

“YOU CAN’T SAY GO AND SIT ON THE NAUGHTY STEP BECAUSE THEY TURN ROUND AND SAY MAKE ME.”

Aggressive behaviour in children: parents’ experiences and needs

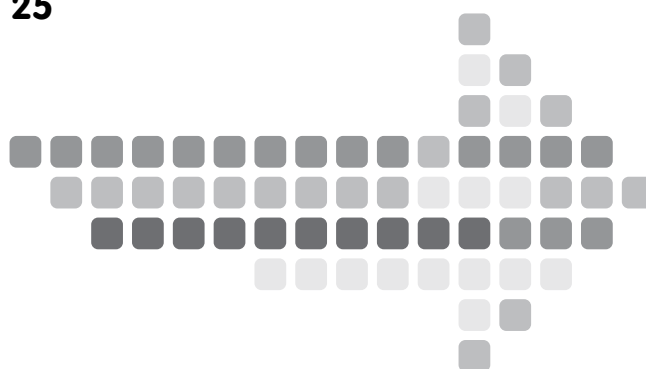




**“You can’t say go and sit on the naughty step
because they turn round and say make me.”
Parent in focus group**

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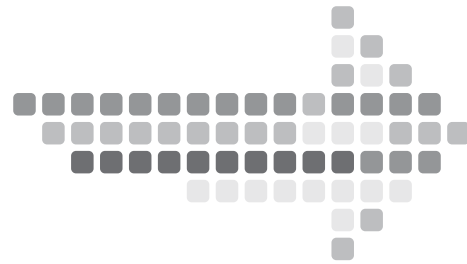
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1. Introduction

This report explores the impact and possible causes of aggressive behaviour by children and young people. Since Parentline started taking calls, in the mid 1970s, the majority of calls from parents¹ have concerned children's behaviour, and the majority of calls about behaviour concern aggression² (Parentline Plus 2003). The research undertaken for this report shows very clearly that aggressive behaviour includes physical and verbal aggression that takes place mainly behind closed doors at home. Parents are at their wits' end, and aggressive behaviour has often gone on for years, spiralling into ever worsening situations. It is imperative that the needs of these children and their parents are acknowledged and properly responded to, because research is quite clear on the risk of poor outcomes for these children if the behaviour continues unchecked. The purpose of this report is to acknowledge that this is an issue for parents using our services, we do not demonise children and young people nor do we set parent against child: the report simply acknowledges and explores the issues.

We looked at long calls³ received during October 2007 – June 2008. 29% of these concerned children's behaviour, 16% concerned children's emotional health and 14% concerned conflict. 28% of calls concerned the mental health of the caller, all other reasons for calling totalled 13% of our long calls.



1. We use the term parent throughout this report to refer to anyone caring for a child or young person. The term includes mothers and fathers, stepparents, grandparents and other carers.

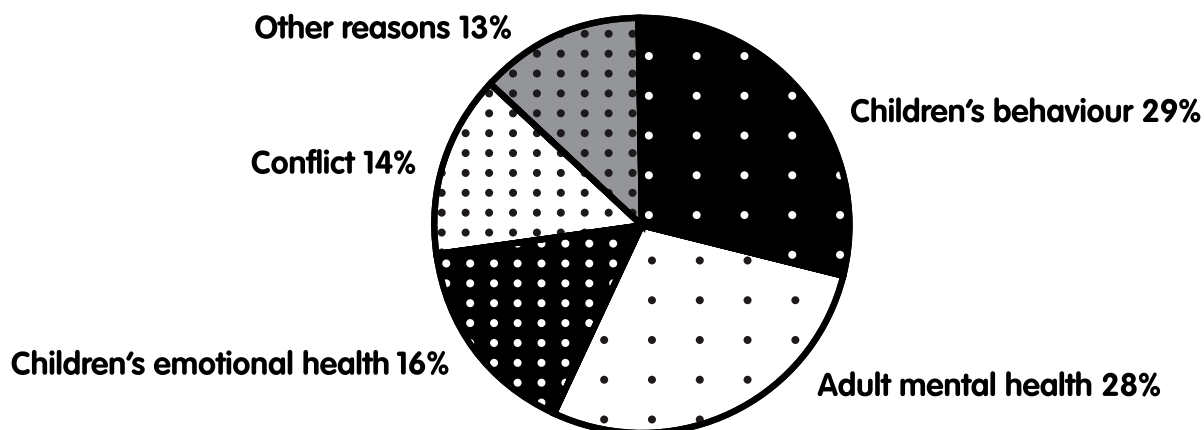
2. For example see, Parentline Plus, 2003, which reported 27% of all calls during the year April 2001 – March 2002 as being concerned with aggressive behaviour from children, mainly in the home. The detailed findings reported then are consistent with those from this larger piece of research.

3. Our 'long calls' are completed calls when parents are seeking our help, our 'short calls' are calls which are curtailed by the caller or ones when the caller is seeking information about another organisation. It should be noted that call takers collect as many details as possible but it is not always appropriate to ask for demographic information.

Over the course of a long call, the call takers collect details on the following:

- Relationship of caller to person causing concern
- Family make up of the family causing concern
- The subject of concern, including their age and gender
- Any child issues (the main reason for the call or any supplementary issues)
- Any adult issues (the main reason for the call or any supplementary issues)
- Referrals to other Parentline Plus services or other organisations, if relevant
- Demographic information
- How did they find out about Parentline Plus
- A free text box to record any other feedback

Diagram 1: All long calls to Parentline: October 2007 – June 2008 shown as % (n=29,972)



Within the children's behaviour category, 60% of these calls concerned verbal aggression which comprised 17% of all long calls. 30% concerned physical aggression, which comprised 8% of all long calls. The vast majority of this aggressive behaviour takes place at home – 86%, while 22% takes place at school and 1% in other locations. Boys and girls are as likely to exhibit such behaviour although there are differences when looking at physical and verbal aggression separately.

Table 1: Gender of person causing concern in long calls to Parentline about aggression October 2007 - June 2008

	% in calls about physical aggression (n=3128)	% in calls about verbal aggression (n=6549)
Boys	56.4	49.5
Girls	43.6	50.5

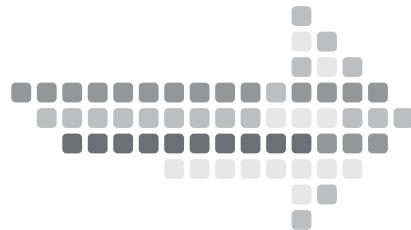
The hidden nature of the difficulties that parents face makes it important to report on their difficulties, and this report uses data from almost 30,000 calls to Parentline during October 2007 to June 2008, supplemented by a web survey answered by over 300 respondents, and focus groups undertaken in August 2008. The data from all these sources tells us that parents' concerns about behaviour are very consistent. It is clear that the majority of children exhibiting very challenging aggressive behaviour at home do not fall within any definition of mental illness and have not been seen as eligible for local authority family support services as children in need, although our data strongly suggests that most of them should fall within this definition⁴. This means that by and large parents are struggling alone. The shame, stigma and sheer desperation expressed by parents demonstrates how alone they feel with the problems, and how difficult they find it to support their child. Yet it is clear that the child concerned is not mad or bad but sad and that the aggressive behaviour is a symptom of emotional distress and confusion.

This report calls for a better understanding of the nature of different levels of parental need, and of children's needs. It calls for steps to be taken so that a range of services can be accessed by families who do not meet the eligibility thresholds for Child and Adolescent Mental Health Services (CAMHS), or for specialist social services or educational services; and that those assessing eligibility recognise the very serious challenges faced by some families and provide appropriate services to diminish the impact on children and young people now and in the future.

4. The legal definition of 'children in need' is: 'Unlikely to achieve a reasonable standard of health or development without the provision of an [additional] service' (Children Act 1989, http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_1). Our data does not tell us whether we were told they did not meet the threshold criteria when seeking a service, but we do know that these parents have been seeking support from a wide range of agencies.

2. Summary of findings

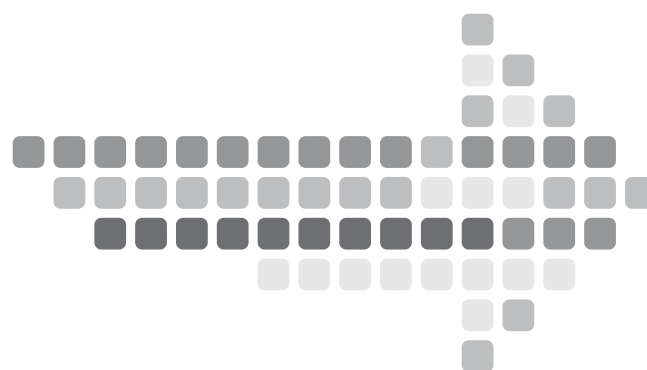
- Mothers appear to take the brunt of their children's aggressive behaviour, though it spills out to affect all family members.
- Aggression is acted out by boys and girls, and usually at home rather than at school or in other public places.
- Aggressive behaviour is reported in children of all ages, but peaks with teenagers aged 13-15.
- Parents facing aggression from their children often feel desperate, isolated, helpless, ashamed and out of control.
- Aggressive behaviour in children may be the result of many different complex factors. Families struggling to contain the aggression from their children are often dealing with issues such as family breakdown, bereavement, depression, bullying. However, in a significant number of cases, aggressive behaviour appears to have been a difficulty throughout the life of the child, and parents have had no timely help to build a more constructive relationship with babies and young children whose behaviour they find extremely challenging.
- Where aggression is a feature of the call, children are likely to have low self-esteem and older children may be self-harming, such as misusing drugs or alcohol. In some calls parental self-esteem and or substance misuse is also an issue.
- Parents have often been asking for help for a very long time from different agencies but have not had the help they needed.



3. Recommendations

- **A range of services including parenting support and education and therapeutic support should be available at every stage of the parenting journey.** Those offering support should be alert to particular issues which, if addressed, could make a dramatic difference to a child or young person. In particular, those offering support should be alert to parents of babies who find their baby challenging or difficult, and to parents of older children and teenagers coping with challenging behaviour and to parents coping with the aftermath of divorce separation and re-partnering. Such support should include identifying and working with couple disagreements, and helping both parents to offer a team-based approach to the difficulties of their child, whether or not the parents live together. And it should include support to learn ways to handle and manage conflict, and difficult feelings and emotions.
- **Universal services need to be understood as valuable in their own right,** as well as an access route to further help for those parents who need it. Statutory services that are universal, such as schools, may lack the time to build the trust of those parents who find it difficult to engage, and or those parents who are so ashamed and exhausted that they cannot face explaining the problem to professionals who are in contact with their child. Alternative open access routes for parents, which include self-referral routes, such as Parentline Plus, universal services or targeted support such as Home-Start and neighbourhood family centres are also needed, and can be promoted via schools and other statutory agencies. Those working in universal settings who come into regular contact with parents need to be able to offer them signposts and referral to sources of help and do so in ways that make the parent feel supported rather than bounced away.
- **Different options to access services.** Much parenting support is currently in development but at local level the emphasis is all too often on offering group-based face-to-face parenting programmes. Parents dealing with aggression also need individual and crisis help, and may find it difficult to attend a group unless they are sure that they won't be judged. Parents need a range and choice of services to which families can refer themselves, or can be referred by universal support services. This range could include support within their own home, support via the internet, telephone helplines such as Parentline, educative parenting support and counselling in groups or one-to-one. The DCSF Parent Know How funding programme is now funding a range of national telephone and internet services that will explore new ways that parents can be supported, which should develop further service options and availability (DCSF Parent Know How).
- **Parents need to be enabled and equipped to help their children now and in the future.** Support services to parents need to offer the opportunity to express their feelings, to model how to listen attentively, and to build their communication skills, develop their understanding of their children's needs, and help them to develop strategies to manage behaviour now and in the future – in other words, services should offer not just parent training in techniques to manage particular aspects of behaviour but parent education to understand the reasons for challenging behaviour and learn communications skills to apply to situations throughout the parenting journey. And, given the serious nature of the difficulties, support must accompany education. By 2010 all schools should offer parenting support alongside family learning and information sharing sessions as part of their extended schools service.

- **Culture change.** As long as parents feel a sense of shame and stigma and are blamed for their children's difficulties it is hard for them to ask for help. We need to emphasise that it is difficult to raise children, that parenting is a long and complicated journey, that mistakes can be rectified, and that getting help is an entitlement. When there are issues in families, loss, family change and at educational transitional stages, it is common and normal for children to act out their distress and confusion through challenging behaviour. As part of such a culture change, there needs to be much better promotion of existing universal services so that front-line professionals such as teachers and health visitors make parents aware of these sources of help which they can call upon whenever they need them. Parents need to know what is available to them and to feel able to access it rather than having to struggle on alone for years.
- **Help to access services.** The approach taken by government to the integration of the children's workforce, having a common assessment framework and a lead professional to work with a family needing support are all correct (Every Child Matters). The difficulty is that for many of the children in this report, the professionals regularly in touch with the child are not aware of the nature or severity of the problem because it is happening at home and not elsewhere. Parents need to have access to people who will help them identify the services they need. And assessment processes need to help parents work out what would be helpful, rather than working out if they meet eligibility thresholds for a service, which is still often the case.⁵
- **A broader view of who needs support.** At the moment, much of the impetus to drive forward parenting support services at local level is based on an evidence base about a small group of children with conduct disorders (NAPP). Work is needed on a broader evidence base about a broader range of children and families so that an appropriate range of services can be commissioned. Some families need support all of the time. All families need support some of the time.



5. The Parentline Plus Extended Individual Telephone Support service helps parents to identify services and works with them to frame effective ways to ask the service for help (See Boddy and Smith 2007b).

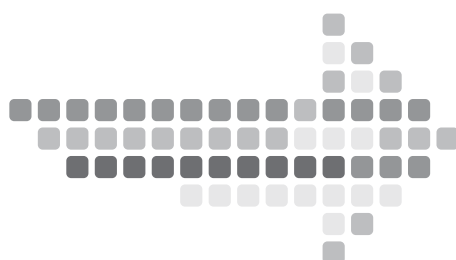
4. The research

We undertook a detailed analysis of almost 30,000 long calls to Parentline received during October 2007 – June 2008, and cross-checked these against a whole host of issues, including gender of caller and child causing concern, ages of children, family type, conflict in the family, bullying, emotional and mental health of children and of parents, and contact or lack of contact with non-resident parents.

We posted a survey on our website for a month (during August 2008) to ask parents to share their experiences of aggressive behaviour and to ask them what helped or could have helped. 311 parents completed the survey and a further 146 partially completed it; however this report only analyses completed surveys. The vast majority of respondents were mothers (95%) and their children were aged from 1 year old to 23 years old.

We undertook four focus groups with a total of 24 parents during August 2008 with parents of children aged 9-19. The focus groups recruited parents from lower social classes (C2D) who had experienced aggressive behaviour by children. Focus groups took place in Staines, west of London, and in Leeds. Two groups were of parents of girls, one for those with daughters aged 9-13 and the other for those with daughters aged 14-19; two groups were of parents of boys aged 9-13 and 14-19. Within each group of six parents there were a minimum of two fathers and two lone mothers.

We also undertook a brief literature review to understand how the issues identified by parents relate to research evidence, and we looked at the Q&A and message board postings on the Parentline Plus website on this issue from January – June 2008.



5. What parents have told us

Mothers are more likely to call about aggressive behaviour: 66% of long calls about verbal aggression came from mothers and 8% from fathers; and 84% of long calls about physical aggression came from mothers (8% from fathers) while overall 13% of long calls come from fathers and 76% from mothers. However, the type of family affected generally reflected all calls to Parentline with two exceptions: more callers in stepfamilies called about physical aggression (13% rather than 10% of all long calls). This probably reflects the high levels of conflict and tensions inherent in many stepfamilies, as we reported in a briefing report earlier this year (Parentline Plus 2008). And 47% of calls about physical aggression came from lone mothers, who represent 43% of all long calls to Parentline, again reflecting the lack of support facing lone parent families.

Parents experiencing aggression in their children are at their wits' end, their confidence shattered, and their ability to do what they know is needed therefore severely limited.

But research indicates that problematic childhood behaviour can lead to interruptions in social development and education, and can lead to long-term problems including criminality, drug and alcohol misuse, mental health difficulties, relationship breakdown and poor work history. The likelihood of these poor outcomes is greater for individuals whose behaviour problems started in early childhood (Rutter et al 1998).

"Everything I read on the web about this says it is likely the child has seen violence in the home, is around adults who act noisily (shouting etc)/violently etc and that is not me! I am aware that it cannot all be his fault though, despite the fact that 90% of the time through his tempers and lashing out I stay calm, quiet, patient, try to remove myself from the situation, give clear warnings of consequences if he carries on, when nothing seems to work I suddenly can't stay calm any more and so shout at him, cry, ask him why he hurts the person who loves him most in

this world. When nothing else works I have even resorted to smacking his backside, in an effort to show him it is not nice to be hurt so why do you hurt your mum? But I know this creates a cycle so I never ever want to do it, and always regret it and apologise for it after I have smacked him, which is very occasionally and only after every other strategy I can think of has got nowhere and I am worried for my son, myself and sometimes property, or just ashamed, e.g. if he is banging his bedroom door 'cos I'm trying to 'time him out' I worry what the neighbours think so I go back in there to get him to stop. But really I think the separation is essential but I can't bear to let him carry on."
Mother, web survey

"My son first started assaulting me at 15 having threatened earlier. He has graduated at 19 to having a conviction for assaulting me but this does not stop him as there have been too many cases of police taking no further action. He controls me now by making it clear that he will make life impossible for his frail and elderly grandparents if I do not put up with his appalling behaviour."
Mother, web survey

"I love my son, but I am exhausted with the arguments he causes. The house is not a peaceful and harmonious place and I desperately need help. I am tired and sometimes I do wish that I wasn't here anymore."
Mother, web survey

Parents in the focus groups mostly experienced aggressive behaviour in the home. Many described how well behaved their children were at school and outside, making them feel more isolated with the problems. They described the behaviour as unpredictable, irrational, volatile and founded in some level of frustration. Most usually it involved shouting, swearing, verbal attacks and physical damage to the home, with few gender differences. The verbal attacks were loud, vicious and deeply upsetting for parents. Verbal attacks were often accompanied by

intimidating behaviour, like blocking escape routes or ‘facing off’. Noise was a feature – ranting, slamming doors, playing loud music, and they could keep it up for hours. Things were thrown around causing damage to the home – in the child’s bedroom and elsewhere. Sometimes children damaged themselves in the process – punching the wall and breaking bones for example. There were only two cases where children had physically hit their mother, but more instances where children had to be physically restrained, or the father had to step in to stop anything more serious from happening, and there were many instances of physical threats.

Most parents in the focus groups felt that the behaviour had got worse as their children had got older, and feared for the future.

Parents in the web survey, who could be confident of privacy, were more likely to talk of violent behaviour, also mainly at home, and mainly directed at mothers, with no difference between boys and girls.⁶

“He hits me and his twin sister. We live in a high-rise block and he sometimes gets onto the roof and peers over to scare us into giving him his own way.”

Mother, web survey

“I have been attacked on more than one occasion and finally contacted the police who gave my daughter a reprimand for ABH.”

Mother, web survey

Some parents in the focus group cited puberty as the time when they noticed a marked change in their children, but others noticed changes in middle childhood, and several said that their child had always been challenging, from infancy.

Table 2: Ages of children showing concern in all long calls to Parentline October 2007 – June 2008

Ages	% of all long calls on physical aggression (n= 3128)	% of all long calls on verbal aggression (n=6549)	% of all long calls to Parentline (n=29,972)
0-3	5	2	10
4-6	9	5	12
7-9	12	10	15
10-12	17	17	17
13-15	33	36	26
16-18	18	22	16
19-21	4	5	2
22 and over	2	3	2

Parents calling about verbal aggression in their children were extremely stressed: 49% of long calls on this issue recorded parental stress (compared to 24% of all long calls) and many of them were angry: 16% of these callers compared to 7% nationally.

“We live like this every day. It is a nightmare. You feel like there is no one there to help and there is no one. It will never end for the whole family.”

Mother, web survey

6. This is interesting because the research does seem to indicate that violence is much more likely in boys (e.g. Youth Justice Board 2001). We speculate that the gender expectations of girls make it even harder for parents to talk about this behaviour in their daughters, and that we obtained this information because so much of it allowed anonymity to parents.

“He has always lashed out at me – since he was about 10 months old.”

Mother, web survey

“Nothing seems to phase her, she don’t like being told what to do, she does as she pleases, has friends in while her mother’s at work and smokes and runs amok in the house, leaves a quake in her footsteps for her mother to clean up after, tried taking things like her phone off her, she’s only nice when there’s something in it for her like to have her phone back, the mother is scared of her own daughter and doesn’t know what she will do next, of course she knows her mum is scared of her, she rules the house and not the mother, she is at her wits’ end and almost suicidal, stressed and on the verge of a breakdown but don’t know what to do or where to get help.”

Mother, web survey

“At times I feel like running away, or dumping the two youngest on social services. I love my children and I get no support from anyone. Physically, emotionally I am so exhausted. I do not honestly know how much more I can take. I have even thought of ending my own life, now I think about it every day. I don’t know where to turn.”

Mother, web survey

Parents were usually unclear what the behaviour was about. Parents in the focus groups reported that the most likely trigger for aggressive behaviour was ‘just saying no’, and this was also the case for parents responding to the survey. The call data from Parentline that we analysed suggests that the children of these stressed and desperate parents are very distressed: in calls about physical aggression 5% of calls concerned depression in the child not identified by a health professional and a further 3% reported identified depression, 3% reported self-harming by the children, 3% said that their child had been diagnosed with ADHD and a further 3% said they believed their child had ADHD but had not been diagnosed. And of course these children were stressed: in 17% of the calls stress was identified, 8% had low self-esteem and 42% were angry. In calls about verbal aggression 4% reported undiagnosed depression in their child, 15% said their child was stressed and 33% said their child was angry.

Table 3: Children’s emotional and mental health in long calls to Parentline October 2007 – June 2008

Issue	% of long calls where verbal aggression reported (n=6549)	% of long calls where physical aggression reported (n= 3128)	% of all long calls to Parentline (n= 29,972) <small>Total does not add up to 100% due to wide variety of reasons for calling Parentline.</small>
Depression: not identified	4	5	2
Depression: identified	2	3	1
Self-harm	2	3	1
ADHD : not identified	2	3	1
ADHD: identified	2	3	<1
Stress	15	17	5
Self-esteem	2	8	2
Fearful	3	4	1
Withdrawn	3	3	1
Angry	33	42	9
Other emotional and mental health issues	31	9	11

These children were also more likely to be behaving in a range of destructive ways: lying, stealing, misusing drugs or alcohol, in with a 'bad crowd', running away or threatening to run away.

Table 4: Worrying behaviour of children as reported in long calls to Parentline October 2007 – June 2008

Type of behaviour	% of long calls where verbal aggression reported (n=6549)	% of long calls where physical aggression reported (n= 3128)	% of all long calls to Parentline (n= 29,972) <small>Total does not add up to 100% due to wide variety of reasons for calling Parentline.</small>
Lying	17	16	5
Bad crowd	15	13	4
Staying away from home	13	11	4
Stealing	12	12	4
Alcohol	10	8	3
Drugs	3	3	3
Peer pressure	8	6	2
Wanting to leave home	10	9	3
Smoking	8	7	2
Running away/threatening to run away	4	4	1
Involved with youth justice system	4	6	1

Parents in the focus groups talked of the impact of peers and the media, of the availability of drugs and alcohol as contributory factors. They also talked about the difficulty facing their young people in leaving home and establishing an independent adult existence because of the cost of housing, and the way the benefits system impacts on young people. Similarly, parents in the web survey talked of multiple influences on their children, of changed values about how children and young people should behave at home and in school, about the loss of respect generally, and about the limited options for their young people in establishing independence. All of these factors do feature in the research literature about the causes of aggressive and antisocial behaviour (e.g. CGF 1995, Youth Justice Board 2001a).

Interestingly many young people ringing ChildLine about emotional and mental health spoke of anger, of not being in control of their tempers, and their regret after lashing out, whether it was because their anger was hurting those they loved, or because they recognised it was getting them into too much trouble (NSPCC 2007).

Parents who responded to the web survey had a free text box to describe their concerns. They showed a very similar pattern to the concerns of parents ringing Parentline and parents in the focus groups.

Table 5: Web survey respondents' top concerns about their children's behaviour shown in % (n=311)

Issue	% of web survey respondents
Injuring siblings	9
Injuring parents and carers	9
Self-harm and substance misuse	6
General aggression	6
Bad language	3
Wrecked property and possessions	2
Having a clinical diagnosis	1
Other reasons*	64

*Other reasons include sexual activity, staying out late, eating disorders, bed wetting, weapon carrying, laziness and lying but they all feature in very small numbers.

Research evidence about the reasons for this problematic behaviour comes mainly from developmental psychopathology and criminology, and the risk factors for aggression and violence are considered to be the same as for delinquency (CGF 1995). Research shows that the most potent risk factors are seen within childhood and within the family and are amenable to change. (e.g. Widom 1989, Boswell 1997). Some of these factors include abuse but the experience of loss, including separation and divorce, is also a factor (Wallerstein et al 2000). A review of research on attachment, attunement, loss and deprivation concluded that 'violent aggression may be the reciprocal manifestation of a damaged attachment system' (Sternberg and Lamb 1999). More recent literature has looked at parental difficulties to better understand children's aggressive behaviour (e.g. Hayden 2007) and to look at ways to reduce risk and enhance protection to avoid looking at risk factors as causal mechanisms (Rutter et al 1998). Although there are a lot of debates about how problematic behaviour is defined and described, and the extent to which it reflects the setting rather than something internal to the child, research confirms that parenting and family interaction factors account for almost half of all behaviour commonly viewed as antisocial in children (Hayden 2007).

But the capacity of parents to offer positive parenting depends in part on wider social and environmental circumstances – the 'permitting circumstances' (Rutter 1998) include adequate income and housing, good mental and physical health, employment compatible with family life and the availability of support services when needed. Research does not say that family type determines outcomes for children: although divorce and separation can result in poor outcomes (Parentline Plus 2008) the key factor is the nature and quality of child-parent relationship and of parenting (Utting et al 1993, SETF 2008).

5.1 The impact on the family

Parents in the focus groups described the behaviour as distressing, depressing and hurtful. The unpredictable and volatile nature of the behaviour created a climate of apprehension and anxiety within the family. Parents felt drained by the constant attrition, and guilty that they were in some way responsible. The difficulties of trying to manage their children could put pressure on parental relationships. Parents frequently argued with each other on how to deal with their child. They could also have different views of the same child. They could blame one another for the behaviour. These findings were also reflected in the survey results.⁷

7. Very similar findings were reported by the Trust for the Study of Adolescence, 2008.

“My partner and I have different values regarding behaviour and we can’t agree on how to deal with the poor behaviour. I feel he lets her get away with it, he feels that I provoke it.”

Mother, web survey

“It hurts to know that your child feels nothing for you and has scant regard for your feelings. It hurts that they take for granted the washing, cleaning, cooking, ironing and all the money you give them. Parenting is hard and don’t let anyone else tell you any different.”

Mother, web survey

“My son is feeling intensely angry about our family breakup and particularly towards his father who had an affair. On the surface he appears to be coping but any little problem (such as being told off or being told no) escalates into a full blown rage. It’s bad enough when he rages at me (I’m trying to cope with the family break up too!) but I’m worried that he’ll lash out (probably verbally and maybe physically too) and get himself into trouble.”

Mother, web survey

In some cases couples were able to present a united front, but often the challenging behaviour of one child in the family causes serious couple conflict and difficulties, and, in the survey and focus groups, many parents believed that no strategy worked, and were at a loss as to what else to try. They could be disappointed at how they had handled their child, and the behaviour of the child could trigger a battle for control. In the focus groups most parents believed that the problem lay with their child, not least because they had other children who were not aggressive. But some parents recognised that they themselves were volatile and quick tempered, unable to let go of issues, and one had a violent ex-partner.⁸

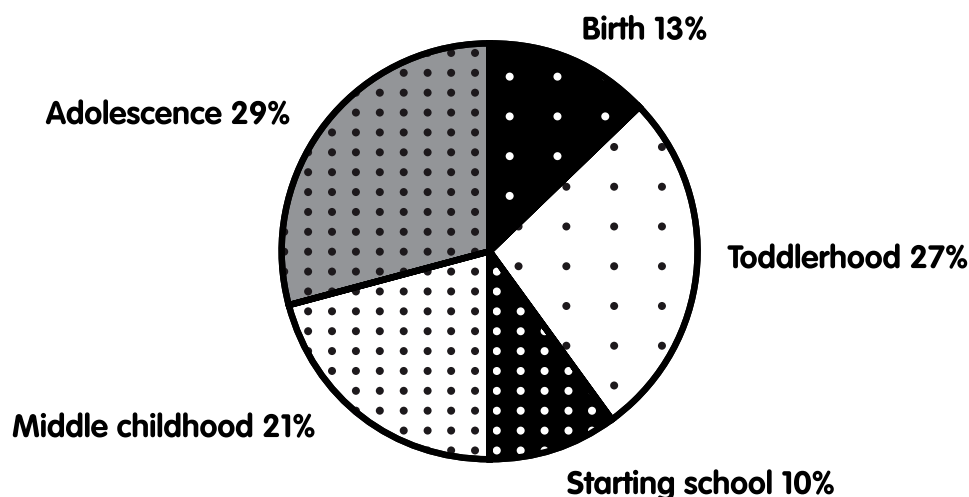
Given that the research discussed above is so clear about the importance of parenting it is of huge concern to hear about the desperation felt by so many parents. If things are going to change then these parents need support; and they need compassion rather than blame for what is going wrong. It is clear from all their stories that they are desperate to help their child, but exhausted and defeated and in this state it is hard to help anyone. They need services to work with them in ways that model how they can relate to their child.

5.2 Ages and stages

It is not at all clear from the analysis of call data, focus group findings and the web survey responses what has caused the anger and distress of many of these children. For parents, this is clearly more than adolescent or age-related behaviour, and they are comparing this with other children in the family. Some parents in the focus groups believed that their own behaviour could have contributed to the difficulties but many parents felt that this child had always been challenging, from birth. The web survey found that for 13% of respondents aggression had been experienced shortly following their child’s birth; for 26% it started when the child was a toddler; for 10% aggression had been experienced since their child was 4-5; for 21% since middle childhood (8-9), while 28% experienced it from adolescence.

8. A therapeutic perspective would also suggest that one child in the family may be acting out the pain and difficulty felt by all the family and may in effect have been elected to do so by the family. There was no indication that parents thought this was the case in our data, but this may reveal their lack of access to any form of therapeutic support.

Diagram 2: Stages at which web survey respondents reported the onset of their children's aggression shown in % (n=311)



Secure attachment in early childhood is the basis for forming attachments in later life. The ability to empathise with and understand the feelings of others is related to early parent-child relationships. Problems with these are associated with increased levels of violence and criminality in later life (Barlow et al 2002). As children develop into middle childhood they develop a sense of their identity which is more separate from their parents (e.g. Pike Caldwell and Dunn 2006) which is why policy and service development distinguish between under eights, middle childhood and adolescence. As the teenage years approach, children need to establish their separate identity from that of their parents. The ways that parents respond or react to changes in their children may be part of the story when challenging behaviour starts at these later ages. As children grow and develop the nature of the parent-child relationship has to change, and the tasks for parents change as well.

Parents receive a lot of information about babies and young children but considerably less about the developmental stages of children and their needs at different stages. Middle childhood in particular, when children are experiencing more of a separation of their own identity from that of their parents, can be challenging for parents and children. The pattern of relationships and behaviour established in middle childhood will influence the experience of adolescence, and so offering parents the opportunity to establish positive relationships in response to challenges from their children is vital at this stage. The Children's Fund targeted support at these middle years of childhood (Children's Fund) and so services have developed in response (Hughes et al 2006). However the local commissioning development processes mean that some of these services are unable to continue, and many face an uncertain future in terms of funding because from April 2008, the Children's Fund will be mainstreamed into children's trust arrangements rather than ringfenced (Children's Fund).

It is possible that a challenging baby can provoke a set of reactions and behaviour in the parent (especially the mother) that set up a long-term difficult relationship. This suggests that early support for any parent experiencing difficulties with their infant is critical in order to build patterns of behaviour that are positively reinforcing, rather than encouraging aggression in the child.⁹ The role of services such as Community Mothers and of family visiting services such as Home-Start and Health Visitors should not be underestimated here. Similarly, web-based support, such as that offered by Parentline Plus and Netmums is a way in to further help in building positive relationships with infants.

(see References for organisations in this section)

9. The Family Nurse Partnership project is one such approach, but it targets very young mothers living in poverty. Whilst this group is clearly at risk, there is a need for any mother experiencing such difficulties to get help and support in order to turn the relationship around. <http://www.everychildmatters.gov.uk/parents/healthledsupport/>

Moreover, the help provided to parents of babies must include working on couple relationships, so that the issues of conflict can be addressed as an integral part of the support provided. The work of One Plus One has demonstrated the success of training family visitors to identify and work with couple relationship difficulties.

It is important to be clear that it is never too late to offer help and support to change behaviour. There has been increasing attention paid to the needs of teenagers and their parents and more services are developing in response. It is more complicated to work with more entrenched patterns of behaviour, but it is possible to make real changes, for parents and for young people. The work of Youth at Risk demonstrates how young people can be supported to change their views of themselves and their potential, and to turn away from antisocial activities and a refusal to engage in education, employment or training to setting and achieving positive life goals. Parentline Plus has had considerable success in working with parents of teenagers to reduce violence from teens to their parents in the home, and to reduce aggressive behaviour at home.

Parents in the focus groups described how difficult they found it to ask for and obtain help. Parents who responded to the web survey told us about where they had tried, but many had not gone anywhere, indicating again how hard parents find it to talk about their difficulties. As in most such surveys, the most common places to ask for help were the universal services of schools and GPs, and of course policy on children and families recognises this. But parents did not report getting the help they needed, far from it – they remained desperate. This may be because staff in schools lack the time and expertise to talk with the parent about such troubling issues, and lack the skills or knowledge to signpost parents effectively to sources of help. It may also be because parents found it difficult to articulate what to them is such a shameful and distressing problem. This reinforces the value of services based on the telephone or web, that allow parents to remain anonymous.

Table 6: Where the web survey respondents had sought help (n=311 but many parents had sought help from many sources)

Source of help	Number of reported instances
Nowhere	117
School	80
GP	75
Educational Pyschologist	48
CAMHS	47
Parentline Plus	31
Psychiatrist	28
Other voluntary organisations	23
Social services	22
Friends and family	14
Other doctor	9
Behaviour therapist	8
Police	6
Other sources*	50

* Other sources include family support worker, school nurse, Youth Offending Team, websites, agony aunt, cranial sacrotherapist, child abuse clinic, homeopathist.

5.3 Case study

The Family Safe service works with lone mothers who ring One Parent Families (OPF) for information about violence in the home from children to the mother. The worker from OPF books the parent onto the Extended Telephone Support service from Parentline Plus. The parent is contacted once a week for three weeks, with a possible extension for a further three weeks. The service uses a coaching model to support parents to offload and to make the changes in their life that will enable change for their children.

Nancy (not her real name) has seven children, two from her first relationship and five from her second. She works part time to retain her sense of self and have some independent income. She has regular contact with the father of her children from the second relationship, who visited them regularly, bringing gifts and spending time with them. However Nancy felt that he was indulging them and they argued bitterly on most of his visits.

Nancy's eldest teenage daughter reacted badly to the rows between her parents, and her behaviour to Nancy and to her siblings was violent. She broke things, swore and shouted, kicked and punched.

Nancy felt badly about her children not having their father there all the time, and she felt badly about his indulgence of them; in response she also indulged them. She said her home was awash with toys and clothes.

In the first call Nancy was unsure where to begin; she felt clueless about how to tackle what was a massive problem. Her pride and confidence were in bits, she felt like a bad parent even though she worked tirelessly for her family. This call identified the issues to work on in subsequent calls, and gave Nancy a chance to offload and to feel supported.

In the next call, the Parentline Plus Parent Support Worker focused Nancy on the root of her daughter's behaviour. Some issues could change by changing the relationship; some were more entrenched but could change if Nancy changed her behaviour. She had been undermined by her efforts to change her children's father and to make him fit an idealised image of a husband and father. The Parentline Plus worker helped Nancy to see that she could not change the father, only herself. This enabled Nancy to focus on what she could do differently.

The subsequent calls focused on helping Nancy to recognise the parenting skills that she had, and to help her make changes in her own behaviour that would enable her daughter's behaviour to change. Nancy recognised that her daughter felt excluded from the family and needed to be brought back in.

The extreme violence from Nancy's daughter quickly reduced once Nancy made herself clear to her daughter. Nancy realised that she had not done this effectively enough in the past. She had been reluctant to make a suitably strong statement to her daughter for fear of the reaction it might provoke. At the final (fourth) call, Nancy felt she had the skills and understanding to continue to parent her daughter more effectively. She had harnessed the support of a neighbour and friend to use as a sounding board and for some emotional support. She no longer wanted to change the children's father and she respected herself as a parent. There was still much more to do, but Nancy felt able to do it.

5.4 Mental health, mental illness, special needs

"I have a 19 year old son that beats me up. I have called police and they arrested him but brought him back to my address. I'm too scared to do anything. I live inside my bedroom and take as many sleeping pills as I can to not have to face the day as each time I come out my room I'm verbally or physically abused and I just can't take no more the police won't help me I'm suicidal just want it all to end one way or another."

Mother, Parentline Plus web Q&A

It is important to state that almost all the children causing such challenges to the parents in this study do not fall within any agreed definition that would entitle them to access any specialist mental health service. However, a good number of them should have been eligible for additional services as 'children in need' under the Children Act, 1989.¹⁰ The three most common childhood mental health disorders are conduct disorder, hyper-activity and emotional disorders.

A survey of prevalence suggested that the overall prevalence of all three disorders in England, Wales and Scotland was 10% for children aged 5-15. (Meltzer et al 2000). To obtain a diagnosis for any disorder requires a specialist professional assessment, and in many parts of the country, just getting this involves a long wait.

This report does not call for more specialist services; on the contrary it suggests that non-specialist providers, such as Parentline Plus, Sure Start and Health Visitors, are providing services to very needy families, some of whom are ineligible for other help, and many of whom need support to access help.¹¹ In the current commissioning environment, where commissioners are all too likely to confuse universal with low level need, this is of critical importance. A full range of open access is needed, and the point about universal services is that they are an open access route available to all. As such, they inevitably deal with all levels of need. Universal services such as Parentline provide support at all levels of need, and offer signposting and referral to more specialist services. This approach needs to be much more commonplace in all universal services. This way of working is in line with government's underpinning concept of progressive universalism – "providing support for all, with more support for those who need it most".

It is also important to acknowledge the parents may have a range of parenting difficulties quite irrespective of their class and income – although of course, poverty adds another layer of serious difficulty and blots the life chances of children. Universal services do deal with and help parents with high levels of need. And many of them come from socially disadvantaged backgrounds – but not all of them.¹²

10. An earlier evaluation of Parentline Plus' Extended Individual Telephone Support Service showed that many parents using that service should have been eligible for services under the Children Act 1989, but had been refused, or had felt unable to ask (Parentline Plus 2004).

11. And this is born out by several independent evaluations of Parentline Plus services. See for example Ritchie 2004, and Parentline Plus 2002, which found that parents accessing telephone support were needier than those eligible for social services support. And two independent evaluations of Parentline (Boddy and Smith 2007a and Boddy and Smith 2007b) have found that parents using the service have high levels of need.

12. Between October 2007 and March 2008 33% of Parentline callers were in households with an income of less than £15,000, 13% were from black and minority ethnic backgrounds and 9% had a disability.

6. What parents need

Parents in the focus groups wanted help from other parents in the same boat – in a group, or over the internet – and wanted to be sure that they would not be blamed or judged. They felt that strategies to try with their child might be helpful, provided that these were practical and came from people who had been there themselves.

“I have tried the talking, always there to listen, approach. Tried to ground when behaviour is awful, been into school and communicated when he has been sent home, tried to make behaviour contracts and monitoring friends etc but allowing him some freedom to make choices but what is the answer when you are not on the same planet, don’t speak the same language, are always wrong and despite treating him with respect he talks and shouts and raises his fist to you? Oh and I don’t actually like him either!”

Mother, Parentline Plus web Q&A

This research reveals the depth of despair faced by parents dealing with aggressive behaviour. If these parents are to help their children then they need proper support too.

“I have found that as long as I have the strength to remain calm and speak quietly while she is ranting and raving then I can diffuse situations quite quickly. But sometimes I scream and shout and rant and rave just like a teenager myself – I’m only human!”

Mother, web survey

Parents need:

- To be listened to without judgement or criticism. Parents are already judging themselves. They feel they have failed. To be able to gain the strength to deal with aggressive behaviour they need to be allowed to offload, to express difficult feelings and emotions in safety, so that they can then explore what they could do differently.¹³

- Understanding of child development and how children’s behaviour is a reflection of their needs, along with tools and strategies that last throughout childhood and adolescence. A focus on tools without understanding only undermines parents’ confidence further, as many of the quotes here illustrate.
- Improved communications skills to listen to their child and be alongside their child, as well as to assert discipline and boundaries. These skills can be taught, and enabling parents to practice them and use them means that they can also teach them to their children. The skills can be taught in gentle ways, as part and parcel of offering support, and do not require parents to attend a course. (e.g. the case study in this report)
- Knowledge about child development, especially during middle childhood, pre-adolescence and adolescence so that they can be clear about what is normal and not, and about what their child needs from them.
- A reduction in stigma, and alongside that, an entitlement to ask for help. As long as we keep blaming parents it is very hard for them to feel able to ask for and get help. Large-scale public awareness campaigns that normalise asking for help could make a real difference to enabling parents to access help early on.
- Coping strategies for the here and now. Parents dealing with aggressive behaviour are exhausted and often not safe. There are no quick fixes, but they do need to have immediate coping strategies, which include keeping themselves safe, and making sure they are attending to their own needs so that they can build up the energy required to address the problems.

13. Telephone-based work is particularly effective in allowing the anonymity and confidentiality that parents need in order to feel safe, and the work done by Parentline has demonstrated the real difference that just one call can make. See evaluations listed in Reference Every Child Matters.

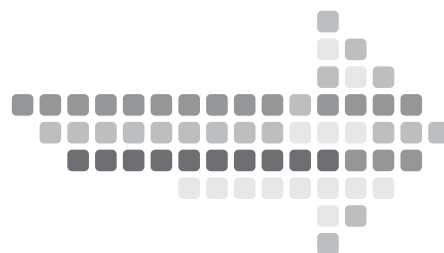
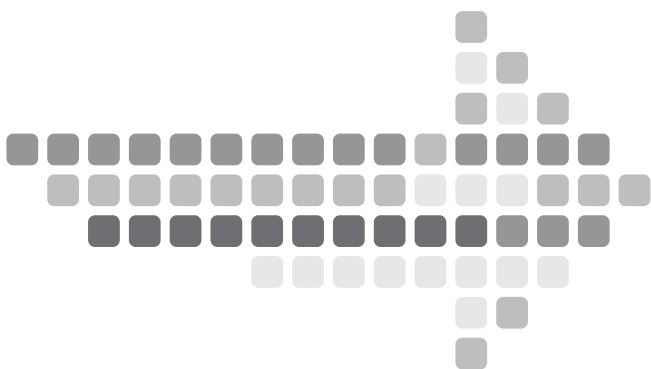
“Parents should be kind to each other first, so then they find enough energy to take care of their children more.”

Mother, web survey

- Help to build a joint approach between mothers and fathers working together. Conflict between parents is inevitable; the issue is how do parents manage it? If conflict is well managed then children can learn a great deal from it. But they also learn from seeing that their parents can't manage conflict. And this feeds the problem (Reynolds 2001). Some couples may be willing to seek help together to resolve how they manage conflicts; but if one of the parents is able to change their response to situations this can, and will, impact on everyone in the family. So working with just one of the parents can make a real and lasting difference.

“My husband is firm but fair and gets the best out of my son. I tend to praise a lot and try to talk to him like a young adult. This is when I think he sees it as a weakness. I go by all the advice you read on parenting but it seems to backfire. I have two older sons who also think that the old fashioned way of parenting which my husband uses, is the best.”

Mother, web survey



7. Parenting support services

Parenting support is a current policy priority (for example in the Children's Plan 2007). Work is underway to identify evidence-based approaches so that these can be commissioned. However, to date most of the evidence has been limited to looking at what works for parents of children with diagnosed conduct disorders and/or juvenile delinquency. This is a relatively small population of children: conduct disorders are present in 6.9% of males aged 5-10 and 2.8% of females aged 5-10 and in 8.1% of males aged 11-15 and 5.1% of females aged 11-15 (NICE 2006).

Moreover, there is a view that the gold standard of evidence must be a Randomised Controlled Trial (NAPP). But services such as those offered by Parentline Plus and many local services which respond to local need, which allow parents to dip in and out as they need, do not lend themselves to this type of research because there is no defined beginning or end to the service offered. A broader range of research approaches is needed about a broader range of children and families than those affected by conduct disorders.

In the meantime, if we are to help children and parents struggling with high levels of anger, aggression and low self-esteem, commissioners need to pay very careful attention to the development of universal and targeted open access services that can reach all parents who need them at the time they can be most helpful. Open access services should be able to offer some immediate help, as well as enabling parents to access further help. Commissioners need to understand that for many parents, and especially the most socially excluded, services offered by statutory agencies are likely to be regarded with suspicion, and so will need to make huge efforts to win and build trust. Commissioners should not confuse universal services with low need. Universal and open access services are, by definition, used by those with very high levels of need. Commissioners need to ensure that families facing particular challenges, especially divorce, separation and re-partnering, which frequently can result in

distress and thus challenging behaviour, can easily access help and support via universal services.

All this of course links with the continued difficulty of the stigma attached to asking for help. Nothing less than a culture change can shift this. As long as we continue to blame parents for their children's difficulties, rather than accepting that parents are the key part of the solution, parents will continue to find it hard to ask for help. We need to make it as normal to get help on parenting as it is to get help when your car breaks down. And to change public perceptions in the way that the public now view children born outside marriage as perfectly acceptable, but did not even 25 years ago.

8. Tips and hints for parents

These tips have been compiled using ideas contributed by parents who responded to the web survey, and ideas from Parent Support Workers at Parentline Plus. It is important to remember that if physical violence is putting anyone in the family at risk or in danger, then calling the police, although difficult, may be vital in order to get immediate assistance. It is also important to ask for help and to keep asking until you get the help you need; local Family Information Services will have details of what is available locally. It is possible to change the situation in your family, but it will take time, especially if it has been going on for a long time.

Look after yourself. This is vital to cope with anger and aggression in your children. You probably feel exhausted, demoralised and are likely to be making huge efforts to get a tiny amount of control. You probably find it almost impossible to prioritise the behaviour that must be challenged and the ones you could leave. You may feel you have failed as a parent. You need to have time off from the problems and attend to your own needs. Make sure that each and every day you do something for yourself even if it is a small thing.

Have no truck with blame, guilt and shame. They are destructive to your self-esteem. No parent can avoid making mistakes. Life itself is an imperfect process full of disappointments and difficulties and children need to be able to cope with these. Parenting 'mistakes' can be put right once spotted.

Pick the issues. You can't tackle everything at once – it will be exhausting for you and for your child. Put some issues on the back-burner to be dealt with later. Don't take it personally. If your child is struggling, it's often because of a range of issues that may have been beyond your control. You can change this by taking responsibility for your own behaviour but feeling it's all about you only adds to loss of self-confidence and self-esteem.

Separate the behaviour from the child. It may feel like you dislike your child; try to see that it is their behaviour that you dislike.

Use language that separates the behaviour from the child. Parentline Plus works with parents on giving '3-part statements' which really do make a difference: "when you did... I felt... what I want to happen is...". Repeating this, and being consistent in using it, works. Avoid using language that blames and is negative. Think about what you are saying and how you are saying it.

Address the behaviour. You may find yourself facing really difficult and unpleasant options and it may feel easier to avoid them – but the problems won't go away. If the violence is very dangerous then you will need to involve the police. If it is not addressed, violence will increase and could become a life-long pattern; deal with it now to break the pattern.

Keep yourself safe. Recognise the signs of raised aggression. Have plan A, B and C for those times. Tackle the issues another day if you have to, making it clear that everyone is too cross to talk right now and we will do something else until we are calmer. In cases of extreme violence keep yourself near the door and have a place of safety to go to in order to be safe while you decide what to do next. Call the police if you need to.

Accept that it is not normal. Temporarily the situation at home is not normal, even if it has been going on for a long time. Look on it like any aspect of your child's development, for example potty training, which requires effort and planning and is worked on till it's done. Even then there will be accidents for a period of time.

Redress the balance. Often the only attention you will be giving your child is in response to negative behaviour. Praise or show your appreciation of them each and every time they are doing well. Try putting 10 paperclips or some other objects in your left hand pocket and each time you praise your child move one to the right hand pocket. See if you can offer 10 praises or positive messages every day.

Be aware of your own responses and reactions to conflict. You might be pumping up the volume without meaning to, for example by shouting too. Keep yourself calm. Leave the room for a while if you need to. Respond rather than react. Acknowledge your child's feelings without judging them. "I can see you're really angry", recognises the fact without criticism. "What would help you now", offers support but does not have to be agreed to, as does, "I'll see what I can do and we'll talk about it later". If your child is fuming it might be more effective to distract them before speaking. Try to communicate care and concern. A gentle look, a kind touch can convey this without hostility and before trying to talk about what is wrong.

Get support for yourself. Know what support you need, and pick and mix from your friends and relatives to get the best fit that you can. Let them know what you need from them, and don't expect one person to be able to meet all your needs. Contact services such as Parentline Plus for support and ideas.

Look for the pressure points. School, friendships, appearance, family breakdown, illness can all be trigger factors that add to a child's stress levels. They are not excuses for bad behaviour but may be reasons for it. Talking through the pressures, listening to your child attentively, without judging, interrupting or directing them can help them to offload their feelings and release the pressure constructively.

Use tools, strategies and techniques that work for you and your child. One size does not fit all. You will need to tailor-make things to fit you, your child, your family and your circumstances. Talk to your friends, look at books, websites and leaflets and then adapt to suit you. Think about what the tool is trying to achieve in order to adapt it. The 'naughty step' is about time out for your child and for you. Time out can be achieved in other ways.

Help your child to develop strategies. An angry child needs to understand the triggers for their anger and what to do when they are angry that is not so destructive for them and those around them. Be very clear about what is not acceptable behaviour. They will know what works for them and you can help to negotiate this with them. Many people manage themselves in the outside world but bring their moods and feelings home to explode there. It's normal to be fed up after a hard day. It's important for all of us to recognise individual triggers which bring us to the point of personal overload. Then we can use the strategies that work for us to prevent this becoming too destructive.

Help your child recognise that their emotions are normal – anger can be a natural reaction to a sad situation. Emotions themselves are not right or wrong, good or bad – they just are. But their behaviour may not be acceptable and that's what needs addressing. Sometimes accepting and understanding the emotions is the vital first step to addressing behaviour.

Build your child's self-esteem. Children who have been angry, aggressive or violent usually feel awful about it. Helping your child to recognise their own triggers is in itself supportive if you can listen attentively and avoid criticism. Think of this as a period of exploration and restoration and not the final solution.

Offer your child support. Hugs and TLC can be wonderful. A small surprise or little treat shows you care. It does not have to cost anything, one-to-one time or watching a TV programme together could be a treat. Discussing the conflict and acknowledging your own part in it is valuable. Arguments are rarely one sided. "I'm sorry I shouted at you last night. I was angry and tired and should have told you before we started arguing", shows your child an appropriate response to managing conflict and disagreement.

Don't despair. Keeping your mood as confident as possible rubs off on other family members. Conflict is an inevitable part of family life. Learning to manage it maturely is an important life skill for us all – and we can learn it.

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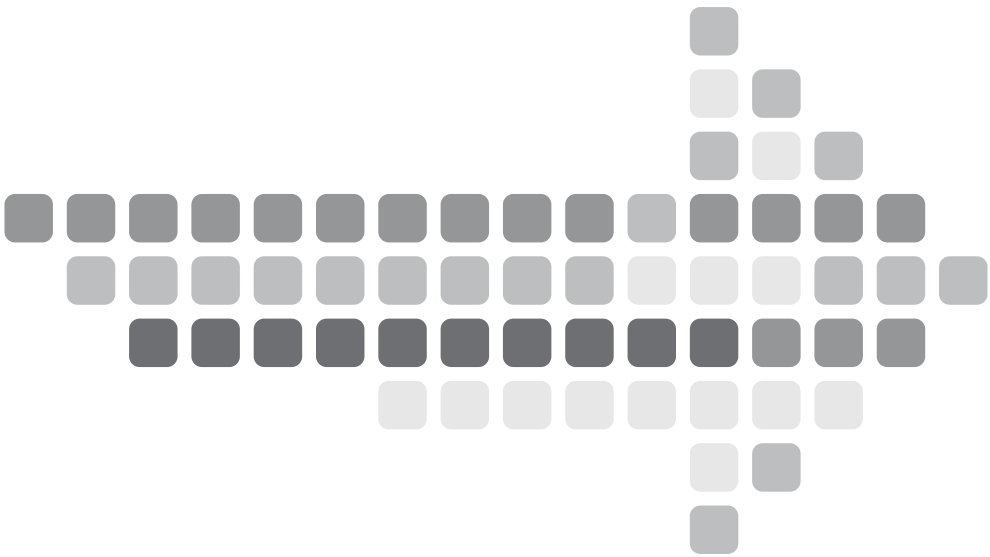
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Parentline Plus is a national charity and a leading organisation in the development and delivery of support for parents and families. We work to recognise and to value the different types of families that exist and to shape and expand the services available to them. We understand that it is not possible to separate children's needs from the needs of their parents and carers and encourage people to see it as a sign of strength to seek help. We believe it is normal for all parents to have difficulties from time to time.



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London NW5 1TL

Free* Parentline: 0800 800 2222

**Free textphone for people who are deaf, hard of hearing or have a speech impairment:
0800 783 6783**

Web: www.parentlineplusforprofessionals.org.uk

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