

Childhood Neglect: Improving Outcomes for Children

Learning Outcomes

To identify concerns about parenting capacity that may contribute to neglect.

Audience Groups 3-6 (Working Together 2010)

Time 30 minutes

Key Reading

Bancroft, A., Wilson, S., Cunningham-Burley, S., Backett-Milburn, K. and Masters, H. (2004) Parental drug and alcohol misuse. Resilience and transition among young people. York: Joseph Rowntree Foundation.

Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) Child Protection, Domestic Violence and Parental Substance Misuse: Family experiences and effective practice. London: Jessica Kingsley Publishers.

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.

Fuller, E. (ed) (2009) Smoking, drinking and drug use among young people in England in 2008. London: NHS Information Centre for Health and Social Care.

Munro, E. (2002) Effective Child Protection. London: Sage.

Reder, P. and Duncan, S. (1999) Lost Innocents: A Follow-up Study of Fatal Child Abuse. London: Routledge.

Links to Common Core

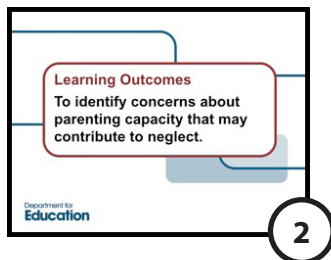
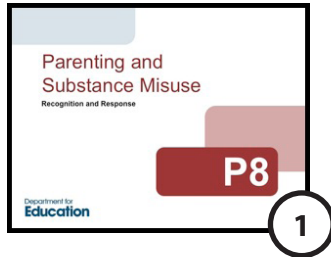
Common Core 2 Child and young person development (knowledge: understand how babies, children and young people develop). Know that development includes emotional, physical, intellectual, social, moral and character growth, and know that they can all affect one another.

Common Core 3 Safeguarding and promoting the welfare of the child (skills: personal skills). Understand the different forms and extent of abuse and their impact on children's development.

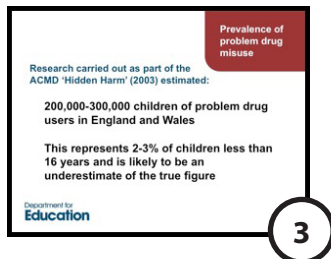
further

Parenting and
substance misuse

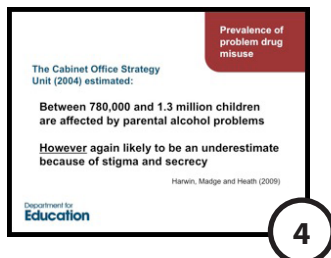
N8₁



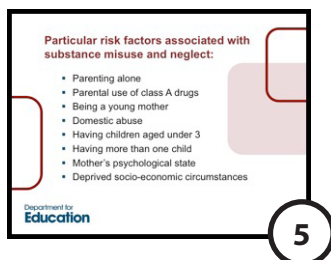
Learning outcomes.



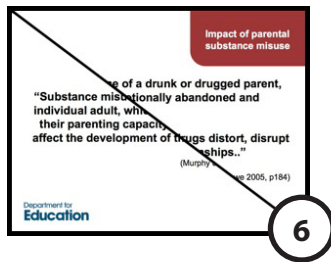
It is important to stress that the incidence figures recorded in official statistics are highly likely to underestimate the true scale of the levels of substance misuse.



When drug and alcohol misuse are considered together the extent of substance misuse begins to be clearer.



Participants should note that most research has been undertaken with mothers rather than fathers. It is also likely that research has focused more on mothers who are less affluent because parents with more resources are less likely to come to the attention of professionals and be included in research.



Parental substance misuse is frequently associated with children being the subject of child protection concerns, section 47 enquiries and child protection plans.

At each stage of the substance using cycle, the child will experience separation from the attuned parent/carer and may even experience loss:–

“it is the very intense nature of these attachment needs that is likely to frighten and dysregulate the parent. A vicious circle sets in. The greater the child’s needs, the more helpless and hostile is the parent likely to feel, and the more likely it is that he or she will turn to drugs or alcohol, which only adds to the baby’s feelings of fear and emotional abandonment..”

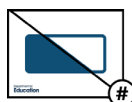
(Howe 2005: 187)

Experiences of separation and loss will also vary, depending on the level of substance misuse. Parents who veer between helplessness and hostility present children with a dangerous and inconsistent environment, the child’s survival strategy may consist of different patterns, including:

- aggressive controlling
- punitive, compulsive self-reliance
- compulsive caregiving

The child can become the carer of parent who seeks to have her (more likely) emotional needs met by the child with statements such as “I am sorry that I take this stuff....”

There can be links with cultural experiences and the fear of death associated with drugs (e.g. overdose, HIV, Hepatitis B and C). These issues may be talked about in an unguarded way and reinforce children’s fears and vulnerabilities without increasing understanding or addressing their need for comfort or reassurance.



Please Note Thumbnails of slides shown with a split screen indicate that the slide contains an animated sequence.

further

Parenting and
substance misuse

N8 3

Secrecy and denial of parental substance misuse:

- Parents believed that secrecy shielded child from impact of disclosure
- Parents protected themselves from child's gaze, anger, disappointment & disapproval
- Parenting style closed
- Divisions in family based on who does/does not know
- Lack of trust prompts fluctuating emotional relationships with children
- Many parents did not know whether and how to discuss issues with their children

(Hogan 2003; Taylor, Toner, Templeton and Velleman 2008)

Department for Education

7

Secrecy and denial are key issues in preventing children affected by substance misuse becoming known to those in a position to help them. Children may receive very strong messages about not talking to people outside the home and especially people in positions of authority such as teachers or social workers.

Therefore non-drug agencies need to be actively engaged in identification of and intervention with parents with alcohol or drug problems; and substance misuse treatment agencies need to ensure an adequate child centred response to the parenting needs of their clients.

- One third of drug users are female
- Virtually all are in the reproductive range

(Hepburn 2001)

- In England, mean weekly alcohol consumption by children who drink has increased substantially since 1990, for both boys and girls:
 - 11 to 15 year-old boys weekly units increased from 5.7 in 1990 to 16.0 in 2008 for boys
 - 11 to 15 year-old girls weekly units increased from 4.7 in 1990 to 13.1 in 2008 for girls

(Fuller 2009; Figure 1)

Department for Education

8

Although the number of recorded births to drug using women are low, the numbers have doubled over the last ten years – indicating, probably, more effective screening and recognition of drug use rather than increased numbers of drug using women becoming pregnant and giving birth.

The message needs to be that alcohol and drugs will cross the mother's placenta and affect the development of the foetus.

Hepburn (2001) suggests that environmental factors influencing the pregnant mother may also affect the unborn baby's future development and functioning. Maternal experience of stressful life events can be associated with heightened maternal blood pressure, low birth weight and cleft palate or respiratory problems in the infant.

In England, mean weekly alcohol consumption by children who drink has increased substantially since 1990, for both boys and girls. In 11 to 15 year-old drinkers, mean weekly units increased from 5.7 in 1990 to 16.0 in 2008 for boys and from 4.7 in 1990 to 13.1 in 2008 for girls (Fuller, 2009; Figure 1). In 2008, the mean number of units consumed by boys who drank in the last week increased with age, from 10.9 units per week for 11 to 13 year olds to 17.4 units per week in those aged 15 years. For girls, however, the mean number of units consumed per week was relatively similar across age groups: 13.4 units in 11 to 13 year olds, 12.3 units in 14 year olds and 13.5 units in 15 year olds.

further

Parenting and
substance misuse

N8 4

Pregnancy

Impact of technology

- Process of pre-natal development clearer
- Fathers more aware of pre-natal developmental process
- Greater awareness of impact on development of the foetus of drugs and alcohol

Department for Education

9

Because of technology there is now more information available directly and scientifically, about the health and development of the foetus.

Pregnancy

The impact of alcohol and drugs on the developing foetus:

- Drug and alcohol exposed babies are often born premature with a lower birth weight and a lower head circumference than other matched control babies
- Drug and alcohol exposed babies are often born suffering symptoms of withdrawal from drugs and alcohol used by the mother during pregnancy

Department for Education

10

There are some specific outcomes as a result of the impact of particular substances. For example, where opioids/opiates; benzodiazepanes and alcohol have been used some babies will show:

- hyper sensitivity
- very little interest in surroundings
- sleep problems
- impaired sucking reflex

“The combination of the baby’s and mother’s irritability interferes with early mother-infant bonding and potentially, with adequacy of attachment..”

Drummond and Fitzpatrick (2000:139-40) cited in Howe (2005:187)

It is important to note that what is referred to as the mother’s “irritability” may be her guilt at witnessing withdrawal symptoms in her newborn baby – and her difficulties in coping; especially if she has chosen not to use substances as a way of coping.

Pregnancy

The impact of alcohol and drugs on the developing foetus:

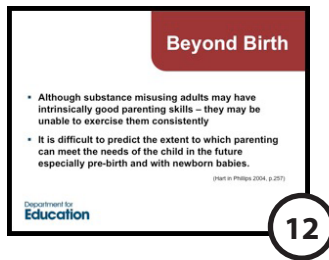
- Physical and neurological damage to the child before birth, this may be especially the case where violence is associated with the mother’s use of drugs or alcohol
- Greatly increases the risk of death to a baby before or shortly after birth, and sudden infant death syndrome (also known as ‘cot death’)

Department for Education

11

Research (Glaser 2007) indicates that the foetal brain develops through the production of neurons or brain cells. At birth, the brain is about 25% of its weight. The brain then continues to develop through the growth of ‘synapses’ or connections between the neurons, so that by the age of three, the brain will have grown to 90% of its full size. Hence, impact on brain development is gaining increased attention as the connection between the impact of drugs and alcohol, and the development of the different parts of the brain is explored scientifically using up to date technology.

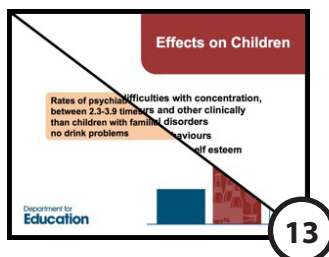
Where a woman has limited coping skills or significant difficulties the aim is to reduce stress and the impact of stress on the foetus. However, for many women, the complexity of issues in their lives makes it important that they begin to focus as early as possible in the pregnancy on the needs of the unborn baby. An inability to achieve this has clearly been highlighted as a factor in instances where babies have been seriously injured or have died.



12

Anything which adversely affects the state of mind and information processing capacities is likely to impair the quality of parent-child interaction. Alcohol and drugs clearly affect the way that the brain perceives, processes and responds to information, including the child's attempts to employ care seeking and attachment behaviour. Parents need to have all their wits and reflective capacities about them when their child is exhibiting attachment need behaviour.

Heavy use of alcohol and/or drugs distorts, disrupts and disturbs the relationship between the child and their parent. Not sure what to expect, the child is likely to spend significant periods of time in a hyperaroused state, seeking to anticipate, exist alongside or to keep themselves (and siblings) safe.



13

This and the next few slides all relate to the effects on children of impaired parental capacity to meet their developmental needs.

Chronic substance dependency can result in considerable time and attention being focused on accessing and using alcohol and drugs as opposed to parenting. This may mean that children are

left unsupervised or that their needs are not attended to when parents are either concerned with trying to get drugs or are enjoying their effects. Food, warmth and shelter may all be compromised when the parent is dependent upon alcohol and drug consumption. Households where parents are dependent on substances are frequently characterised as poor, chronically unstable and often chaotic. Routines are liable to chronic disruption where there are cycles of heavy drinking and escalating drug use. Children may not go to school, may not have regular meals or bed times during such times. Family conflict is the most likely and most significant consequence of having a parent with a drink problem. However, where there is little or no family disharmony the evidence suggests that children are no more likely to develop problem behaviours than are any other children.

Relationships between substance dependent parents and their children have been found to be difficult and conflicting. Deficiencies in parenting skills might also be an outcome of poor role models provided by the parents of people who misuse substances. Parents are often characterised as providing inconsistent and rather lukewarm care, ineffective supervision and overly punitive discipline. They can have inappropriate expectations of their child's abilities and capacities and a lack of empathy towards their needs. Children within such families may be at high risk of being maltreated.

The financial costs of substance abuse might be especially acute in economically deprived, lone parent households and where there is little support from relatives or neighbours. Children within drug dependent families may be exposed to, and involved in, drug-related activities and associated crimes. Violence too may be a feature of these associations.

It is important to understand the interactions between environmental factors in the community. The family's functioning and how these can have an impact on the day to day experience of the child. This would enable practitioners to have a greater understanding of their significance for the child's development.

The child's lived experience

- Less supervision of the child
- More punitive forms of child discipline
- Less discussion and positive involvement with the child
- More disagreement with partners over discipline
- Mothers likely to have problems controlling their children

Department for Education

14

The child's lived experience

- Adult offspring of problem drinkers report more traumatic childhood experiences; being less happy; having less cohesive and stable childhood relationships; violent family relationships and high levels of social isolation
- Often crises in the life of the adult dominate family life.

(Hart & Phillips 2004, p.207)

Department for Education

15

The child's lived experience

- Family conflict
- Fear and anxiety
- Role reversal
- Secrecy and social isolation
- Safety and welfare not seen as priorities
- Neglect of developmental needs
- Assault
- Avoidance of professionals and helping agencies
- Avoidable accidents

(Kroll & Taylor 2003)

Department for Education

16

The child's lived experience

Impact of recovery

It's like I'm used to and no longer trapped in the cooking and like telling [unclear] and who no one hang about the roles which can where no to go ... And my mum's impact on parental and ... it's like a kind of conflict between because she's like saying 'you're 17, I'm [unclear] of this' (Barnard et al.)

Department for Education

17

Children experience parents as very busy and preoccupied, and their lives can be chaotic. Children can blame themselves. They may have low self-esteem and find it hard to say positive things about themselves or to identify their own emotions (Barnard 2007; Harbin and Murphy 2000; Kroll and Taylor 2003).

It is interesting to note that if parents successfully address their substance misuse problems, parenting problems do not instantly go away. Pattern of behaviour will have become established. And children may have become accustomed to living fairly autonomously – so may resent a parent trying to establish or re-establish parental authority.

Practitioners need to be aware of this possibility and provide appropriate interventions to improve the child and parents interactions and relationships to prevent parental distress contributing to a relapse.

Within their communities

- The market for stolen goods ...can help people living in extreme poverty
- Friends and family of dealers often share in their profits by receiving help to pay rent, buy groceries or clothes or repair their car
- Children, sometimes as young as twelve acted as runners for dealers, because they were less likely to be stopped by the police

(Campbell 2006, pp.11-12)

Department for Education

18

further

Parenting and
substance misuse

N8 7