

Childhood Neglect: Improving Outcomes for Children

Learning Outcomes

To address factors affecting parenting capacity.

Audience Groups 2-6 (Working Together 2010)

Time 30 minutes

Key Reading

Donald T. and Juredini J. (2004) "Parenting Capacity". Child Abuse Review 13: 5-17.

Cleaver, H., Unell, I. and Aldgate, J. (2011) Children's Needs – Parenting Capacity. Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence (2nd edition). London: The Stationery Office.

Taylor, Toner, Templeton and Velleman (2008) "Parental Alcohol Misuse in Complex Families: The Implications for Engagement". British Journal of Social Work. 843-864.

Tomlinson, P. and Philpot, T. (2008) A Child's Journey to Recovery. London. Jessica Kingsley Publishers.

Links to Common Core

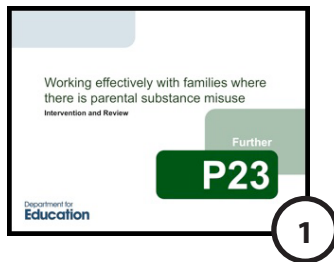
Common Core 1 Effective communication and engagement with children, young people, their families and carers (skills: consultation and negotiation). Identify what each party hopes to achieve in order to reach the best possible and fair conclusion for the child or young person.

Common Core 2 Child and young person development (skills: observation and judgement). Where you feel that further support is needed, know when to take action yourself and when to refer to managers, supervisors or other relevant professionals.

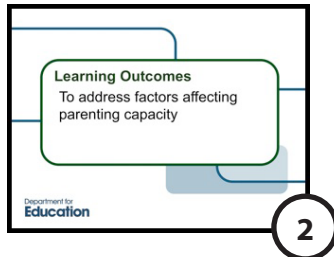
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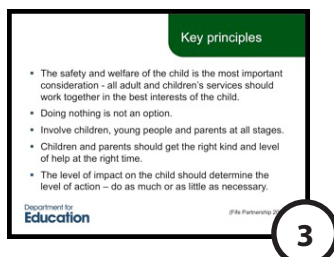


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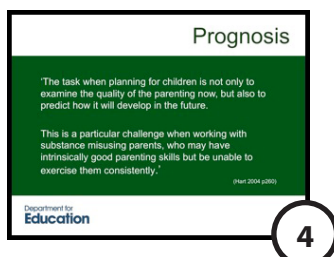
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Learning outcomes.



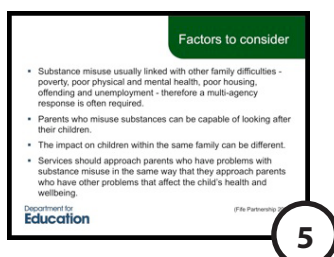
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The principles on the slide will help if used to underpin work with families where there is parental substance misuse.



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Parents may have good parenting skills, but it is important to gauge the influence of substance use/addiction/dependency upon the ability to execute effective parenting on a day to day basis and into the future.



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The varying effects of problem drinking and drug use require careful assessment in relation to a child's developmental needs. Practitioners skilled in assessing children's developmental needs may experience more difficulty in judging how substance misuse impacts on parenting capacity and in some situations may need to seek the expertise of adult services to increase the understanding of the impact on adult family members and family functioning (Cleaver, Unell and Aldgate 2011).

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Impact of parental substance misuse on parenting capacity

- The crisis in an adult's life can often dominate.
- Although adults who misuse substances may have intrinsically good parenting skills – they may be unable to exercise them consistently.
- There can be difficulties in predicting the extent to which parenting can meet the needs of the child in the future especially the case for unborn/ new born babies.

Department for Education (Hart 2004)

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Although the evidence is clear about the association between the misuse of substances and child neglect, this does not mean that it can be assumed that for any individual child neglect will result from parental substance misuse. Nor can the exact nature of any manifested neglect be predicted. Therefore, it is important to stress that assessment is required of the extent to which this child's developmental needs can be met by this particular parent.

A child living with substance misusing parents needs...

A haven of safety (Barnard (2007))

A safe haven (Howe (2003))

OR

A secure base (Daniel et al. (1999))

A base camp (Gilligan (2009))

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The ante-natal period

Preparing parents to establish routines and practices that a newborn baby will need. Focus on:

- Increasing the ability of the parent to meet the child's needs.
- Developing the motivation of the parent to improve parenting skills.
- Providing opportunity to practice caring for the baby.

Department for Education (Hewson 2008)

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Hepburn (1996) suggests that careful consideration should be given to appropriate obstetric care for women who misuse substances within mainstream services, where a holistic assessment of both health and social needs is possible, as well as access to the general obstetric medical support alongside specialist addiction services and other educational and support services.

The challenge of changing

Pregnancy is a window of opportunity for parents to make changes and parents may experience a range of feelings:

- empathic concerns for the developing foetus
- guilt as a response to not achieving change
- anxiety relating to realisation of limited coping skills
- fear of potential lapse or relapse
- increased difficulty in accessing mainstream services
- changing relationships between parents
- uncertainty about impact of birth upon other children within the household.

Department for Education (Petersen & McBride 2002)

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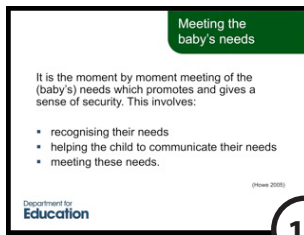
Parents should be encouraged to recognise this as an opportunity to change behaviours and make a new start, with support from others. It can be very helpful if practitioners can provide information for parents about the impact of substance misuse on their children and on their parenting. For example a newborn baby withdrawing from substances may present with screwed up eyes because of pain and bright light. This may affect attachment and bonding, which can be associated with parental guilt and fuel further substance misuse.

It is helpful to acknowledge the complex mix of feelings and emotions during this time.

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Meeting the baby's developmental needs can be especially challenging if the baby is likely to, or does exhibit withdrawal symptoms. Parental empathy is less likely to exist where the parent compares the withdrawal symptoms of the baby to their own experience of withdrawal at different times when they have been using or misusing substances (Donald and Juredini 2004).

A new born baby will need food; shelter; and a physically safe environment as well as having his or her cognitive, emotional and social needs met from birth and considered during pregnancy (Horwath 2007). The parent's ability and motivation to care for the baby needs to be assessed, and the best evidence comes from direct observation of the interactions.

One aspect of this assessment has to be the extent to which the parent can prioritise and respond sensitively to the baby's needs. Substance misuse is often used to fill emotional gaps in peoples' lives, but in the process becomes all-consuming. Parenting a baby sometimes means being there and ready to react to the baby's signals of need. This is a skill that a practitioner can help the parent develop and practice – changing behaviour in this way can also help to create a distance from past behaviours, which is potentially significant for the baby's future health and development.

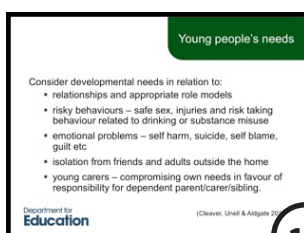


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Once children are of school age there are a wide range of developmental needs that need to be considered. Practitioners should consider the extent to which the child is experiencing the opportunities set out on the slide:

When undertaking work with children and young people some useful principles include:

- ensure that all work is appropriate to the age or stage of development
- identify safe adult(s) in their lives
- remove inappropriate responsibilities
- be available to the child
- address safety issues within the home and in their community
- laugh with the child.



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For young people, in particular, attention should be given to the areas set out on the slide.

Argall & Cowderoy (1997) suggest that a holistic approach of seeing the whole person enables many young people to feel supported and 'cared for'.

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What children say they want

- Don't want to be 'different' from their peers
- Want consistency
- To keep attachment with their parents
- Stimulation that promotes their development
- Certainty about important aspects of their lives – care givers, placements, school and so on
- Friendships

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Children need to be heard, however, children who have grown up with parental substance misuse may have learnt entrenched patterns of secrecy or protection of their parents. So, whilst it is easy to say that we need to hear children's views, participants should be encouraged to explore the reality of children's lives and to share their experiences of supporting children to share their own views, wishes and feelings.

Listening to children



It is only through hearing the voices of children and young people that the totality of their experiences can be considered. We need to know and understand the reality of the lives they lead...

(Kroll & Taylor 2003, p105)

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Read the quotation from Kroll and Taylor and allow time for participants to consider.

Approaches to working with families where there is parental substance misuse

- Recognise issues of loss and low self-esteem
- Expect a detached engagement style
- Understand ambivalence as a response to loss of control
- Be aware of complex motivational forces involved in relinquishing, or controlling, long-standing dependent behaviour

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Practitioners need to be tenacious and prepared to meet resistance for a variety of factors.

Supporting parents to establish stability:

- rituals
- roles and responsibilities
- routine
- communication
- social life
- finances
- relationships and interaction

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Parents may well need significant and sustained support in order to change chaotic patterns into more stable routines.

Features of effective interventions to support parents that misuse substances

- Sourcing and giving clear information
- Assertive action on behalf of children
- Establishing healthy, supportive networks
- A commitment to inclusion; based on realistic expectations
- Recognising the potential for the parent to recover, but also recognising what that might mean for the child

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There is increasingly a move needed towards early intervention and prevention of further harm. Hart (2004) recommends concurrent planning for children where a rehabilitation plan is in place to limit drift and to protect children's development. It is important to offer:

- healthy supportive networks for child and parent
- realistic expectations rather than moral judgement
- inclusion rather than exclusion.

In the light of the huge demands this can place on parents who misuse substances it is important not to set them up to fail.

Parents who misuse substances are likely to require help across many different areas of their family lives. This includes help in controlling their substance use, help with other psychological problems, help with external stressors, such as housing and financial strains, as well as help to increase the social engagement of the parents and their children in society more generally.

Interventions should aim to create the conditions that allow the parents to create a safe, nurturing and stimulating environment—the ingredients of family life necessary to ensure the healthy development of children. While this is easy to state, responding effectively is far from straightforward.

Barriers to engagement

- Families close off contact with those outside the family
- Family members view alcohol and/or drugs as a way of coping
- Problematic types of attachment or dependence on substances develop
- Defensive barriers protect the family from stigma and social exclusion
- Same barriers keep professionals away

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Taylor et al. (2008) undertook a study with seven families in which there were 16 children aged 9-14. They identified a range of barriers to engagement and some differences between circumstances where parents relied on alcohol or where they relied on drugs:

- **societal expectations and regulation impact on the way that drugs, in contrast to alcohol, are taken, managed and treated**
- **the psychological and physiological impact of drugs is different from that of alcohol and may affect parenting in different ways.**

Commonalities:

- **The core dimensions of living with a parent with substance misuse problems are very similar.**
- **It is the impact of substance misuse on family relationships rather than the impact of the substance itself that causes greater problems.**
- **The potential of the professional role in making things less difficult for the children who, along with family members, struggle to acknowledge their problem.**

Taylor et al. (2008) also identify issues of loss and low self-esteem that can undermine a sense of purpose, the possibility of change or confidence that participation in the help-seeking process can be meaningful or can produce changes. This is not necessarily acting passively, but is a particular style of engagement which might include:

- **defensiveness**
- **anxiety about professional involvement**
- **lack of belief about the positives of change**
- **lack of understanding about what change might mean.**

In this study, children of families who had not previously accessed help welcomed the approach of staff, including the way staff were able to speak realistically but openly with other family members about difficult issues and the type of age appropriate service on offer.

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Multiple expectations

- In practice, recovery will mean different things at different times to each individual person with problem drug use.
- There is no right or wrong way to recover. Recovery is about helping an individual achieve their full potential – with the ultimate goal being what is important to the individual, rather than the means by which it is achieved.

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When considering recovery it is important to stress that recovery has to apply to both parents and to children and that they are likely to have different recovery needs and journeys. Practitioners should not assume that if a parent's substance misuse reduces that the child's life automatically improves. There must always be attention to the specific needs of the child.

Recovery is 'a process through which an individual is enabled to move on from their problem drug use, towards a drug free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service user's needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person centred process' (Taylor et al. 2008, p23).

Three principles:

1. recovery should be made the explicit aim of all services providing treatment and rehabilitation for people with problem drug use;
2. a range of appropriate treatment and rehabilitation services must be available at a local level – since different people with different circumstances inevitably need different routes to recovery;
3. treatment services must integrate effectively with a wider range of generic services to fully address the needs of people with problem drug use, not just their addiction.

Recovery for the child

'Recovery is about restoring or establishing for the child a sense of self and a sense of control, to allow her or him to break free of the feeling of helplessness...'

... Safety is critical to recovery.'

(Tomlinson & Philpot 2008, p114)

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Read the extract from Tomlinson and Philpot and allow participants time to reflect.

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Recovery

What do children need?

- recognition of their needs
- help with attachment to parents
- appropriate treatment for trauma

(Cairns & Stanway 2005, p81)

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Cairns and Stanway (2005) set out the steps needed to promote children's recovery from trauma, for example damage to the child as a result of neglect, and encourage a phased approach:

- connecting
- processing
- adapting socially after transformation
- recognition
- help with attachment:
 - affective attunement - soothing/stimulation/trust
 - reintegrative shame - impulse/choice/responsibility
 - sociability - self-control/ reflection/reciprocity.

Recovery

This means:

- taking a holistic approach
- appreciating the lived experience of the child
- appreciating what has become 'normal' for the child because of parental substance misuse
- appreciating that children may have to re-learn how to 'be' themselves if parents stop taking drugs.

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Appropriate treatment for trauma

- stabilisation - safety/explanation/words for feelings
- integration - physiological/emotional/cognitive
- adaptation - social connectedness/ self-esteem/joy.

Protective factors for the child

- Presence of a stable adult figure and close positive bond with at least one adult in a caring role (e.g. parents, older siblings, grandparents)
- A good support network beyond this
- Little separation from the primary carer in the first year of life
- Parents' positive care style and characteristics
- Being raised in a small family
- Larger age gaps between siblings
- Engagement in a range of activities
- Individual temperament
- Positive opportunities at times of life transition
- Continuing family cohesion and harmony in the face of the misuse and its related effects

(Velleman and Templeton 2007)

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Velleman and Templeton (2007) usefully summarise protective factors in relation to children affected by parental substance misuse.

Resilience created by protective factors

- Deliberate planning by the child that their adult life will be different
- High self-esteem and confidence
- Self-efficacy
- An ability to deal with change
- Skills and values that lead to good use of personal ability
- A good range of problem-solving skills
- Feeling that there are choices
- Feeling in control of own life
- Previous experience of success and achievement

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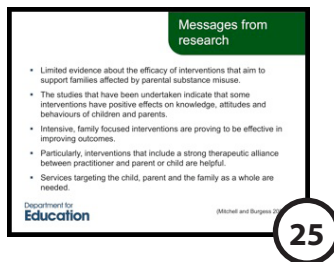
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The examples of resilience are thought to result from the protective factors outlined in the previous slide.

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Few studies measure the impact of interventions on outcomes for children and young people, either in the short or longer term.

The studies that have been undertaken indicate that some interventions have positive effects on knowledge, attitudes and behaviours of children and parents. Collectively, the studies point to the importance of intensive, family focused interventions targeting child, parent and the family, and include a strong therapeutic alliance between practitioner and parent or child.

Davies and Ward (2012) includes an overview of evidence-based interventions (see also presentation on effective interventions which summarises some of this information).

The study undertaken by Harwin et. al. (2011) into the Family Drug and Alcohol Court also provides some helpful pointers as to what can improve reunification processes and efficacy including:

- **using a multi-disciplinary specialist team that can offer speedy assessment, parent support and links to services and parent mentors**
- **bringing cases to court earlier**
- **providing a pre-birth and intervention service.**

Key findings can be found in the Highlights briefing available at:

<http://www.brunel.ac.uk/7067/FDAC/FDACEvaluationFinalReportHighlightsMay2011.pdf>.

Discussion point: Participants can be encouraged to discuss the extent to which they assess the interactions between protective and risk factors when trying to judge the impact on the child. What would trigger them to intervene? Protective factors cannot be considered to simply 'cancel out' risk factors, instead the interaction of all these factors should be considered including how they are impacting on the child and how this is monitored on an ongoing basis. A single risk factor could so significant that protective action must be taken even though a number of protective factors in the home are identified.

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