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## **Implementation advice**

Suggested actions for  
implementing NICE technology  
appraisal TA102 on parent-  
training/education programmes in  
the management of children with  
conduct disorders



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## Supporting implementation

NICE technology appraisal TA102 'Parent-training/education programmes in the management of children with conduct disorders', developed in collaboration with the Social Care Institute for Excellence (SCIE), is supported by the following implementation tools.

- Slides highlighting key messages for local discussion.
- Costing report and costing template to estimate the savings and costs associated with implementation.
- Audit criteria to monitor local practice (see appendix C of the guidance).
- Implementation advice (this document).

There is also a general guide available called '[How to put NICE guidance into practice](#)' which provides advice on practical steps for the implementation of all NICE guidance.

All these tools are available on our website: [www.nice.org.uk/TA102](http://www.nice.org.uk/TA102)

## What is the aim of implementation advice?

This implementation advice aims to support commissioner services in working with multiple agencies to implement the guidance by providing a description of key stages towards having adequate provision for parent-training/education programmes that meet the guidance criteria. It also identifies national initiatives that support local action.

## Who should read this advice?

Primarily, this advice is aimed at local planners and commissioners in primary care trusts. They should be particularly aware of the wide audience for this guidance and the range of professionals that it will affect, hence the collaboration with SCIE. This audience spans healthcare, social care, the educational services, the youth justice system, the voluntary sector and other services, these factors make its implementation particularly complex.

## Why implement NICE guidance?

Guidance offers recommendations for good practice based on the best available evidence of clinical and cost effectiveness.

The Healthcare Commission assesses the performance of NHS organisations in meeting core and developmental standards set by the Department of Health in 'Standards for better health' issued in July 2004. The Secretary of State has directed that the NHS provides funding and resources for medicines and treatments that have been recommended by NICE technology appraisals normally within 3 months from the date that NICE publishes the guidance. Core standard C5 states that healthcare organisations should ensure they conform to NICE technology appraisals.

'Healthcare Standards for Wales' was issued by the Welsh Assembly Government in May 2005 and provides a framework both for self-assessment by healthcare organisations and for external review and investigation by Healthcare Inspectorate Wales. Standard 12a requires healthcare organisations to ensure that patients and service users are provided with effective treatment and care that conforms to NICE technology appraisal guidance. The Assembly Minister for Health and Social Services issued a Direction in October 2003 which requires Local Health Boards and NHS Trusts to make funding available to enable the implementation of NICE technology appraisal guidance, normally within 3 months.

Where it is not possible to apply NICE guidance recommendations within the 3-month period following publication, extensions can be granted by the Secretary of State, on advice from NICE. In England the 3-month funding direction has been extended to 2 years for the NICE technology appraisal of parent-training/education programmes in the management of children with conduct disorders. The Welsh Assembly Government is considering its position in regard to the implementation of this guidance in Wales. Further advice to the NHS in Wales will follow in due course.

## Planning for implementation

Key areas to consider are implementation of effective group and individual parent-training/education programmes, depending on the needs of the families, and providing appropriate facilitator training.

When planning how services are commissioned and delivered, other ongoing initiatives relating to this guidance should be taken into account. These initiatives derive from policy strands which cut across health, social care, education, crime and antisocial behaviour, and social exclusion, and are described more fully in the section 'National support for local action' (page11).

This advice should be used alongside the published technology appraisal guidance. This information does not supersede or replace the guidance itself.

The first task is to check if the guidance is relevant, identify implementation leads and an implementation group with members who specialise in parent-training programmes who can help to ensure that the guidance has been disseminated effectively in its organisation. This might involve making presentations or running workshops about the guidance. The [slides](#) developed to support this guidance should help. For more ideas on how to raise awareness of NICE guidance, see '[How to put NICE guidance into practice](#)'.

Our advice is that these start-up activities should take place within the first 3 months following publication of the guidance.

As the 3-month funding direction has been extended to 2 years for this guidance, it is anticipated that the remaining implementation activities are likely to happen at different stages for each organisation depending on their baseline and taking account of progress in relation to the [Public Service Agreement, chapter 3](#) standard, the [Children's National Service Framework, Standard 2: Supporting Parents or Carers](#) and the [Local Area Agreements Guidance](#) mechanisms.

## **Milestones**

We foresee that commissioners and planners will work with providers to develop local implementation timetables for the recommendations laid out in this NICE guidance together with key milestones that should be achieved.

It is recognised that every organisation is different and will be starting from a different baseline. In order to progress and meet compliance with implementation of this technology appraisal within 2 years, we suggest that the following framework is considered.

<b>Suggested timing from date of publication of the guidance</b>	<b>Suggested milestone</b>	<b>How NICE can help</b>
By month 3	Implementation leads and implementation group identified, awareness-raising activities completed	<ul style="list-style-type: none"> <li>• Published guidance</li> <li>• Slide set</li> <li>• Guide to How to implement NICE guidance</li> </ul>
By month 12	<p>Baseline assessment completed.</p> <p>Local needs identified.</p> <p>Staff groups and numbers for training identified.</p> <p>Action plan in place with support from the appropriate local working partnerships.</p> <p>Training arrangements in place to begin before, or at start of, year 2.</p>	<ul style="list-style-type: none"> <li>• Audit criteria</li> <li>• Costing tools</li> <li>• This advice</li> </ul>
By month 24	All required staff will be trained and programmes	

	are established and operational to meet local action plan.	
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## Suggested action plan

The goal and suggested actions listed in the table below are designed to help local planners and commissioners make the best use of resources to support implementation of the guidance. The actions are divided into two areas: planning process, and performance, risk management and assessment. The lists of actions could form the basis of an action plan, and organisations and responsibilities can be assigned to each one. We have listed suggested actions in a roughly sequential order for you to copy and paste as appropriate into your own action plan. The suggested order may be changed according to local priorities and the extent to which an individual organisation is currently able to support multi-agency working. The resources required for implementation could be calculated, and deadlines assigned to each action. Ideally, the responsibility should be shared among interested parties to help spread the workload.

Further support and detail is provided in the [costing report and template](#) and guidance audit criteria.

## Goal

To provide parent-training/education programmes that meet guidance criteria and are run by effective and competent facilitators

Area	Suggested actions to consider
Planning process	<b>Baseline assessment</b> <ul style="list-style-type: none"><li>• Make use of the existing <a href="#">National Child and Adolescent Mental Health Service (CAMHS) Mapping Exercise</a> resource commissioned by the Department of Health</li><li>• Map and review local parent-training/education programmes against NICE guidance recommendations, and ascertain unmet needs within:<ul style="list-style-type: none"><li>- specialist CAMHS services,</li><li>- services external to the primary care trust</li><li>- voluntary sector services.</li></ul></li><li>• Evaluate current capacity of parent-training/education programmes to support the management of children diagnosed with conduct disorders against <a href="#">national costing report</a></li><li>• Use the results from your baseline assessment and NICE audit criteria to identify local needs.</li></ul>
	<b>Strategic planning</b> <ul style="list-style-type: none"><li>• Ensure that parenting is a central focus of strategic planning for children's services and is integrated within other important strategic developments, such as care pathways.</li><li>• Raise the profile of the local Children and young people's partnership and children's plan, to ensure commissioning support and to obtain the best possible position for negotiations with providers and partners.</li><li>• Agree responsibilities for cost across agencies; consider a pooled funding approach.</li></ul>

- Support a joint commissioning arrangement for early intervention using parent-training/education programmes, with clear lines of responsibility. Determine service level agreements as appropriate.

**Local delivery/business planning**

- Raise awareness of the guidance and programme recommendations through local communication channels; use multiple media such as websites, lunchtime meetings, leaflets and review meetings.
- Identify the people who need to be informed about the availability and accessibility of programmes, and develop methods to notify them.
- Raise awareness of local priorities in action plans such as the Community Strategy, Local Area Agreements, and local public service agreements involving the health service, government, local councils and the voluntary sector.
- Identify effective ways of multi-agency partnership working across the areas of health, education, social services, the youth justice system and the voluntary sector that will result in improved care pathways.
- Ensure close commissioning dialogue between partners. Find ways to engage and develop the involvement of local professionals such as nursery nurses, school nurses, health visitors and social care workers, who have a vital role to play in assisting in the redesign and commissioning of services. Encourage the development of local ideas and begin implementation.
- Ensure that mechanisms are in place to review or update new and existing protocols and policies.
- Ensure that clear statements of responsibility and accountability exist for specific projects and for the delivery of local policy.
- Consider training for new and existing staff, and include other professional groups if appropriate – for example, social care, education, youth justice and voluntary workers.
- Improve parent information in order to optimise programme participation, and signpost to existing information.

	<ul style="list-style-type: none"> <li>• Take steps to address activity growth, and re-estimate activity required.</li> </ul>
<b>Performance, risk management and assessment</b>	<ul style="list-style-type: none"> <li>• Ensure regular activity reporting, in line with the service level agreements.</li> <li>• Review audit and outcomes to utilise capacity efficiently to meet demand.</li> <li>• Evaluate outcomes within the partnership of parent-training/education programmes, utilising audit criteria; analyse reasons for performance variance.</li> <li>• Make sure that robust clinical governance arrangements are in place to ensure the provision of high-quality training programmes.</li> <li>• Implementation of this guidance should be reviewed and monitored; the guidance is accompanied by audit criteria to help with this. Ensure that mechanisms are agreed with results fed back to the relevant trust/partnership board.</li> </ul>

## **Appendix**

### **National support for local action**

The NICE technology appraisal on 'Parent-training/education programmes in the management of children with conduct disorders' provides guidance to organisations on how best to support parents whose children have a clinical diagnosis of conduct disorder.

Government policy concerned with the behaviour of children and young people, and with supporting parents in preventing or dealing with their children's bad behaviour, is made up of interrelated strands from the areas of health, social care, education, crime and antisocial behaviour, and social exclusion.

### **Every child matters**

The 2003 green paper 'Every child matters' described a tiered service model in which:

- all parents receive support through universal services such as schools, health services and social care
- there is targeted specialist support for parents needing additional support, and
- compulsory action is used as a last resort in cases where parents condone a child's antisocial behaviour.

### **Children's National Service Framework (NSF)**

In the 2004 Children's National Service Framework (NSF), standard 2 on 'Supporting parents or carers' through universal services states that 'Parents or carers are enabled to receive the information, services and support that will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe'. The other preventive aspects of universal services described in standards 1, 3, 4 and 5 are also highly relevant.

The key standards in the NSF relating to specialist services are standard 8 covering children and young people with 'complex health needs', which includes children with behavioural difficulties who need access to child and adult mental health services, and standard 9 on children and young people's 'mental health and psychological well-being'.

## **Every child matters – common outcomes framework**

'Every child matters: change for children' (2004) brings together in a common framework the outcomes, aims, targets, and inspection criteria derived from the 2003 green paper, the NSF, and the 2004 'Choosing health' white paper. All outcomes in the framework are relevant, although it is worth noting in particular the 'Make a positive contribution' outcome, one of whose aims is that children should 'engage in law-abiding and positive behaviour in and out of school' with the support of 'parents, carers and families' who 'promote positive behaviour'. Related targets are to do with levels of offending, crimes brought to justice, exclusions, and bullying.

## **Antisocial behaviour**

The Crime and Disorder Act 1998 for the first time made prevention of offending by children and young people a principal aim of the youth justice system. In particular, it created parenting orders – a requirement for parents to attend counselling and guidance sessions where they receive help in dealing with their children – along with other measures to enforce parental involvement in tackling their children's criminal behaviour. Local Youth Offending Teams (YOTs) have a major role in meeting the objectives of the Act.

In the years since the 1998 Act, the concept of antisocial behaviour has come to the fore, evolving recently into the current 'Respect Action Plan'. This highlights the critical role of parents in helping their children to develop good values and behaviour, and makes a pledge to develop parenting services nationally. These will focus on intensive and compulsory support for parents of 'problem families'. Other commitments include legislation to tackle poor behaviour in schools. A new measure will ensure that parents take responsibility for their child's behaviour in the classroom.

## **Social exclusion**

Policies on tackling social exclusion – such as Sure Start, Children's Centres, the Children's Fund, and Connexions services – are seen as vital in providing support for parents and for children who are at risk.

Children's trust arrangements will increasingly be the local mechanism for coordinating the contributions of the NHS, local authorities, the police, the youth

justice system and other partners in providing parenting support and other preventive services. In the coming years, the goals of such partnerships will be integrated into local area agreements.

### **Our health, our care, our say**

The white paper on community services, 'Our health, our care, our say' (2006), is largely about the future direction of health and social care services for adults. However, it builds on existing policy for children and young people. For example, the new NHS 'life check' (which enables people to assess their own risk of ill-health) will be available to children, and there are proposals to improve access to services in the community for teenagers and expectant mothers, as well as mental health services for children. Also significant are the white paper's proposals on integrating the outcomes frameworks, performance management and commissioning of services concerned with the health, social care and well-being of children and adults.

### **Useful websites**

*Please note that the Institute is not responsible for the quality or accuracy of any information or advice provided by these organisations.*

The green paper *Every child matters* (2003) and *Every child matters: change for children* (2004), including the Change for Children outcomes framework, available at [www.everychildmatters.gov.uk/aims/background/](http://www.everychildmatters.gov.uk/aims/background/)

The *National Service Framework for Children, Young People and Maternity Services* (2004) – the Children's National Service Framework, available at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT\\_ID=4089111&chk=U8Ecln](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln)

The public health white paper *Choosing health: making healthy choices easier* (2004), available at [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)

The white paper on community services *Our health, our care, our say: a new direction for community services* (2006), available at [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4127453&chk=NXIecj](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4127453&chk=NXIecj)

The *Respect Action Plan* (2006), available at [www.homeoffice.gov.uk/documents/respect-action-plan](http://www.homeoffice.gov.uk/documents/respect-action-plan)

For more on Parenting Orders, see [www.youth-justice-board.gov.uk/YouthJusticeBoard/Sentencing/ParentingOrder/](http://www.youth-justice-board.gov.uk/YouthJusticeBoard/Sentencing/ParentingOrder/)

For more on children's trusts, see [www.everychildmatters.gov.uk/aims/childrenstrusts/](http://www.everychildmatters.gov.uk/aims/childrenstrusts/)

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