

Emerging themes from serious case reviews: the impact of parental issues on parenting and children

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Characteristics of families involved in serious case reviews

- History of parental substance misuse
- Either or both parents have mental health problems or a learning disability
- Evidence of parental violence including domestic violence
- In a third of cases (34%) all three factors present
- In a further third (34%) two factors present
- (Brandon et al 2008)

Prevalence of parental mental illness, substance misuse, learning disability and domestic violence in the UK

- Children of lone parents are particularly vulnerable

Parental Disorder	Couple with children	Lone parent with children
Neurosis	15.5%	28%
Alcohol abuse	2.7%	3.8%
Drug abuse	0.9%	2.4%

- Between 1 and 3% (1,750,000) of the population has a learning disability – 1 in 15 is a parent
- Some 750,000 children a year witness domestic violence

Impact on children's safety and welfare

- Much research shows that children who grow up in families where there is mental illness, domestic violence, parental substance misuse or learning disability are at increased risk of significant harm
- Vulnerability may be the result of direct harm to the child or indirectly through its impact on parenting and factors within the wider family and environment

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Direct impact of domestic violence on children

- Unborn child at risk because women more likely to suffer moderate to severe violence and homicide during pregnancy
- 40-60% of pregnant women exposed to domestic violence experience punches or kicks directed at the abdomen
- Children are witnesses to every aspect of domestic violence and may be injured during these incidents
- In at least 40% of domestic violence cases there is also childhood physical and sexual abuse involving same perpetrator

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Direct impact of parental substance misuse on children

- Maternal alcohol or drug misuse can impact on unborn child resulting in premature birth, foetal alcohol syndrome or a range of anatomical abnormalities
- Child may ingest drugs accidentally or otherwise
- Parents who misuse alcohol more likely to abuse their children – greatest link between fathers with a drink problem and physical abuse of the child
- Mothers with an alcohol problem more likely to neglect their children
- Parental drug misuse associated with child neglect and emotional abuse

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Direct impact of parental mental illness on children

- Parental mood disorders can affect levels of emotional warmth towards the child
- Children may become targets of their parents' delusions
- Children may be forced to participate in parental rituals and compulsions
- Some evidence to suggest parental mental illness is associated with emotional and sexual abuse

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Direct impact of parental learning disability on children

- Children at increased risk of being born with some form of learning disability, psychological and physical disorders
- 40% of children born to parents with learning disability experience developmental delay
- Children most likely to experience neglect from omission resulting from a lack of parental knowledge and education

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Impact on parenting

- Difficulty in organising their lives and meeting their own and their children's physical needs – shopping, cooking, cleaning are neglected
- Increasingly focused on their own issues
- Difficulty controlling their emotions; severe mood swings can frighten children
- Less sensitive, responsive, loving, caring and nurturing
- Capacity to form strong bonds with their child may be affected – resulting in insecure attachments
- Roles may be reversed as children assume the physical and emotional care of their parent and younger siblings

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Impact of family structures

- Parental problems may affect family rituals such as birthdays, weddings – rituals are important because they cement family relationships
- Family routines may be disrupted because unpredictable behaviour makes it difficult to plan anything in advance or to stick to family routines
- Constant uncertainty is highly disruptive to family life

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Loss of family and friends

- Talking about mental illness, learning disability, alcohol or drug misuse, or domestic violence is extraordinarily difficult
- Parents are ashamed and hide their experiences
- Family members and friends may lack understanding and be judgemental
- Children curtail friendships
- To cope the family may withdraw and become increasingly isolated

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Impact on finances and living standards

- Disproportion of family income may be used to satisfy parental needs
- Homes and material goods damaged or destroyed
- Unpredictable behaviour makes jobs difficult to sustain
- Job loss has knock-on consequences: debts mount, accommodation is lost because rent or mortgage not paid, power cut off. All have a dire impact on children

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Recent research

- The rest of this presentation draws on findings from two recent research studies - both focus on children referred to children's social care
- First concerns children living with domestic violence and/or parental substance misuse – 6 local authorities
- Second on children living with parents with learning disability – 10 local authorities
- Research involved studying social work case files, and interviews and questionnaires with practitioners from a range of agencies and families, and studying documentation

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Findings

- Three sections to the presentation:
- The impact of domestic violence, parental substance misuse and parental learning disability on children and families, the services provided, and the outcome for children
- The need and extent of collaboration between children and adult services; how can this be supported
- Key messages from the two studies

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Source of referral to children's social services

- Most children referred by a professional – families rarely sought help directly
- Police were responsible for 1/2 referrals relating to domestic violence and/or parental substance misuse
- In both studies health visitors were responsible for approximately a 1/5th of referrals
- Other referrals came from a variety of sources including education, adult services, and voluntary agencies

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High levels of co-morbidity

- Social work assessments showed high levels of co-morbidity:
 - domestic violence, problem alcohol or drug use, poor physical or mental health, learning disability, a history of childhood abuse, growing up in care
 - *Mum describes herself as having a series of difficult life experiences. She reports experiencing domestic violence in all her relationships and has a variety of physical health problems and has intermittent chronic depression, specific learning disabilities and agoraphobia. A family history of both learning difficulties and mental health problems exists*

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Children's developmental needs

- Majority of children had unmet developmental needs in at least one area of development
 - *He (son aged 10) was having to behave like a much older child, he had to look after himself, take responsibility for getting to school and generally care for himself because of his dad's serious drinking. The son and his father had in effect changed roles – he had become the carer with dad the dependant person (SW: alcohol abuse by father)*
- Children identified with severe needs:
 - Parental learning disability = 35%
 - Domestic violence = 33%
 - Parental substance misuse = 48%

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Parenting capacity

- Majority of cases parents did not have the capacity to undertake all key parenting tasks:
 - *I had post natal depression and psychosis with my second child. I just couldn't cope any more when I had Alice. I did not have any support with her. I was taking crack, alcohol, dope, medicating myself to survive (mother: domestic violence and drug and alcohol abuse by both parents)*
- Severe parenting difficulties identified:
 - Parental learning disability = 58%
 - Domestic violence = 54%
 - Parental substance misuse = 43%

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Family and environmental factors

- In most cases family and environmental factors were having a negative impact on children:
 - *The house was absolutely filthy, they had two or three dogs and dog faeces was all over the house, in every room. There was rotting food in most rooms and bin bags full of rubbish which was very smelly. The conditions were amongst the worst I had ever seen. We had to get specialist help in to clean the house. Our own service would not do it* (social worker: lone mother with learning disabilities, alcohol problem, living with daughter aged 5 and son aged 1)
- Severe parenting difficulties identified:
 - Parental learning disability = 73%
 - Domestic violence = 68%
 - Parental substance misuse = 66%

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Plans and service provision

- Quarter of cases referred for domestic violence or parental substance misuse resulted in NFA
- Three-quarters of cases resulted in some form of action: but referrals to services working with adults rare
- Services planned to meet specific needs – but time limited
- Example of services provided to a mother with learning disability:
 - Respite care, family support and care, day nursery, HomeStart, HV to visit weekly, Women's Aide worker to visit weekly, transport to respite care, injunction against father visiting

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Drawbacks in service provision

- Long waiting lists
- No relevant local services
- Time limited services – families reported services ending prematurely
- Short term interventions resulted in cyclical crisis episodes for families
 - For example, half the children living with a parent with learning disability were re-referred to children's social care within 2 years

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Outcomes for children

(based on findings from parental learning disability study)

- Majority of children remained with their parents
- For example, 81% of children living with a parent with learning disability remained with their parent
- In cases where children did not remain with their parents there was substantial service input prior to the decision to place a child away from home

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Progress of children who remained with their parents

(based on findings from parental learning disability study)

- The overwhelming pattern was for unmet needs to continue
 - *Although they had moved from a flat to a house, the house was now extremely unkempt, dirty and smelly. Their dog, which is a large dog, was out of control but not really aggressive. The snake was in a box in the front room and the children were playing in that room. The father drinks very heavily, and the mother continues to suffer from uncontrolled epileptic fits (researcher's report - one year after referral)*
- The co-morbidity of issues means both children and adult services need to work together to meet the child and family's needs

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Inter-agency collaboration

- Little evidence of consultation and joint working between children and adult services
- Adult services rarely contributed to social work assessments or were represented on initial child protection conferences
- Where evidence of domestic violence or parental substance misuse, services for domestic violence involved in 2% of assessments, DAT teams in 9% of assessment
- Adult learning disability teams very rarely involved unless the parent was already receiving a service

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Inter-agency relationships: managers' views

- Good relationships exist between services for children
- Difficulties arose in collaboration between children and adult services – concerns voiced by managers from both adult and children's services
 - For example, managers from services for children (health, children's social care, education) mentioned housing, substance misuse services, learning disability teams, hospitals and GPs as services where working relationships could be improved
 - Some managers in services for substance misuse reported children's social care viewed their clients as 'perpetrators' which hampered trust and collaborative working

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Factors supporting inter-agency working: managers' views

- Understanding and respecting the roles and responsibilities of other agencies - trust
- Information sharing, good communication, regular contact and meetings
- Common priorities
- Knowing the services available, who to contact
- Greater emphasis on joint training
- Clear guidelines and procedures for working together

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Plans, procedures and joint protocols

(based on findings from parental substance misuse and domestic violence study)

- ACPC plans and procedures more likely to address domestic violence than parental alcohol or drug misuse
- Procedures produced by services for domestic violence or parental substance misuse did not routinely cover child protection concerns
- Joint protocols for information sharing to safeguard children did not routinely include adult services
- No evidence of procedures or protocols for information sharing or joint working between different agencies working with adults

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Training

(based on findings from parental substance misuse and domestic violence study)

- Link between child protection and domestic violence acknowledged more than its link with parental substance misuse
 - More training provided on domestic violence than parental substance misuse
 - Practitioners in services for domestic violence more likely to attend training on child protection issues than those in alcohol or drug services

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Factors which help to achieve positive outcomes for children and families

- Parents who are able to acknowledge the issues
- Involving parents in the assessment and planning process, including consulting them and, when possible, offering some choice over the service provider
- Involving parents with learning disability may require specialist skills
- Agencies coordinating their service provision
- Good relationship between family and practitioner
- Families engaging with and attending the services provided

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Factors which hinder the achievement of positive outcomes

- Lack of communication between practitioners and families (incl. lack of clarity of process, un-announced visits, secretive assessments)
- Lack of support/services offered. In particular, neglecting the needs of the parents and focusing entirely on the welfare of the children
- Lack of family co-operation
- Poor communication and collaboration between children and adult services
- Premature withdrawal of services

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Factors linked to supporting children and families

- Must not pathologise all children - where things change it's usually for the better
- Involvement of specialists to ensure parenting capacity is accurately assessed and plans are well targeted and realistic
- Long term commitment of resources is needed. Short term interventions do not meet the complex and enduring needs of these children and their families
- A key factor distinguishing children who remain living safely with parents from those who are removed or do not show satisfactory progress is the day to day support of a caring, safe adult such as a partner or relative and the take up of services

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Children's welfare is everyone's responsibility

- When this level of support is not available, no single agency can provide all the services and support necessary to keep children safe and improve their wellbeing
- Innovative approaches which include formal service provision, mobilise wider family networks and utilise community based services should be explored, for example:
 - child and adult foster care, open adoption, shared parenting and volunteer parent mentors

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Key messages

- Children are most at risk of abuse and neglect where there is high levels of co-morbidity linked with impoverishment
- Greater priority needs to be given to collaboration and inter-agency working between adult and children services
 - Practitioners in specialist services have a better understanding of how particular issues impact on parenting and family functioning
- Joint protocols and procedures needed
- Children need higher priority in all strategic local authority plans whose primary focus is adults
- Children and Young People's plans and LSCB plans should address more fully the needs of children living with domestic violence, parental substance misuse, mental illness and parental learning disability
- Greater attention should be given to training on these issues

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