

# Early Intervention Approaches



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*Tackling the roots of violence*

The WAVE Report 2005  
Violence and what to do about it



Authors: George Hosking  
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*Tackling the roots of violence*

International experience of early intervention for  
children, young people and their families  
2010

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# Pathways to crime often laid down by age 3

Dunedin study of all children born in 1972, to age 21

- ◆ At age 3, an 'at risk' group identified by nurses
- ◆ At age 21, 'at risk' males, compared with others:
  - 2.5 times as many with 2+ criminal convictions
  - 55% of their offences violent (18% others)
  - 47% abused their partners (9.5%)

# Pathways to crime often laid down by age 3

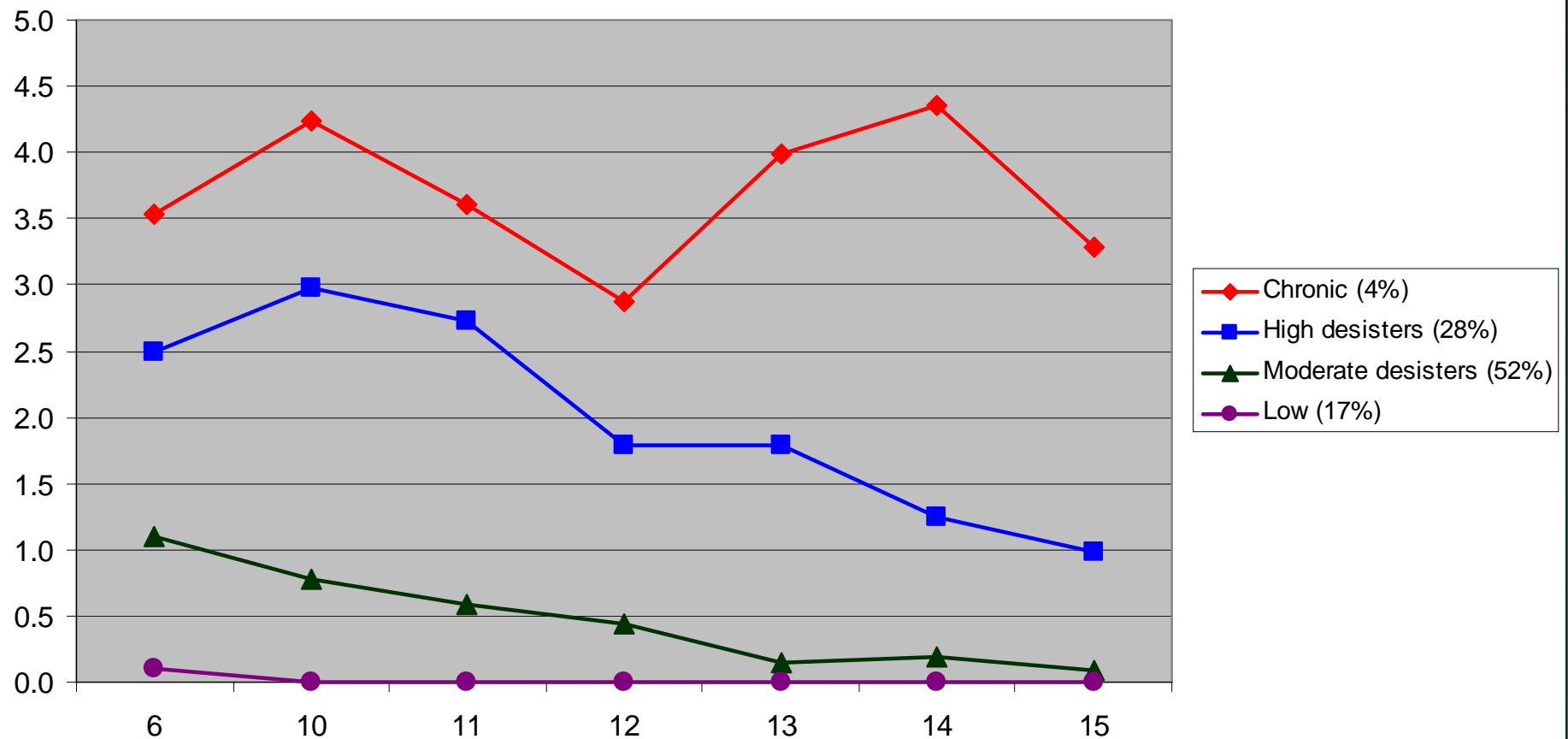
## Dunedin study:

- ◆ ‘At risk’ group offences much more serious
  - (e.g. robbery, rape, homicide)
- ◆ Fewer females conduct disordered, but for those who were:
  - 30% of ‘at risk’ group had teenage births (vs. 0%)
  - 43% were in violent, abusive relationships

*“Immature mothers, with no strong parenting skills and violent partners have already borne the next generation of ‘at risk’ children”*

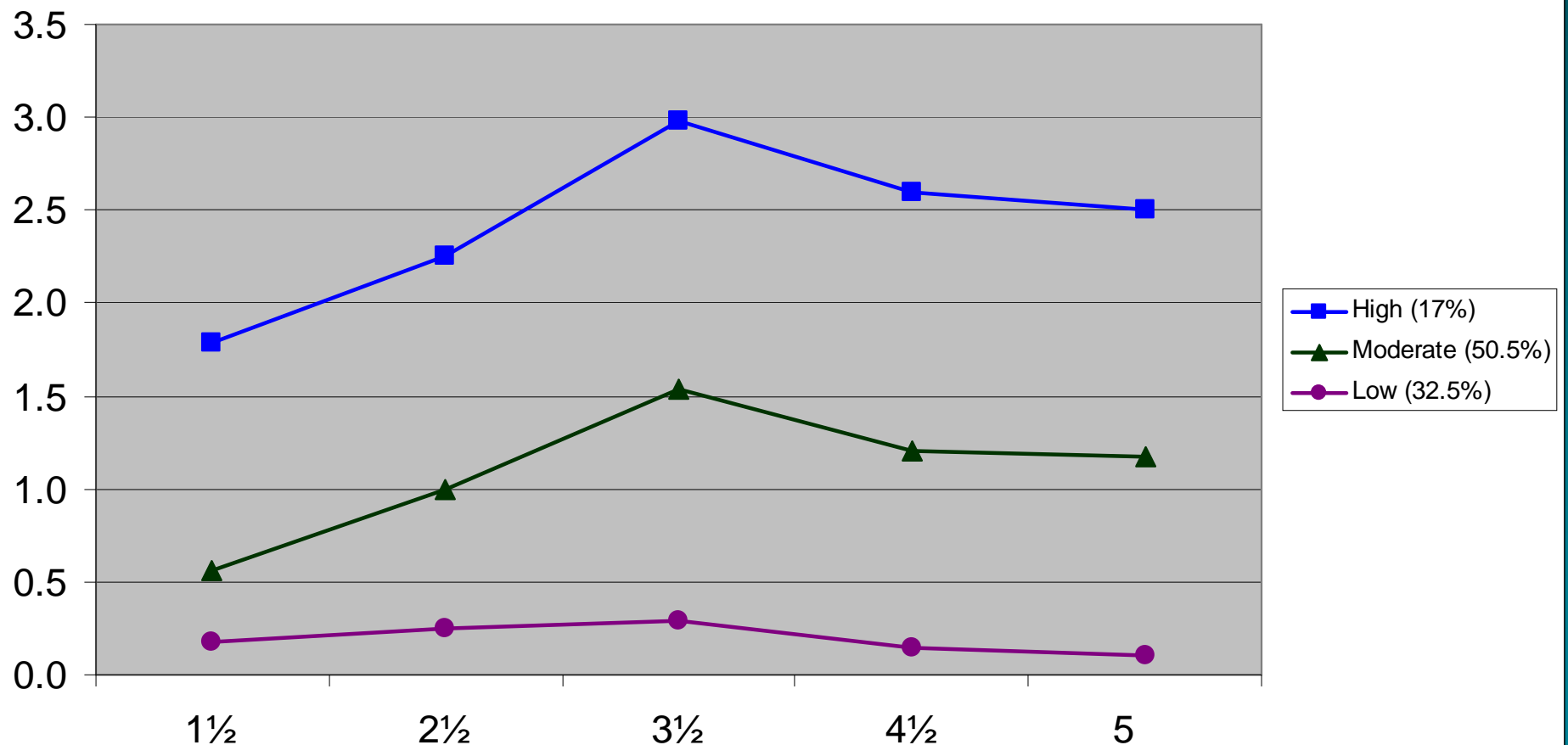
# Pathways to violence by age 3

Trends in aggression by age (years)



# Pathways to violence by age 3

Trends in aggression by age (years)





# Understanding the infant brain



- ◆ Works via neurons (brain cells) & synapses (connections)
- ◆ At birth: 10 trillion synapses - 200 trillion (or more) by age 3
- ◆ Emotional brain largely created by experience in first 18 months; acutely vulnerable to trauma
- ◆ Brains of abused children significantly smaller, less developed

# Keys: Attunement and Empathy

- ◆ Attunement: parent and child emotionally in tune with each other
- ◆ Attentive correspondence of behaviour to the baby's feeling state
- ◆ Responding to emotional needs leaving it feeling understood, cared for, valued
- ◆ Empathy begins with sense of “oneness” with the other – coming from attunement



# Keys: Attunement and Empathy

- ◆ Empathy the single greatest inhibitor of propensity to violence
- ◆ Established early by observation of parental reaction to suffering
- ◆ Babies show empathy by one year old. Not all develop this
- ◆ Abused toddlers react negatively or aggressively to signs of distress
- ◆ Absence of empathy characteristic of violent criminals
  - worst psychopaths no emotion at all

# Keys: Attunement and Empathy

Lack of attunement means empathy does not develop

Low maternal responsiveness at 10-12 months predicted:

- at 1.5 years: aggression, non-compliance, temper tantrums
- at 2 years : lower compliance, attention getting, hitting
- at 3 years : problems with other children
- at 3.5 years: higher coercive behaviour
- at 6 years : fighting, stealing

# Early Prevention works

- ◆ MacLeod and Nelson studied 56 programmes designed to promote family wellness and prevent child maltreatment
  - Most interventions are successful
  - **The earlier the intervention the better**
  - Prevention (proactive) had greater effect sizes at follow-up
  - Reactive interventions tend to fade over time, relapse common

# Early Prevention Approaches

- ◆ Some examples of Early Intervention Approaches
  1. Whole system approaches
  2. Preparation for parenting
  3. Fostering attunement, breast-feeding and secure attachment
  4. Remedial

# Early Prevention Approaches

## 1. Whole system approaches

### Country approach

- ◆ Approach to Infancy and Early Childhood in Sweden
- ◆ Every Opportunity for Every Child, Netherlands

### Local area/community approach

- ◆ Croydon Total Place
- ◆ Harlem Children's Zone

# Whole system approaches

## Approach to Infancy and Early Childhood in Sweden

- ◆ Maternity healthcare services accessed by 99% of pregnant women
  - typically 11 individual contacts, mostly with midwives
- ◆ 98% of maternity healthcare clinics offer parenting education in groups to first-time parents
  - 60% allow repeat parents to participate
- ◆ Additional support in form of specialised groups provided to young mothers, single mothers, those expecting twins



# Whole system approaches

## Approach to Infancy and Early Childhood in Sweden

- ◆ 100% of hospitals have BFHI (baby-friendly) status (less than 10% in the UK)
- ◆ Long periods of maternity and parental leave support attention to needs of the child in its earlier months
- ◆ Breast-feeding
  - ◆ 98% of Swedish mothers begin breast-feeding (79% UK)
  - ◆ 72% breastfeeding at 6 months (22% UK)
  - ◆ 15% exclusive breastfeeding at 6 months (<1% UK)

# Whole system approaches

## Approach to Infancy and Early Childhood in Sweden

- ◆ 99% of all families make use of child healthcare services
  - an average of 20 individual contacts, primarily with nurses
- ◆ Parents invited to join parent groups when child 1-2 months
  - in Stockholm County 61% of first-time parents in at least five sessions (Bremberg 2006)
- ◆ Parent education around 8-10% of midwives' working time
- ◆ 65% of midwives received regular professional training on the subject, and 72% instructed by a psychologist

# Approach to Infancy and Early Childhood

	SWEDEN	UK
% Live Births to teen mothers	1.6	7.1
<b>Infant Mortality</b> (per 1,000 live)	<b>2.5</b>	<b>5.1</b>
Smoking (% per day aged 15+)	16	25
Alcohol (litres per person p.a.)	7	11
Adult Obesity (% of population)	11	23
Smoking Related Deaths (per 100,000 popn)	196	245
Chronic Liver Disease Deaths, < 65 yrs (per 100,000)	4	9
Cancer Deaths, < 65 yrs (per 100,000)	56	67
Circulatory Disease Deaths, Under 65	32	43

# Whole system approaches

## Every Opportunity for Every Child, Netherlands

- ◆ Dutch Youth and Family Programme
- ◆ Problems of children, families must be detected & addressed as early as possible, prevent from becoming more serious
- ◆ Prevention, early identification & early intervention core to their approach
- ◆ Undesirable situations cannot be allowed to continue. Everyone must take responsibility if signs of child in difficulty

# Whole system approaches

## Every Opportunity for Every Child, Netherlands

- ◆ Prevention the focus of all interventions
- ◆ Evidence from Sweden and elsewhere shows offering parental support to *all* parents as integral part of healthcare reduces incidence of child abuse
- ◆ Youth and family centres to play an important role
- ◆ ‘Parents must be given support so that inability to cope with child-rearing does not lead to child abuse’

# Whole system approaches

## Every Opportunity for Every Child, Netherlands

- ◆ Simply monitoring, ad hoc response or turning a blind eye no longer acceptable
- ◆ Intensive use of Family Group Conferences
  - joint plan devised enabling families to rely on their own networks of relatives, friends and neighbours for support
- ◆ Parenting support offered to all families
- ◆ National network of youth and family centres to provide advice and help on parenting at neighbourhood level



# Whole system approaches

## Every Opportunity for Every Child, Netherlands

- ◆ Community schools, youth and family centres to offer advice and support on parenting
- ◆ ‘One family, one plan’ approach with problem families - addresses all problems experienced, single point of contact
- ◆ If safety, health or development of children at risk, parents obliged to accept help. Those reluctant can be legally required to work with professionals to improve their parenting skills

# Croydon Total Place

A significant gap in prevention and early intervention up to age 3

- ◆ System too reactive, does not effectively anticipate problems
  - “You can’t believe level of unidentified need coming to Children’s Centres”
- ◆ Money directed towards services not solutions
  - ✦ Funding allocated on historic levels, not what would make a difference
- ◆ Big time gaps (sometimes years) between noticing problems, referrals and interventions
- ◆ Early warning signs in children and families not responded to
- ◆ Engagement with services often ad hoc and “by luck”

# Croydon Total Place

A significant gap in prevention and early intervention up to age 3

- ◆ Little or no continuity of care or relationship
- ◆ Most contacts with children & families serve very narrow purpose
  - e.g. babies just weighed and measured, no attention to holistic needs
- ◆ A lot of money spent on a few children
- ◆ “We found it nearly impossible in most cases to link investment to outputs, let alone outcomes”
- ◆ Not tenacious enough with families who are chaotic or not coping

# Croydon Total Place: Vision

- ◆ Children and parents experience system from conception onwards which supports and develops their parenting capabilities
- ◆ Pre-natal care holistic preparation for parenthood; emotional needs of parents strongly supported
- ◆ All early years practitioners equipped to spot early signs of needs, know how to engage parents quickly in high quality services
- ◆ Geographically based Family Partnership Teams leading
  - ✦ Preparation for parenthood
  - ✦ Early identification
  - ✦ Family advocates
  - ✦ Early years academy to train staff
  - ✦ Peer2peer support

# Croydon Total Place: the proposition

## Preparation for parenthood

- ◆ Maternity services within hospitals transformed
  - characterised by holistic preparation for parenthood
  - wider needs and vulnerability identified
- ◆ Parents directed to social networks for support
  - networks supported and developed
- ◆ Early warning signs such as missed appointments followed up
- ◆ Particular care with most vulnerable parents, e.g. teenagers

# Croydon Total Place: the proposition

## Early identification

- ◆ System with capacity to spot and respond to need early and quickly
  - appropriate services available for referral
  - identification and response long before CAF necessary
  - assessment tools available for staff
- ◆ Rapid identification of needs:
  - attachment, motor skills, emotional or behavioural issues
  - speech and language, maternal mental ill-health and domestic conflict
- ◆ Gap in provision before child starts school addressed



# Croydon Total Place (4 wards)

## Projected costs and savings (preliminary)

- ◆ Upfront investment £2.5 million over 2 years
- ◆ Projected savings £8m in 3yrs, £25m in 6yrs, £63m in 13yrs
- ◆ Areas of saving
  - Looked after children
  - NEET
  - Anti-social behaviour
  - Child and adolescent mental health
  - Emotional and Behavioural Difficulties units
  - Teenage pregnancy
  - Offending
  - Pupil Referral Units

# Whole system approaches

Harlem Children's Zone – 100 blocks

# Early Prevention Approaches

## 2. Preparation for parenting

- ◆ Roots of Empathy
- ◆ First Steps in Parenting
- ◆ Leksand Model, Sweden

# Preparation for parenting

## Roots of Empathy

### Canadian school-based parenting programme

- ◆ Goal: to break inter-generational cycle of violence and poor parenting
- ◆ Develop empathy and pro-social behaviour
- ◆ Reduce bullying, violence and aggression
- ◆ Prepare children for responsive and responsible parenting
- ◆ Strong focus on abuse prevention

# Preparation for parenting

## Roots of Empathy

### Method:

- ◆ Baby visits classroom with parents once a month
- ◆ Specialist trainers work in parallel with teachers, interact with academic subjects
- ◆ Children become “attached” to their baby

### Results:

- ◆ Decreased aggression, bullying
- ◆ Increased empathy, emotional understanding, pro-social behaviour, sharing, kindness, co-operation

# Preparation for parenting

## First Steps in Parenting: ante-natal preparation

- ◆ 4-stage preventative model of preparation and support for early parenting
- ◆ Provides around 50 hours of training to
  - midwives, health visitors, social workers, childbirth counsellors, parenting educators, nursery nurses and childcare workers
- ◆ Coaches on how to optimise emotions and relationships in early parenting, fostering secure attachment and resilience
- ◆ Results include parents becoming less anxious, less depression, more confident, more child-centred, better relationships with partner and baby



# Preparation for parenting

## Leksand Model, Sweden

- ◆ Parent support organised by the municipality (in partnerships)
- ◆ Groups start within the maternity healthcare services whilst mothers still pregnant. These groups run by midwives
- ◆ Same groups of parents continue after the baby has been born. The groups are 'owned' by parents, who choose topics
- ◆ After 4 years groups still meeting, nearly 50% still attending, equal numbers of fathers and mothers

# Early Intervention approaches

## 3. Fostering attunement, breast-feeding and secure attachment

### Attunement

- ◆ Video-feedback Intervention to Promote Positive Parenting (VIPP)
- ◆ Sunderland Infant Programme

### Breast-feeding

- ◆ Effect of early postnatal breast-feeding support, Denmark
- ◆ Breastfeeding Initiative, Blackpool

### Secure Attachment

- ◆ Circle of Security

# Attunement

## Video-feedback Intervention to Promote Positive Parenting (VIPP)

- ◆ Short film or set of 30 second clips focusing on the positive
- ◆ Principles: Pick out positive moments in any communication between mother and infant, esp. “*attuned*” reaction to child
  - ✦ Promote successful early mother-infant dialogue
  - ✦ Change achieved by 'coaching' rather than 'teaching
  - ✦ Joint review of micro-analysis of successful moments
    - celebrate success then make further goals for change
    - analyse behaviour, explore feelings, thoughts, wishes

# Attunement

## Sunderland Infant Programme

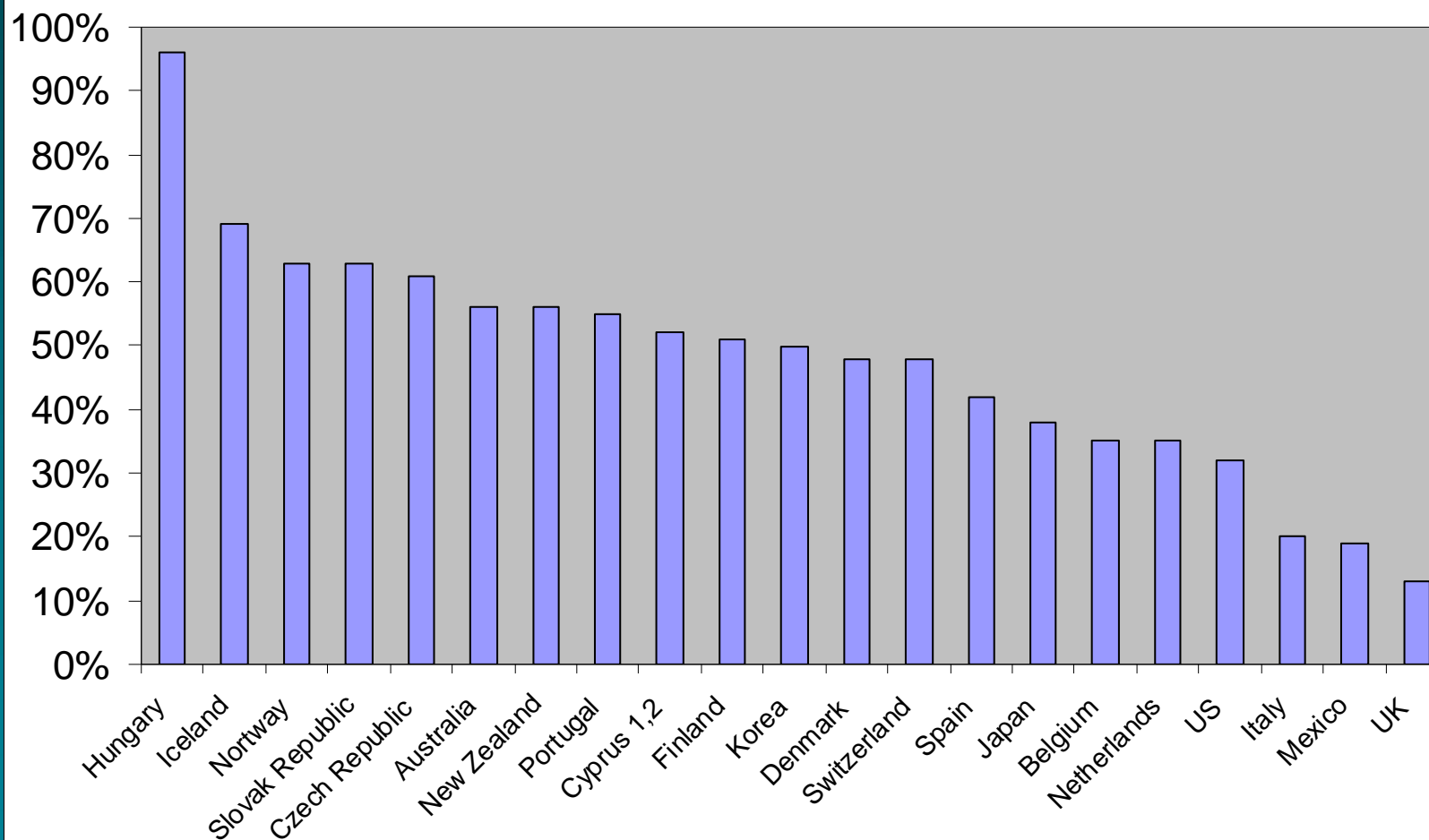
- ◆ Video-taping and watching how a baby interacts with its parents (3-4-minute video clip when babies 8-12 weeks old)
- ◆ About understanding “babyese”, the language babies use to communicate
- ◆ Clips analysed using Crittenden’s CARE-Index
- ◆ Sensitive, attuned interaction thought to be highly predictive of secure attachment
- ◆ Programme utilises and points to a new and very important role for health visitors, as infant mental health workers

# Attunement

## Sunderland Infant Programme

- ◆ Infants in Programme group became on average 11% more co-operative
- ◆ Mothers became on average 10% more sensitive
- ◆ Complex attachment behaviours: 14% of infants in Programme Group, 43% in Control group
- ◆ Significant results:
  - ✦ Programme mothers More Sensitive, Less Controlling, Less Unresponsive
  - ✦ Programme babies significantly More Co-operative, Less Compulsive

# Proportion of children exclusively breastfed at 3 months



(data collected between 1994-2007, Australian National Breastfeeding Strategy 2010 - 2015)

# Breast-feeding

## Early postnatal breast-feeding support, Denmark

- ◆ First weeks after birth period of peak attrition; largest effect of post-natal support obtained by personal contact (3 home visits)
- ◆ Health care recommendations best supported by evidence:
  - (1) unrestricted mother-infant contact
  - (2) frequent feeding
  - (3) mastering breast-feeding techniques
  - (4) delayed use of pacifiers
- ◆ Also early skin-to-skin contact
- ◆ 14% lower cessation of exclusive breast-feeding in 6 months



# Breast-feeding

## Breastfeeding Initiative, Blackpool - Goals

- ◆ Improved standards in 12 children's centres that support and encourage breastfeeding
- ◆ Staff trained in Baby Friendly modules: one of few local areas with stage 1 of the Children's Centre Baby Friendly accreditation
  - Aiming to achieve full accreditation by 2011
- ◆ Breastfeeding policy across all children's centres, to reach young mothers from disadvantaged areas, less likely to breastfeed

# Breast-feeding

## Breastfeeding Initiative, Blackpool - Results

- ◆ Initiation rates increased from 42% in 2006/07 to 56% 2008/09
- ◆ Support for 903 vulnerable young mothers £33 per mother p.a.
- ◆ Social return on investment £1.56 for every £1 invested
- ◆ Estimated savings to Dept of Health £57,500 over two years

# Secure attachment

## Circle of Security

- ◆ Identification and assessment of high risk families
- ◆ A 20-week programme, covering education on creating secure attachment and 15 weeks guided video review interventions
- ◆ Increased secure caregiver strategies; secure child attachment
- ◆ Increased caregiver affection, sensitivity, delight, support for exploration
- ◆ Decreased caregiver rejection, neglect, flat affect, role reversal

# Early Prevention approaches

## 4. Remedial

Parent Child Interaction Therapy (PCIT)

Family Checkup

Dorset Healthy Alliance Project

# Remedial

## Parent Child Interaction Therapy (PCIT)

- ◆ Family-centred treatment approach for abused and at-risk children aged 2.5 to 12 and their parents
- ◆ Therapist observes from behind an observation mirror and coaches parent through an earpiece in 'real-time'
  - parents engage child in play with goal of strengthening relationship
  - following the child while playing rather than leading them
  - learn to use specific behaviour management techniques as they play
  - ensuring the child complies with instruction when required
- ◆ Pattern of interaction improved rapidly and substantially during first three sessions of PCIT; changes remained relatively stable
- ◆ PCIT found to reduce rates of recidivism

# Remedial

## Family Check-up

Special programme for the “Terrible Twos”

- ◆ Focuses on four main skill sets: limit setting; proactive parenting; positive reinforcement; relationship building
- ◆ Differs from traditional models and practice in three ways
  - 1) utilises a health maintenance model (prevention not reaction)
  - 2) a comprehensive assessment (data shared with families, drives change)
  - 3) motivational interviewing to change family practices
- ◆ Reduce young children's conduct, internalising problems
- ◆ Improves maternal depression, positive parenting

# Remedial

## Dorset Healthy Alliance Project

- ◆ Primarily targeted at 3-11 year olds, sought to break the cycles of violence, crime and abuse
- ◆ Promoted closer parent-school links while tackling behavioural problems inc. disruptive behaviour, truancy, bullying
- ◆ Social worker based at a local primary school, worked with children and families after move to local secondary school



# Remedial

## Dorset Healthy Alliance Project

Two project teachers appointed to run related initiatives:

- ◆ Home visits to encourage parental involvement
- ◆ Home-school contact with families of vulnerable children
- ◆ Anti-bullying campaigns (non-punitive)
- ◆ Preventing exclusions and truancy via parental support
- ◆ Family therapy for families of pupils with serious behaviour problems and dysfunctional homes
- ◆ After-school club
- ◆ Assertiveness and other social skills training

# Remedial

## Dorset Healthy Alliance Project

Cost-benefit analysis suggested returns of 111% to 250% from savings in special education and reductions in school thefts

- ◆ Major improvements in pupils' behaviour
  - virtual elimination of truancy, reductions in theft and vandalism, under age drinking, improved commitment to school
- ◆ Child protection referrals fell 76%
- ◆ Truancy at secondary school fell from 28% to 16%
- ◆ Academic performance levels improved significantly

**For a copy of slides, more information on any programme,  
or information on WAVE's strategy to reduce child abuse by  
70% by 2030, contact:**

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