Families experiencing multiple adversities: A review of the international literature

Believe in children
Barnardo’s Northern Ireland

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Executive summary

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Introduction

This paper summarises the key findings of a literature review undertaken as the first stage of a wider research project examining how to most effectively address the needs of families experiencing multiple adversities in Northern Ireland (NI). The overall aim of the project is to inform the development of policy, services and practice in this area. The second phase of the work will involve interviews with families and key stakeholders to chart the onset and development of multiple adversities, the support needs of different groups at different times and how the current system and services respond.

Background

The Adverse Childhood Experiences (ACE) study (Fellitti et al, 1998; Dube et al, 2003) reported a strong, graded relationship between the number of childhood adversities experienced and a wide range of negative outcomes in adulthood. While there can be significant effects of single risk factors (Sameroff et al, 1998; Gutman et al, 2002), it is the accumulated number of risks that has been found to be most damaging and also predictive of higher probabilities of negative outcomes (Sabates and Dex, 2012).

The central idea is that ‘multiples matter’ (Spratt, 2011); therefore effective intervention with families experiencing multiple adversities has the potential to prevent or decrease the likelihood of harm, with all the related health, welfare and economic benefits for the children and families involved, their communities and for society in general.

Previous reviews of the literature (Davidson et al, 2010) suggest that knowledge of the precise prevalence of multiple adversities, how they may interact and impact on families and how they may be effectively responded to, is still developing. This review therefore aims to bring together an overview of the existing international research on:

- the definition and prevalence of multiple adversities
- the theoretical explanations of why and how adversities impact on outcomes
- the main areas of impact
- the policy context
- the services developed to respond.

Definitions

Reflected in recent policy documents,1 a broad definition of family is used which acknowledges that ‘an inclusive twenty-first century definition of family must go beyond traditional thinking to include people who choose to spend their lives together in a kinship relationship despite the lack of legal sanctions or blood lines’ (Goldenberg and Goldenberg, 2008, p.2).

The definition of multiple adversity used is important as it will have a direct impact on the estimate of prevalence, in other words, how many families are identified as experiencing, or at risk of experiencing, multiple adversities. In exploring the definitions and types of multiple adversities identified in key studies and UK policy documents, the review highlighted the breadth and complexity of the issue. There is a plethora of terms linked with the concepts of ‘complex’ and ‘multiple’ needs, used by various disciplines, sometimes specifically, and often interchangeably.2

Lea’s (2011) analysis of definitions of complex needs provides a useful framework for identifying the prevalence of individual adversities and their co-existence within the parent population.3 It suggests that most definitions include reference to education, crime and health disadvantage, alongside poverty and risky behaviour. Similarly, the range of different adversities used can be grouped under eight broad headings:

- poverty, debt, financial pressures
- child abuse/child protection concerns
- family violence/domestic violence
- parental illness/disability
- parental substance abuse
- parental mental ill-health
- family separation/bereavement/imprisonment
- parental offending, anti-social behaviour

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1 For example, the Department of Health, Social Services and Public Safety (DHSSPS, 2009) Families Matter: Supporting Families in Northern Ireland Regional Family and Parenting Strategy
3 It is important to consider potential limitations, as Lea cautions ‘whatever definition of families and complex needs that we decide upon, there will be the possibility that we miss a key factor because it is outside the scope for identification’ (p.32).
Prevalence

While acknowledging the complexity and limitations around definition, some indication of prevalence is essential for the planning and development of services. As presented in Table one, both US and UK research findings suggest that 20-25 per cent of service users are in contact with multiple service systems or clusters.

In the UK, perhaps the most frequently used estimate shows that around 140,000, or two per cent of families with children in Britain experience five or more disadvantages (Social Exclusion Taskforce, 2007). It is important, however, to note potential limitations with this figure, particularly given that it is based on an estimate from survey data in which the actual number of families with five or more of these disadvantages was very small, and it ignores both sampling error and sample bias (Levitas, 2012). Levitas therefore suggests that while the number could be significantly lower it could also be as high as 300,000. Useful as all the prevalence data is, it is also worth noting there is no one UK data source which measures the eight areas identified in the literature, with abuse experiences and child protection concerns most noticeably absent.

Table one: Summary of estimates of prevalence

<table>
<thead>
<tr>
<th>Authors</th>
<th>Research study</th>
<th>Estimate of prevalence</th>
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<tbody>
<tr>
<td>Anda et al (2010)</td>
<td>Area population study in Washington State of adverse childhood experiences</td>
<td>62% of adults had experienced at least one adverse childhood experience with just over a quarter reporting three or more.</td>
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<tr>
<td>Keene and Li (2005)</td>
<td>Study of a total social services care population and its inter-agency shared care populations</td>
<td>22% of service users were in touch with at least two service clusters.</td>
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<tr>
<td>George et al (2010)</td>
<td>Illinois families and their use of multiple service systems</td>
<td>23% of families had one or more individuals who used two or more services.</td>
</tr>
<tr>
<td>Sabates and Dex (2012)</td>
<td>Study based on Millennium Cohort Study</td>
<td>Between 27 and 28% of these very young children were subject to multiple risk factors.</td>
</tr>
<tr>
<td>Social Exclusion Taskforce (2007)</td>
<td>Families at risk: Background on families with multiple disadvantages</td>
<td>Estimates that around 2% of families with children in Britain experience five or more disadvantages.</td>
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</table>

Theoretical models

Understanding the impact of adversities is central to informing the development of effective interventions and there are a range of theoretical models which have been developed to do this. The different uni-disciplinary models for how childhood adversities impact on outcomes include biomedical, psychological and social models which tend to focus more on the negative processes involved in adversities leading to negative outcomes. There are also positive theoretical approaches and models, such as resilience and social capital, which concentrate more on possible protective processes and offer some explanation of why, in response to what appear to be similar levels of adversities, outcomes for individuals and families may vary widely.

While no one theoretical model offers a complete understanding of all the issues involved, the emergence of integrated models to take account of the complexity of processes and range of factors involved is significant. Integrated models, such as the ecological model, offer a more coherent, whole system approach to considering multiple adversities at individual, family, community and societal levels.

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4. This figure resulted from analysis of the Families and Children Study (Lyon et al, 2006) which was based on data collected in 2004 on seven measures of adversity: no parent in the family is in work; family lives in poor quality or overcrowded housing; no parent has any qualifications; mother has mental health problems; at least one parent has longstanding limiting illness or disability; family has low income (below 60 per cent of the median), and family cannot afford a number of food and clothing items. The figure has been reinforced in a recent government report which focuses on England and suggests a figure of 120,000 (HM Government, 2012).

5. These theoretical models tend to identify more circular processes in which multiple adversities A may influence a range of mediating processes B which, may lead to outcomes C, rather than a straightforward linear causality, such as adversity A causes outcome C.
Examples of theoretical models

**Biomedical**

Neuro-development (Perry, 1996): The central idea is that adversities may impact on the development, and therefore the functioning, of the brain, especially over the first four years of life, when the brain is developing from the brainstem up to the neo-cortex. This may increase vulnerability to negative outcomes, even long after the adversity itself may have ended.

**Psychological**

Attachment: Attachment theory suggests that while a consistently available, affectionate and reassuring response from their main carer/s will enable a child to feel secure and develop a positive view of themselves and others, the opposite will occur if the care giver is experienced as unpredictable, frightened, dissociated, frightening and/or abusive. The associated cumulative stress may then be associated with difficulties across the range of outcomes.

**Social**

Societal response: This perspective focuses on the role of stigma and self-stigma, media portrayals of adversities and their outcomes, discrimination and anticipated discrimination, and societal expectations of impact. The current policy framing of families experiencing multiple adversities as ‘troubled families’ may have the impact of reinforcing rather than addressing stigma and discrimination (Levitas, 2012).

**Positive**

Resilience: Not all families who experience multiple adversities have negative outcomes, leading to the concept of resilience. Approximately half of all children who experience multiple adversities will overcome them and achieve relatively good outcomes, often due to key protective factors such as positive relationships (Benard, 2006).

**Integrated**

Shonkoff et al (2012) have developed an ecobio developmental framework to inform the development of early childhood policies and services. It demonstrates how factors across all the various models may be important in how multiple adversities impact on families.

Impact

As with prevalence data there are still significant gaps in the literature, with the majority of research studies either focusing on specific rather than multiple adversities, and/or specific rather than multiple outcomes. Nonetheless, three broad areas of impact associated with adversities are briefly considered here, as well as the economic impact:

**Mental health and social functioning**

Read et al (2005) reviewed 46 studies of women (n = 2604) who were using mental health services and found that 69 per cent had been subjected to sexual abuse, physical abuse or both in childhood. They also considered 31 studies of male service users (n = 1536) and found that 59 per cent had been abused. The review also highlighted that recent large scale general population studies indicate the relationship is a causal one, with a dose-effect. While it makes intuitive sense that adverse experiences in childhood would have a negative impact on [people’s] mental health, the strength of these findings is striking.

**Physical health**

The ACE study provides an excellent example of evidence for the role of social factors or determinants in most causes of physical health problems.

The Adverse Childhood Experiences (ACE) Study

‘The study examined the long-term effects of maltreatment and household dysfunction during childhood, including: psychological, physical and sexual abuse; violence against the mother; and living with household members who were either substance abusers, mentally ill or suicidal, or else had been in prison. A strong relationship was seen between the number of adverse experiences (including physical and sexual abuse in childhood) and self-reports of cigarette smoking, obesity, physical inactivity, alcoholism, drug abuse, depression, attempted suicide, sexual promiscuity and sexually transmitted diseases in later life… The more adverse childhood experiences reported, the more likely the person was to have heart disease, cancer, stroke, diabetes, skeletal fractures, liver disease and poor health as an adult. Maltreatment and other adverse childhood experiences may thus be among the basic factors that underlie health risks, illness and death, and could be identified by routine screening of all patients’ (World Health Organisation, 2006, p.12).

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6 Social functioning is defined broadly to include relationships and parenting.
Offending
Farrington (2007), in his review of the literature on childhood risk factors for offending, reported that children who have been physically abused or neglected are more likely to become offenders later in life. It has been theorised that childhood adversities generate negative emotions, for example, anger and resentment, which make offending such as domestic and sexual violence more likely (Anda et al, 2006).

Economic impact
While economic evaluation literature is extremely scarce, some attempts have been made to estimate the costs of families experiencing multiple adversities. The 140,000 families identified by the UK government as having multiple problems such as substance abuse, worklessness and poor health, cost society around £12bn a year in health and social services and benefits (Barclays Wealth, 2011).

Policy context
Across the nations there is increasing emphasis on the need for more effective early intervention, integrated services and whole family approaches to working with families experiencing multiple adversities.

England: Amongst the key objectives for children and families recently outlined by the Coalition Government was the introduction of new approaches to ‘high need’ families with multiple problems.7 Partly in response to riots in England in 2011, it also launched the Troubled Families initiative, aimed at transforming the lives of 120,000 troubled families by 2015. Service delivery to families with multiple problems/troubled families will fit within the Coalition’s vision of decentralization towards locally driven approaches, with emphasis on outcomes rather than outputs. Local authorities will receive new funding through early intervention grants and also be given the freedom to pool budgets to provide joined-up, innovative and responsive solutions to vulnerable families. Building on the approach developed in the Family Intervention Projects (FIPs)8 introduced under the last Labour government, emphasis will be on providing tailored, one-to-one support to the whole family to help them overcome the full range of problems.

Wales: The policy direction of Families first (Welsh Government, 2011), which promotes the development of effective multi-agency systems and support, is intended to support the other main relevant policy and service initiatives in Wales. These include the statutory Integrated Family Support Services (IFSS) which are specifically designed to work with families experiencing multiple adversities.

Scotland: A recent guide to implementing Getting it right for every child (Scottish Government, 2010) asserts the importance of a single system of service planning and delivery across children’s services in improving outcomes for children. Plans are currently underway to develop a new legislative framework for children’s services with the focus on prevention, appropriate early intervention, child-centred service delivery, and support for parents to build their confidence and capacity.

Northern Ireland: The creation of integrated children’s services planning within the context of the ten year children’s strategy, Our children and young people (OFMDFM, 2006), family support hubs and proposals to designate NI as an early intervention zone are increasingly driving forward an agenda that is focused on integrated service provision and early intervention. Health and social care structures have been integrated in NI since 1972 and so some of the more recent developments have focused on developing integration with education, for example, through extended/full-service schools.

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8 The Families at Risk Review: Reaching Out: Think Family (Cabinet Office Social Exclusion Task Force, 2007) sought to build on reforms introduced under Every Child Matters: Change for Children (Department for Education and Skills (DfES), 2004) by focusing on delivering initiatives such as FIPs to the small, but significant, minority of around two per cent of families experiencing multiple problems.
Practice and service provision

Accurate identification of families in need or at risk of adverse outcomes is central to achieving early, or earlier, intervention, but the inter-connectedness of multiple adversities and the interactions between the different factors that can influence behaviour make risk assessment difficult. Most interventions also target one or a limited number of aspects of risk; therefore, how to achieve early intervention and integrated, coordinated services which effectively respond to the needs of families experiencing multiple adversities is a complex and difficult issue. Some themes in recent reviews of the research on interventions are further considered here:

Early intervention:
Reinforcing the rationale for early intervention as the opportunity to improve children’s lives and make long-term savings in public spending. Allen (2011) has identified the 25 early intervention services in the UK with the strongest evidence base. The Centre for Social Justice (2011) argues that an effective framework ‘requires a focus beyond specific programmes to an overall approach that favours preventing harm before it is done to children, and intervening as early as possible when it is clear they are being failed – or are at risk of it’ (p.12). Statham and Smith (2010) caution against the perception of early intervention as a magic bullet to resolve adversity and prevent the need for a continuum of services across levels. Nottingham City’s Early Intervention Model is commonly cited by both Allen (2011) and Lea (2011) as an exemplar model of evidence-based early intervention which delivers a proven suite of interventions that can be applied through childhood and young adulthood.

Integrated children’s services:
A recent study looked at findings from 54 jurisdictions on the development of integrating children’s services, finding that most research evidence concerns the processes of integrated working, rather than the measurement of outcomes (CfBT Education Trust, 2010). It did however identify British, American and Norwegian evidence of the beneficial consequences of an integrated approach to Early Years provision. Statham (2011) has provided a very recent review of the international evidence on interagency working, stating ‘There is, as yet, limited evidence on improved outcomes for children and families from this way of working, but there is promising evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for children and families who need it’ (p.4).

It is evident from the research, however, that integration can take many forms and there is no one definition, with terms such as partnership working, joint-working, joined-up working, inter-agency working, multi-agency working, inter-organisational collaboration and collaborative working often used interchangeably. In considering progress in integrated children’s services, key questions about the extent and structural level of integration, and how far integration reaches, may need to be addressed. Lea (2011) has stressed the importance of co-ordinated and integrated practice in meeting the needs of families with complex and multiple needs; she suggests either a coordinated approach incorporating a key worker that coordinates work between the family and agencies; or a co-located approach bringing together all the practitioners working with a family in one place, alongside a key worker.

Whole family approach:
An intensive and co-ordinated approach to family support has underpinned the development of Family Intervention Projects (FIPs) and services across England in recent years. Illustrating a momentum towards whole family approaches, the general theme of these various interventions is that families experiencing multiple adversities receive a service response that is not fragmented and is able to address all their needs. While many successful outcomes have been reported, the picture is not a totally positive one, for example, Gregg (2010) argues that FIPs have targeted ‘the wrong people for the wrong reasons’ and that the measure of success used in FIP evaluations is purely qualitative, largely subjective and even arbitrary. Likewise, Morris et al.’s (2008) review of whole family approaches draws attention to difficulties in engaging both professionals and families in the ‘think family’ approaches. They conclude that: ‘International evidence reflects the UK experience of large scale preventative programmes struggling to respond effectively to the needs of families experiencing chronic difficulties – however there is as yet limited documented evidence about successful next steps in preventative family provision… Despite intentions many programmes actually fail to engage with multiple difficulties and multiple ‘players’. There is a need to review the actual take up rates amongst various target populations, and the messages within this for provision’ (p 7).

9 This approach has also been developed and implemented through initiatives such as The Social Care Institute for Excellence (SCIE)’s (2009) Think child, think parent, think family guidance which was aimed at improving the interface between child protection and mental health services.

The Hardiker Model
As previously mentioned, the Nottingham City Early Intervention Model has been cited as a model of good practice in delivering integrated, family focused interventions across the life-course. The Hardiker model of prevention\(^\text{11}\) is a useful framework in which to highlight some further examples of practice which may address the needs, at different levels, of families experiencing multiple adversities.

**Level one – All children and young people**
Families experiencing multiple adversities will require a higher level of intervention than universal services, however the provision of services at this level may prevent some of those complex needs arising. Advocates of the Triple P-Positive Parenting Programme (Sanders et al, 2003) have suggested that there should be a universal approach to supporting parenting but with a tiered continuum which could respond to even the most complex families. O’Donnell et al (2008) have also advocated for a public health approach to addressing abuse and neglect, reinforcing many of the early intervention arguments.

**Level two – Children who are vulnerable**
At level two the target population is children who may be vulnerable to becoming in need. There could be a strong economic case for intervention using programmes with vulnerable young mothers such as the Family Nurse Partnership (Barclays Wealth, 2011). Vulnerability might also be targeted in areas where there are very high levels of deprivation, perhaps using approaches like the successful Harlem Children’s Zone Project in New York.

**Level three – Children in need in the community**
At level three the children are already in some form of need. Schools may provide an excellent opportunity to intervene with families across the different levels and address children’s mental health issues; for example, a recent major US meta-analysis (Durlack et al, 2011) suggested that effective social and emotional interventions in schools can have a significant impact.\(^\text{12}\)

**Level four – Children in need of rehabilitation**
At this level families will have identified complex needs and children may be in state care. Lea (2011) has identified some of the recurring themes in the most effective service models. These programmes tend to be targeted at specific populations; intensive; voluntary; maintain fidelity to the original model; and work with both parents and children. She provides a number of examples of effective interventions for families with complex needs, including Sure Start, Family Nurse Partnership and Family Intervention Projects. Another example, the Westminster Family Recovery Project, is summarised in Table two.

Table two: An example of interventions for families experiencing multiple adversities (Lea, 2011 pp. 48-78)

<table>
<thead>
<tr>
<th>Approach/Intervention</th>
<th>Key characteristics</th>
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<td>Westminster Family Recovery Project:</td>
<td>early intervention</td>
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<tr>
<td></td>
<td>whole family approach</td>
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<td></td>
<td>team around the family</td>
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<td></td>
<td>‘cost avoidance’ model</td>
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<td></td>
<td>co-located approach</td>
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<td></td>
<td>supporting families</td>
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<td></td>
<td>multi-agency approach</td>
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<td></td>
<td>clear and achievable goals</td>
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<td></td>
<td>persistent support</td>
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<td></td>
<td>building social capital</td>
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<tr>
<td></td>
<td>cost effective</td>
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<td></td>
<td>robust and proven method of intervention</td>
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Conclusion
The research shows clear and consistent evidence that those exposed to multiple adversities in childhood are at increased, cumulative risk of negative psychological, emotional and health-related outcomes in later life. Across the UK, growing understanding of the need for a more holistic approach to meet the complex needs of families experiencing multiple adversities has seen increased emergence of integrated services and whole family policies and interventions. A focus for many decades, early intervention is at the heart of the Coalition Government’s policy agenda and is a central tenet of UK-wide policy. These three policy themes are supported, to varying degrees, by the current literature with the evidence for early intervention being the clearest, and perhaps most intuitively and politically appealing. Although the emerging evidence on neurodevelopment is important and persuasive it is necessary to consider the full range of processes across the life-course.

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12 The study summarised research on 207 social and emotional interventions and suggested that schools with effective programmes showed an 11 per cent improvement in achievement tests, a 25 per cent improvement in social and emotional skills, and a 10 per cent decrease in classroom misbehaviour, anxiety and depression.
and the range of services needed at all levels.

Given the complexity of the issues involved, there are considerable challenges for establishing conclusive research evidence on the most effective configuration of integrated services. Nonetheless, as Statham (2011, p.2) argues: ‘There is considerable agreement in the literature on what hinders and what helps interagency working. Barriers include lack of senior management commitment and buy-in; a climate of constant organisational change; differences between agencies in priorities, systems, culture and professional beliefs; and difficulties with information sharing. Factors that facilitate interagency working include a coherent long-term vision; clarity of roles and responsibilities; commitment to joint working at all levels; strong leadership; dedicated posts for developing capacity; and time for strong personal relationships and trust to develop between partners.’

To date there has been limited consideration of how each of the four UK nations has addressed the challenge of developing effective policy and services for families experiencing multiple adversities. The next stage of this research project will therefore also examine developments in England, Scotland, Wales and Northern Ireland at different systems levels to identify what can be learned from each nation.

References


Goege, R; Smithgall, C; Seshadri, R; Ballard, P (2010) Illinois families and their use of multiple service systems. Chapin Hall at the University of Chicago.


