833	£2053
8	9	6		250	250	8.3‡	20			0.5				£4497	£4970
9	6		7.5	300	300								1.5	£4800	£4943
10	9													£0	£0

*;‡ Two, three different services respectively

PRU: Pupil Referral Unit for entire 3 months; LSA: Learning support assistant; SENCo: Special Educational Needs Co-ordinator

Note: all children are male except for ID3 and ID10

Table 3: Community and social services by child in hours (unless otherwise stated) of face-to-face contact and total cost at baseline (T1) and post intervention (T2)

ID	YOT		Social worker		Support worker		Group activity		Child-minder		Foster care (days)		Parent support worker		Group parenting prog		Total costs over 3 months (£)	
	T1	**T2**	**T1**	**T2**	**T1**	**T2**	**T1**	**T2**	**T1**	**T2**	**T1**	**T2**	**T1**	**T2**	**T1**	**T2**	**T1**	**T2**
1	1.5	5.7	3.8	13*		12											656	2,918
2		6.1		1.1		11	44*	111*									132	1,474
3					0.5		36						15‡				930	0
4																	0	0
5								30									0	90
6			5.2	12		69†	12						9.5				1,304	5,421
7	2	0.8	12														1,894	52
8													5				265	0
9			3.5	3						80				2.7			515	904
10			29	18	16	18					90				24		15,089	3,600

*; ‡; †: two, three and four different services/practitioners respectively

NB: HFP excluded

Table 4: Health services by child in hours (unless otherwise stated) of face-to-face contact and total cost at baseline (T1) and post intervention (T2)

ID	Psychologist		Psychiatrist		Family therapy		GP		A&E (visits)		Hospital out-patient (visits)		Other health		Hospital stay (days)		Total costs over 3 months (£)	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
1						2		0.6						1	1		509	584
2				3													0	975
3											1		1				186	0
4							0.2		1								128	0
5	0.5			0.5				0.3									49	211
6					2		0.5	1.5									568	245
7						3.5		0.2									0	883
8											1						149	0
9	12	9					1.3	0.3	1	1					7		3,329	1,017
10								3									0	489

Table 5: Total costs and number of services per person at baseline (T1) and post intervention (T2)

ID	Total services cost, past 3 months (£)		Total number of services in contact with, past 3 months	
	T1	T2	T1	T2
1	1,165	3,591	1	8
2	132	6,449	2	7
3	1,730	5,460	9	2
4	248	243	3	1
5	9,813	4,301	2	4
6	2,791	11,403	9	9
7	2,727	2,989	4	6
8	4,911	4,970	8	2
9	8,643	6,864	6	8
10	15,089	4,089	4	3
Mean	4,725	5,036	5	5

NB HFP excluded

References

ALLEN, G. 2011. Early Intervention: The next steps. HM Government.

BARTH, R., LEE, B. R., LINDSEY, M., COLLINS, K. S., STRIEDER, F., CHORPITA, B., BECKER, K. D. & SPARKS, J. 2012. Evidence-based practice at a crossroads: the timely emergence of common elements and common factors. *Research on Social Work Practice,* 22**,** 109-119.

BEECHAM, J. & KNAPP, M. 2001. Costing psychiatric interventions. *In:* THORNICROFT, G. (ed.) *Measuring Mental Health Needs.* 2nd ed. London: Gaskell.

BONIN, E., STEVENS, M., BEECHAM, J., BYFORD, S. & PARSONAGE, M. 2011. Costs and longer-term savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study. *BMC Public Health,* 11.

BRADSHAW, P., CUNNINGHAM-BURLEY, S., DOBBIE, F., MACGREGOR, A., MARRYAT, L., ORMSTON, R. & WASOFF, F. 2008. Growing up in Scotland: Sweep 2 overview report. The Scottish Government.

BRIGGS, A. 2000. Economic evaluation and clinical trials: size matters. *British Medical Journal,* 321**,** 1362-1363.

BYWATER, T., HUTCHINGS, J., DALEY, D., WHITAKER, C., TIEN YEO, S., JONES, K., EAMES, C. & EDWARDS, R. 2009. Long-term effectiveness of a parenting intervention for children at risk of developing conduct disorder. *British Journal of Psychiatry,* 195**,** 318-324.

CURTIS, L. 2010. Unit Costs of Health and Social Care. Canterbury.

DAVIS, H. & DAY, C. 2010. *Working in Partnership with Parents,* London, Pearson.

DAY, C., ELLIS, M. & HARRIS, L. 2012. High Need Families Project: Development and piloting a new parenting intervention for children with severe and persistent conduct problems.London: Department for Education.

DAY, C., KOWALENKO, S., ELLIS, M., DAWE, S., HARNETT, P. & SCOTT, S. 2011. The Helping Families Programme: A new parenting intervention for children with severe and persistent conduct problems. *Child and Adolescent Mental Health,* 16**,** 167-171.

DEPARTMENT OF HEALTH 2011. NHS costing manual 2009-10.

FEATHERSTONE, B., BROADHURST, K. & HOLT, K. 2011. Thinking Systemically—Thinking Politically: Building Strong Partnerships with Children and Families in the Context of Rising Inequality. *British Journal of Social Work,* online**,** 1-16.

HALLAM, A., KNAPP, M. & ASTIN, J. 2005. Improving the quality of family support: an economic evaluation of the 'mellow parenting' programme. Unpublished.

HANSEN, K. 2005. *Not-so-nuclear families: class, gender, and networks of care,* London, Rutgers University Press.

HILL, J. 2002. Biological, psychological and social processes in the conduct disorders. *Journal of Child Psychology and Psychiatry,* 43**,** 133-164.

KNAPP, M., SCOTT, S. & DAVIES, J. 1999. The Cost of Antisocial Behaviour in Younger Children. *Clinical Child Psychology and Psychiatry,* 4.

MCAULEY, C., KNAPP, M., BEECHAM, J., MCCURRY, N. & SLEED, M. 2004. Young families under stress: outcomes and costs of Home-Start support. York: Joseph Rowntree Foundation.

MORRIS, K. 2012. Troubled families: vulnerable families' experiences of multiple service use. *Child & Family Social Work***,** online early.

NICE & SCIE 2006. Parent-training/education programmes in the management of children with conduct disorders. NICE technology appraisal guidance 102. www.nice.org.uk/TA102

NOCK, M. & FERRITER, C. 2005. Parent management of attendance and adherence in child and adolescent therapy: A conceptual and empirical review. *Clinical Child and Family Psychology Review,* 8.

O'NEILL, D., MCGILLOWAY, S., DONNELLY, M., BYWATER, T. & KELLY, P. 2011. A cost-effectiveness analysis of the Incredible Years parenting programme in reducing childhood health inequalities. *European Journal of Health Economics,* online early.

PAWSON, R. 2006. *Evidence-based Policy. A realist perspective,* London, Sage.

RIOTS COMMUNITIES AND VICTIMS PANEL 2012. After the riots: The final report of the Riots Communities and Victims Panel. London.

SEFTON, T., BYFORD, S., MCDAID, D., HILLS, J. & KNAPP, M. 2002. Making the most of it: Economic evaluation in the social welfare field. York: Joseph Rowntree Foundation.

SEGAL, L. & DALZIEL, K. 2011. Investing to Protect Our Children: Using Economics to Derive an Evidence-based Strategy. *Child Abuse Review,* 20**,** 274-289.

SNELL, T., KNAPP, M., HEALEY, A., GUGLANI, S., FERNANDEZ, J., MELTZER, H. & FORD, T. 2012. The economic impact of childhood psychiatric disorder on public sector services in Britain: estimates based on national survey data. *forthcoming*.

STEVENS, M. 2012. The cost-effectiveness of UK parenting programmes for preventing children's behaviour problems - a review of the evidence. *Child & Family Social Work.*

VEENSTRA, R., LINDENBERG, S., VERHULST, F. & ORMEL, J. 2009. Childhood-limited versus persistent antisocial behaviour: Why do some recover and others do not. *Journal of Early Adolescence,* 29**,** 718-742.

VOSTANIS, P., MELTZER, H., GOODMAN, R. & FORD, T. 2003. Service utilisation by children with conduct disorders- findings from the GB national study. *European Child & Adolescent Psychiatry,* 12**,** 231-8.