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# Improving outcomes for children and young people at risk of or living with conduct disorders

## A Human Learning Systems Approach

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# Improving outcomes for children and young people at risk of or living with conduct disorders: A Human Learning Systems Approach

## Key takeaways

1. Conduct disorders are one of the most common mental health disorders in children and young people. Urgent action is required at local, regional and national level to tackle this pressing health inequality challenge and ensure every child has the best start in life.
2. Conduct disorders in children were the focus for Halton's Complete Care Community (CCC) project. CCC is a national programme which aims to utilise local Primary Care Networks to tackle key health inequality challenges working with partners. Adopting a Human Learning System (HLS) approach has enabled stakeholders to better embrace the complexity inherent in challenges of this nature and work effectively with that complexity to explore ways forward.
3. The project consisted of three phases: discovery, dreaming and delivery. These have provided helpful structure to the CCC project, while also allowing ample flexibility to approach each phase in novel and creative ways. Energising and motivating stakeholder groups is an important consideration when dealing with complex health challenges that require a significant input of time and effort.
4. The HLS approach focuses attention on the prerequisites for system change. This includes building trust among stakeholders and connecting on a human level, prioritising learning first and foremost, and mapping the system, its interdependencies, and connections. This helped us work effectively with the complexity of the challenge at hand.
5. A series of recommendations are proposed for policy makers and health leaders to improve outcomes for children, young people and families affected by conduct disorders which are: increase awareness among professionals and the public; build capacity for early intervention and prevention including evidence-based parent/guardian training programmes; and improve access to practical advice and emotional support.

## 1. Conduct disorders in children and young people

Conduct disorders, also called 'disruptive behaviour or dissocial disorders' are characterised by "repetitive and persistent patterns of antisocial, aggressive, or defiant behaviour that amounts to significant and persistent violations of age-appropriate social expectations" (NICE 2017 & 2023). 4.6% of 5- to 19-year-olds in England have been shown to have a behavioural or conduct disorder with [rates being higher in](#)

[boys \(5.8%\) than in girls \(3.4%\)](#) and [conduct problems in young people have increased by 35% since the start of the COVID-19 pandemic](#). Conduct disorders are associated with a range of deleterious outcomes including increased risk of criminal activity, fewer qualifications, teenage parenthood, unemployment, relationship breakdown, substance misuse, and psychiatric disorders (Knapp et al, 2011; NICE, 2023). Those affected may be more likely to be violent, steal or lie without guilt or remorse, avoid school, take

unnecessary risks with their health and safety, or get involved in crime (Royal College of Physicians, 2023).

Conduct disorders are a pressing public health challenge impacting on individuals, families and society at large. Costs incurred by the public sector as a result of conduct disorders have historically been approximately ten times higher than for children with no conduct disorders (Scott et al, 2001). In the United States, Foster et al (2005), have shown that for each child with conduct disorder, financial costs were \$70,000 higher than for a typically developing child aged 7 - 13 years. The cost of conduct disorder related crime in the UK has been estimated to be as high as £22.5 billion a year (Knapp et al, 2011). Evidence from a population-representative sample study in New Zealand (Rivenbark et al, 2018) showed that children with early-onset and persistent conduct problems are responsible for over half of all criminal convictions and close to 25% of welfare benefit months in the population. Half of these children go on to become high users of public services including criminal justice, health, and social services.

This policy briefing highlights the work underway in the borough of Halton in the Liverpool City Region to explore better ways of supporting children, young people and families affected by this pressing public health challenge. The briefing identifies the benefits of using a Human Learning Systems (HLS) approach to understand the scale and scope of this challenge and to work collaboratively with stakeholders to deliver improved outcomes. This policy briefing offers up recommendations for local, regional and national policy makers and highlights the advantages of using a HSL approach to explore complex health challenges.

## 2. Policy context

*Complete Care Community: Tackling the wider determinants of health*

The borough of Halton was selected to participate in an innovative national programme, funded by NHS England and NHS Improvement, called '[Complete Care Community](#)' (CCC). The CCC programme

is designed to support health systems in utilising Primary Care Networks to tackle health inequality challenges facing local populations. In particular, it is targeted at health inequality challenges which require collaborative working with cross sectoral partners like local authorities, Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations and citizens (Arden and GEM, 2023). The learning from local CCC projects feeds into a national evaluation and findings are shared with policy makers and other CCC projects.

The research team's decision to focus on conduct disorders was driven by the growing demand for children and young people's mental health support. The charity [Young Minds \(2023\)](#) reports yearly referrals to young people's mental health services have risen by 53% nationally since 2019. There is a strong social gradient associated with conduct disorders, with children living in the lowest income households being three to four times more likely than the wealthiest children to have a conduct disorder (NICE, 2017).

In Halton, data from 2021-22 shows 21.2% of children under 16 years are living in relative low-income households which is higher than the national average (19.9%) (OHID, 2023). Research has emphasised the long-term benefits of addressing the social determinants of health in childhood (Marmot, 2010; 2020). The newly [published Suicide Prevention Strategy for England \(2023\)](#) and accompanying action plan includes an action to strengthen the statutory guidance '[Promoting the health and wellbeing of looked after children](#)' (2022) which recommends including conduct disorders in 'age-appropriate health assessments'. Almost 40% of looked-after children, those who have been abused, or who are on child protection or safeguarding registers meet the diagnostic criteria for conduct disorders (NICE, 2017).

### 3. Methodology

#### *A Human Learning Systems approach*

Led by R Health (Runcorn's Primary Care Network) and [Wellbeing Enterprises CIC](#) (a health and wellbeing social enterprise), a cross sectoral network of agencies worked together to apply a Human Learning Systems (HLS) approach (Lowe and Plimmer, 2019; Brogan et al, 2021) to learn about conduct disorders. HLS is an ["alternative approach to public management which embraces the complexity of the real world and enables stakeholders to work effectively with that complexity"](#). It has three core components:

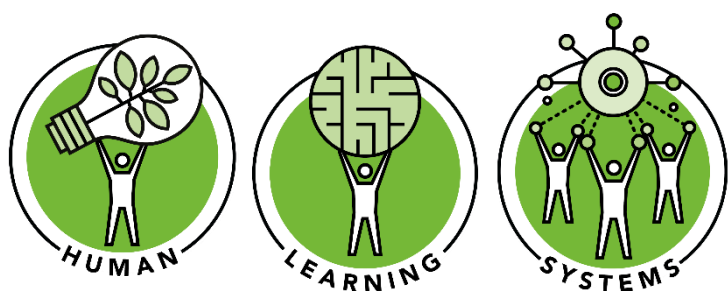


Figure 1: Human Learning Systems. Credit: <https://www.humanlearning.systems/>

- Human: focusing on the relationships between people. Being 'human' builds trust and respect and creates better working environments and practices.
- Learning: prioritising learning above all else. This supports innovation and continual quality improvement. It moves stakeholders away from hierarchical notions of 'expertise' ensuring wider forms of knowledge are valued, including lived experience and the local/practical knowledge cultivated in the VCFSE sector.
- Systems: exploring and mapping connections and interdependencies to better understand the workings of the system. Over and above this, how we can 'think like a system, act like an entrepreneur' as a way of marrying design and system thinking" (Conway et al, 2007:3) to bring about transformational change

There were several reasons why the HLS approach was adopted for the CCC project. First, conduct disorders emerge from a complex interplay of genetic and environmental factors (NICE, 2017). The HLS approach offers a manageable way of developing a deeper understanding of the complexity of issues. Second, the HLS approach advocates working across and learning between organisational boundaries and silos, which is also beneficial as the impact of conduct disorders are felt across a range of public sector organisations. By doing so, knowledge and resources are able to flow more freely across organisational boundaries supporting innovation processes (Chalmers, 2012). Finally, the HLS approach advocates an inclusive way of collaborating with stakeholders, including citizens using co-design approaches.

#### *Methods*

The initial proposal for our CCC project was submitted in October 2020 during the COVID-19 pandemic. The steering group first came together in November 2021. Over 40 organisations have so far connected with the Halton CCC project including local VCFSE agencies, social care teams, schools, GP practices, NHS Providers, the police, and national and international organisations such as [the Johnson & Johnson Foundation](#) and [Ashoka](#) who have provided additional funding and training. In the discovery phase, one of the first tasks included a review of existing literature and health data on conduct disorders to ascertain the size and scale of this health inequality challenge.

We also mapped existing provisions and resources available locally to children, young people, and families, identifying any notable gaps in provision. Following on from this, we sought to expand our local knowledge by conducting a focus group study from September 2022 with parents/guardians of children living with behavioural challenges, and with educational professionals, which provided rich, qualitative insights. This was most enlightening, and brought home the human aspects of the project, by hearing first-hand

from those with lived experience of disruptive behaviours and conduct problems.

Having undertaken the initial 'discovery' phase we began the 'dreaming' phase, which entailed convening cross-sectoral representatives and parents/guardians to undertake a series of creative workshops to dream of an alternate future [using Ruth Levitas' 'Utopia as Method'](#) (Levitas, 2013) which took place in January and February 2023. Running parallel to this, children and young people were also invited to produce their own 'dream' artwork in the classroom which helped shed light on their personal hopes and aspirations.

The insights from the dream workshops were summarised in visual minutes articulating a shared vision, and the short, medium, and longer-term steps needed to achieve this. These were unpacked in follow-up activities in which participants were invited to 'think backwards' about what changes would be needed to make the dream a reality. The detailed findings were compiled into an [Alternative Futures Report](#) and from here the project moved into the delivery phase from the summer of 2023 following the development of an action plan detailing short, medium term and longer-term objectives.

#### 4. Findings

##### *Discovery phase*

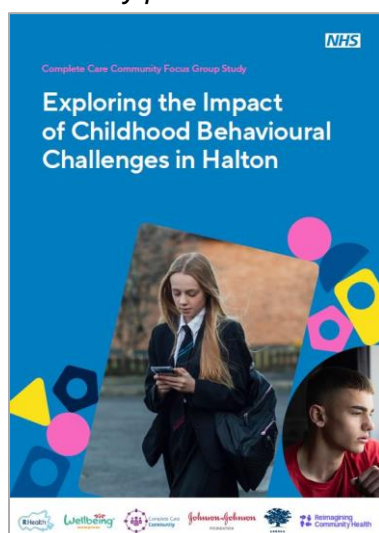


Figure 2: The findings of the focus group study were presented in a report with a series of recommendations.

The diverse stakeholder contributions to the CCC project have been one of its key strengths, gifting access to a wide pool of expertise and resources. It has also helped to raise the profile of this health inequality challenge. In the focus groups, parents/guardians and professionals spoke of their fears for their children, with concerns that many may end up unemployed or in prison in later life.

There was anecdotal evidence during discussions that such children may be at [greater risk of exploitation by county lines drugs gangs](#). Parents/guardians spoke of the challenges of navigating a complex system of support, not knowing where to go to seek help initially, and the shame and indignity they often feel as a result of their child's behaviour which creates additional barriers to seeking support. For teachers, there was frustration about not being able to access support for children at the earliest opportunity, which can result in behavioural issues escalating in severity as they progress through school.

By reviewing the existing literature, we discovered evidence in support of early intervention and prevention of conduct disorders. Indeed, research has shown that early intervention is far more effective than treatment later down the line (Frick & Kemp, 2021). Treatment options are ordinarily multifaceted, targeting multiple risk factors that lead to poor conduct and should be tailored to the unique needs of the child (Frick & Kemp, 2021). We were particularly interested in the evidence related to parental/guardian training programmes (Bonin et al, 2011).

NICE guidelines (2017: 37) state "the evidence for parent training programmes is well established for children with conduct disorders aged 11 years and younger, with well-developed models for the delivery of care". Evidence-based parenting programmes would likely generate positive outcomes and significant cost savings (Knapp et al, 2011). Indeed, Friedli & Parsonage (2009:4) in their economic analysis propose that preventing conduct disorders in children who are most disturbed would save around £150,000 per case over a lifetime. Promoting positive mental health in children with conduct



academic institutions to raise awareness in career training programmes. We plan to recruit local children and young people clinical champions and are looking into the feasibility of a GP with an [Extended Role in Children's Mental Health](#) in the longer term. Finally, another long-term objective is to acquire external funding to build support capacity and to invest in new service innovations.

## 5. Policy recommendations

### *The HLS approach*

The HLS approach has benefited our inquiry into conduct disorders in multiple ways. First, it has helped to build trust between stakeholders. Defining our shared purpose and values has in part, helped stakeholders connect on a more 'human' level. The orientation of our CCC project towards 'learning', first and foremost helped cultivate a curious and inquiring mindset among partners, it also spurred on a desire to learn deeply through focus group and co-design work which have enriched our collective understanding. Mapping the resources, and the connections and interdependencies between these has helped us think more like a 'system' and identify gaps and opportunities. That said, implementing the HLS approach has not been without challenges. Convening cross-sectoral stakeholders was tricky, owing to the COVID-19 pandemic, and more recently because of demands on practitioners and key workers time especially during winter. The stakeholders and key contacts involved have changed over time and we anticipate this will continue while public services are reconfigured.

In summary, the HLS approach has enabled us to explore the complexity of this health inequality challenge and identify promising ways forward. Anecdotally, participants have described feeling less daunted by the complexity inherent in health inequality challenges. In this regard, HLS is a promising new management approach for exploring and addressing complex health and societal challenges in a practicable way.

### *Tackling conduct disorders*

As a result of our HLS inquiry, we propose a series of recommendations for policy makers and health leaders to improve outcomes for children, young people and their families:

- Increase awareness raising about conduct disorders. This is a critical first step in building consensus to tackle this pressing public health challenge. Particularly among public sector domains where the impact is felt greatest, namely education, health, social care and criminal justice. Raising awareness among the general public may help demystify and destigmatise this health challenge, which is crucial as lack of awareness likely contributes to poor outcomes for those affected.
- Build capacity for early intervention and prevention. Providing access to evidence-based parent/guardian training programmes is one way of contributing to this, alongside ensuring there is sufficient capacity based on local prevalence, and that roll out of such provision is fully accessible and addresses barriers to uptake. There is emerging research investigating empathy development in children as a potential treatment target for early intervention before serious conduct problems develop (Frick & Kemp, 2021).
- Improve access to practical advice and emotional support. Public sector organisations working alongside the VCFSE sector can address this by developing and distributing information resources in a range of formats and providing workshops and drop-in information sessions. Support services should be accessible in children, young people and family settings. Indeed, the co-location of gateway support services in educational settings would likely improve accessibility and uptake.

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