

Using Life Chances Indicators and Measures to create a policy climate where new and, evidence suggests, more effective levers can be deployed to improve children and young people's mental health

Introduction

The policy recommendations in this paper are drawn from a briefing I and my team wrote for the UK Government's Secretary of State for Health to inform the early development of his Department's policies to improve children and young people's mental health. Given the emphasis in this Panel Discussion on how countries are integrating a family perspective in Sustainable Development Goals, I will preface these with a description of how the UK is tracking its progress according to a similar set of measures, as our policy makers do not seem to work explicitly to SDGs when trying to improve lives.

From boosting income to boosting life chances

In summary, our Government has moved away from a narrow focus on child poverty with indicators and targets that are almost wholly interested in household income, towards a richer set of life chances or social justice measures that identify how many children and families are experiencing a broad range of Adverse Childhood Experiences and related forms of disadvantage.

The Child Poverty Act 2010 introduced four challenging and legally binding child poverty targets to be met by 2020/21, based on relative low income; absolute low income; combined low income and material deprivation; and persistent low income.

Critics' key concern about the Act was that the income-based targets in the Bill were 'poor proxies for achieving the eradication of child poverty.' They disagreed that ensuring a certain level of income would guarantee children a better future. The Conservative Opposition said they would, once in government, 'widen the agenda and build up targets, which are more likely to address the underlying causes of poverty.'

Further legislation was brought forward under a new government which removed the four targets in the Child Poverty Act and instead introduced a duty on Ministers to report annually on 'life chances' indicators.

As a sign of the much greater focus on the broader circumstances of parents than simply their financial position, there are currently six parental indicators supported by 11 measures, only two of which I will cover here. There are also three concerned directly with children.

Parental indicators

The six parental indicators are as follows:

1. Parental worklessness

2. Parental conflict

- Proportion of children in couple-parent families living with parents who report relationship distress [which is not necessarily manifest in violence or abuse]

- Proportion of children in separated families who see their non-resident parents regularly

3. Poor parental mental health

4. Drug and alcohol dependency

5. Problem debt

6. Homelessness

The inclusion of measures of parental conflict has, in particular, created an important opportunity to develop policies that act on the well-established link between parental relationship conflict and breakdown and negative outcomes for children and young people, particularly mental ill-health and low well-being. According to the UK Office of National Statistics, as many as one in eight children aged 10 to 15 report symptoms of mental ill-health¹ and this Government has pledged to improve life for these young people.

The new Government has also pledged to hold itself to account for its life chances indicators. It therefore needs to develop and deliver policies that will be effective to both of these interrelated ends.

Policy recommendations (in bold, supporting material is in ordinary typeface)

1. Improve the Evidence Base

Research should be urgently commissioned that will consider how to identify when couples need relationship support, as well as how to measure the impact that interventions to support the inter-parental relationship might have on improving children's outcomes.

Ideally, this should be both qualitative and quantitative and should include a randomised controlled trial to produce the highest quality of evidence and address the current shortfall of UK-based studies.

2. Invest in Interventions that Work

The National Health Service (NHS) is one of the key public organisations with which families come into regular contact, providing opportunities to help prevent relationship difficulties from arising (for example, by providing reassurance to parents of the normality of the stresses experienced following the birth of a child as well as short relationship education interventions like *Let's Stick Together*²); identification of problems which may be impacting on children; referral to appropriate agencies; and delivery of specialist interventions by NHS agencies.

¹ ONS, 2015, *Measuring National Well-being: Insights into children's mental health and well-being* available at <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>

² Spielhofer T, Corlyon J, Durbin B, Smith M, Stock L and Gieve M (2014), *Relationship Support Interventions Evaluation*, Department for Education, evaluated this programme for the Department of Education and found, *inter alia*, evidence that this could change some parents' attitudes towards accessing other types of relationship support in future.

(i) *Prevention and better identification of relationship difficulties:*

Community midwives and health visitors provide support to couples which may help to prevent relationship difficulties from occurring and they identify parents who are finding the transition to parenthood particularly stressful.

By applying the principle of ‘making every contact count’, health visitors and other health care professionals, including members of the primary health care team, deliver a wide range of ‘brief interventions’ with the aim of changing behaviour. Such an approach, though currently deployed primarily in relation to behaviours such as smoking and alcohol consumption, may be equally effective in providing support for parents, for example by providing information and reassurance for parents on the common pitfalls associated with having a baby and the impact on the couple relationship.

These approaches should be adopted more widely to increase the level of professionals’ engagement with the issue of couple relationship difficulties in the context of primary care and other frontline services working with families.

(ii) *Referral for relationship support*

NHS staff, including those in the Primary Care Team and health workers based in Family Hubs (see Recommendation 5. below) are also in an ideal position to refer parents for relationship counselling.

(iii) *Including couple support in delivery of specialist interventions*

NHS agencies are also ideally placed to deliver specialist treatment for people who are either experiencing mental health problems themselves or whose children have mental health problems which are, wholly or partly, attributable to parental relationship difficulties.

- Adult couples therapy, including specific treatment for depression, is delivered by High Intensity Therapists and has the best outcomes amongst the different types of therapy provided by the NHS.³
- Multi-Systemic Therapy (MST), an intensive community and family-based intervention is known to be effective in improving family relationships for 11 to 17 year olds at risk of being placed away from home and to lead to improved families functioning.⁴
- Functional Family Therapy (FFT) is conducted in a range of settings (including clinics, homes, Children and Young People’s Mental Health Services and probation facilities) with parents and their ten to 18 year olds and has established evidence of improving family functioning, including where there is family conflict and reducing young people’s involvement in crime and/or substance misuse.⁵

³ NHS Digital, (2016), *Psychological Therapies: Annual report on the use of IAPT services, England, 2015-16*, p12.

⁴ See <http://www.mstuk.org/mst-outcomes/uk-research>

⁵ See <http://eif.org.uk/wp-content/uploads/2014/07/Functional-Family-Therapy.pdf>

These are some examples of the range of interventions which provide support directly or indirectly to parents. However, a more explicit emphasis on the couple relationship is needed if these services are to become more focused on this dynamic as a possible cause of difficulties in the child or young person.

The Department of Health should work with NHS England, Health Education England and Public Health England, and the appropriate Royal Colleges and professional associations to see how these specialist interventions could be adapted where needed so that they provide more of a focus on the relationship between parents and a greater emphasis on interventions to support those experiencing or at risk of experiencing difficulties.

There is considerable scope to expand relationship support by making more available online. Several providers, including Relate and One Plus One, already provide relationship support online. Not only would an expansion of such services be cost-effective, it would also help to overcome some of the difficulties in accessing services currently experienced by low income families.⁶ It would also provide an alternative for couples who might prefer to access these services online rather than face-to-face.

Online services for couples should be piloted with a view to increasing their reach and overcoming some of the difficulties in accessing services currently experienced by low income families.

3. Extend the use of Couple Counselling in Children and Young People's Mental Health (CYPMH) Services

There is a need within CYPMH services for a systematic approach that takes account of all the family factors that will be contributing to a child's mental ill-health. There is, however, concern amongst professionals working with children and young people that it is not considered legitimate to focus on the couple relationship since that is not the primary purpose of the referral and professionals do not wish to be seen to be interfering in what is generally considered a private area. However, our research highlighted the need to treat children in the context of their families whenever possible, and we urge NHS England and Health Education England to build on good practice in children and young people's mental health provision by ensuring that parents' relationships are not ignored.

In particular, there is scope for the provision of increasing availability of couple counsellors within the multi-disciplinary team in CYPMH services. In the London Borough of Hackney, a couples counsellor is embedded in the multi-disciplinary CYPMH team and a flagship London NHS Clinic has a psychiatrist who focuses on relationship support. The aim is to ensure that the underlying causes of the child or young person's problems and distress, where parental conflict is an issue, are addressed and to ensure that the parents have a wider understanding of the impact that such conflict is having on the family.

The new treatment pathways for children and young people's mental health should emphasise the impact that resolving parental relationship difficulties can have on outcomes for children and young people.

⁶ Doubell L, Stock L, Acquah D and McBride T (2017), *Inter-parental Relationship Support Services available in the UK: rapid review of evidence* (updated March 2017), London: EIF

Further work should be undertaken by the Children’s Mental Health Clinical Networks to raise awareness amongst clinicians about the role that CYPMHS can play in providing relationship support through the multi-disciplinary team.

The Department of Health should fund pilot projects for couple counsellors to be embedded within Children and Adolescent Mental Health Service teams.

4. Schools’ role in relationship support

There is scope for schools to have a greater role both in preventing relationship difficulties and in providing and signposting families to relationship support. The Children and Social Work Act 2017 made provision for compulsory relationships education for primary school pupils in in England, as well as sex and relationships education for secondary school children.

School counselling has also been highlighted:

...as a method of early intervention to help prevent relationship problems occurring later on in adulthood.⁷

The provision of mental health ‘first aid’ in every school and the current rapid expansion of school-based counselling services could lead to a greater role for schools in identifying children whose difficulties may be attributable at least in part to parental relationship problems, and in offering direct support.

We recommend that the forthcoming policy paper on children and young people’s mental health and wellbeing:

- **addresses the scope for schools to prevent relationship difficulties in adulthood by teaching children and young people about adult relationships;**
- **incorporates the identification of children and families affected by parental conflict in the mental health first aid services which may be rolled out across schools;**
- **signposts families affected by parental conflict to relationship support services where the opportunity arises, and;**
- **provides some specialist services within school counselling and other mental health services provided in schools.**

5. Encourage the development of Family Hubs

Given what we know about the roots of mental illness, ensuring early help is in place to support families and to prevent children and young people from developing mental health problems in the first instance is essential: it is far better to provide a fence at the top of the cliff than an ambulance at the bottom. The Children’s Commissioner for England⁸ and the

⁷ Doubell L, Stock L, Acquah D and McBride T (2017), *Inter-parental Relationship Support Services available in the UK: rapid review of evidence* (updated March 2017), London: EIF, p27.

⁸ Children’s Commissioner (2016) *Family Hubs: A Discussion Paper, Co-ordinated local support and intervention for children in need and their families*, London: Office of the Children’s Commissioner.

Centre for Social Justice⁹ have argued that vulnerable families need a greater level of coordinated services to overcome the problems they are facing and many local authorities are already starting to do this through Family Hubs. These provide access to a range of coordinated services, often under one roof, including health, mental health, childcare and early years and parenting support. Although more evaluation is required, there are encouraging early signs of effectiveness in these early adopter local authorities.

The Government should put in place a transformation fund and national task force to encourage local authorities to move towards a Family Hub model, working closely with charities and local businesses. These should provide services to reduce relationship conflict and support couples at risk of separation and those struggling post-separation.

6. A national approach

Both local and national stakeholders recognise that there is a ‘*patchy landscape of inter-parental relationship support provision.*’¹⁰ There is a lack of clear accountability at the national level although it is improving and there is clearly a commitment to further implementation.

The Department for Work and Pensions has committed to launching a new programme to embed proven interventions that reduce parental conflict in local areas and to work with the ‘Troubled Families’ Programme to improve the effectiveness of family services.¹¹

Whilst this is welcome, there is a risk that it will be harder to secure commitment from NHS agencies who do not currently see this as their core business.

A Cabinet Minister should be appointed with responsibility for families. In the same way that the Secretary of State for Education also holds the Equalities brief, another Secretary of State with a cross-governmental brief or one of the larger departments such as Work and Pensions or Communities and Local Government should also bear named responsibility for Families so support for relationships can be better prioritised.

7. Better provision of information

It may be that some parents are unaware of the availability of relationship support even during times of crisis when their need for them is heightened.

MindEd for Families, and other sources of information and media platforms including NHS Choices and Mumsnet should expand the information currently available to help parents to understand the impact of parental conflict on their children and how to access relationship support.

⁹ Centre for Social Justice (2014), *Fully Committed? How Government could reverse family breakdown*, London: CSJ.

¹⁰ Callanan M, Hudson R, Hussain F and Roberts E (2017), *Exploring parental relationship support: a qualitative study*, London: EIF, p7.

¹¹ Department for Work and Pensions (2017) *Improving Lives; Helping Workless Families*, London: DWP, p19.

8. Education and training

Training frontline practitioners to ensure that they have the skills to identify, refer and provide support to parents who are experiencing relationship difficulties would raise awareness and increase access to appropriate services.

Key to improving services for children and young people with mental health difficulties is the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme, due to be rolled out across the country by 2018. Although all services currently involve parents and families in the care of the child or young person, and many deliver specific interventions targeted at parents for specific mental health conditions, there are very few which focus specifically on the inter-parental relationship and the impact this may have on the child.

The CYP IAPT programme should be expanded to include a new module on couple counselling to enable staff working with children and young people with mental health difficulties where parental conflict may be an issue to work directly with parents. Competency frameworks should be developed as part of the mental health workforce strategy which cover relationship support and couple counselling.

Concluding comments

This paper has outlined how the UK Government has moved from a narrow emphasis on household income and child poverty and to a broader set of indicators and measures which paint a more detailed picture of the numbers of children growing up in adverse circumstances.

Given that the Government will be held to account for the progress it makes in reducing the number of children in homes characterized by high conflict and unstable relationships and lack of contact with a birth parent it will need to do more to support couples.

This paper makes several recommendations to this end with the specific intention of improving children and young people's mental health. They do not require a significant increase in spending on mental health, but they do require a multi-faceted and more holistic family-based approach, to ensure responses to children's mental health deliver considerably better outcomes and are more cost-effective.