Central Manchester University Hospitals NHS
NHS Foundation Trust

CAPS

Children and Parents Service

Manchester

CAPS is published as a model of best practice for
"Early Years: Social and Emotional Wellbeing" by the
National Institute of Health and Care Excellence (NICE) (Guidance PH40)

CAPS Annual Report

January 2015

Executive Summary

- The Children and Parents Service (CAPS) is a multi-agency partnership between Health (CAMHS), Manchester City Council (Early Years) and Family Action.

- CAPS is jointly commissioned by CAMHS, Early Intervention Grant and Manchester Investment Fund. Partnership working has led to successful provision of early intervention services in line with Service Level Agreements and the Greater Manchester Early Years New Delivery Model.

- CAPS delivered 31 effective evidence based Incredible Years parent courses to approximately 279 parents of 0-4 year olds showing clinically significant improvements in both child behaviour and parental depression and stress. This intervention follows National Institute of Clinical and Healthcare Excellence (NICE) guidance for conduct disorder and attention deficit hyperactivity disorder and reached 822 children within households.

- Calculations suggest substantial efficiency savings as a result of early intervention in Manchester. The average cost of adult mental health intervention alone is £3,000 per case compared to a parent course costing £1,800 per family, with significant reductions in both child behaviour problems and parental depression for parents.

- Data demonstrates that CAPS targets and successfully engages some of the most vulnerable families in the city with 70% of families falling into clinical ranges for problem behaviour and depression pre-intervention; 17% have a social worker; 60% are in receipt of means tested benefits and 70% have (clinically significant) 5 or more risk factors for poor child outcomes.

- Parent courses lead to economic resilience. Within 3 months of completing a CAPS parent course 24% of parents were back in work, 10% were engaged in voluntary work and 20% had registered with a college. Further immediate savings are made as the average cost of each additional person not engaged in education, employment or training is approximately £45,000.

- The innovative, assertive outreach model adopted by CAPS workers has led to the continued successful engagement of the most vulnerable families, with year on year improvements in retention rates, currently at 80%. CAPS is thereby delivering effective interventions as early as possible when they are most effective and cost efficient. By the end of CAPS interventions more parents are working full and part-time, studying and doing voluntary work. The average cost of an individual spending a lifetime on benefits is £430,000, not including tax revenue.

- The service delivers effective Video Interaction Guidance (VIG) infant interventions, including work with perinatally depressed parents, in line with National Institute of Clinical and

Healthcare Excellence (NICE) guidance for Social and Emotional Wellbeing in Early Years. These CAPS interventions have shown clinically significant improvements in parental depression and anxiety and in maternal sensitivity, all crucial to babies' brain development, with lifelong impact.

- CAPS provides city-wide pre-school psychology clinics in children's centres and other community settings, targeting the most vulnerable families. 756 families were seen in clinic with 73% seen within 8 weeks or less. Attendance rates were very high with 96% of children seen within NHS wait time targets. 15% of parents attending clinic reported having a child with a disability and 65% had (clinically significant) 5 or more risk factors for poor outcome.

- CAPS has recently been successful in a joint bid to pilot the innovative Baby Express newsletter as part of the Greater Manchester Early Years New Delivery Model. In a previous pilot, 100% of parents read the newsletter and reported trying something new with their babies and 78% of parents reported that the activities made a difference to them and their baby.

- CAPS delivered 14 Family Partnership Model (FPM) courses to over 160 Family Recovery Service workers. FPM is an evidence based training to enable workers to become more effective 'helpers'. On completion, 94% of workers reported increased skills and knowledge in helping parents to change their behaviour; and workers scored significant improvements in their knowledge, confidence and self-efficacy.

- CAPS provided over 400 hours of formal consultation to frontline professionals including Manchester's Family Recovery Service, Family Nurse Partnership teams and Early Intervention teams. Over 1,085 workers accessed CAPS training sessions which included accredited training in Incredible Years, Video Interaction Guidance and Family Partnership Model.

- CAPS is committed to delivery of evidence based early interventions and has an excellent track record for evidencing its effectiveness in improving child and parent outcomes. These interventions are cost effective and have potential substantial efficiency savings for Manchester.

- CAPS is published as a model of best practice for "Early Years: Social and Emotional Wellbeing" by the National Institute of Health and Care Excellence (NICE) (PH40).

…… Early Intervention can reap massive savings in public expenditure for the smallest investments in better outcomes, and by avoiding expensive provision when things go wrong. By building out the immense costs of failure, it is in fact the best sustainable structural deficit reduction programme available."

Graham Allen, Early Intervention: Smart Investment, Massive Savings

"Babies are disproportionately vulnerable to abuse and neglect. In England they are seven times more likely to be killed than older children."

"We have found overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more than money, in determining whether their potential is realised in adult life".

Frank Field, The Foundation Years: Preventing Poor Children

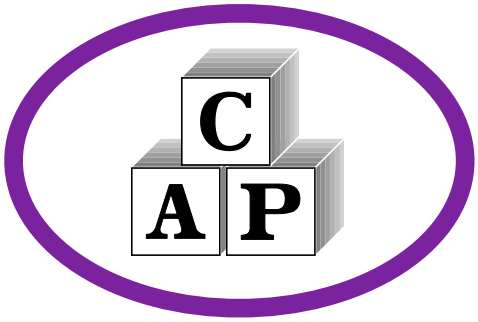
"From birth to age 18 months, connections in the brain are created at a rate of one million per second! The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health."

"A wide range of research now shows that conception to age 2 is a crucial phase of human development and is the time when focused attention can reap dividends for society. How we treat 0-2 year olds shapes their lives - and ultimately our society….Because we now understand the importance of the 0-2 period in creating solid psychological and neurological foundations to optimise lifelong social, emotional and physical health, and educational and economic attainment, we believe policy emphasis needs to shift to reflect this."

WAVE Trust: Conception to 2: The age of opportunity (2013), Addendum to the Government's "Supporting Families in the

CAPS

Introduction



Introduction

This report provides output and outcome data for the Children and Parents' Service (CAPS), Manchester. This introduction sets out the strategic context for why the service is essential in supporting the social, emotional and behavioural development of Manchester's children and families and facilitating children to be school ready.

Why early intervention?

Strategic Context

The evidence for investing in early intervention is overwhelming. There is a large body of research evidence showing that environmental influences from birth to three years of age impact significantly on a child's academic, language, social and emotional development. Poor early life experiences can permanently impair the healthy growth of very young children's brains; whilst positive experiences can have the opposite effect, promoting healthy brain development. The central tenet of early intervention is that by preventing problems arising in the first place and/or identifying and remedying problems as early as possible, families can be supported to help their children develop to their full potential.

- A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at age 26 years.

- Boys assessed at age 3 who were considered 'at risk' had two and a half times as many criminal convictions at age 21 as the group deemed not to be at risk.

- Vocabulary at age 5 has been found to be the best predictor of whether children who experienced social deprivation in childhood were able to escape poverty in later life. 70% of young offenders have communication difficulties.

Providing support for families early on in children's lives is now central to government policy, with numerous reviews across a range of policy areas having made the case for such an approach.

"36% of serious case reviews involve a baby under one."

Why is the Conception to Age 2 period so critical?

- Babies are disproportionately vulnerable to abuse and neglect. In England they are seven times more likely to be killed than older children. Around 26% of babies (198,000) in the UK are estimated to be living within complex family situations, of heightened risk where there are problems such as substance misuse, mental illness or domestic violence.

- 36% of serious case reviews involve a baby under one. Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is vitally important, and enables babies to achieve the best start in life.

- From birth to age 18 months, connections in the brain are created at a rate of one million per second! The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health.

- A foetus or baby exposed to toxic stress can have their responses to stress (cortisol) distorted in later life. This early stress can come from the mother suffering from symptoms of depression or anxiety, having a bad relationship with her partner, or an external trauma such as bereavement.

- International studies show that when a baby's development falls behind the norm during the first year of life, it is then much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start.

- Attachment is the bond between a baby and its caregiver/s. There is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of their attachment.

- The best chance to turn this around is during the 1001 critical days. At least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life.

"The current economic situation makes early intervention seem challenging. This manifesto recognises that without a focus on prevention and early intervention the costs associated with managing these issues will continue to rise ….. We know too that not intervening now will affect not just this generation of children and young people but also the next. Those who suffer multiple adverse childhood events achieve less educationally, earn less, and are less healthy, making it more likely that the cycle of harm is perpetuated, in the following generation."

Specifically, the cross-party manifesto recommendations include:

- At-risk families, or those experiencing difficulties, should be able to access evidence-based services which promote parent-infant interaction, (e.g. Video Interaction Guidance), delivered by qualified professionals.

- A range of services must be in place to ensure that women who are at risk or suffering from mental health problems are given appropriate support at the earliest opportunity.

- NICE Guidelines recommending that every woman with a history of past or present serious mental illness should have access to a consultant perinatal psychiatrist and specialist perinatal psychological care for mother and baby, must be followed.

- The health and early years workforce should receive high quality training in infant mental health and attachment as standard.

The Department for Education and the Department of Health outline in their service reform paper for 0-5 year olds that *"The foundation years are vitally important both in their own right and for promoting future life chances. The moral argument is clear and the economic cost to society of failing children in the foundation years is becoming increasingly well understood."* (Supporting Families in the Foundation Years, 2011).

They emphasise the need for services to:

- focus on child development
- recognise that families are the most important influence on children in the foundation years
- promote effective and evidence-based early intervention
- improve the quality of the workforce

"CAPS provides evidence based interventions for families; and evidence based training models for other practitioners working with children and families, to enhance the workforce."

The WAVE Trust Conception to 2 addendum to Supporting Families in the Foundation Years states that *"Because we now understand the importance of the 0-2 period in creating solid psychological and neurological foundations to optimise lifelong social,*

emotional and physical health, and educational and economic achievement, we believe policy emphasis needs to shift to reflect this."

The paper highlights the following specific elements in particular:

- to improve the crucial day-to-day relationship between the child and primary care giver
- to improve parental mental health (before and after birth), a key factor in safeguarding children from abuse and neglect
- to give greater emphasis to the impact of multiple risk factors on the likelihood of really poor outcomes for children. These factors impact both on practical parenting and levels of secure attachment
- to utilise more of the evidence-based approaches already in use, which support either improved early relationships or perinatal mental health.

"CAPS aims to intervene early, by identifying need earlier in those families most at risk and by providing the most effective, evidence based interventions, as indicated in the most recent research, and by following best practice guidance."

Alongside the scientific case to be made for early intervention and the significant potential to improve outcomes for children, economists and politicians are increasingly recognising the financial case for early intervention. Graham Allen MP, for example, argues in *Early Intervention: The Next Steps (2011)* that: *"Early Intervention can reap massive savings in public expenditure…by avoiding expensive provision when things go wrong".* He makes a compelling case for preventative strategies, noting that in relation to the *"immense costs of failure", prevention "is in fact the best sustainable structural deficit reduction programme available."*

> *"The great power of Graham [Allen]'s work is that it vividly illustrates the need to put more of our effort into solving problems early and cheaply, instead of spending vast sums trying (often vainly) to cure them later. Whether you measure this in terms of human happiness or in terms of taxpayer value, earlier is better."*
>
> Oliver Letwin, Minister for Government Policy (July 2011)

So, as well as making the financial argument, Graham Allen argues that there is a strong social imperative to invest in early intervention. He highlights that it is especially important that the right kind of intervention be given in the first three years of life, when a child's development is at its most rapid and essential social and emotional skills are being acquired. Similarly, in *The Early Years: Foundations for Life, Health and Learning* Dame Clare Tickell argues that there is clear evidence *"that children's experiences in their early years strongly influence their outcomes in later life." This influence extends, "across a range of areas from health and social behaviour to their employment and educational attainment".* Tickell also recognises that the latest neuro-scientific evidence underlines the significance of the first three years of a child's life. She notes *"a strong start in the early years increases the probability of positive outcomes in later life",* whilst *"a weak foundation significantly increases the risk of later difficulties."*

The Marmot Review *Fair Society, Healthy Lives* (2010) states that giving every child the best start in life is crucial to reducing health inequalities across the life course. It argues that early interventions that begin in pregnancy and the first two years of life are likely to produce the greatest benefits, asserting that: *"the foundations for virtually every aspect of human development are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being".* In a similar vein, in his independent review on poverty and life chances, Frank Field MP states that in terms of maximising life chances, *"the things that matter most are a healthy pregnancy, good maternal health, secure bonding with the child, love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development."*

These reviews are further supported by a number of other recent policy documents. For example see: *Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010),* which outlines a life-course approach to build confidence, self-esteem and resiliencies right from infancy; *No Health Without Mental Health (2011); The Munroe Review* on child protection (May 2011) which states that *"preventative services can do more to reduce abuse and neglect than reactive services";* and *Maternity and Early Years, Making a Good Start to Family Life* (2010) which makes a strong case for focusing investment in children's earliest years in order to secure the best outcome for families.

"The earliest years in a child's life are absolutely critical, providing the essential foundations for healthy development. If these foundations are not secure, children can experience long-term problems which often present wider social consequences. Children's attainment, wellbeing, happiness and resilience are profoundly affected by the quality of the guidance, love and care they receive during the first years of their lives."

Within this national context, Greater Manchester has been developing its *Early Years New Delivery Model, which outlines a pathway for all 0-5 year olds with the main aims to:*

- *Identify need earlier and especially in those families most at risk of becoming complex*
- *Use standardised, evidence based assessment tools*
- *Commission effective, evidence based interventions as early as possible*

It outlines an aspiration for all families to be part of an eight stage assessment model throughout the first five years of life with a view to giving children and families the best possible start in life. The strategy details a plan for improving outcomes for children and young people, through continuing to strengthen investment in early intervention and prevention, building resilience and strengthening emotional health and well-being, to ensure children are school ready, able to maximise their learning and improve their life chances. It argues for the provision of good quality, evidence-based interventions provided by services that are easily accessible and locally based. Further, it calls for all services to work in collaboration with each other to ensure coordinated delivery that meets the wider needs of all family members.

The model demonstrates a continued commitment to supporting parents to give their children the best start in life by focusing the reduced resources on identifying the most vulnerable at an early stage (in some cases before birth) and providing good quality, evidence-based targeted support to reduce inequalities and safeguard those at risk.

In order to target support where it is most needed, a model of assertive outreach has been agreed. In addition, Manchester has taken the opportunity to be at the forefront of public service reform by developing new models of investment and integrated commissioning of services. Through this more coordinated approach to commissioning and funding services, Greater Manchester aims to invest in interventions that will both improve outcomes for residents by reducing dependency and enable the savings to be reinvested.

"It is hard to overstate the importance of having a good start in life with warm, positive parenting and strong attachment relationships. The social, psychological and biological influences on a child's development start at conception and accumulate through pregnancy and the early years of a child's life."

NHS North West, Improving Outcomes and Ensuring Quality:

The CAPS Service

The Children and Parents Service (CAPS) is an early intervention service. It is a multi-agency partnership between Health (Child and Adolescent Mental Health Services, CAMHS), Manchester City Council (Early Years) and Family Action. The service aims to promote psychological well-being and resilience within pre-school children by providing support to families and helping children to be school ready. In particular, the service aims to help parents provide the best possible environment within which their children can develop socially and emotionally to their full potential.

The national *CAMHS review* highlights the much improved knowledge base regarding which interventions will reduce the likelihood of problems arising in relation to psychological wellbeing. Specifically, it draws attention to the evidence base for specific interventions which can help families build good attachment in infancy and improve parenting. These interventions are at the core of the clinical interventions delivered by CAPS. Early intervention is the most effective way to improve outcomes for children and their families. These improvements will be long lasting over generations and therefore will show their biggest savings over time. CAPS has a proven track record of providing effective early intervention to the most vulnerable families in Manchester.

'We have found overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more than money, in determining whether their potential is realised in adult life".

Frank Field, The Foundation Years: Preventing Poor Children Becoming Poor Adults (December 2010)

CAPS provides a comprehensive range of effective interventions to parents of pre-school children and their families and also provides consultation and training to Manchester's Family Nurse Partnership and Family Recovery Teams. In addition CAPS has been integral to the development of the Greater Manchester Early Years New Delivery Model and has continued developing innovative approaches to engaging with 'hard to reach' families. CAPS works hard to ensure that interventions designed to promote positive child outcomes are delivered to those families most in need of support. The service is jointly commissioned by CAMHS, Early Intervention Grant and Manchester Investment Fund and reports to strategic boards within Manchester Local Authority.

There are three core teams across the city - north, central and south, each serving two districts and all committed to multi-agency and multi-disciplinary working. Each team comprises 4.5 clinical psychologists, 3 family support workers, 1 assistant psychologist and administrative support. The citywide head of service oversees the implementation and development of services across all the districts with the support of an administration manager. CAPS recognises the need to monitor and audit information to ensure a continuous high quality of service output and therefore also employs an information officer dedicated to this task.

In line with the Department for Education's and Department of Health's "Supporting Families in the Foundation Years", WAVE's "Conception to age 2" and cross-party manifesto "1001 Critical Days", CAPS recognises the complex needs of many of Manchester's families. The service employs clinical psychologists with specialist skills in identifying and treating psychological problems and skills in supervising and training staff to work effectively with children and families. In order to improve the outcomes for children, CAPS delivers:

- evidence-based interventions
- based on local need
- targeted to those families most at risk
- evidence-based training to other workers

[For a summary of CAPS interventions please see the table on the inside back page of this report.]

In collaboration with key partners, the service has developed high standards of audit and evaluation with a commitment to improving services and delivering high quality interventions. These services are guided by the latest research and policy documents on early intervention, providing effective parenting interventions, including post natal

support, and facilitating access to wider, specialist services. In line with Manchester's vision, CAPS adopts a holistic approach to ensure the needs of the whole family are identified and, where necessary, appropriate support is provided in an effective and integrated manner. CAPS delivers its services in line with the guidelines set out by the *National Institute for Health and Care Excellence* (NICE) for:

- *Parenting interventions for the treatment of conduct disorder*
- *Attention deficit hyperactivity disorder and*
- *Early Years social and emotional wellbeing*

The NICE guidelines on parent training programmes state well qualified and highly trained staff make the biggest difference to the effectiveness of an intervention. CAPS is committed to delivering evidenced based interventions and recognises that the faithful implementation of such programmes, known as 'programme fidelity', requires front line staff to be trained to the highest standards. As a service, CAPS has a long standing commitment to the continued professional development of its team.

All staff are either accredited in the highly evidence based Incredible Years (IY) Programme or are actively working towards accreditation as group leaders or as peer coaches and receive regular ongoing accredited supervision. CAPS is the only service in the UK to have accredited workers in all 4 levels (trainer, mentor, peer coach and group leader) of the IY Programme, enabling successful implementation and sustainability of quality services. All CAPS psychologists are also trained in Video Interaction Guidance (VIG) and are developing accredited guiders, supervisors and trainers. The team also has accredited trainers in the evidence based Family Partnership Model.

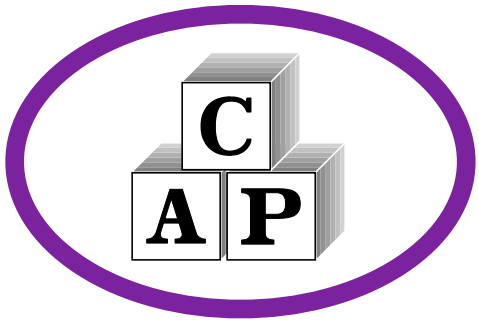
CAPS recognises the importance of routine evaluation and audit of all the clinical services and training it provides to ensure the delivery of a quality service. This evaluation takes the form of standardised questionnaires that are typically completed by a parent before and after they use one of the CAPS services, as well as at three month follow-up. The questionnaires measure a range of problems that are common amongst parents of young children such as:

- parent-child relationship problems
- behaviour problems
- parental stress and anxiety
- parental depression

Parental satisfaction is also measured. This approach allows the service to continually assess the effectiveness of the interventions offered to be confident that CAPS interventions genuinely make a difference to the families served and demonstrate effective outcomes.

CAPS

Service User Profile of Families Accessing CAPS Interventions



Target Group: Wide Access for a Diverse Population

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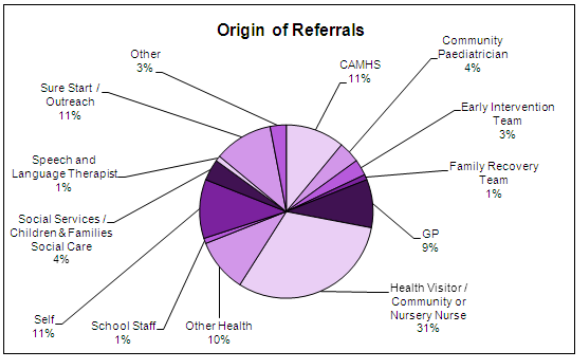

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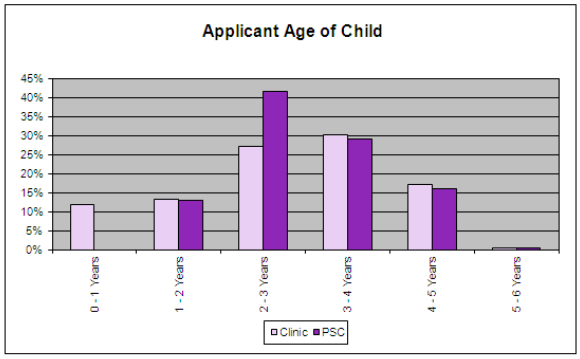

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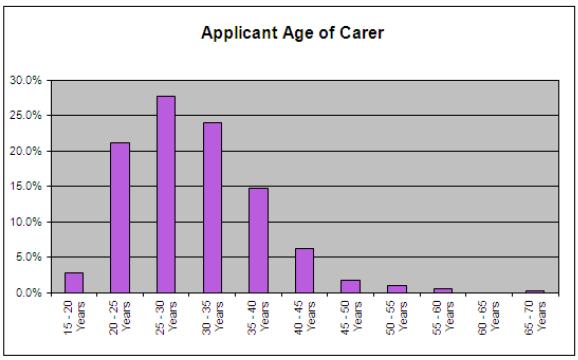

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Ethnicity of Applicants

White: British	56.8%	Asian or Asian British: Pakistani	10.4%
White: Irish	0.6%	Asian or Asian British: Other	2.3%
White: Other	3.5%	Chinese	1.3%
Black or Black British: African	7.2%	Mixed: White and Asian	1.3%
Black or Black British: Caribbean	2.0%	Mixed: White and Black African	1.5%
Black or Black British: Other	1.5%	Mixed: White and Black Caribbean	2.5%
Asian or Asian British: Bangladeshi	1.0%	Mixed: Other	1.9%
Asian or Asian British: Indian	1.6%	Other Ethnic Group	4.6%

1. Who refers families to CAPS?

- CAPS' close interagency relationships and straightforward referral processes provide easy access for professionals working in a wide range of services. A third of referrals come form health visitors.

2. How old are the children CAPS supports?

- CAPS is predominantly a pre-school service with age 2 being the single biggest age group served. Intervening at the earliest level CAPS also works with a substantial number of parents with infants under 12 months old. Evidence suggests this period of rapid neurological development represents the most effective time to intervene to prevent the onset of problems that are costly to remedy later. A child's development score at just 22 months is an accurate predictor of educational outcomes at age 26 years.
- Overwhelming evidence demonstrates that early intervention is the most effective in terms of long term success for reducing emotional difficulties and anti-social behaviour in children. Intervening early also provides additional long term financial savings as providing support to older children with emotional and behavioural difficulties is costly.

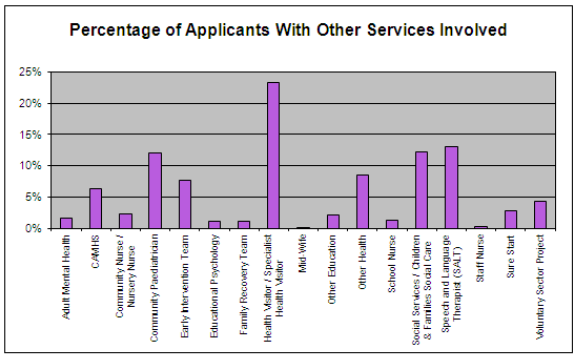
3. How old are the parents and carers CAPS supports?

- CAPS supported parents and carers are aged between 17 and 67 years. Annual trends show CAPS is increasingly successful at targeting vulnerable parents aged under 25.

4. Does CAPS engage parents from all ethnic backgrounds?

- Yes, due to well-developed engagement strategies, CAPS successfully engages a representative proportion of Manchester's diverse population.

Target Group: Wide Access for a Diverse Population



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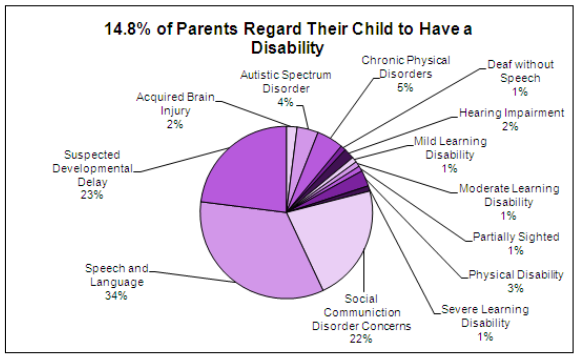

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Family Structure of Applicants	
Both Parents or Partner in the Household	54.4%
Single Mother Family	39.4%
Single Father Family	2.3%
Other Adults in the Household	2.7%
Not Resident with Children	1.2%

7

Child-Applicant Relationship	
Mother	84.1%
Father	12.1%
Grand Mother	1.4%
Grand Father	0.3%
Step Father	0.6%
Foster Parent	0.5%
Aunt	0.6%
Other	0.4%

8

5. What percentage of CAPS service users are involved with other services?

- CAPS routinely intervenes families with highly significant levels of other services involved. 12% and 7% of families had CFSC and CAMHS involvement respectively, signifying the complexity of the families served. Joined-up multi-agency working is key to supporting families at risk of becoming more complex.
- Delivering effective psychological and parenting interventions to families with involvements from multiple partners has the potential to make substantial financial savings, as families become less dependent and utilise fewer agencies.

6. How many CAPS service users identify their child as having a disability?

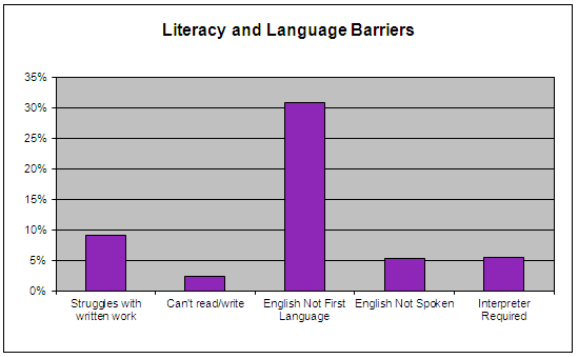
- 15% of parents reported their child as having a disability and of them 56% described issues about speech and communication problems. Early detection and intervention are key to supporting children with developmental delay and disability. Clinical child psychologists are well placed to detect such problems early and co-ordinate access to additional specialist assessments; increasing the chances of children receiving the correct educational placement and thus increasing their chances of success in school.

7. & 8. What is the household composition of CAPS service users?

- Over 40% of families served are single parent households.
- CAPS also supports a steady number of parents who are not resident with their children, either because of safeguarding action or family breakdown.

- Most CAPS courses now engage at least one father or male carer, often single fathers.

Access: Accessible Services to Families in Need



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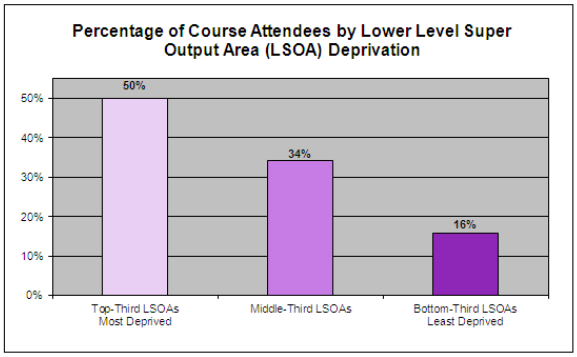

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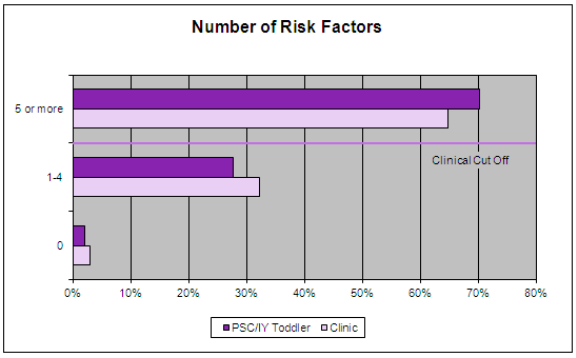

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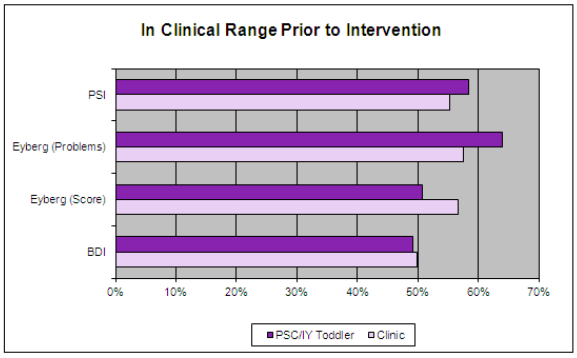

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9. Does CAPS engage families where there are significant barriers to access?

- Yes. Almost a third of CAPS service users do not have English as a first language and nine percent struggle with written work. CAPS is committed to a model of engaging families, through personable and assertive family support, that has proved effective in overcoming traditional barriers to access.

10. Do CAPS service users live in affluent areas?

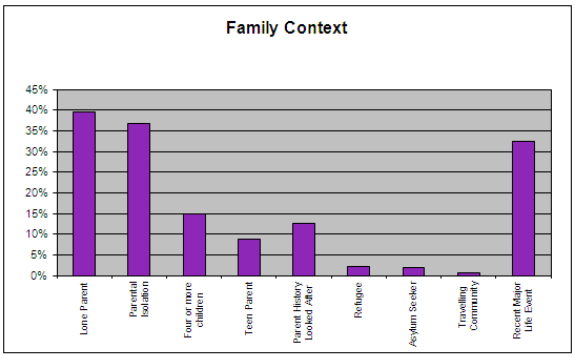
- No. Half (50%) of CAPS service users live in the most socio-economically deprived parts of Manchester, with 84% living in the top third and middle third most deprived areas collectively. Deprivation is a predictor of poor child outcome. Data presented on parents seeking employment on course completion signifies families becoming more financially dependent and breaking the cycle of poverty.

11. & 12. Does CAPS target families at risk of developing significant and complex difficulties?

- Yes. 70% of CAPS users have 5 or more risk factors, such as mental health problems, domestic violence, being a teenage parent or care-leaver, etc. Research shows these risk factors are cumulative and place families at much higher risk of negative child outcomes, which are costly to treat.
- Prior to involvement with CAPS, approximately 65% of parents describe problems so severe that they fall in the clinical range on formal mental health assessment tools.
- Positive outcomes on measures of child behaviour and parental mood demonstrate CAPS provision of a successful intervention with these families.

- These represent substantial immediate cost savings with the average cost of adult mental health intervention being £3,000 and the cost of behaviour support for a year averaging £5,000. By comparison a parent course costs on average just £1,800 per family.

Risk Factors: Accessible Interventions to Families in Need



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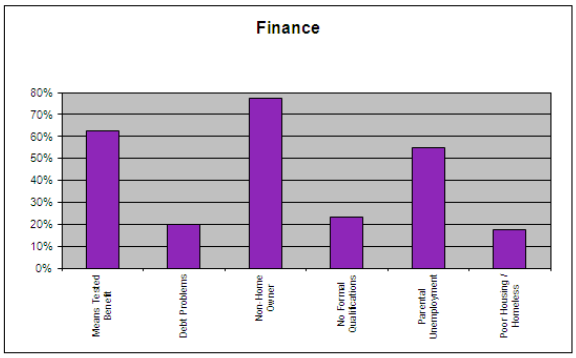

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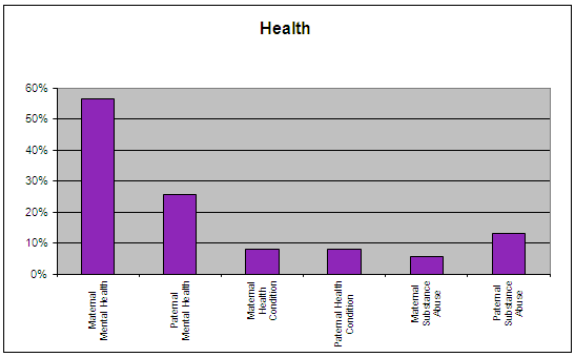

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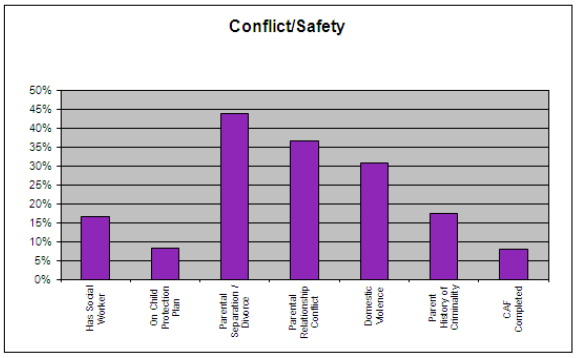

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13. What types of family risk factors do CAPS service users experience?

- Parents using CAPS have disproportionately high levels of family risk factors. 15% have four or more children, 9% are (or were) teenage parents, 13% of parents were looked after children and 32% have experienced recent major life events such as moving house, bereavement or divorce. Providing these parents with successful coping strategies to manage their family units can decrease the impact these risk factors will have.

14. What types of financial risk factors do CAPS service users experience?

- CAPS engages some of the most economically disadvantaged parents in Manchester. 62% of parents accessing CAPS receive means tested benefits and 22% have no formal qualifications at all. Supporting these parents to successfully complete a parenting course and giving them a positive experience of using childcare (a CAPS crèche) is often a significant springboard to further education and work.

15. What types of health risk factors do CAPS service users experience?

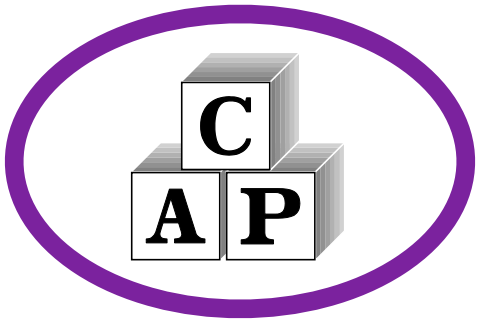
- 57% of mothers and 26% of fathers who access CAPS describe significant mental health problems, most commonly anxiety and depression. Such problems contribute significantly to negative child outcomes, are costly for the NHS to treat and keep adults economically inactive. Parents who attend CAPS courses have been demonstrated to significantly reduce levels of mental health problems.

16. What types of conflict and safety risk factors do CAPS service users experience?

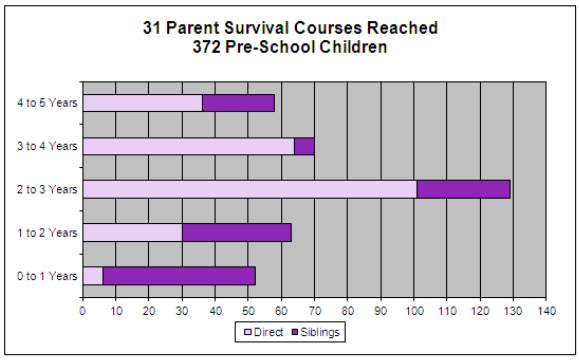
- CAPS service users report very high levels of family breakdown (44%), relationship conflict (36%) and domestic violence (31%). 17% of families have a social worker and 8% of the children are on a child protection plan. Providing families with skills to improve relationships will break these cycles in the long term.

CAPS

CAPS Parent Survival Incredible Years Courses



Outputs: All Targets Met – Parents of 1- 4 year olds



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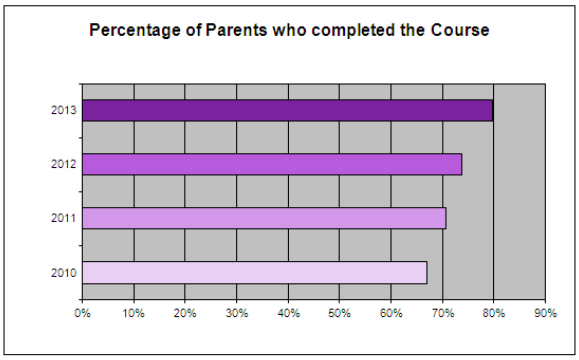

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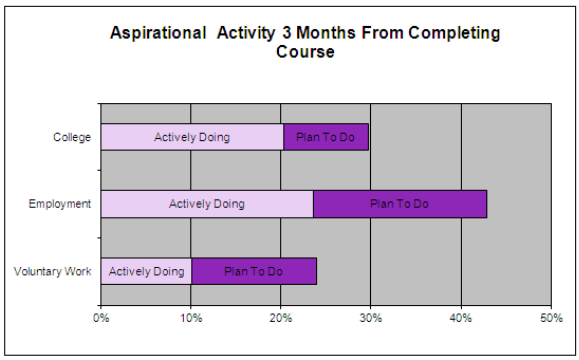

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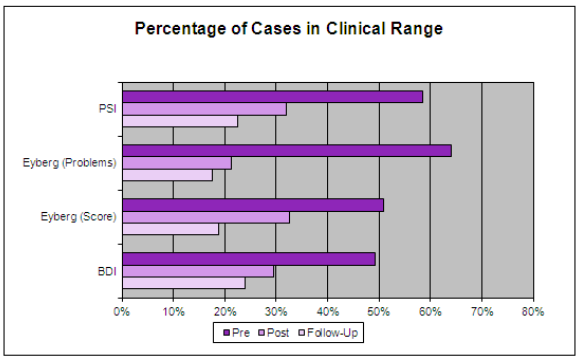

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1. How many preschool children benefit from CAPS parent courses?

- CAPS exceeded its target of 30 commissioned courses. Demand for places on courses continues to be high with demand much greater than resource. Courses had an average group size of 8 parents/carers, which research shows has optimal benefits for parents.
- CAPS courses targeted 372 preschool children. Including siblings, over 820 children benefited from their parent(s) attending a CAPS course. These added benefits make the intervention even more cost effective.

2. What proportion of parents successfully completed the parenting courses?

- CAPS kept a very high percentage of parents engaged with the course through to completion (79%). This is much higher compared to national averages and demonstrates a year on year increase. This is especially impressive given the positive outcomes reported and the complexity of the families CAPS serves.

3. What are parents doing 3 months after completing CAPS courses?

- CAPS courses help parents get back into the workplace: three months after completion 24% are back in work, 21% are attending college and 10% doing voluntary work. Encouraging workless households back into education and employment has significant impact on family wealth and increases children's aspirations. A child who sees a parent go to work is more likely to aspire to an employment career themselves on leaving school.
- The cost of each additional person not engaged in education, employment or training is approximately £45,000. Being in work leads to better physical and mental health, and the UK could save up to £100 billion a year by reducing working-age ill health.

4. Do parents still describe problems in the clinical range by the end of the courses?

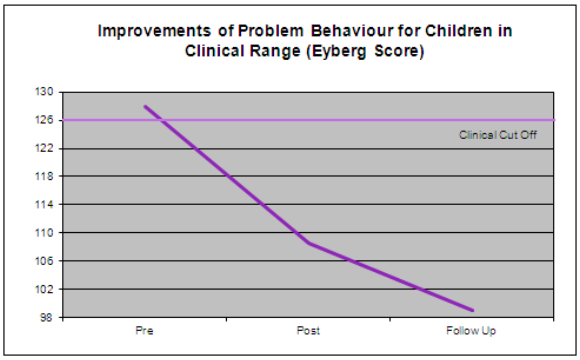
- Post-course between 76% and 82% of families who were previously in the clinical range for parental depression, parent stress and child behaviour problems, were in the normal range.
- These dramatic improvements in parent mental health and child behaviour problems represent significant cost savings to multiple agencies.
- The average cost of an IY parent course per family is £1,800 as opposed to the cost of one eviction due to anti-social behaviour of £6,500 and a behaviour support worker for one day a week for a year at the cost of £5,000.

"We recommend that, given the importance of early intervention, …… a taskforce should look at the best mechanisms to provide stable, long term funding for Early Intervention services"

"The focus of investment in CAMHS should be on early intervention …… before mental health problems become entrenched and increase in severity."

House of Commons Health Committee – Children's and Adolescents' Mental Health, November 2014, House of Commons

Outcomes: Significant Improvements in Clinical Problems (2-4 year olds)



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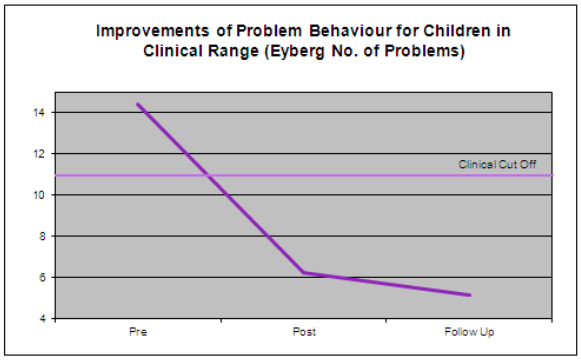

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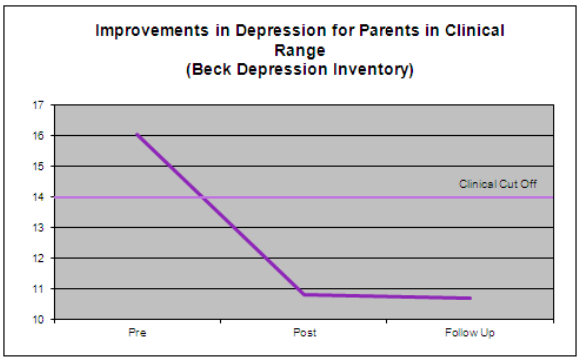

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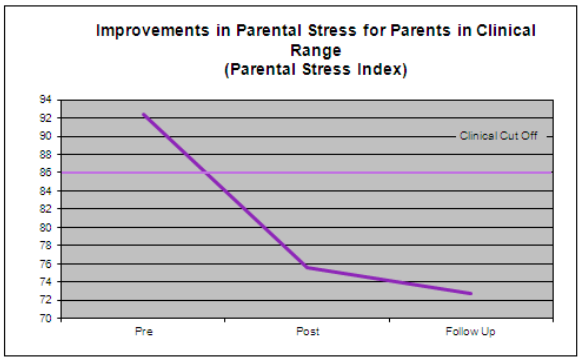

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5. & 6. Do CAPS courses improve behaviour problems in children?

- Yes. Children with clinical behaviour problems show dramatic improvements by the end of the course. The follow up data show that these gains are maintained long after the course has finished, demonstrating lasting changes have been achieved.
- These results mirror those from the long-standing international research programme evaluating the Incredible Years courses, where long term follow up has demonstrated reduced involvement with youth justice services, drug and alcohol use and teen pregnancies.
- Such dramatic improvements in behaviour problems with young children are crucial. Breaking the cycle of antisocial behaviour in young children will lead to higher school attainment and lower antisocial behaviour resulting in financial and social savings.
- Each child with untreated behaviour problems costs an average of £70,000 by the time they reach 28 years of age.

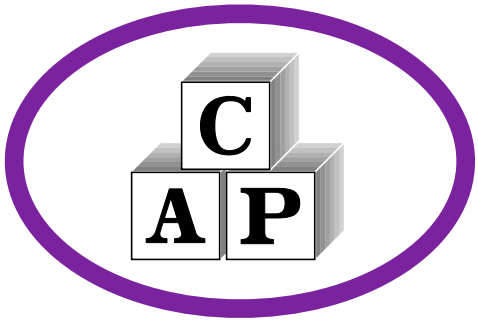
7. & 8. Do CAPS courses improve stress and depression for parents?

- Yes. Clinically depressed and stressed parents prior to the course significantly improve their mental health, such that by the end of the courses parents are in the normal range. The follow up data shows that these gains are not just maintained, but rather the improvements in parent mental health continue long after the course has finished.
- Untreated parent mental health problems have been historically shown to have a negative effect on child development, school readiness and anti-social behaviour, as well as making parents less economically active and so more financially dependant on the state.
- Parent mental health problems are also expensive to treat and this demonstrates a substantial cost efficiency saving with the average cost of adult mental health intervention

being approximately £3,000 per case. Experts estimate that tackling poor mental health could reduce our overall disease burden by nearly a quarter.

CAPS

CAPS Pre-School Data
Child Psychology Clinic



Clinic Overview: Who Comes?

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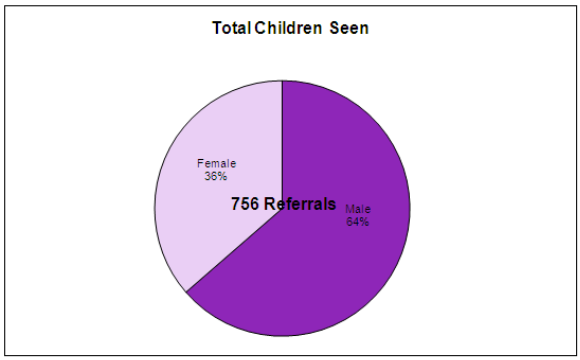

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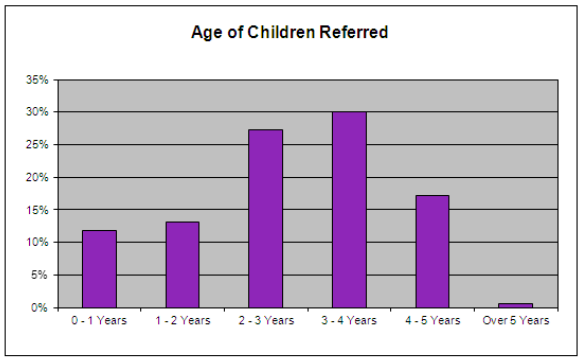

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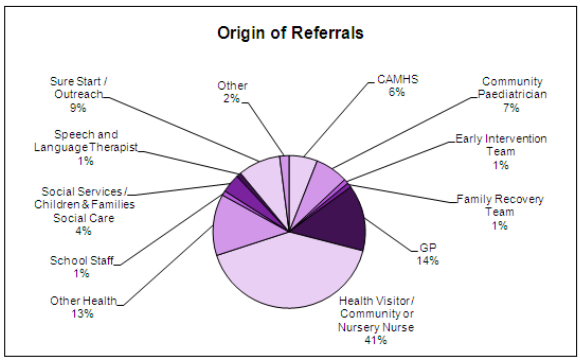

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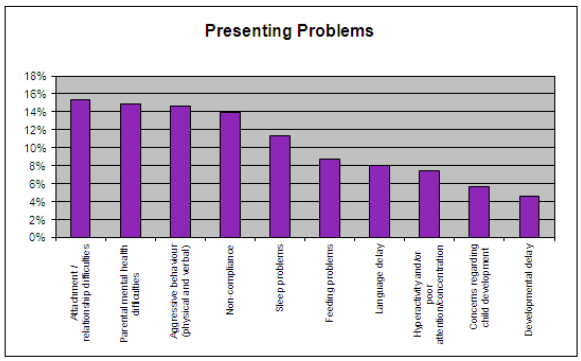


1. How many children are seen in CAPS clinics?

- Across the city 756 children were referred to the CAPS clinics this year, a large increase.
- As is usual in CAMHS, approximately two thirds of the children referred were boys.

2. How old are the children referred to CAPS clinics?

- Typically child psychology services see few very young children, as referrals are dominated by older children with behaviour problems. CAPS delivers training programmes to frontline staff in partner agencies to facilitate the earliest possible identification of difficulties. As a result almost 25% of clinic referrals are now for children aged under 2 years old. Research suggests that, if a problem is identified early on in a child's life and effective help is given, damage to their future development can be minimised.

3. Who refers children to CAPS clinics?

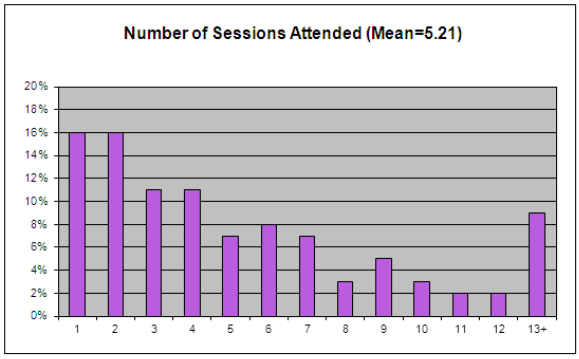
- Referral pathways to CAPS clinics are deliberately designed to be simple and open and as a result a very wide range of workers refer families for child psychology support.
- The most frequent staff groups that refer are GPs and Health Visitors highlighting how well integrated CAPS is amongst universal health providers.

4. What problems do children seen in CAPS clinics experience?

- Children are referred to the clinics with a very wide range of social, emotional developmental and behavioural problems that could significantly jeopardise their development and adjustment. Figure 4 shows the ten most common presenting problems.

- The most common problems remain those of attachment, parental mental health and aggressive behaviour/ non-compliance.

Clinical Activity: Quality Indicators and Outcomes



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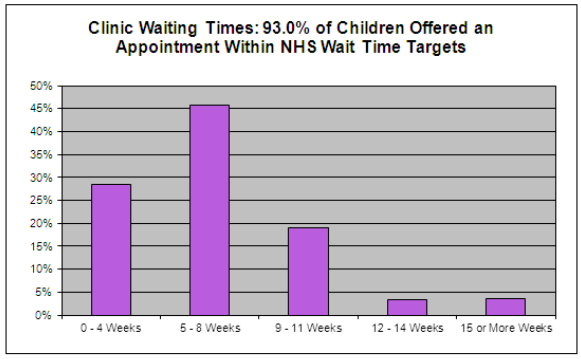

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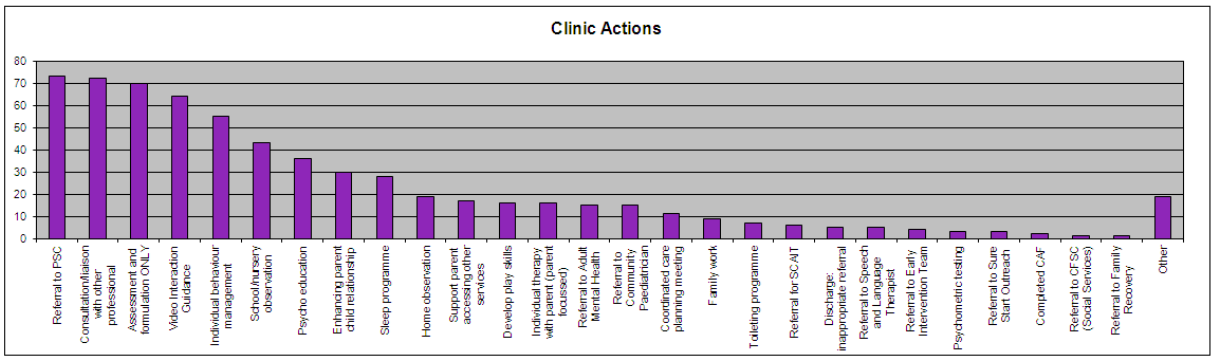

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5. How many clinic sessions do families attend?

- Clinics provide comprehensive assessment followed by brief goal-driven evidenced based interventions. 43% of families come for three sessions or less. However the length of involvement is closely tailored to the individual needs of the child and family, and 16% of families are seen 10 times or more.

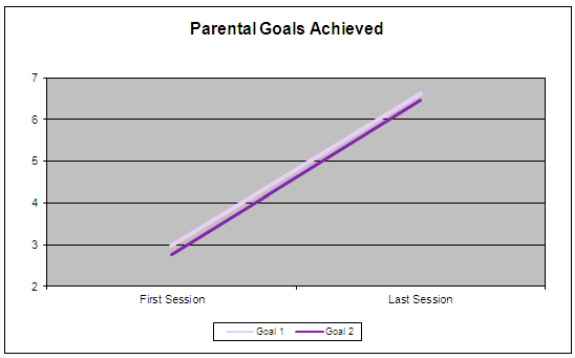
6. How long do families wait to be seen in clinic?

- The vast majority of children (93%) are seen within the national waiting targets for NHS CAMHS and 74% are seen less than 8 weeks from referral.

8. What kind of intervention is offered in clinics?

- CAPS provides a wide range of evidence based interventions e.g. Video Interaction Guidance (VIG), tailored individual behavioural management, cognitive-behaviour therapy for parents and referral to specialist assessments (e.g. for autism spectrum difficulties.) Early identification of difficulties in children is crucial to ensure the right education provision later and thus a more successful school experience.
- Video Interaction Guidance (VIG) has been highlighted by the National Institute of Health and Care Excellence (NICE) as an evidence based intervention that should be commissioned as early intervention to promote social and emotional wellbeing in Early Years.
- In line with best practice, children are frequently assessed across multiple settings, i.e. observed at home and at school as well as in the clinic session by the CAPS team.

Target group: Levels of need, risk and complexity



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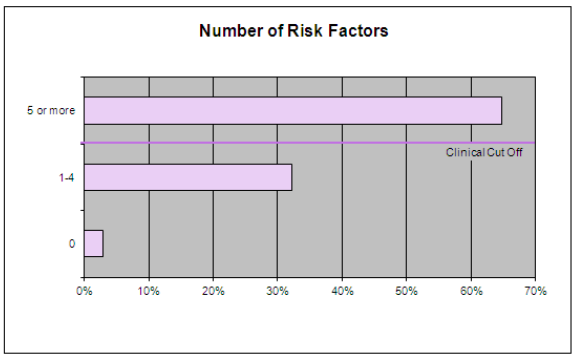

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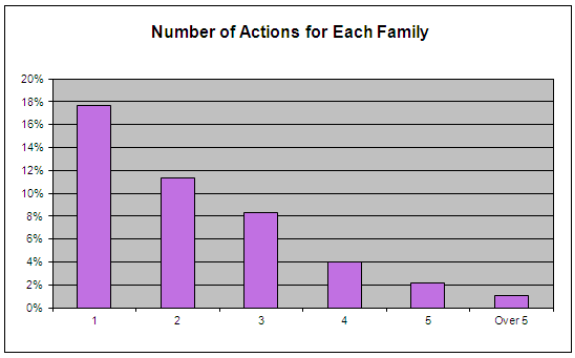

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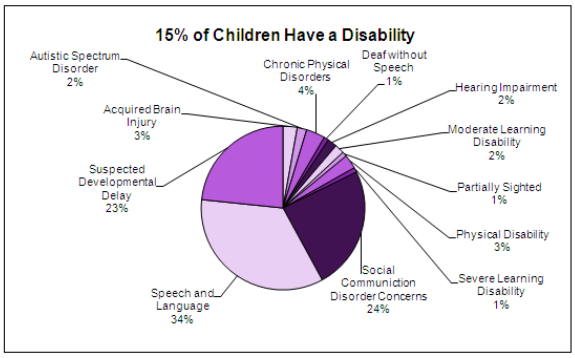

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9. Do parents achieve their goals through clinic appointments?

- Yes. Families consistently make significant improvements in their goals.
- At assessment CAPS psychologists carefully agree two joint goals with each family who rate their progress towards these goals at every session to provide a tailored measure of outcome personal to the unique situation and difficulties of that family.
- Research shows that interventions using goal based outcomes are more effective and more efficient.

10. Do families at risk of developing significant and complex difficulties access CAPS clinics?

- Yes. CAPS clinics target support at families with some of the most significant and complex problems.
- 65% of families using CAPS clinics describe five or more risk factors. Risk factors here include parent mental health problems, substance misuse, domestic violence, being a teenage parent or care-leaver, etc. Research shows these risk factors are cumulative and place children at much higher risk of negative outcomes, which are costly to treat.

11. Do CAPS clinics see families needing more than one intervention?

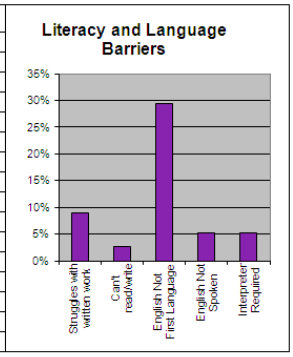
- Yes. 82% of families seen in clinic require more than one action/ intervention due to the complexity of their problems.
- Parents report being discharged from their social worker and requiring less input from other services following intervention. This represents a significant financial saving with the cost of one looked after child being approximately £40,000.

12. What proportion of children seen in clinic have disabilities?

- 15% of parents attending CAPS clinics report their child as having some form of developmental delay or disability. Most commonly parents are concerned about speech and language delay, developmental delay and autistic spectrum difficulties.

Access: CAPS provides accessible psychology clinics

Ethnicity of Children	
White: British	61.4%
White: Irish	0.5%
White: Other	4.2%
Black or Black British: African	5.4%
Black or Black British: Caribbean	2.0%
Black or Black British: Other	1.8%
Asian or Asian British: Bangladeshi	0.8%
Asian or Asian British: Indian	2.0%
Asian or Asian British: Pakistani	9.8%
Asian or Asian British: Other	1.8%
Chinese	1.3%
Mixed: White and Asian	0.5%
Mixed: White and Black African	0.5%
Mixed: White and Black Caribbean	1.3%
Mixed: Other	2.1%
Other Ethnic Group	4.6%



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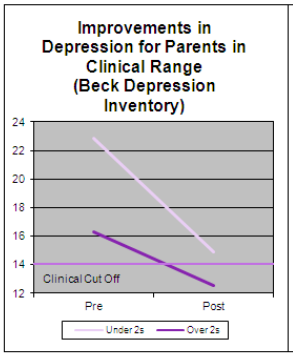

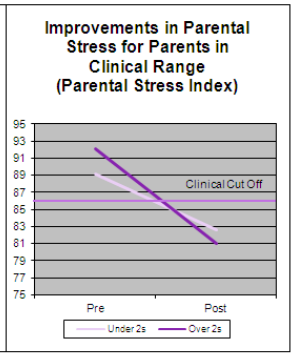

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Family Structure of Referred Children		Children Present With	
Both Parents or Partner in the Household	54.5%	Mother	83.6%
		Father	12.9%
Single Mother Family	38.7%	Grand Mother	1.6%
		Grand Father	0.4%
Single Father Family	2.5%	Step Father	0.5%
		Foster Parent	0.1%
Other Adults in the Household	2.9%	Aunt	0.6%
		Other	0.3%
Not Resident with Children	1.4%		

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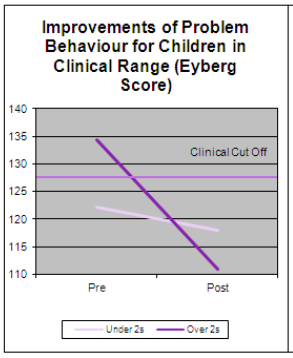

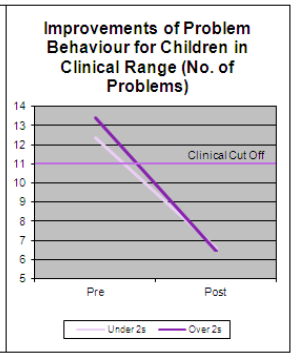

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13. Do the CAPS clinics overcome traditional barriers to accessing CAMHS?

- Yes. CAPS provides accessible community clinics staffed by clinical child psychologists. Through developing close links and working flexibly with the Children's Centres and other professionals working within the locality, CAPS psychologists have worked hard to overcome the barriers that prevent some families from accessing CAMH services.
- Compared to the population of Manchester as a whole, minority ethnic families are proportionately represented in the CAPS clinics.
- CAPS provides clinics that overcome traditional barriers to access. 29% of parents speak English as a second language and English is not spoken at all in a further 5%. Over 11% of parents either struggle with reading and writing or don't read and write at all.

14. Do CAPS clinic interventions improve parental mental health?

- Yes. CAPS Clinic interventions, such as Video Interaction Guidance (VIG), CBT, behavioural techniques etc, improve parental stress and depression.
- Untreated parent mental health problems have a negative effect on child development, school readiness and anti-social behaviour and these parents are more financially dependent on the state. This demonstrates a substantial cost efficiency saving.

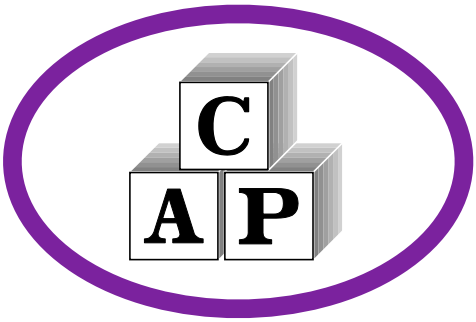
16. Do CAPS clinic interventions improve child behaviour?

- Yes. Children with clinical behaviour problems pre-intervention show dramatic improvements once completed, with these gains not only maintained but improved upon at follow-up.

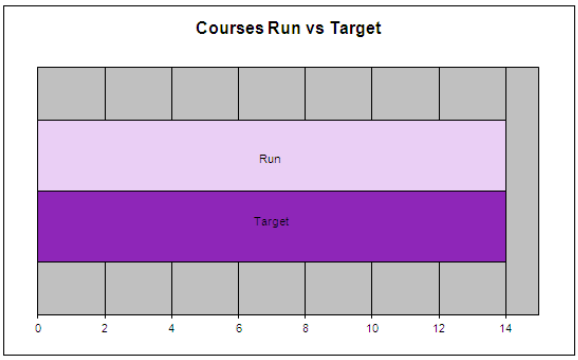
- Improvements in behaviour problems with young children are crucial. Breaking the cycle of antisocial behaviour in such young children will lead to higher school attainment and lower antisocial behaviour resulting in both financial and social savings in later years.
- Each child with untreated behaviour problems costs an average of £70,000 by the time they reach 28 years of age.

CAPS

CAPS Training and Consultation



Family Recovery Team: Family Partnership Model Training & Consultation



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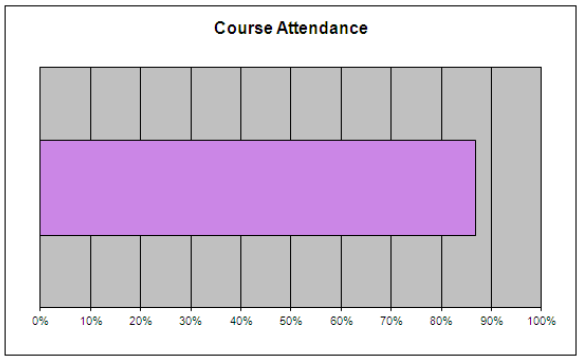

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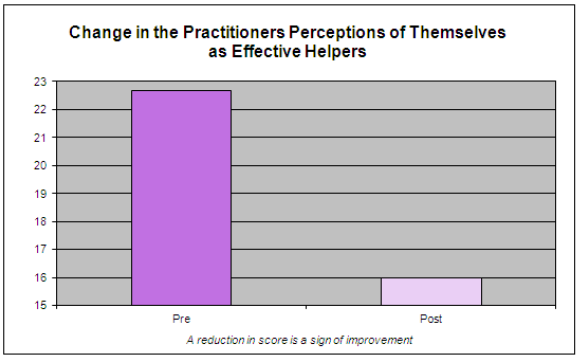

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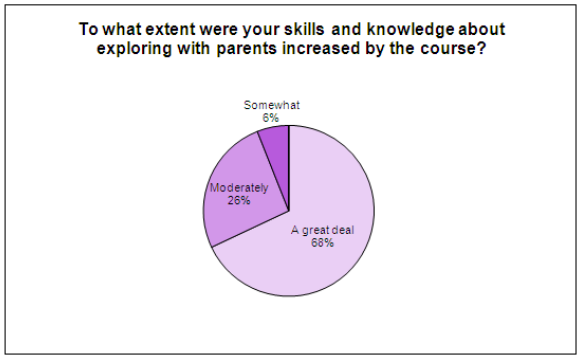

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1. How many Family Partnership Model (FPM) courses were delivered?

CAPS completed the 14 contracted Family Partnership Model (FPM) courses with the Family Recovery Service and all targets were met. FPM training is an evidenced based course aimed at practitioners from the child and family workforce to increase their understanding of the helping process, to practise skills of engaging parents (and adults) and develop supportive and effective relationships with them.

2. How well attended was the FPM training?

- The attendance rate for the FPM training was an impressive 87%. This high rate suggests that practitioners valued attending the training.

3. Did FPM training change practitioners' perceptions of themselves as effective helpers?

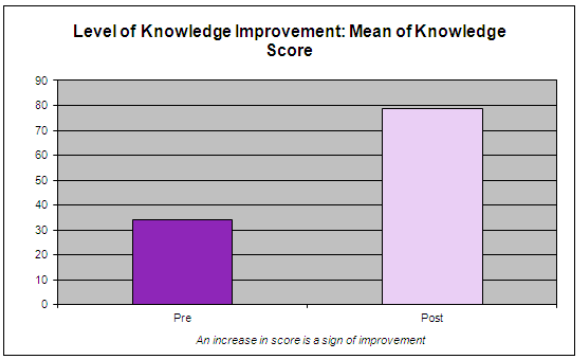
- Yes. Practitioners perceived themselves significantly more effective as helpers with families.
- This is an especially successful finding as research has demonstrated that the quality of the working alliance between professional and client is related to subsequent improved outcomes.

4. Did FPM training improve skills and knowledge in assessment with families?

- Yes. 94% of practitioners' reported improvements in their skills and knowledge when exploring issues with families.
- Practitioner comment:

"Social Workers have told me that my notes now have helped them to have deeper discussions with the families."

Family Partnership Model: Increased Knowledge & Confidence



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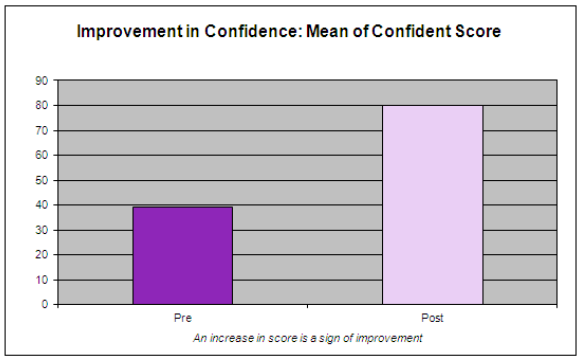

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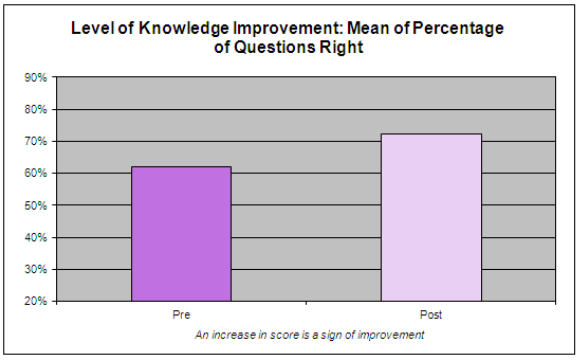

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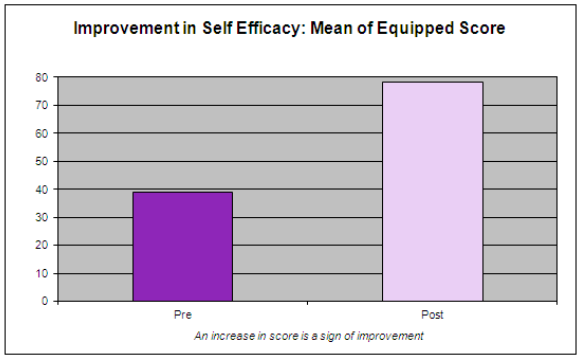

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5. & 7. Did FPM training improve practitioners' knowledge?

- Yes. FPM training significantly improved practitioners' knowledge about being an effective helper. Evaluations using the Constructions of Helping Questionnaire demonstrated that workers felt much more skilled in making helping relationships following the training.
- Practitioner comment:

  "I have now realised that giving people advice is only a short fix, by exploring it you help the parent to come up with their own solutions".

6. Did FPM training improve practitioners' confidence?

- Yes. FPM training significantly improved practitioners' confidence in dealing with complex families'.
- Practitioner comment:

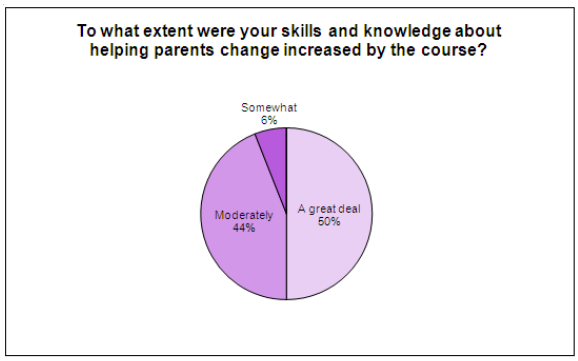
  "It takes the stress off me as a practitioner. Before I would be concerned if I had it "right" or not. Now the family are doing the analysis. It is a much more ethical way of working."

8. Does FPM training improve practitioners' self-efficacy?

- Yes. FPM training significantly improved practitioners' self-efficacy, which is linked with greater improvements in outcomes for families.
- Practitioner comments:

  "Our families are in chaos, things can change by the hour and I can get lost in all of that. After several weeks of work, I would look back and think; what have I done? I am as chaotic as them! But now the FP Model steers and anchors me, keeps me on track and I know where I am up to."

Improvements in Skills and Knowledge



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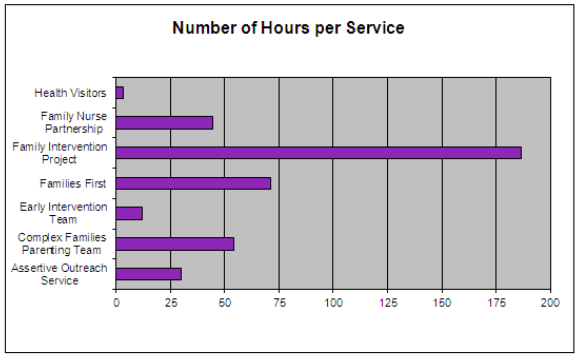

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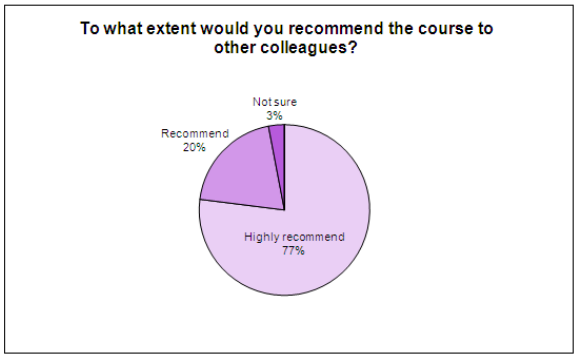

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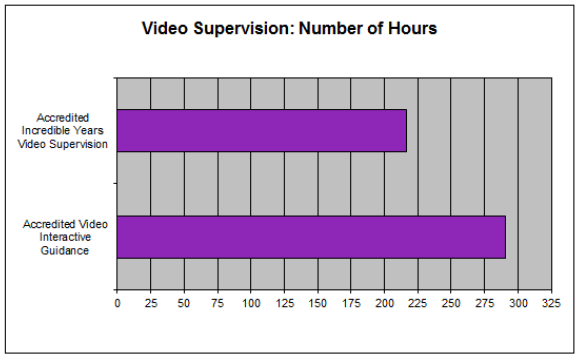

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9. Did FPM training help practitioners' to be more effective with families?

- Yes. 94% of practitioners felt the FPM training had increased their skills and knowledge in helping parents to change their behaviour.
- Practitioner comments:
- *"At the start my parent had a belief about herself that she was a "bad mother", through exploring, she was able to question these beliefs about herself which then enabled her to be more empowered when communicating with the school about her child's difficulties"*
- *"Parents are telling me that they find it really helpful when I have sat and listened. I am now picking up more on people's feelings and what their view is about things"*
- *"When you use exploring skills with the parent you can feel them relaxing".*

- *"If you give people advice, they just put barriers up"*

10. How many hours of accredited IY and VIG supervision did CAPS provide?

- In total, CAPS provided 220 hours of accredited IY video supervision and 290 hours of accredited VIG supervision.
- Research consistently demonstrates those workers who receive accredited training and supervision maintain greater model fidelity and therefore significantly better outcomes for families.

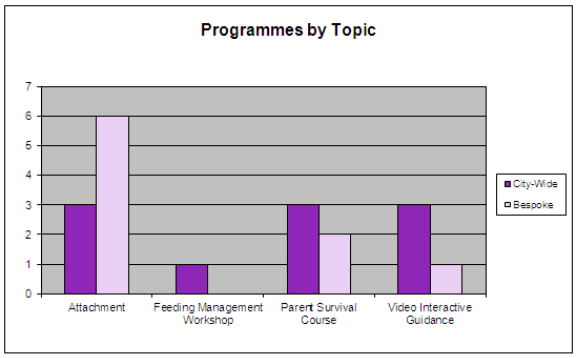
11. Would practitioners recommend FPM training to others?

- Yes. 97% of practitioners said they would recommend the course to others.

12. How many hours consultation did CAPS provide?

- In total, CAPS has provided over 400 hours consultation.

CAPS Preschool Training



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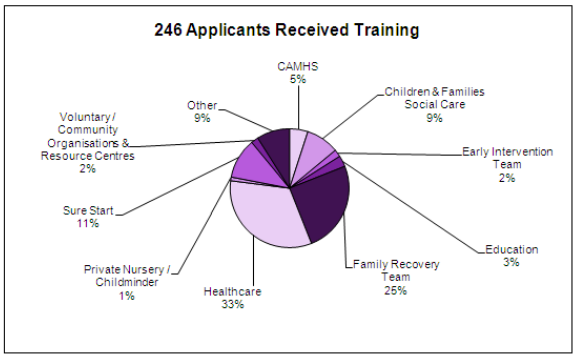

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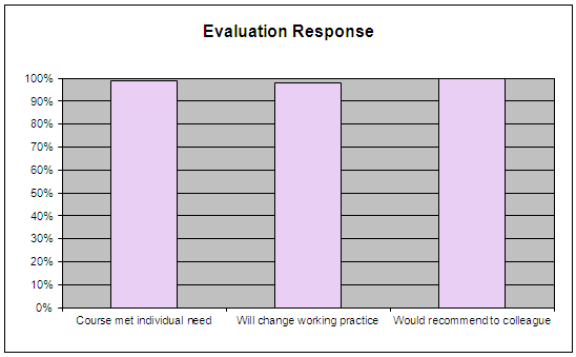

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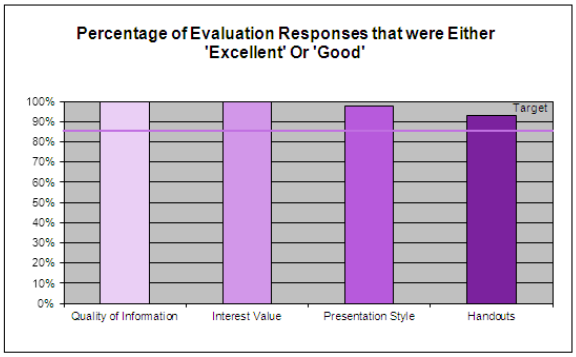

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13. What kinds of Pre-school training did CAPS provide?

- CAPS provided both a citywide, rolling programme of training and some bespoke training for professionals. Training on 'attachment' created the greatest demand, followed by training on Video Interaction Guidance and Incredible Years parent programmes.

14. How many workers accessed CAPS Pre-school training?

- A total of 246 workers access CAPS Pre-school training. A third of workers were from health and 25% of workers were from the Family Recovery Service.

15. & 16. How did professionals rate CAPS Pre-school training

- A very impressive, 100% of participants said they would recommend the training to others across all training topics.
- 98% of professionals reported that the training would change their working practice and 99% stated the training had met their individual training need.
- Participants found the quality of the information, the presentation style, the handouts and interest value to be consistently good or excellent, with all ratings over 90%.

This year CAPS hosted the 6th International Conference on Video Interaction Guidance (VIG) at Manchester Town Hall with over 200 delegates in attendance from around the world. With international speakers sharing the most recent research findings from randomised controlled trials, CAPS remains at the forefront of innovation and the development of evidence based interventions.

The Head of CAPS Early Intervention was also published in the International Journal of Birth and Parent Education in a paper about Incredible Years Baby and Toddler Parent Programme. The article highlighted CAPS' model of assertive outreach for parental engagement and the services' commitment to supervision, model fidelity and accreditation. [Ref: White, C. & Webster-Stratton, C. (2014). The Incredible Years® Baby and Toddler Programmes: Promoting Attachment and infants' brain development. *International Journal of Birth and Parent Education* ***2(1),*** *31-34*.]

"I have been consistently impressed with CAPS' track record of successful implementation of the Incredible Years (IY) parent programmes across Manchester. CAPS is an exemplary and highly effective model which has demonstrated the effective dissemination, knowledge and skill to be able to develop a supportive and sustainable infrastructure in multi-agency settings, to achieve high quality service delivery. Their success is demonstrated not only by assuring group leaders are accredited but also by using standardised measures, and internal quality control to ensure programme fidelity to protocols and effective outcomes similar to published reports. It is this quality that ensures the best outcomes for children and families in Manchester."

Professor Carolyn Webster-Stratton, Incredible Years Programme Developer

Summary and Conclusions

Research over many years provides overwhelming evidence that early intervention is not only the most effective approach to improve attachment, reduce anti-social behaviour and to improve child outcomes; but it is also the most cost-effective in the long term. However, in the current financial climate there is huge pressure to make savings now and to target the dramatically reduced levels of resource to those families who need it most. This report provides evidence that CAPS not only saves money in the long term but is also the most efficient use of resources in the short term too. By providing highly evidence based, effective interventions, targeted at those families at most risk of becoming complex, CAPS maximises limited resources with greatest effectiveness. This results in immediate financial savings to many services within the local authority, including, behaviour support, family support and mental health services.

CAPS has a 14 year proven track record of delivering these effective, evidence based interventions with quality, improving outcomes for young children and their families in Manchester. The service has consistently delivered on targets set out in service level agreements with partners and has successfully engaged some of the most vulnerable families at risk. Using standardised measures, CAPS has demonstrated significant improvements in child behaviour problems and parental mental health; and has improved the aspirations of both parents and their children.

In the past year CAPS has continued to be innovative and responsive to commissioners requirements following the development of the Greater Manchester Early Years New Delivery Model (GMEY NDM). The assertive outreach approach, adopted to support high need families accessing parent courses, has resulted in even higher levels of engagement to a targeted population. This model of screening and assessment has been highlighted as a successful cost-effective way to engage those families most at risk and target services to those most in need.

The service is currently jointly commissioned by CAMHS, Early Years and Manchester Investment Fund. With the continued implementation of the GMEY NDM, the service continues to deliver highly effective, evidence based interventions to those families most in need, whilst also making efficiency savings. This report provides evidence that CAPS is cost-effective both in the short term and long term; and has a strong business case for continued funding to ensure the safeguarding of children in Manchester and to improve their outcomes.

CAPS is published as a model of best practice for

"Early Years: Social and Emotional Wellbeing" by the

National Institute of Health and Care Excellence (NICE) (Guidance PH40)

Summary of CAPS Interventions

CAPS Service	Target Group	Aims	Key Outcomes	Immediate Cost Saving
Incredible Years Baby **Age under 1 year**	10 week course for parents with an infant 2-3 months old when referred. This is a parenting intervention targeted at vulnerable parents who may have problems with their relationship with their baby.	To help parents build a protective relationship between the parent and their baby and to keep them safe.	Improved parental mood, reduced parental anxiety, improved parental sensitivity and support the development of secure parent-child relationships.	Adult Mental Health Services Family Support Services CFSC
Pre-School Child Psychology Clinic **Including Video Interactive Guidance (VIG)** **Under 5 year olds**	Specialist accessible CAMHS access for pre-school children and their families. Families are offered an individual appointment with a clinical psychologist for assessment and intervention. This includes a specialist video interaction intervention for parents with identified relationship or bonding difficulties.	To provide assessment and interventions to deal with behavioural and emotional difficulties in pre-school children and provide swift signposting to specialist interventions. To improve parental sensitivity and responsiveness to build a protective relationship between the parent and the child.	Improved child behaviour, improved parental mood and stress, improved parent-child relationships. Improved parental sensitivity and support the development of secure parent-child relationships.	Educational Behaviour Support Services Family Support Services Adult Mental Health Services CFSC
Parent Survival Course - Incredible Years (PSC-IY) **Age 2-4 year olds**	14 week course for parents: a parenting programme for parents experiencing mild to moderate behaviour problems with their child. A crèche is provided to enable parents to attend.	To provide effective parenting strategies to improve the parent-child relationship and provide strategies for tackling misbehaviour.	Improved child behaviour, improved parental mood and stress, improved parent-child relationships.	Educational Behaviour Support Services Family Support Services Adult Mental Health Services CFSC
CAPS Training and Consultation	Provides accredited training and supervision in the Incredible Years Parent Programme and Family Partnership Model to staff in Manchester. Also offers city-wide training programmes and bespoke training and consultation. Offers ongoing high quality supervision and peer coaching.	To enable workers to deliver effective, high quality interventions with fidelity within their own organisations.	Develop a sustainable infrastructure for ongoing delivery of effective, evidence based interventions for parents and families.	Educational Behaviour Support Services Family Support Services Adult Mental Health Services CFSC

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The Children and Parents Service (CAPS) is a multi-agency partnership between Health (CAMHS), Early Years, and Family Action.