

CAPS

Children and Parents Service
Manchester



CAPS Annual Report

Data Report July 2010

“No child’s future should be predetermined by the decisions or mistakes of his or her parents, and I firmly believe every child should have the chance to succeed, regardless of their background. Intervening earlier with troubled families can not only prevent children and their parents falling into a cycle of deprivation, antisocial behaviour and poverty but can save thousands if not millions of pounds in the longer term.

This review demonstrates the importance the Government places on improving early intervention, we want to learn from the areas already pioneering a successful approach to tackling troubled families early and build on local good practice.”

Children’s Minister Sarah Teather, speaking on the
Independent Commission into Early Intervention July 2010

“If this was a government initiative it would be the best investment of finance”

**Father of 2 children in Moss Side speaking about CAPS
Parent Survival Course after completion**

Executive Summary

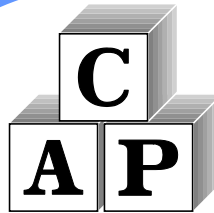
- The Children and Parents Service (CAPS) is a multi-agency partnership between Health (CAMHS), Early Years and Play, and Family Action (formerly Family Welfare Association).
- CAPS is jointly commissioned by CAMHS, Sure Start, Extended Schools and the Think Family Grant (Parenting Early Intervention Pathfinder (PEIP) and Area Based Grant). Partnership working has led to successful provision of delivery plans including the Core Offer requirements for Parenting Support and is in line with Manchester's Think Family Strategy.
- CAPS delivered 95 effective, evidence based parent courses to approximately 760 parents of 0-12 year olds showing clinically significant improvements in both child behaviour and parental depression and stress.
- Data demonstrates that CAPS engages some of the most vulnerable families in the city with approximately 68% of families falling into clinical ranges for problem behaviour and depression; 51% having 3 or more risk factors and 94% having one or more risk factor for poor child outcome.
- Clinically significant improvements to child outcomes have been demonstrated including increased school attendance and attainment. Of those with persistent absences at pre course 75% were no longer persistently absent one term after completing the course.
- Calculations suggest substantial efficiency savings as a result of early intervention in Manchester. As an absolute minimum, the cost saving of family support and mental health input alone approximates to £6000 per family over a year for those families who have moved out of clinical ranges for problem behaviour and depression following CAPS intervention. This represents a potential cost saving of £3,558,000 (593 course completers no longer in clinical range post course x £6000)
- Within 3 months of completing a CAPS parent course 40% of parents were either employed or reported seeking employment, 20% were engaged in voluntary work and 45% had registered with a college.
- The service delivers innovative infant interventions, including work with perinatally depressed parents, in line with national guidance on the benefits of early intervention with under 2s. 16 courses have been delivered to approximately 96 parents. Of those parents considered "at risk or inept" pre-course, 85% moved to "sensitive and satisfactory" ratings post intervention. Of those in clinical ranges for depression pre-course 79% were not depressed at the end of the intervention. This work has targeted and successfully engaged first time parents and teenage parents.

- CAPS has been successful in engaging a representative proportion of the Manchester population to all its services, including young parents (with 13% being under the age of 25 years), fathers and parents from ethnic minority backgrounds. In fact, parents from minority ethnic backgrounds were more likely to complete parent courses than those parents who describe their ethnicity as White British.
- CAPS achieved its target of asking 100% of parents whether they had registered with Sure Start and engaged 95 new Sure Start registrations, linking parents to additional support services. 15% of families had involvement from CFSC.
- Approximately, a further 41 independent evidence based parent courses were delivered by schools and agencies to approximately 300 parents of 5-8 year olds. The course leaders of these courses, trained and supported by CAPS, have increasingly attended videotape supervision and peer coaching sessions to ensure treatment fidelity.
- CAPS provides 34 pre-school psychology clinics city-wide in Sure Start Children's Centres. 261 referrals were received with an average wait time of only 4 weeks. Attendance rates were very high with 100% of children referred seen within NHS wait time targets. 23% of parents attending clinic report having a child with a disability.
- CAPS provides consultation to the Family Nurse Partnership Project and to Manchester's Complex Families Team and the newly established Early Intervention Teams.
- CAPS is committed to delivery of evidence based early interventions and has an excellent track record for evidencing its effectiveness in improving child outcomes. These interventions are cost effective and have potential substantial efficiency savings for Manchester.

The following report provides the outputs and outcomes of the CAPS Pre-school and CAPSTIP services for April 2009 – March 2010. A detailed explanation of CAPS services provided, background research and rationale are provided in the CAPS Service Outline 2010. It is recommended that for a full understanding of the service both reports are read. In Manchester the evidenced based Incredible Years Programme is known as the Parent Survival Course. For details on all the courses run please refer to the Summary of CAPS Interventions table at the back of this report.

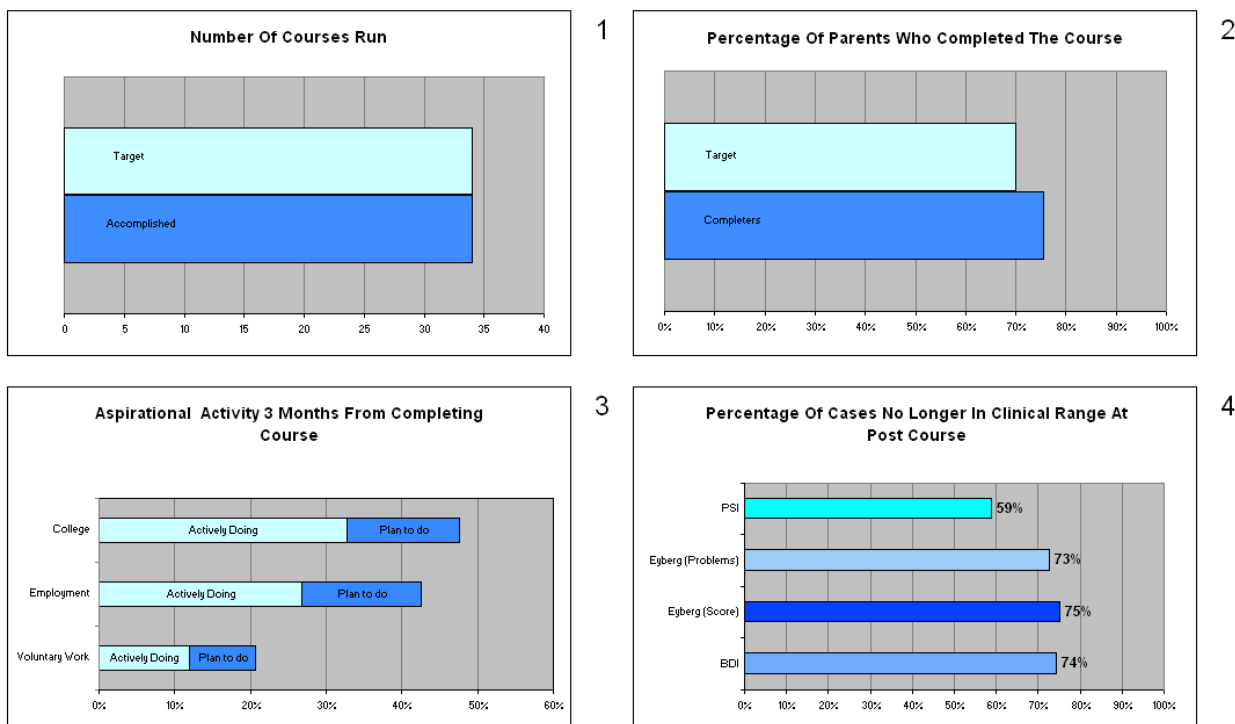
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CAPS Pre-School Parent Survival Course





Outputs: All targets met



Number of Incredible Years (IY - PSC) courses run and percentage of parents who completed the courses (figs. 1 & 2)

- CAPS delivered its target of 34 commissioned courses this year (despite high levels of staff absences due to maternity leave).
- There was an average of 21 applications per course, demonstrating very high demand.
- The courses had an average group size of 10 parents/carers.
- A very high percentage of parents completed the courses (75%), higher than reported in the research literature.

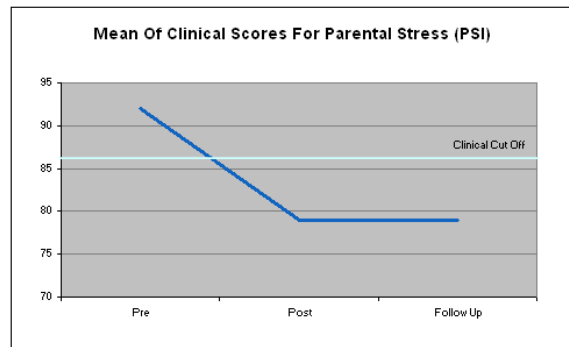
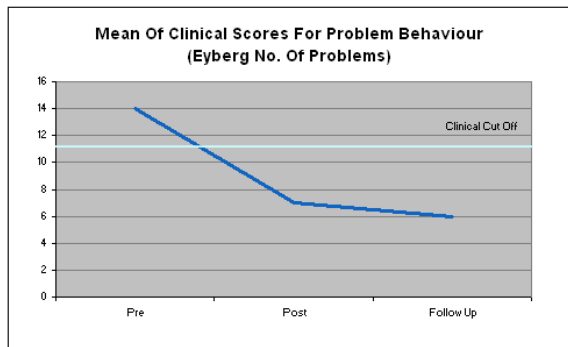
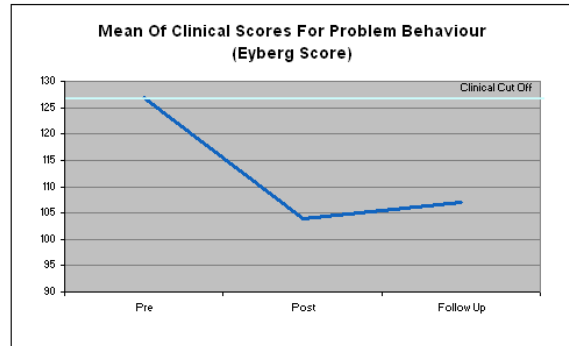
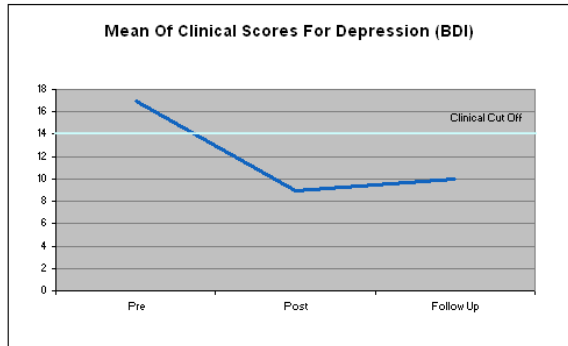
Aspirational activity 3 months from completing the course (fig. 3)

- CAPS courses help parents get back to the workplace: three months after completing CAPS courses 43% are in employment or plan to, and a further 21% in voluntary work.
- CAPS courses help parents get back into further education: three months after completing courses 48% of parents are either attending college or actively plan to.

Percentage of cases no longer in clinical range post course (fig. 4)

- After the course approximately three quarters of the parents who were previously in clinical range for depression and behaviour problems are now in the normal range.
- Adult depression and child behaviour problems are costly to treat. Parenting courses resolve these problems, giving substantial efficiency savings in both the short and long term.

Outcomes: Significant Improvements in Presenting Problems



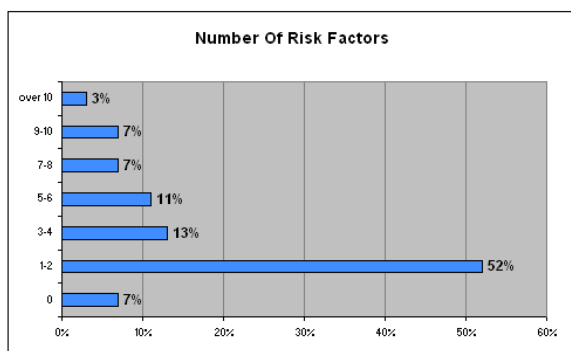
Average clinical scores for depression and parental stress (figs. 5, 8 & 10)

- At the start of the course, 64% of parents score within clinical ranges for depression and/or parental stress.
- Parental depression and stress has significant negative effects on child development, school readiness and later, anti-social behaviour.
- By the end of the course these scores decrease significantly, well below the clinical range.
- These reductions are not short-lived and are maintained at follow up.
- This demonstrates a substantial cost efficiency saving with the average cost of adult mental health intervention being £2,740 per case.
- Pre-school IY courses alone have therefore saved approximately £613,760 (i.e. 35 courses of 10 parents each with 64% clinically depressed pre-course = 64% of 350 x £2,740)

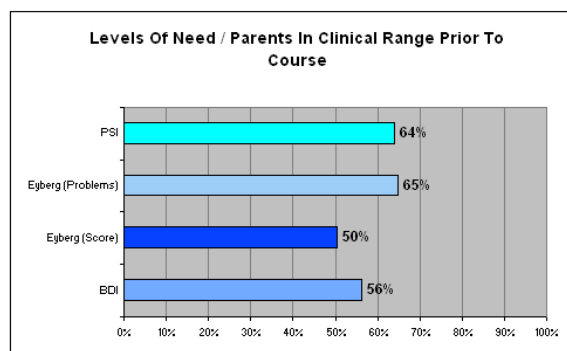
Average clinical scores for problem behaviour (figs. 6, 7 & 10)

- At the start of the course, 65% of parents describe significant clinical levels of problem behaviour in their child.
- By the end of the course these scores decrease significantly, well below clinical range.
- These reductions are not short-lived and are maintained at follow up.
- These results mirror those of the highly researched Incredible Years Programme, where long term follow up has demonstrated reduced involvement with youth justice services, drug and alcohol misuse, and teen pregnancies.
- The average cost of an IY parent course per family is £1,344 as opposed to the cost of one eviction due to anti-social behaviour of £6,500 and a behaviour support worker one day a week for a year at the cost of £4,992. These represent substantial immediate cost savings.

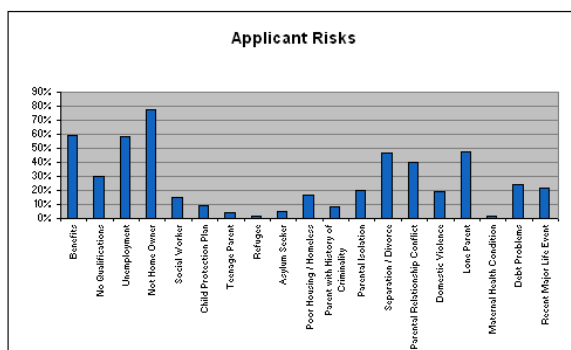
Target group: Families levels of need, risk and complexity



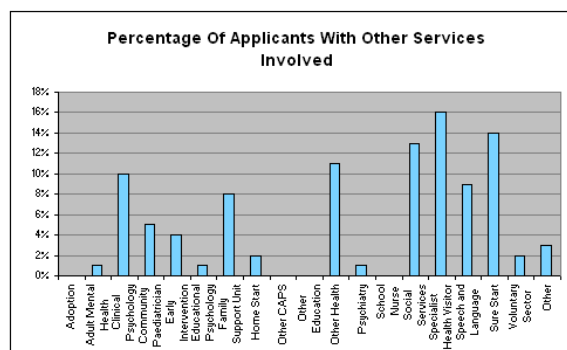
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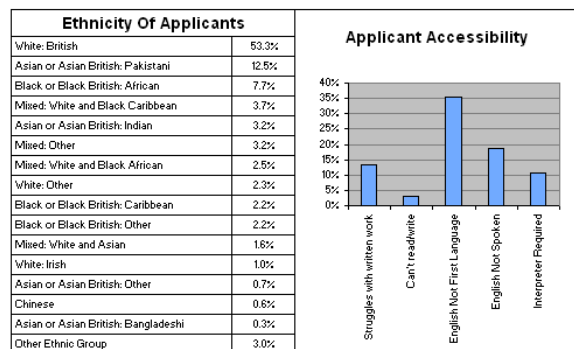
Need, risk & complexity: Number and type of risk factors (figs. 9 & 11)

- Parents on CAPS courses are not the worried well: 93% of families present with 1 or more significant risk factors for poor child outcome.
- Risk factors include domestic violence, being a teenage parent, having English as a second language, having grown up in care and having a mental health problem. Risk factors have a cumulative effect and make it more likely that problems will occur and increase complexity.
- 28% of families accessing CAPS presented with 5 risk factors or more and are therefore at significantly elevated risk of poor child outcome.
- Families experiencing separation and divorce (47%), parental conflict (40%) and domestic violence (19%) are high. Parents report leaving violent partners on completion of CAPS interventions, this can have substantial cost savings.
- Financial hardship and socioeconomic disadvantage is a key risk factor. 59% of families received means tested benefits and 77% were non home owners.
- It is this group of families with complex problems and multiple risk factors that receive targeted CAPS support and who at follow up are working (43%) or have gone back to college (48%). Freed from child behaviour problems and parental depression these are families taking steps towards financial independence.

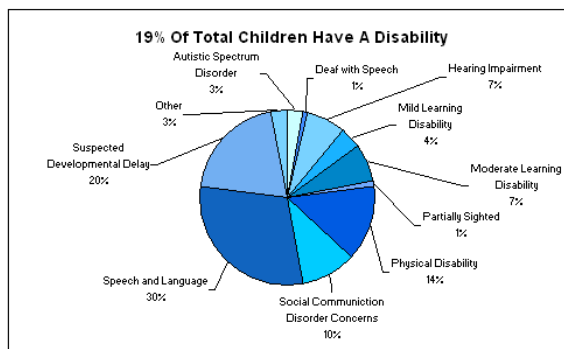
Percentage of applicants with other services involved (fig. 12)

- Families accessing the IY courses were frequently involved with multiple services at the beginning of the course: 16% accessed specialist health visiting services, 14% accessed targeted services within Sure Start, and 13% had social work involvement.
- Given the improvements demonstrated by the courses there is less need for the involvement of other services after the courses. This represents a significant financial saving.

Access: CAPS provides accessible courses



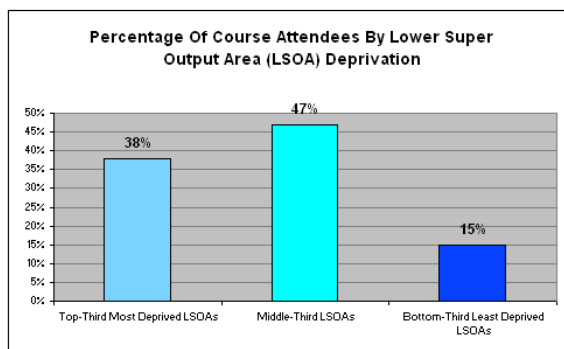
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Family Structure Of Applicants		Child-Applicant Relationship	
Both Parents or Partner in the Household	57.5%	Mother	89.4%
		Father	7.0%
Single Mother Family	35.8%	Grand Mother	1.3%
		Foster Parent	0.6%
Other Adults in the Household	4.0%	Aunt	0.3%
		Step Father	0.3%
Single Father Family	1.8%	Grand Father	0.1%
		Step Mother	0.1%
Not Resident with Children	0.9%	Other	0.9%

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Providing accessible courses: Ethnicity & access (fig. 13)

- CAPS provides a readily accessible service.
- Although minority ethnic families are historically less likely to take up parenting services; they are represented proportionately on CAPS IY parent courses due to successful engagement strategies.
- 36% of those accessing a course did not have English as a first language, and CAPS arranged interpreters for 43 parents: - 11% of all parents attending PSCs.
- This is an increase on last year reflecting successful recruitment strategies.
- Traditionally illiteracy has been a major barrier to parents attending courses. However 16% of attendees either struggled with reading and writing or could not read and write at all.
- Skilful engagement strategies reduce this barrier – and successfully completing the course frequently spurs these parents on to further education.

Parents reporting their child as disabled (fig. 14)

- Nearly a fifth (19%) of parents on CAPS courses reported their child as having some form of disability, mostly developmental delay, speech and language delay and social communication disorders (autistic spectrum disorders).
- The early identification of these difficulties enables swift signposting and access to specialist services.

Family structure & percentage of course attendees by lower super output areas (figs. 15 & 16)

- CAPS pre-school works with a significant proportion (38%) of single parent families.
- CAPS has successfully engaged fathers (8%) including a number of single father families.
- Families accessing courses come from the most disadvantaged neighbourhoods.

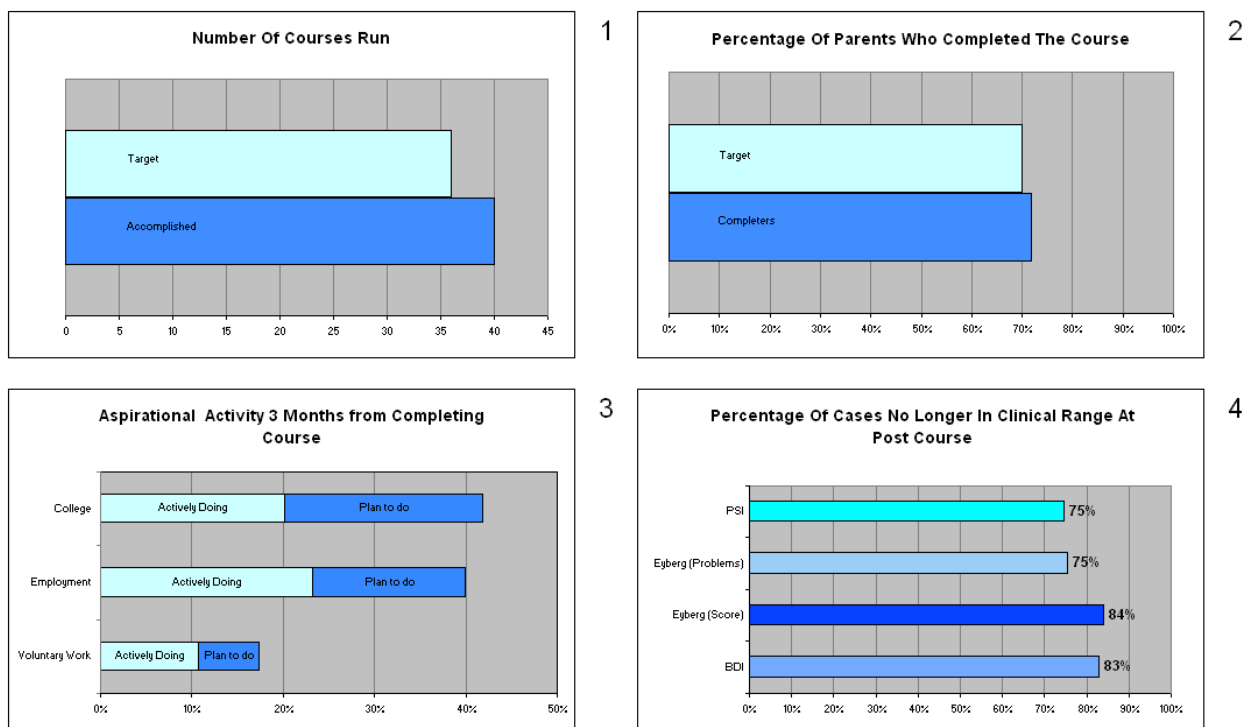
CAPS

CAPSTIP School Age Parent Survival Course





Outputs: All targets met



Number of Incredible Years (IY) courses run and percentage of parents who completed the courses (figs. 1 & 2)

- CAPSTIP delivered above the target number of commissioned IY courses plus additional courses in Cheetham and Crumpsall with funding provided by Area Based Grant.
- There was an average of 19 applications per course, demonstrating very high demand.
- The courses had an average group size of 10 parents/carers.
- A very high percentage of parents completed the courses (72%), higher than reported in the research literature.

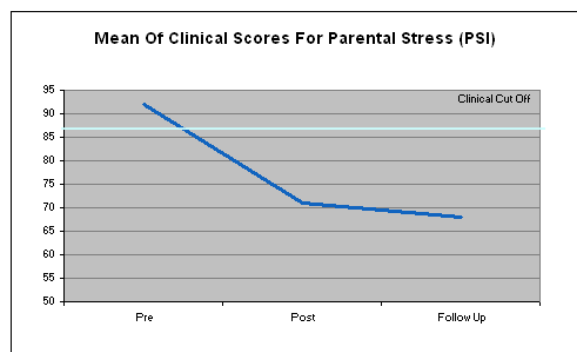
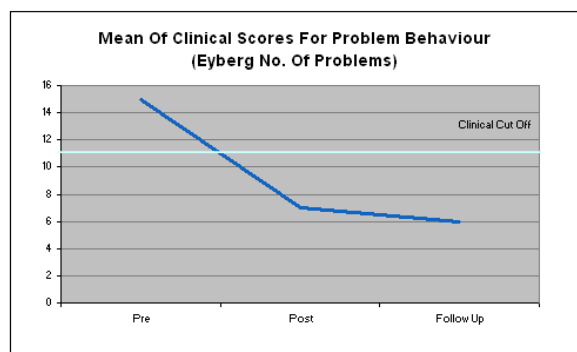
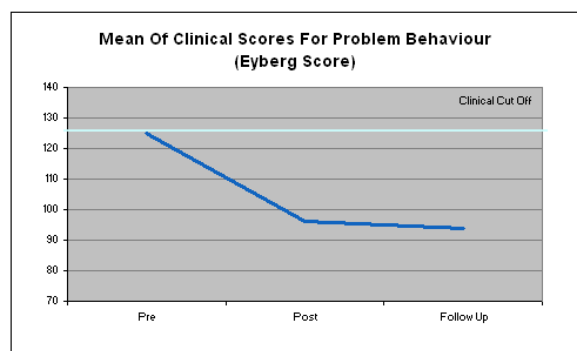
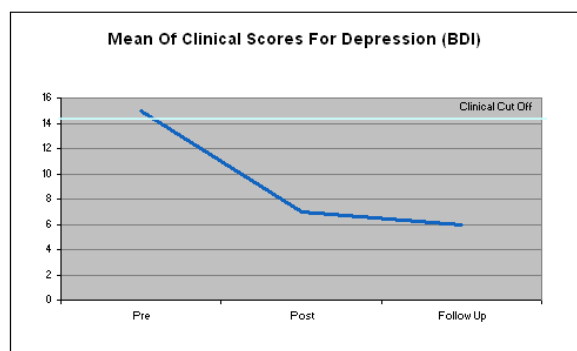
Aspirational activity 3 months from completing the course (fig. 3)

- CAPSTIP courses help parents get back to the workplace: three months after completing CAPSTIP courses 40% are in or seeking employment, and a further 18% in voluntary work.
- CAPSTIP courses help parents get back into further education: three months after completing courses 42% of parents either attend college or actively plan to.

Percentage of cases no longer in clinical range post course (fig. 4)

- After the course 75-83% of the parents who were previously in clinical ranges for depression and behaviour problems were in the normal range.
- Adult depression and child behaviour problems are costly to treat. Parenting courses resolve these problems, giving substantial efficiency savings in both the short and long term.

Outcomes: Significant Improvements in Presenting Problems



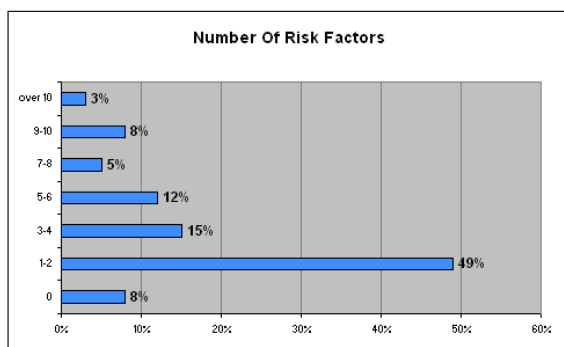
Average clinical scores for depression and parental stress (figs. 5, 8 & 10)

- At the start of the course, 56% of parents score within clinical ranges for depression and/or parental stress.
- Parental depression and stress has significant negative effects on child development, school readiness and later, anti-social behaviour.
- By the end of the course these scores decrease significantly, well below the clinical range.
- These reductions are not short-lived and are maintained at follow up.
- This demonstrates a substantial cost efficiency saving with the average cost of adult mental health intervention being £2,740 per case.
- CAPTIP IY courses alone have therefore saved approximately £493,200 (i.e. 40 courses of 10 parents each with 45% clinically depressed pre-course = 45% of 400 x £2,740)

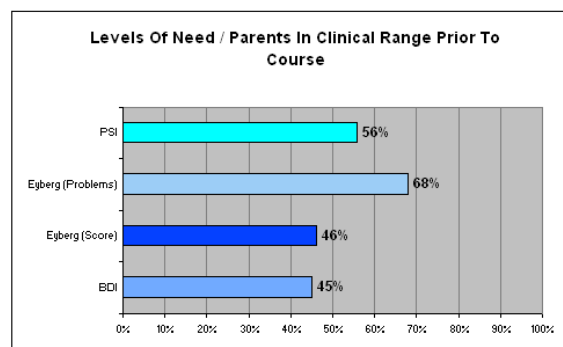
Average clinical scores for problem behaviour (figs. 6, 7 & 10)

- At the start of the course, 68% of parents describe significant clinical levels of problem behaviour in their child.
- By the end of the course these scores decrease significantly, well below clinical range.
- These reductions are not short-lived and are maintained at follow up.
- These results mirror those of the highly researched Incredible Years Programme, where long term follow up has demonstrated reduced involvement with youth justice services, drug and alcohol misuse, and teen pregnancies.
- Attendance at the course has also demonstrated an improvement in attendance at school. 50% of those persistently absent pre course were no longer persistently absent post course.
- The average cost of an IY parent course per family is £1,344 as opposed to the cost of one eviction due to anti-social behaviour of £6,500 and a behaviour support worker one day a week for a year at the cost of £4,992. These represent substantial immediate cost savings.

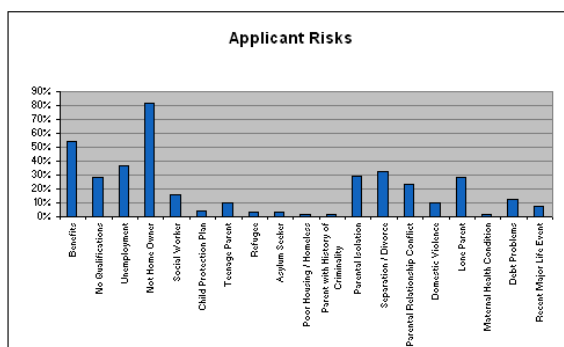
Target group: Families levels of need, risk and complexity



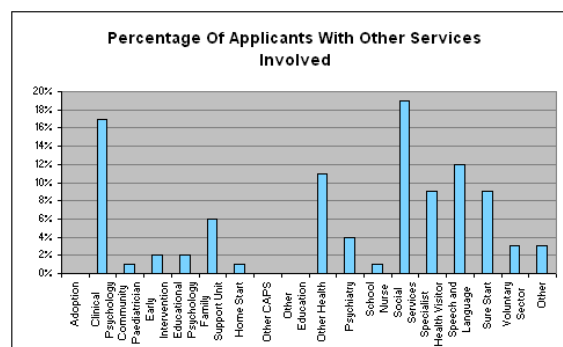
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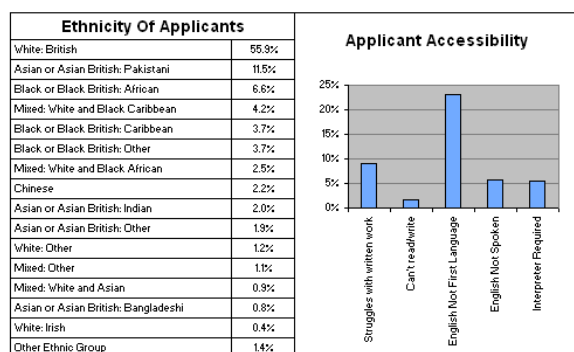
Need, risk & complexity: Number and type of risk factors (figs. 9 & 11)

- Parents on CAPSTIP School Age Courses presented with significantly high levels of risk of poor child outcome. 92% of families presented with 1 or more risk factors.
- Risk factors include domestic violence, being a teenage parent, having English as a second language, having grown up in care and having a mental health problem. Risk factors have a cumulative effect and make it more likely that problems will occur and increase complexity.
- 28% of families present with 5 risk factors or more and are therefore at significantly elevated risk of poor child outcome.
- Families experiencing separation and divorce (32%), parental conflict (24%) and domestic violence (10%) are high. Parents report leaving violent partners on completion of CAPS interventions, this can have substantial cost savings.
- Financial hardship and socioeconomic disadvantage is a key risk factor. 54% of families received means tested benefits and 81% were non home owners.
- It is this group of families with complex problems and multiple risk factors that receive targeted CAPSTIP support and who at follow up are working (40%) or have gone back to college (42%).
- Freed from child behaviour problems and parental depression these are families taking steps towards financial independence.

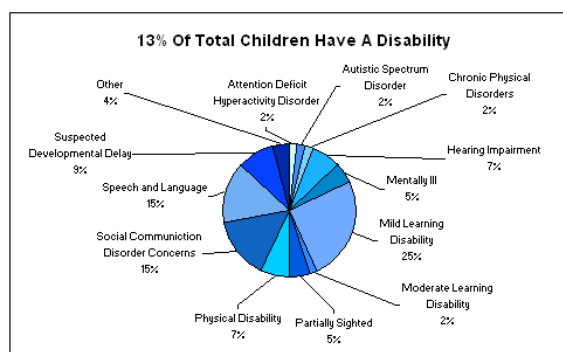
Percentage of applicants with other services involved (fig. 12)

- Families accessing the IY courses were frequently involved with multiple services at the beginning of the course: 21% were being seen by CAMHS and 19% had social work involvement.
- Parents report being discharged from their social worker and requiring less input from other services. This represents a significant financial saving with the cost of one looked after child being £36,653.

Access: CAPSTIP provides accessible courses



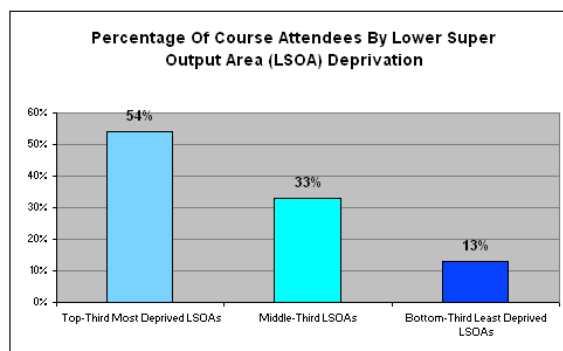
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Family Structure Of Applicants		Child-Applicant Relationship	
Both Parents or Partner in the Household	56.0%	Mother	89.7%
		Father	6.3%
Single Mother Family	40.3%	Grand Mother	1.4%
		Aunt	0.9%
Other Adults in the Household	2.3%	Step Father	0.5%
		Step Mother	0.2%
Single Father Family	1.2%	Uncle	0.2%
		Other	0.8%
Not Resident with Children	0.2%		

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Providing accessible courses: Ethnicity & access (fig. 13)

- CAPSTIP provides a readily accessible service.
- Although minority ethnic families are historically less likely to take up parenting services; they are represented proportionately on CAPSTIP IY parent courses due to successful engagement.
- 23% of those accessing a course did not have English as a first language, and CAPSTIP arranged interpreters for 5% of all parents attending courses.
- CAPSTIP has also trained a number of bi-lingual workers from several agencies to help with engagement of Manchester's ethnically diverse population.
- Traditionally illiteracy has been a major barrier to parents attending courses. However 11% of attendees either struggled with reading and writing or could not read and write at all.
- Skilful engagement strategies reduce this barrier – and successfully completing the course frequently spurs these parents on to further education.

Parents reporting their child as disabled (fig. 14)

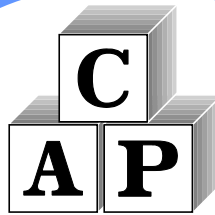
- 13% of parents on CAPSTIP courses reported their child as having some form of disability, mostly mild learning disability, speech and language delay and social communication disorders (autistic spectrum disorders).

Family structure & percentage of course attendees by lower super output areas (figs. 15 & 16)

- CAPSTIP works with a significant proportion (42%) of single parent families.
- CAPSTIP has successfully engaged fathers (7%) including a number of single father families.
- Families accessing courses come from the most disadvantaged neighbourhoods. This in itself is a risk factor for poor child outcome. Providing parenting education to these most needy families can act to break the perpetuating cycle of disadvantage.

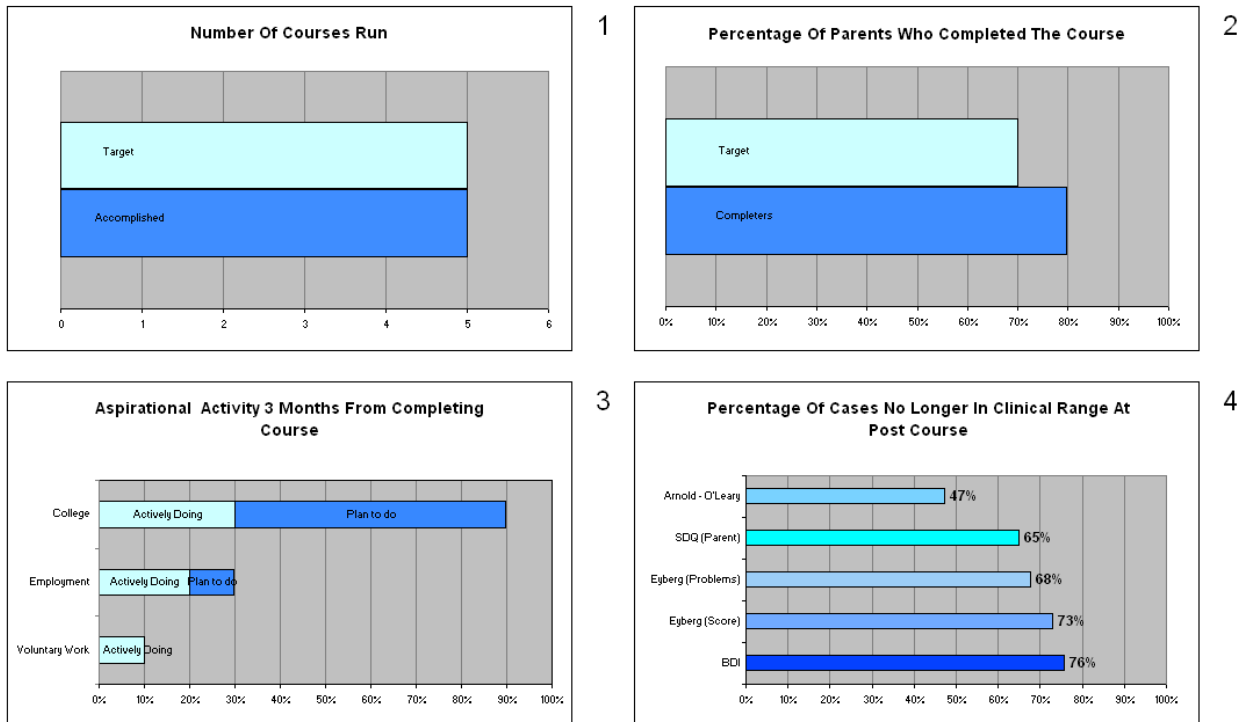
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CAPS Pathfinder 8-12 Parent Survival Course





Outputs: All targets met



Number of Incredible Years (IY) courses run and percentage of parents who completed the courses (figs. 1 & 2)

- Pathfinder delivered the target number of 5 courses.
- There was an average of 15 applications per course.
- The courses had an average group size of 10 parents/carers.
- A very high percentage of parents completed the courses (80%), significantly higher than reported in the research literature.

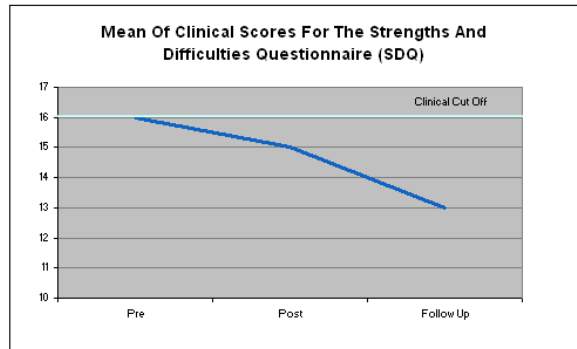
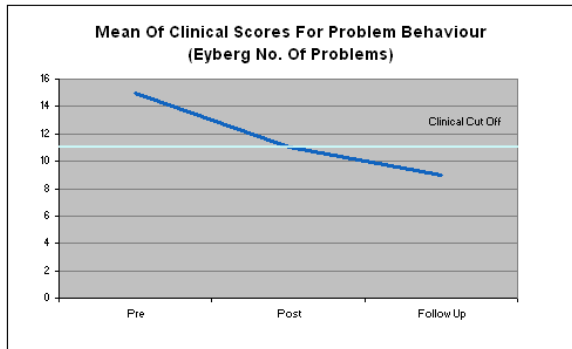
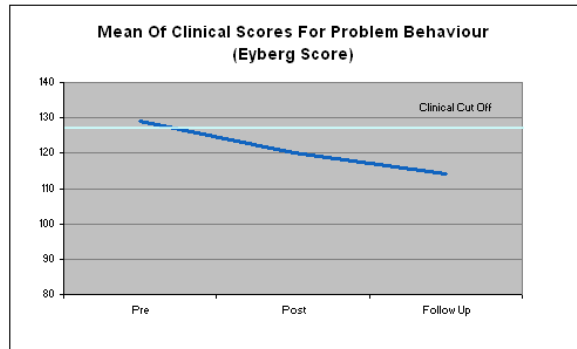
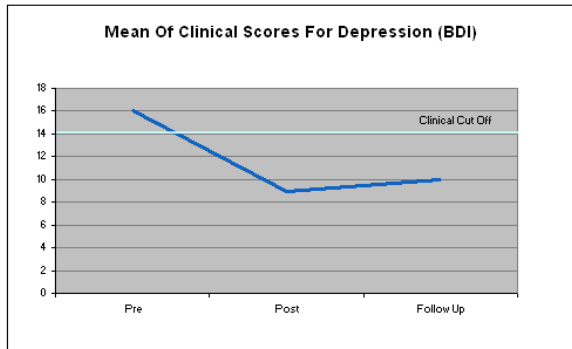
Aspirational activity 3 months from completing the course (fig. 3)

- Pathfinder courses help parents get back to the workplace: three months after completing Pathfinder courses 30% are in or seeking employment, and a further 10% in voluntary work.
- Pathfinder courses help parents get back into further education: three months after completing courses 90% of parents either attend college or actively plan to. Evidence suggests the more importance parents place on education the higher their aspirations are for their own children. Research demonstrates the higher the level of aspiration a parent has for their own child the higher their educational attainment.

Percentage of cases no longer in clinical range post course (fig. 4)

- After the course 73-76% of the parents who were previously in clinical ranges for depression and behaviour problems were in the normal range.
- Adult depression and child behaviour problems are costly to treat. Parenting courses resolve these problems, giving substantial efficiency savings in both the short and long term.

Outcomes: Significant Improvements in Presenting Problems



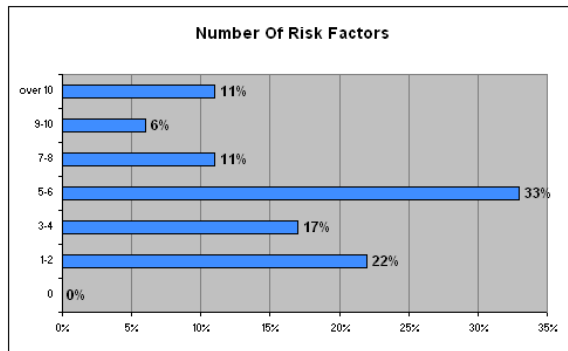
Average clinical scores for depression and parental stress (figs. 5, 8 & 10)

- At the start of the course, 50% of parents score within clinical ranges for depression.
- Parental depression and stress has significant negative effects on child development, a child's transition to adolescence and anti-social behaviour.
- By the end of the course these scores decrease significantly, well below the clinical range.
- These reductions are not short-lived and are maintained at follow up.
- This demonstrates a substantial cost efficiency saving with the average cost of adult mental health intervention being £2,740 per case.
- Pathfinder IY courses alone have therefore saved approximately £68,500 (i.e. 5 courses of 10 parents each with 50% clinically depressed pre-course = 50% of 50 x £2,740)

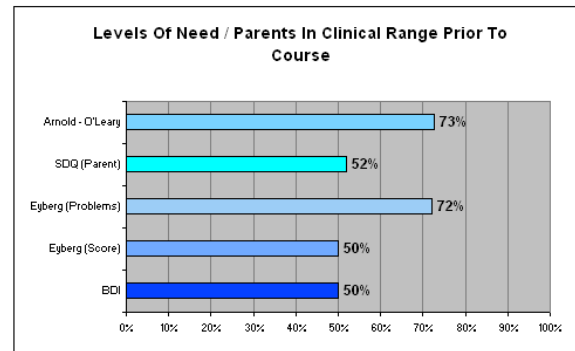
Average clinical scores for problem behaviour (figs. 6, 7 & 10)

- At the start of the course, 72% of parents describe significant clinical levels of problem behaviour in their child.
- By the end of the course these scores decrease significantly, well below clinical range.
- These reductions are not short-lived and are maintained at follow up.
- These results mirror those of the highly researched Incredible Years Programme, where long term follow up has demonstrated reduced involvement with youth justice services, drug and alcohol misuse, and teen pregnancies.
- Attendance at the course has also demonstrated an improvement in attendance at school. 100% of those persistently absent pre course were no longer persistently absent post course.
- The average cost of an IY parent course per family is £1,344 as opposed to the cost of one eviction due to anti-social behaviour of £6,500 and a behaviour support worker one day a week for a year at the cost of £4,992. These represent substantial immediate cost savings.

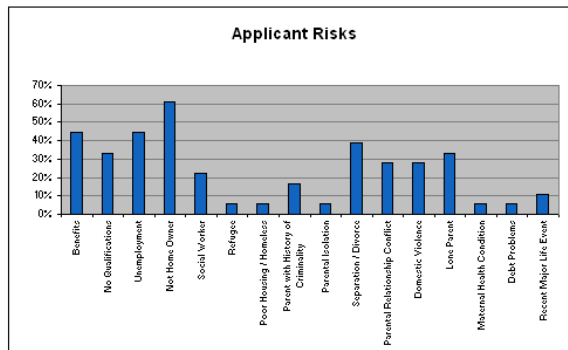
Target group: Families levels of need, risk and complexity



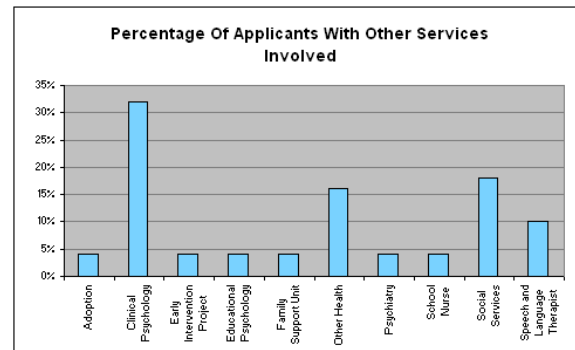
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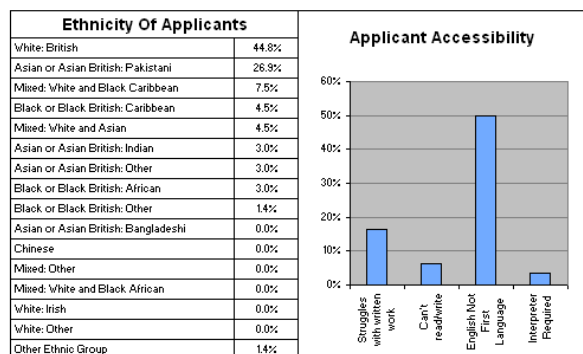
Need, risk & complexity: Number and type of risk factors (figs. 9 & 11)

- Parents on Pathfinder School Age Courses presented with significantly high levels of risk of poor child outcome. 100% of families presented with 1 or more risk factors.
- Risk factors include domestic violence, parental criminality, having English as a second language, having grown up in care and having a mental health problem. Risk factors have a cumulative effect and make it more likely that problems will occur and increase complexity.
- 61% of families present with 5 risk factors or more and are therefore at significantly elevated risk of poor child outcome.
- Families experiencing separation and divorce (39%), parental conflict (28%) and domestic violence (28%) are high. Parents report leaving violent partners on completion of CAPS interventions, this can have substantial cost savings.
- Financial hardship and socioeconomic disadvantage is a key risk factor. 44% of families received means tested benefits and 61% were non home owners.
- It is this group of families with complex problems and multiple risk factors that receive targeted CAPS support and who at follow up are working (30%) or have gone back to college (90%).
- Freed from child behaviour problems and parental depression these are families taking steps towards financial independence.

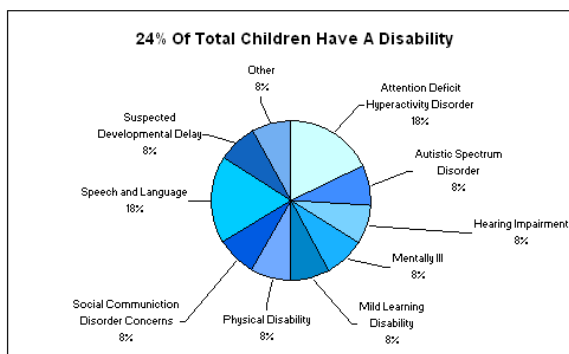
Percentage of applicants with other services involved (figs. 5 to 8 & 12)

- Families accessing the IY courses were frequently involved with multiple services at the beginning of the course: 36% were being seen by CAMHS and 22% had social work involvement. These figures demonstrate a significantly high level of complexity of families attending Pathfinder courses and demonstrate how impressive the significance of the outcomes are.
- Parents report being discharged from their social worker and requiring less input from other services. This represents a significant financial saving with the cost of one looked after child being £36,653.

Access: CAPS provides accessible courses



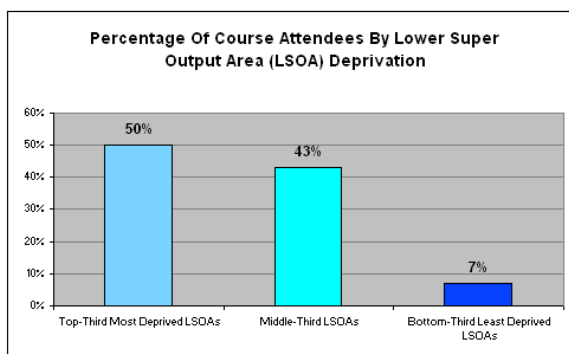
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Family Structure Of Applicants		Child-Applicant Relationship	
Both Parents or Partner in the Household	54.0%	Mother	94.0%
Single Mother Family	41.2%	Father	1.5%
Other Adults in the Household	3.2%	Aunt	1.5%
Not Resident with Children	1.6%	Foster Parent	1.5%
		Step Mother	1.5%

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Providing accessible courses: Ethnicity & access (fig. 13)

- Pathfinder provides a readily accessible service.
- Although minority ethnic families are historically less likely to take up parenting services; they are represented proportionately on Pathfinder IY parent courses due to successful engagement strategies.
- 50% of those accessing a course did not have English as a first language.
- Pathfinder courses have also been able to utilise the training provided by CAPSTIP to deliver courses with bilingual workers trained in the city.
- Traditionally illiteracy has been a major barrier to parents attending courses. However 22% of attendees either struggled with reading and writing or could not read and write at all.
- Skilful engagement strategies reduce this barrier – and successfully completing the course frequently spurs these parents on to further education.

Parents reporting their child as disabled (fig. 14)

- 24% of parents on Pathfinder courses reported their child as having some form of disability with ADHD at 18%, these children are at significant risk of developing antisocial behaviour.

Family structure & percentage of course attendees by lower super output areas (figs. 15 & 16)

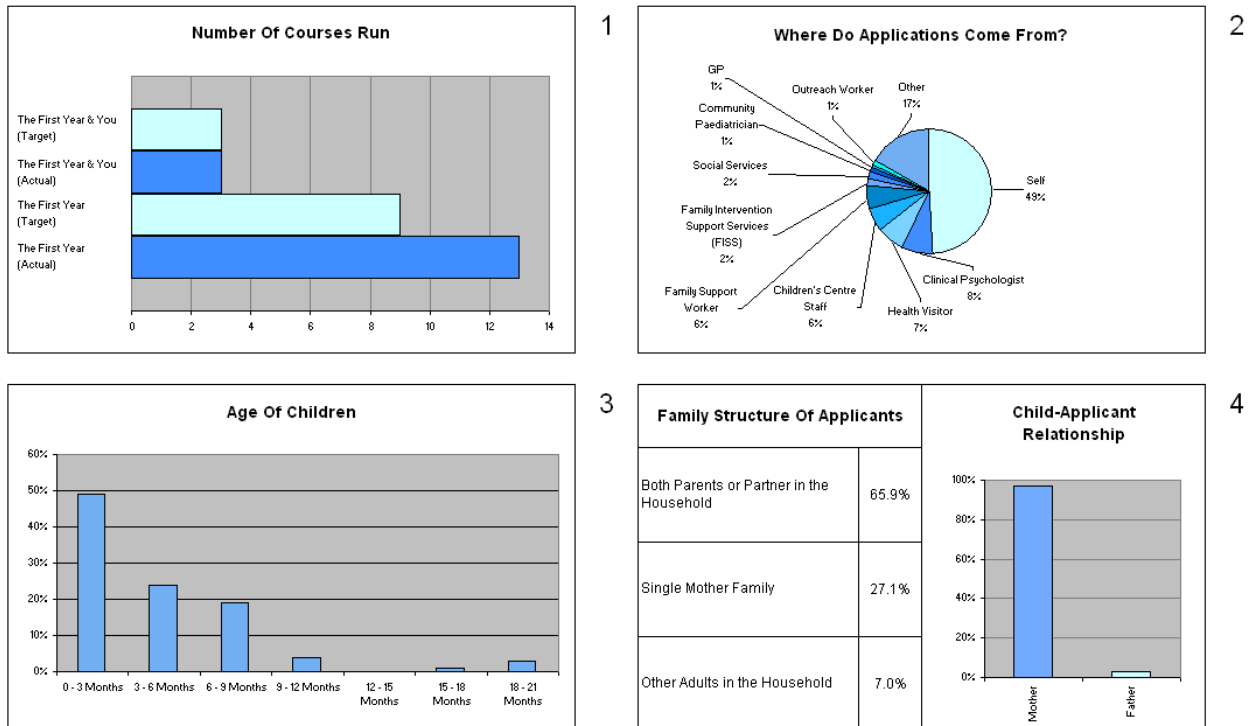
- Pathfinder works with a significant proportion (41%) of single parent families.
- Pathfinder has also engaged foster parents and parents who's children are in the care system.
- Families accessing courses come from the most disadvantaged neighbourhoods. This in itself is a risk factor for poor child outcome. Providing parenting education to these most needy families can act to break the perpetuating cycle of disadvantage.

CAPS

CAPS Pre-School Infant Interventions



Outputs: All targets met



Number of First Year (TFY) and First Year & You (TFY&Y) courses run and origin of applications (figs. 1 & 2)

- Across the city CAPS delivered 3 First Year and You courses, and 13 First Year courses with 49% of applications coming directly from parents.
- CAPS greatly exceeded the target for TFY courses in response to high demand and the identification of unmet need.

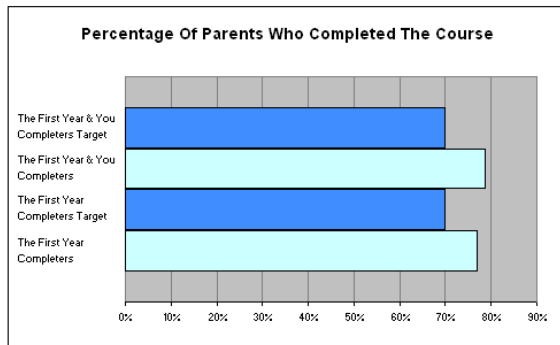
Age of children (fig. 3)

- This data shows that it is parents of the youngest children who are accessing these courses: Nearly half of all parents on these courses have a child under 3 months in age.
- This is important as supporting parents as early as possible in their child's development represents the most cost-effective strategy in early intervention. The approximate cost of one family support worker visiting a family just once a week for a year is £4,992 per family.

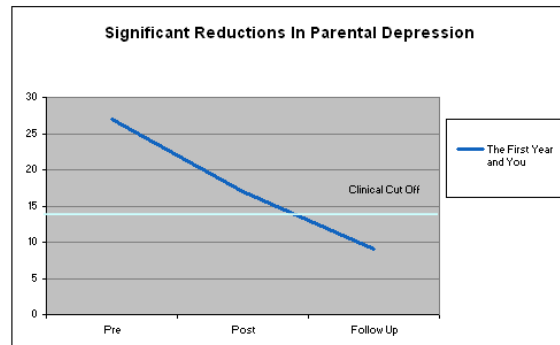
Family structure & child-applicant relationship (fig. 4)

- Approximately one third of parents attending infant interventions were single parents and it is predominantly mothers who attend.

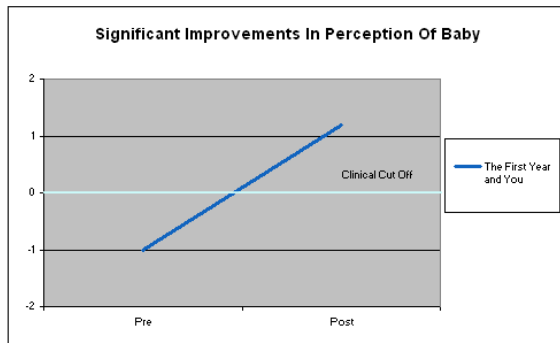
Outcomes: Significant Improvements in Presenting Problems



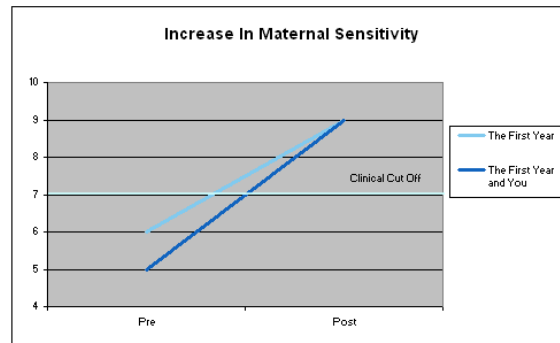
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Percentage of parents who completed courses: TFY and TFY&Y (fig. 5)

- For both infant courses nearly 80% of parents completed the intervention, demonstrating very high retention rates beyond the target set.

Significant reductions in parental depression: TFY&Y (fig. 6 & 10)

- At the start of the TFY&Y course 90% of parents scored within clinical ranges for depression.
- Parental depression has significant negative effects on infant development and the TFY&Y course specifically aims to improve moderate mental health problems.
- By the end of the course parents average scores for depression fell into the non-clinical range and continued to improve at follow up.
- This demonstrates a substantial cost efficiency saving with the average cost of adult mental health intervention being £2,740 per case.

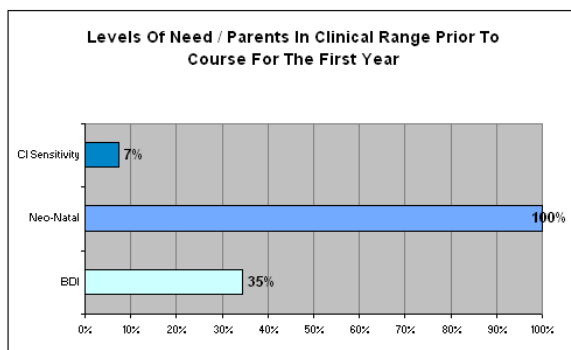
Significant improvements in perception of baby: TFY and TFY&Y (fig. 7)

- By the end of the course both infant interventions delivered significant improvements in the parents' perception of their baby, a protective factor for infants.
- As expected, parents on the targeted TFY&Y course have far more negative views of their baby at the outset than parents on the universal TFY course, demonstrating effective targeting of interventions.
- 6 month follow up data on TFY&Y are not yet available, but data on TFY shows that these perceptions continue to improve long after the course has finished.

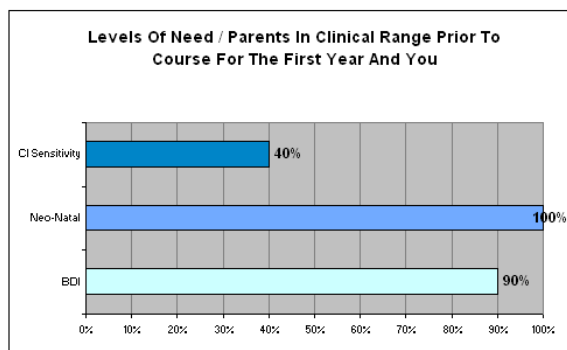
Increase in maternal sensitivity: TFY and TFY&Y (fig. 8)

- The infant courses bring about significant increases in maternal sensitivity, a protective factor in the development of a secure attachment between child and parent.
- Parents maternal sensitivity scores moved from "at risk/unsatisfactory" range pre-course into "sensitive/normal" range at the end of the course.

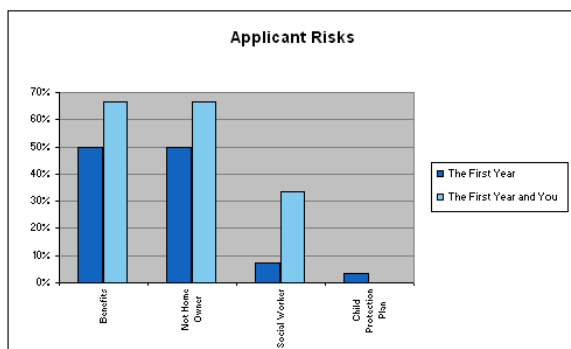
Target group: Families levels of need, risk and complexity



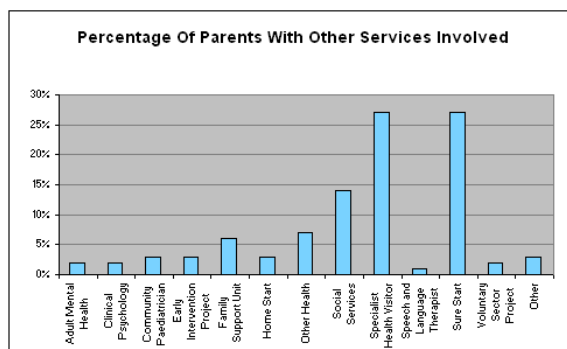
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Levels of need: Percentage of parents in clinical range prior to courses: TFY and TFY&Y (figs. 9 & 10)

- The Neo-Natal perception inventory measures whether parents hold positive or negative views of their baby. 100% of parents in both groups scored entirely in the clinical range on this measure.
- Parents on the targeted (TFY&Y) course demonstrated higher levels of depression and lower levels of parental sensitivity in observed interactions with their infants at the start of the course when compared with parents on the universal (TFY) course.
- These data demonstrate that CAPS effectively targets infant interventions appropriate to levels of need, therefore making best use of resources.

Need, risk & complexity: Number and type of risk factors (fig. 11)

- Financial hardship and socioeconomic disadvantage is a key risk factor. A high proportion of families receive means tested benefits (50% TFY, 67% TFY&Y) and were non-homeowners (50% TFY, 67% TFY&Y).
- Despite the young age of the children, a third of the parents who accessed the TFY&Y already had a social worker. Intervening this early can prevent the development of further risk to the infant.

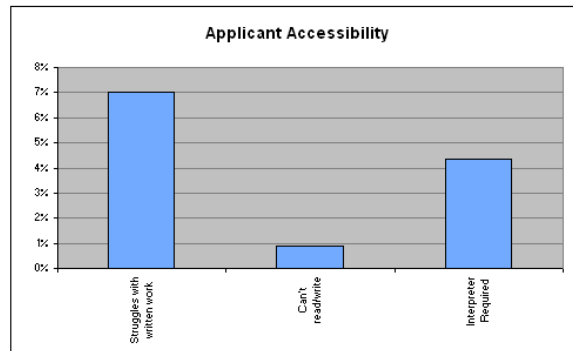
Percentage of parents with other services involved: TFY and TFY&Y (fig 12)

- 14% of parents accessing infant interventions had social services involvement and 27% had specialist health visitor and/or Sure Start involvement. These data demonstrate the high levels of need in families accessing infant interventions.
- Early intervention is crucial to improving child outcomes and cost effective, with the average cost of one looked after child being approximately £34,000.

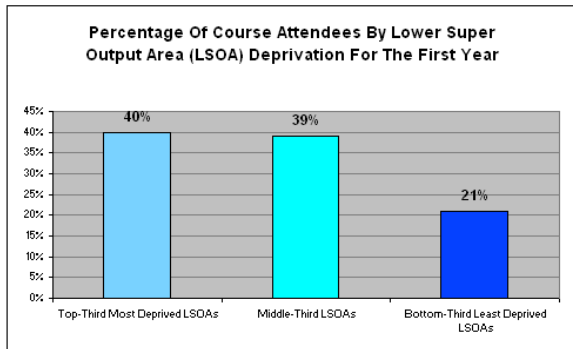
Access: CAPS provides accessible courses

Ethnicity Of Applicants	
White: British	48.7%
Asian or Asian British: Pakistani	14.6%
Black or Black British: African	7.0%
Mixed: White and Asian	5.1%
Mixed: Other	5.1%
White: Other	3.7%
Mixed: White and Black: African	3.2%
Mixed: White and Black: Caribbean	2.5%
Chinese	2.5%
Asian or Asian British: Bangladeshi	1.9%
Black or Black British: Caribbean	1.3%
Asian or Asian British: Indian	1.3%
White: Irish	0.6%
Black or Black British: Other	0.6%
Asian or Asian British: Other	0.0%
Other Ethnic Group	1.9%

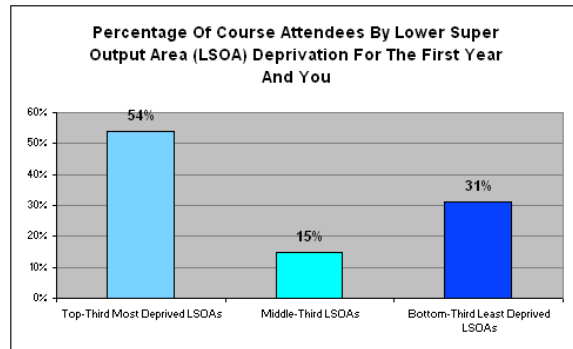
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Providing accessible courses: Ethnicity & access (fig. 13 & 14)

- An extremely diverse range of parents access the infant courses. For ethnicity a representative portion of Manchester's population attend CAPS infant courses.
- In addition, traditional barriers to course attendance such as English as a second language, and requiring interpreter services and literacy problems do not prevent parents from accessing CAPS courses, with both well represented.

Percentage of course attendees by lower super output area: TFY and TFY&Y (figs. 15 & 16)

- 54% of parents attending TFY&Y courses lived in the most deprived lower super output areas.
- For TFY courses, which is a universal course, almost 80% of parents accessing TFY courses lived in either the top or middle third most deprived lower super output areas.

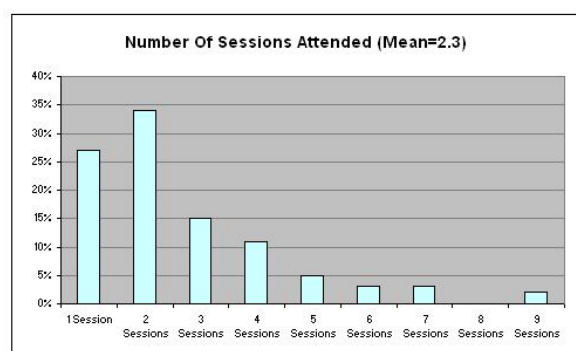
CAPS

CAPS Pre-School Child Psychology Clinic





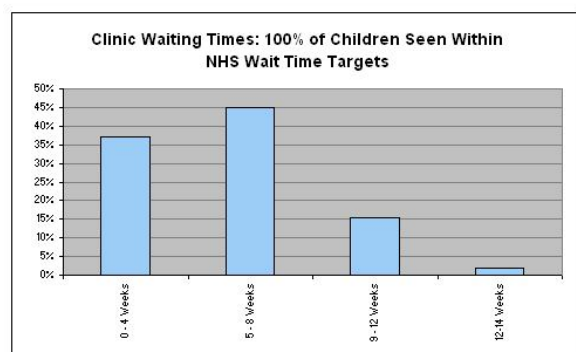
Outcomes: Significant Improvements in Presenting Problems



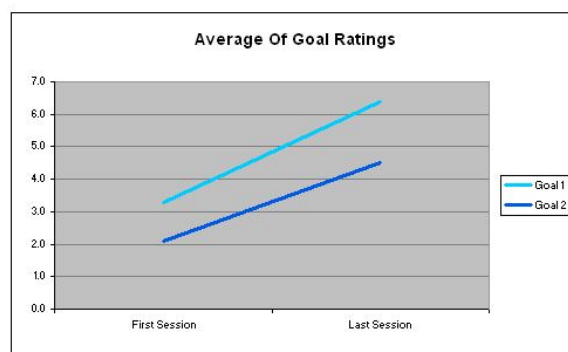
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Clinic Actions			
Referral to PSC	20.3%	Video interaction work	4.1%
Individual therapy with parent - parent focussed	11.4%	Consultation / liaison with other professional	3.3%
Assessment and formulation ONLY	10.6%	Referral to BSC	3.3%
Other	9.8%	Individual behaviour management	2.3%
Coordinated care planning meeting	8.1%	Referral to BBB	1.6%
School observation	5.7%	Sleep programme	1.6%
Support parent accessing other services	5.7%	Toileting programme	1.6%
Referral to another service / professional	4.9%	Develop play skills	0.8%
Enhancing parent child relationship	4.1%	Pre referral work - prior to accessing adult mental health	0.8%

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Number of clinic sessions attended (fig. 5)

- Families were seen for between 1 and 9 sessions each, with approximately 76% of families attending for three appointments or less.
- Interventions are brief, evidence based and cost effective.

Clinic actions (fig. 6)

- Most children are referred to clinic with behaviour problems. 20% of referrals go on to access CAPS Parent Survival Courses (IY) in line with NICE (National Institute of Clinical Excellence) guidelines which recommend group-based behavioural management over individual work as the most effective intervention.

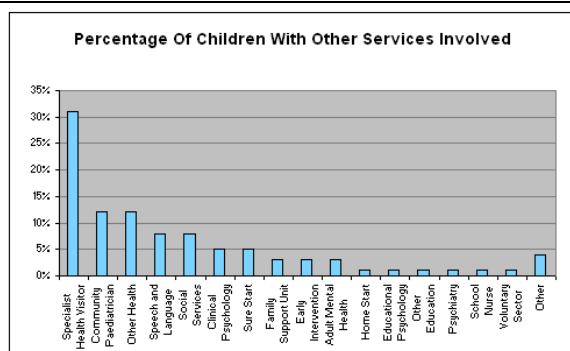
Clinic waiting times (fig. 7)

- 100% of children referred to the child psychology clinics were seen within the national NHS waiting list target times.
- However performance far exceeded national waiting list targets for CAMHS, with 37% of children being seen within 4 weeks, and a further 45% being seen within 8 weeks.

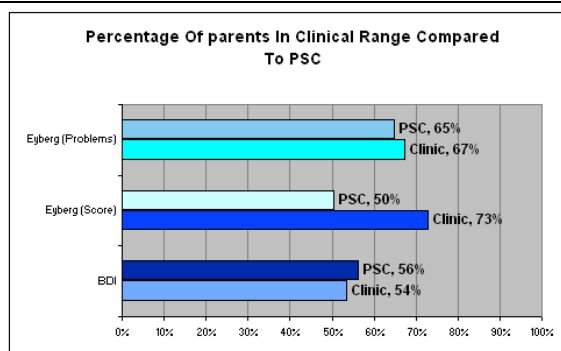
Improvements in families achieving their individual goals (fig. 8)

- During every child psychology clinic session, parents' progress is monitored by rating individual goals set by the family at assessment. This provides a tailored measure of outcome personal to the families' unique situation and difficulties.
- Comparing goal ratings from the first to final sessions demonstrates that families have made significant progress to achieving the outcomes they desire.

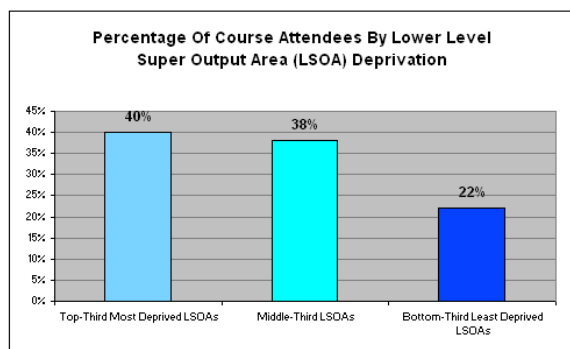
Target group: Families levels of need, risk and complexity



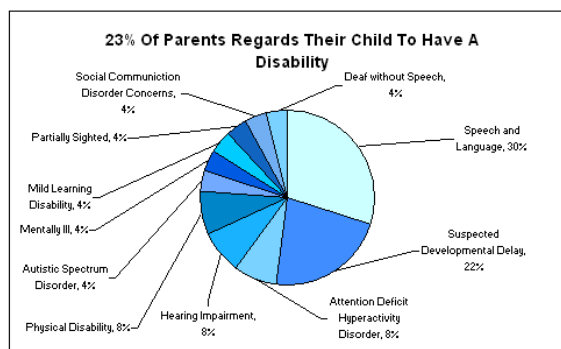
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Percentage of children with other services involved and parents reporting disability (figs. 9 & 12)

- As expected for families requiring specialist psychological assessment and intervention, families are frequently also involved with other services and have complex needs.
- One third of families were also being supported by the specialist health visiting teams and 8% had social services involvement.
- Almost a quarter (23%) of parents reported concerns that their child had a disability. Most commonly parents were concerned about speech and language delay, and developmental delay.

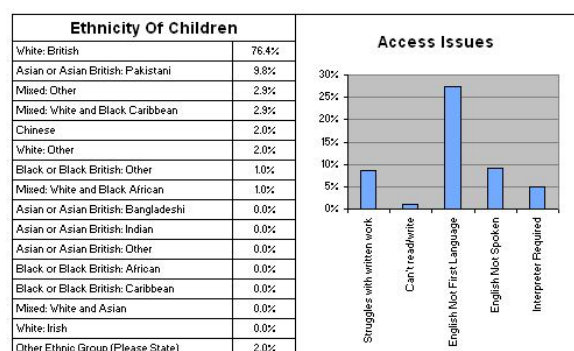
Percentage of parents in clinical ranges (fig. 10)

- 54% of parents who attended clinics were in clinical ranges for depression and 73% of children were in clinical ranges for problem behaviour.
- On average children referred to clinic had significantly more behaviour problems and presented with greater severity than those children whose parents attended the Parent Survival Courses. This demonstrates that CAPS is effectively targeting service provision so that those families with greater problems receive more intensive support. This is both more effective for child outcomes and is most cost effective.
- The cost of one behaviour support worker, one day per week, is approximately £4,992 per year. 73% of the 261 children seen in clinics equate to 191 children with serious behaviour problems. Left untreated this could lead to severe problems through their school careers. Early assessment, identification of problems and intervention at this stage therefore has substantial cost savings both short term and long term.

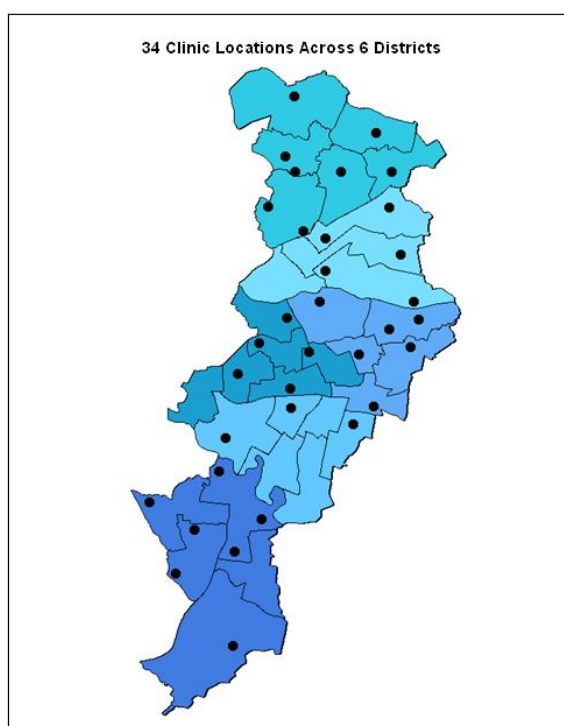
Percentage of clinic attendees by lower super output areas (fig. 11)

- Clinics are serving families with complex needs experiencing multiple levels of deprivation.
- The greatest uptake for the clinics was from families that live in the most deprived lower super output areas.

Access: CAPS provides accessible courses



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Family Structure Of Referred Children		Children Present With	
Both Parents or Partner in the Household	58.9%	Mother	90.4%
Single Mother Family	32.1%	Father	4.0%
Other Adults in the Household	8.0%	Grand Mother	4.0%
Single Father Family	1.0%	Aunt	0.8%
		Other	0.8%

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Providing accessible courses: ethnicity and access (fig. 13)

- CAPS provides accessible, community based psychology clinics.
- Compared to the population of Manchester as a whole, minority ethnic children are proportionately represented in the pre-school child psychology clinics.
- Nearly one third of parents accessing the clinic use English as a second language with 9% not speaking English at all.
- These data demonstrate CAPS has been successful at engaging families who historically are less likely to access services.

Clinic locations citywide: 34 clinics (fig. 14)

- Pre-school child psychology clinics were located in 34 children's centres cross Manchester. This demonstrates a commitment from CAPS to deliver highly specialist clinical psychology provision in accessible venues in local communities.
- Delivering clinics from children's centres provides an excellent platform for collaborative multi-agency working. The clinical psychologists are well placed for joint working, skill-sharing, liaison and case-consultation.

Family structure of referred children (fig. 15)

- Most children present in clinic with their mothers. One third of attendees were single parents.

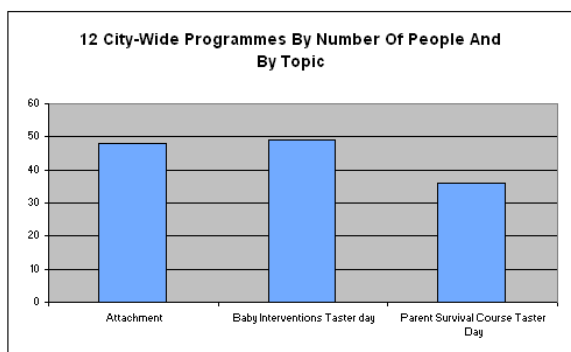
CAPS & CAPSTIP Training

CAPS

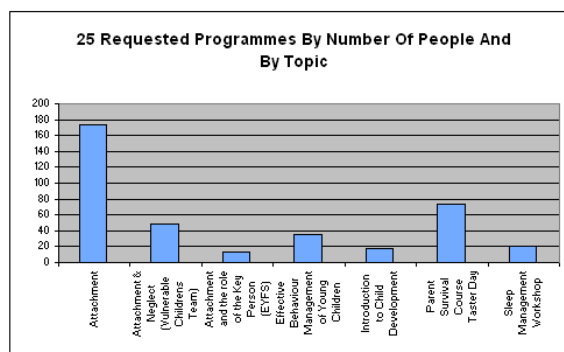




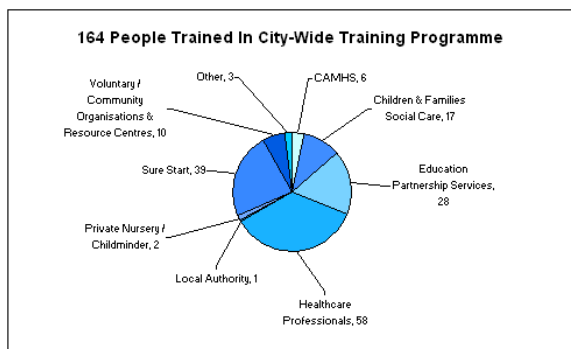
Outputs: CAPS Pre-school Training



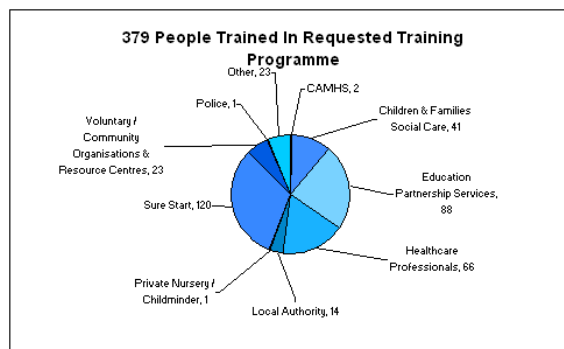
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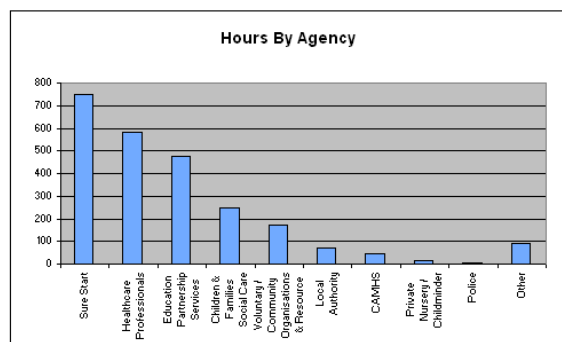
CAPS City-wide training programme (figs. 1 & 3)

- The development of the CAPS City-wide Training Programme, introduced in January 2009, has proved successful and been positively evaluated.
- 164 professionals from a range of agencies received training in attachment, infant intervention overview and/or parent course overview.
- In response to demand, the programme for 2010 has been expanded to include sessions on the management of sleep and feeding problems in pre-school children.

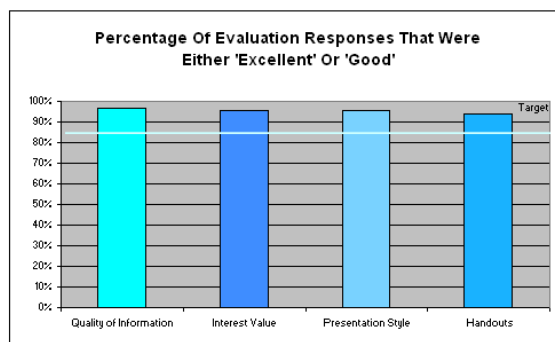
CAPS bespoke training (figs. 2 & 4)

- Alongside the City-wide training programme, CAPS has continued its commitment to deliver bespoke training for specific teams, staff groups and/or centres.
- 379 multi-agency workers received bespoke training, with attachment being the most requested topic.
- In total 543 multi-agency workers have received CAPS pre-school training sessions.
- Evidence suggests that workers who are more confident and knowledgeable about social and emotional development are more likely to identify needs earlier and make more appropriate referrals to services. This is not only cost effective but is crucial to supporting families to access services swiftly, hence CAPS commitment to this training.

Outcomes: CAPS Pre-school Training

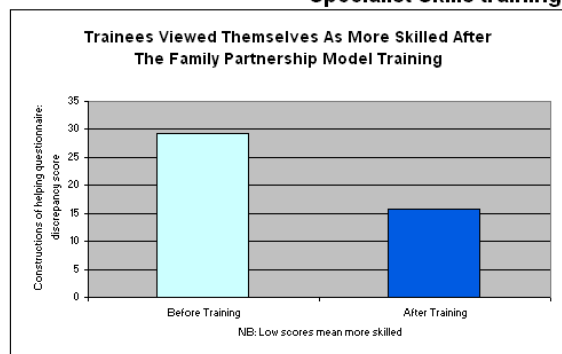


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Specialist Skills training: The family Partnership model



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Trainees Rated The Training Highly

Would you recommend the FPM course to a colleague?	
Highly Recommend	91.7%
Recommend	8.3%
Not sure	0.0%
Unlikely to Recommend	0.0%
Would not Recommend	0.0%

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Number of hours training received (fig. 5)

- Sure Start employees were the biggest recipients of CAPS training, with over 750 hours of training received specifically into Sure Start; 582 into health, 474 into education and 246 in CF&SC.

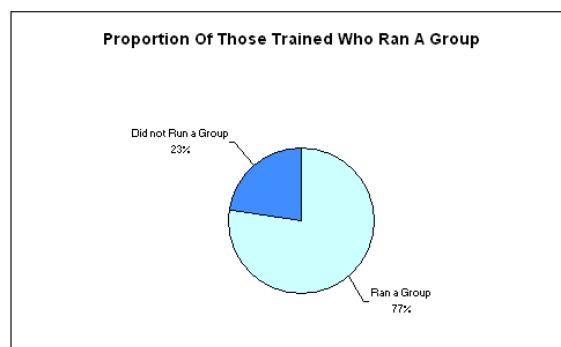
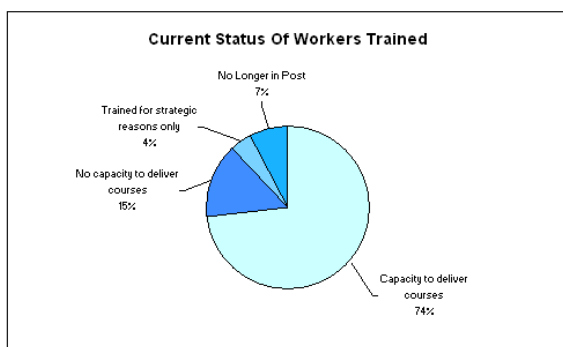
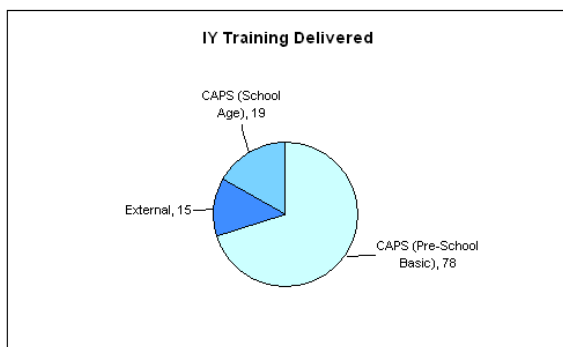
Evaluation of training (fig. 6)

- Well over 90% of recipients rated all aspects of the training they received as either 'excellent' or 'good'.

Specialist skills training: The Family Partnership Model (figs. 7 & 8)

- 12 workers attended the 10 week specialist Family Partnership Model (FPM) training.
- Each worker received 35 hours of skills training from the CAPS team: in total 420 hours of FPM skills training was delivered this year.
- 100% of attendees rated the training as 'excellent' and all workers would recommend the training to others.
- Evaluation of workers skill level, using the Constructions Of Helping Questionnaire showed that they made significant improvement in their skills.
- Workers were asked to rate their *actual* ability as well as their *ideal* ability level when working with parents. A significantly reduced discrepancy was demonstrated by the end of the training between workers *ideal* and *actual* levels of ability.

Outputs: Accredited Incredible Years Training



Professional background of those trained (figs. 9 & 10)

- CAPSTIP trained 107 people in the accredited Incredible Years 3 day workshop.
- In addition Extended Schools invested in training a group of secondary school staff to pilot IY for parents of year 7 children. Training complete, the pilot is already underway.
- 15 staff accessed training either through funded places or through the NAPP (National Academy for Parenting Practitioners) offer.
- School Staff were the main recipients of training, supporting the Extended Schools Core Offer and working towards Full Service Schools.
- These courses build positive relationships between parents and schools. A stronger parent-school alliance has been shown to improve child attendance and attainment in school.

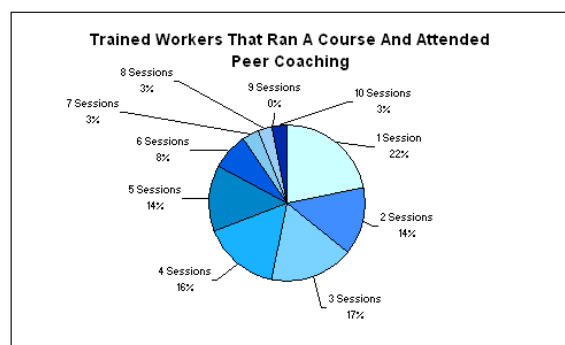
Current status of workers trained (fig. 11)

- Training staff is costly. CAPSTIP has established formal contracts with schools and agencies trained to ensure the most appropriate staff are trained and released to deliver the IY programme.
- This has worked well with a high rate of 73% of those trained going on to deliver parents courses. 22% of staff had their role changed or left the post following training.
- 4% of workers were trained for strategic reasons to support the effective delivery of the programme within their locality.

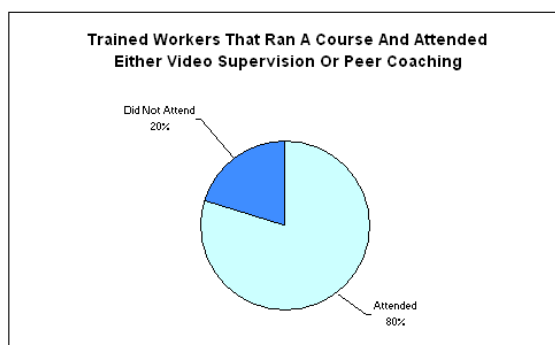
Proportion of those trained who ran a group (fig. 12)

- 77% of those trained had already delivered a programme by the end of the year. The other 23% have plans in place to deliver within 12 months.

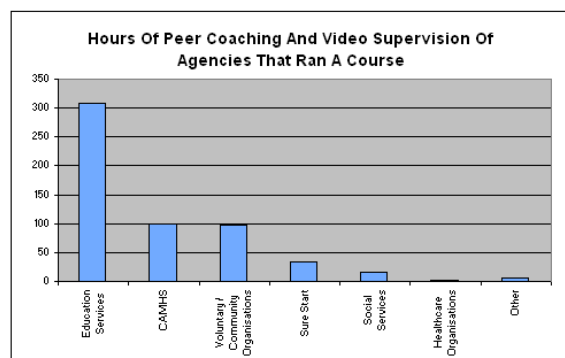
Outcomes: Accredited Incredible Years Training



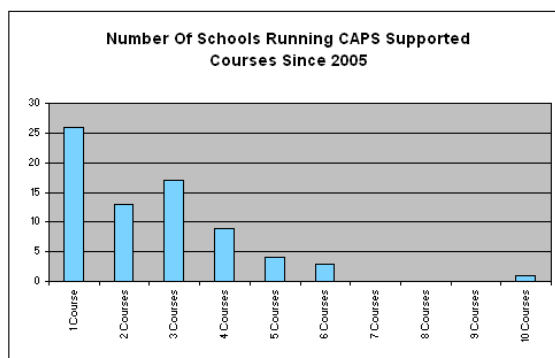
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Trained workers who ran a course and attended peer coaching (figs. 13 & 14)

- To be effective parenting courses need to be delivered with quality and fidelity.
- NICE guidelines recommend staff delivering courses receive adequate supervision.
- All staff delivering courses in Manchester have access to regular accredited supervision and peer coaching but not all are released by managers.
- 80% of all those delivering groups accessed supervision and 64% attended 3 or more peer coaching sessions. These are very high rates of attendance given workers competing demands.
- Manchester is unique, with CAPS being the only service in the UK to have accredited staff in all 4 levels of IY accreditation: trainer, mentor, peer coach and group leader. This allows all workers to receive high quality accredited supervision, ensuring effective outcomes for children and families.

Number of hours of peer coaching and video supervision (fig. 15)

- CAPSTIP delivered 558 hours of supervision and peer coaching to staff in Manchester.
- CAPSTIP co-ordinators play a vital role in co-delivery, peer coaching, co-ordination of group leaders and the loan of resources. These data demonstrate the effectiveness of the CAPSTIP model for implementation of an evidence based model and its sustainability with quality control.

Number of schools and agencies running CAPS supported courses since 2005 (fig. 16)

- In the last few years CAPSTIP has supported 175 parenting courses with one agency going on to run 10 courses. A new certificate scheme has now been introduced to acknowledge the commitment of those dedicated schools and agencies. Awards require schools and agencies to attend supervision during the courses they deliver.

Summary and Conclusions

CAPS has a 10 year proven track record of delivering highly 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 and has successfully engaged some of the most vulnerable families at risk. Using standardised measures, CAPS has demonstrated, significant improvements in both behaviour problems in children and in the mental health of parents living in Manchester.

Research has for many years demonstrated that early intervention is not only the most effective approach to reduce anti-social behaviour but is also the most cost effective in the long term. However, in the current financial climate there is huge pressure to make savings now. 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 with immediate financial savings to many services within the local authority, including adult mental health, behaviour support services and family support services.

The service is currently jointly commissioned by CAMHS, Sure Start, Extended Schools, PEIP and the Area Based Grant. All funding, with the exception of CAMHS, is fixed term until 31st March 2011 and these fixed term grants make up approximately three quarters of CAPS funding. With limited budgets and imposed cuts, commissioners need to make difficult decisions to make the best use of resources to ensure that the children and families of Manchester receive high quality, effective services whilst also making efficiency savings. This report provides evidence that CAPS is cost-effective both in the short term and in the long term; and has a strong business case for continued funding to ensure the safeguarding of children in Manchester and to improve their outcomes.

"Sustainable implementation of evidence based parenting programmes can be very challenging for services. I have been impressed with the CAPS model as they have worked hard to develop an infrastructure of high quality supervision, consultation, coaching and training in regard to the delivery of the Incredible Years parenting interventions with fidelity. Such quality delivery of these programs will lead to positive and sustainable outcomes for children and families and enhance community building."

Professor Carolyn Webster-Stratton, Incredible Years Programme Developer

Summary of CAPS Interventions

CAPS Service	Target Group	Aims	Key Outcomes	Immediate Cost Saving
Parent Survival Course - The First Year (PSC-TFY) Under 1 year olds	7 week course for parents with an infant under twelve months old. A crèche is provided to enable parents to attend.	To build a protective, positive relationship between the parent and the child.	Improved parental sensitivity and support the development of secure parent-child relationships.	Family Support Services CFSC
Parent Survival Course – Incredible Years Parent & Baby (PSC-IY Baby) 6 months to 1 year	8 week course for parents with an infant under six months old at the start of the course. Parents attend with their infants as part of the course.	To help parents develop appropriate expectations of their infant's needs and of what their infant is able to do at different developmental stages.	Improved parental sensitivity and build a positive relationship.	Family Support Services CFSC
Parent Survival Course - The First Year and You (PSC - TFY&Y) Under 1 year olds	10 week course for parents with an infant under twelve months old. This is a specialist parenting intervention targeted at vulnerable parents who experience mild to moderate mental health problems, such as anxiety or depression. A crèche is provided to enable parents to attend.	To help parents cope with their mental health needs and provide parenting strategies to build a protective relationship between the parent and the child.	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 (CAPS Pre-School) Age 5-8 (CAPSTIP) Age 8-12 (Pathfinder)	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
CAPSTIP Training Resource	Provides accredited training and supervision in the Incredible Years Programme to staff in Manchester. Offers ongoing high quality supervision and peer coaching; and loans resources to enable schools and agencies to deliver.	To enable workers to deliver effective, high quality parent courses with fidelity within their own organisations.	Develop a sustainable infrastructure for ongoing delivery of effective, evidence based parent interventions.	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 Play, and Family Action.

