Living with adversity: a qualitative study of families with multiple and complex needs

Believe in children

Barnardo's
Northern Ireland

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Acknowledgements

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Structure of the report

An introduction, policy context and a summary of key research findings is provided in Chapter One. Following this Chapter Two details the methodology of the study while Chapter Three provides an overview of each of the seventeen participants' backgrounds and experiences. The range of adversities impacting on participants in childhood and throughout the life-course is identified and discussed in Chapter Four, while their experience of social and other services is considered in Chapter Five.

The conclusion in Chapter Six draws together findings from the literature review and qualitative study. In doing so key themes and reflections from the research are outlined and a series of questions posed to inform next step discussions with colleagues from different fields about potential policy and service development. Quotes from parents are extensively presented throughout the report to reflect the qualitative nature of the study, and all names have been changed.

Note: Given the extensive information generated from the qualitative interviews, this report provides a broad overview of the interview findings; a short summary paper is also available. Further detailed briefing papers are planned on specific areas of adversities and service interventions.

Chapter One: Introduction

Introduction and policy context

Family policy has developed rapidly in recent years, with a particular focus on balancing service provision and resources between preventative or early intervention and reactive child protection. Sure Start was introduced nationally to give a better start to very young children living in areas of deprivation, and ideas about working with families experiencing multiple adversities increasingly emerged. While key questions about the extent and structural level of integration, and how far integration reaches, still need to be addressed,[1] improved integration and coordination of services has been the primary means by which successive Governments have sought to address multiple adversities and develop early intervention.

Indeed across the four nations there has been growing emphasis on the need for more effective early intervention, integrated services and whole family approaches to working with families who have multiple and complex needs. In Northern Ireland (NI) for example the drive towards integrated service provision and early intervention is evident through Children's Services Planning and the development of Family Support Hubs. However, although some work is also underway to introduce intensive family support services in NI, policy and service development relating to whole family interventions for those with multiple problems has progressed much less quickly than in other parts of the UK.

The international literature review (Davidson, Bunting and Webb, 2012) which preceded and informed this qualitative study highlighted a more intensive and coordinated approach to family support in England through the development of integrated projects. For example, the Westminster Family Recovery project using a 'Team Around the Family' (TAF) approach, and Family Intervention Projects (FIPs). Illustrating a momentum towards whole family approaches, the general theme of these interventions is that families experiencing multiple adversities receive a service response that is non-fragmented and is able to address all their needs.

Much attention has been focused on these type of locally driven approaches, particularly through the recent 'Troubled Families' initiative and the delivery of intensive and tailored family support services. Aimed at helping the whole family overcome the full range of social, economic and health problems, there is considerable interest in the outcomes of these types of interventions and implications for policy and practice elsewhere, with recent evidence suggesting some positive results (DfE, 2011a & 2011b; Thoburn et al, 2011). However it is

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1   As highlighted in the accompanying international literature review, the reviews to date of integrated children's services and interagency working found limited evidence on improved outcomes (Davidson, Bunting and Webb, 2012) http://www.barnardos.org.uk/9281_multiple_adversities_report_web.pdf. Promising evidence however was emerging such as benefits to professional practice and also earlier support to children and families who are in need of it.

equally important to note that many of the families targeted through these programmes are perceived as anti-social with interventions aimed at reducing high levels of school truancy and youth offending. Given the mixed patterns and types of adversity evidenced in this qualitative study, that particular model may not address all the needs of families with multiple problems. Indeed as will be discussed later in the report, the findings highlight high levels of unresolved trauma and poor mental health, suggesting the need for more emphasis on tackling emotional well-being in whole family interventions. It is also important to note that most of the participants are to some extent marginalised from wider society. Many live in areas where employment infrastructures have been gradually eroded and local job opportunities and childcare are increasingly limited. This would suggest the need for greater levels of investment by Government in local jobs and services.

There has been a growing awareness of the need to consider the particular problems for families with multiple adversities in relation to child protection policy. A recent report on Case Management Reviews (CMRs) commissioned by the Department for Health, Social Services and Public Safety (DHSSPS) found that the majority of children subject to a review were living in families where parents were experiencing multiple problems (Devaney et al, 2013). Reflecting this, the Safeguarding Board for Northern Ireland (SBNI) has prioritised the need to develop within each Safeguarding

Panel a process to review cases in order to enhance learning on key issues identified from CMRs. This process includes long standing children in need/ protection cases where neglect and multiple advertises have been a causal factor (SBNI, 2013). Further regarding child protection issues, it is worth noting that UK analyses examining multiple risk factors and adversities have not included child abuse and neglect, and any information about prevalence in NI is generally limited. There has also been little research here and elsewhere in the UK to explore the views and experiences of high need families with multiple problems.

This qualitative study aimed to address this knowledge gap by conducting thirty-four in-depth interviews with seventeen parents. The interviews were the second stage of a wider project examining how to most effectively address the needs of families experiencing multiple adversities in Northern Ireland. Including a comprehensive international literature review conducted in Stage One (see below for a summary of key findings), it is anticipated that the project findings will usefully inform policy and practice. The final stage of the project will involve knowledge transfer events with key stakeholders and service providers from statutory and non-statutory agencies; the purpose of these will be to present and discuss the project's findings, share learning and identify and influence developments in delivering (integrated) services to families with multiple and complex needs.

Rationale

In recent years both Barnardo's and the National Society for the Prevention of Cruelty to Children (NSPCC) have been increasingly working with families who have multiple and complex needs. To inform this project initial scoping interviews were conducted with several NSPCC NI practitioners and ten Barnardo's NI Children's Service Managers. This confirmed that families more frequently presented with a wide range of problems requiring additional support than what individual services may be equipped to deal with.

In practitioners' experience many families were simultaneously accessing various other services to address their different issues and were working with a number of different professionals. The staff were concerned that interventions are too often short-lived and significant problems may be overlooked or underestimated in favour of targeting only the most critical issues. There was general consensus that without more targeted and sustained interventions, families with multiple and complex needs are at greater risk of coming into contact again with statutory and other agencies.

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 (Davidson et al, 2012; Davidson et al, 2010). The complexity of families, the adversities that they experience and traditional service structures all provide challenges for effective policy and service development. Understanding how adversity impacts on families and outcomes is central to informing the development of effective interventions.

To support learning in this area and influence policy and practice development, Barnardo's NI, NSPCC NI, the National Children's Bureau (NCB NI) and the Queen's University of Belfast (QUB) have jointly conducted this research project focused on families with multiple adversities. This project presents a range of research evidence and, most importantly, gives a voice to families directly experiencing multiple problems.

Summary of research findings

Stage One: Literature Review

The initial literature review (Davidson et al, 2012) brought 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; and
- the services developed to respond to multiple needs

Key findings from the literature review include:

■ Research shows clear and consistent evidence that those

- exposed to adversities in childhood are at increased and cumulative risk of negative psychological, emotional and health related outcomes in later life.
- Negative impact on mental health and social functioning was a common finding from studies examining the impact of specific adversities, in particular sexual abuse.
- Family factors such as stress in childhood, parental depression, non-supportive familial environments, family conflict and exposure to abuse or trauma were associated with suicide and depression.
- Two possible mechanisms for physical health problems resulting from multiple childhood adversity include i) the adoption of coping mechanisms such as smoking and substance misuse; and ii) sufficiently high and long-lasting levels of stress to have a direct impact on a person's physical health and well-being.
- Eight broad areas of adversity emerged as key factors related to multiple adversities and negative outcomes:
  - poverty/debt/financial pressures
  - child abuse/child protection concerns
  - family/domestic violence
  - parental illness/disability
  - parental substance abuse
  - parental mental illness
  - family separation/bereavement/ imprisonment
  - parental offending/anti-social behaviour.

- The absence of data on child abuse and neglect in UK analyses means our understanding of the prevalence of the wider range of adversities experienced by children is considerably limited.
- Multiple adversities do not necessarily group together in predictable patterns, raising further challenges for identifying and targeting families who may be at most risk.
- While no single theoretical model offers a complete understanding of how adversity impacts on families and outcomes, the emergence of integrated models to take account of the complexity of processes and range of factors involved is a significant development.
- The three themes of early intervention, integrated services and whole family approaches to working with families who have multiple and complex needs have driven policy and service development across the UK, particularly in England.
- 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.
- The most effective interventions for addressing multiple needs tend to be those which are targeted at specific populations and are intensive, voluntary, maintain fidelity to the original model

and work with both parents and children.

Stage Two: Qualitative Study

The literature review was complemented by qualitative research with seventeen parents exploring their views and experiences relating to:

- the onset and development of multiple adversities across the life-course
- support needs at different times and how the current system and services respond
- barriers that families with multiple and complex needs face in accessing services
- positive service interventions and good practice.

Key findings from the qualitative study include:

- A breadth and complexity of adversities was identified which did not always fall neatly within standard categories used to measure adversity.
- A mixed pattern in relation to the accumulation of adversity over the life-course was evident, and while childhood adversities often carried through and intensified in later life, some participants with little or no adversities in childhood were at risk of accumulating multiple problems following a traumatic event.
- As adults, more than half of participants had experienced six or more of a possible eight adversities identified in the literature review; and as a generation, participants'

children were more likely to be exposed to multiple adversities than their parents in childhood.
- A parent's mental ill-health in adulthood was a particularly prevalent risk factor alongside family separation and poverty.
- Individually alongside other adversities and in combination with each other, domestic violence, parental substance misuse and parental mental ill-health commonly co-occurred across the generations.
- Two thirds of participants had been victims of some type of physical and/or sexual assault by a parent, partner, acquaintance or person unknown, of which the majority were unreported/did not result in a criminal conviction.
- The majority of participants were currently involved with social services, of which more than one third had at least one other previous period of engagement.
- The majority of participants were accessing multiple services across the voluntary and community sector and a range of statutory agencies such as social services, education, health and criminal justice.
- A lack of coordinated and integrated provision meant participants often struggled to engage with a multiplicity of professionals and services.
- Relationships with individual professionals and the structure and levels of support offered both played an important role in participants' satisfaction and

engagement with social and other services.

■ The majority of participants generally preferred what they perceived to be the more supportive, flexible and personal approach of voluntary and community sector practitioners compared to statutory social workers.

■ There was some perception amongst participants that social and other services were only interested in the well-being of their children rather than their needs as individuals.

■ The majority of participants believed that engagement with social and other services had led to some positive outcomes for their family, although most still had unresolved problems and may be vulnerable to further difficulties.

Reflections and initial questions emerging from the analysis of the literature and interview data include:

1. The complexity and intergenerational impact of multiple adversities strongly underpins the need for a good social history and in-depth understanding of individual and family needs.

■ *To what extent do current assessment processes and models focus on:*

- *Presenting and past difficulties*
- *The co-occurrence of multiple adversities*
- *The impact of broader risk factors, such as poverty and*

social isolation
- *The strengths of individuals and families as well as needs?*

2. The research highlighted a mixed pattern in relation to the accumulation of adversity over the life-course.

■ *How might an understanding of the impact and cumulative effect of multiple adversities become incorporated into third level education and professional training?*

3. Most of the families engaged with a wide array of different services and multiple professionals.

■ *In assessments how do we chart the range of service engagement to identify the demands being placed on families?*
■ *Could the number of professionals involved be minimised by use of a family keyworker/co-located services?*

4. Multi-disciplinary intensive family support teams can provide sustained support to families and individuals with complex needs involved with child protection social work.

■ *How might multi-disciplinary intensive family support teams be developed and funded in Northern Ireland?*

5. Many families talked about not feeling supported to make changes or not receiving encouragement in relation to changes they had made.

■ *Could motivational interviewing be used within child and family social work to better motivate and support families?*

6. Stable and supportive relationships are of fundamental importance in fostering resilience in parents experiencing multiple adversities.

■ *Could adult attachment provide a useful theoretical framework for identifying and working with parental needs?*

■ *Could the development of mentoring services serve as a model for improving self-esteem and providing longer-term emotional support to parents with multiple and complex needs?*

7. The research underscores the quality of the helping relationship between families and professionals/services.

■ *What resources are needed to ensure front line professionals have the time and support they need to work with families who have multiple and complex problems?*

8. While the eight domains of multiple adversity provide a framework for understanding the inter-relatedness of complex problems, the levels of adversity in the NI population remain unknown.

■ *How can we develop research on the prevalence and nature of adversity in NI which can usefully guide future policy and service development?*

Chapter Two: Methodology

Aims

The international literature review (Davidson et al, 2012) which preceded this study highlighted a strong evidence base for recognising the impact of multiple childhood adversities, supporting families and children from an early stage and using integrated, whole family approaches. It also noted the importance of learning from the ways these issues have been addressed in each of the four UK nations, as well as identifying the perspectives of key stakeholders and experiences of service users specifically within NI. This element of the wider project focuses on the views and experiences of services users engaged with statutory and other services with the aim of identifying:

- the range of adversities experienced across the life course, from early childhood to the present day
- the services that were involved with service users and their families at different stages in the life course
- barriers and incentives to engaging with services at different stages in the life course.

Research design

Qualitative methodologies, in particular biographical narrative approaches, offer a valuable method with which to explore the complexity of human experience from the unique perspective of service users. Biographical narrative research moves beyond simply cataloguing the various experiences of study participants and facilitates understanding of the narrative identity assumed by participants within the stories they tell (McAdams et al, 2013; Elliott, 2005). It embraces the subjective nature of personal recall, emphasising the role of story-telling in the construction of personal identity and the insights this offers in terms of human agency and adaptation (McAdams and McLean, 2013).

The study employed a qualitative, biographical narrative methodology using a two stage interview process. The first stage involved using a 'life grid approach' to chart the key life events of the participants, identify the adversities experienced and levels of service involvement at different times. Life grids are used to elicit a retrospective account of research participants' life histories (Backett-Milburn et al, 2008) and provide a visual tool which can help to engage interviewer and interviewee in a process of constructing and reflecting on a life history record (Wilson et al, 2007). The use of life grids can also create a more relaxed research encounter supportive of the respondent's 'voice', facilitating the discussion of sensitive issues (Wilson et al, 2007).

The life grid developed for the study (Figure 1) was initially based on the schooling period of the participant (pre-school, primary and secondary), and

then followed through the life-course in increments of ten years. Questions such as where the participant lived and went to school across the life-course were used to ground the interview in concrete detail while further topic areas such as family relationships, health, important memories and service involvement were used across each time-span to draw out key issues for the participant and their family.

On completion of the life grid, participants were invited to take part in a second semi-structured interview to explore their experiences of services, particularly social work engagement. This schedule was structured around the key factors and barriers to service engagement developed by Platt (2012), with the flexibility of the semi-structured approach allowing each interview to be tailored specifically to the individual participant.

Sample selection and recruitment

Research participants were recruited via Barnardo's NI and NSPCC NI service managers and practitioners who were asked to identify servicer users meeting the following criteria:

1. In receipt of a Barnardo's NI/ NSPCC NI service
2. A parent aged eighteen or over
3. They/their family are experiencing multiple problems requiring services

i.e. they are experiencing three or more of the following[2]:

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

Managers/practitioners discussed the study with the service users who met the inclusion criteria, passed on information sheets about the study and, where potential participants were agreeable, passed on contact details and basic case information to the research team to contact them. Twenty-one parents initially confirmed participation in the study but four withdrew due to personal and family circumstances, resulting in a final total of seventeen participants. The seventeen parents engaged in both stages of the study, completing two interviews each. Overall thirty-four interviews were conducted over a twelve month period.[3] On average interviews lasted 1.5-2 hours and were conducted within service premises. The majority of parents (16) were accessed via a Barnardo's NI service and one parent from an NSPCC NI service; and they were drawn from across all NI Health and Social Care Trusts. Fourteen

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2   Criterion was set based on the key findings of the literature review identifying these as overarching categories of adversity.
3   Interviews were conducted between October 2012 and October 2013.

participants were female and three males, with an age range of 18 - 49 years old and 54 children between them.[4]

Ethics and analysis

Ethical considerations were an integral element of the design given the sensitive nature of the research and formal ethical approval was provided by the UK-wide Barnardo's Research Ethics Committee (BREC). The data collected was thematically analysed using content analysis, a common form of analysis for qualitative data (Miles and Huberman, 2002; Patton, 2002). It was analysed in relation to the participant in childhood, as an adult and the participants' children. Further analysis of the data is planned and it is intended that this will focus on the individual narratives and the elements of narrative identity developed by participants.

Study limitations

The number of adversities attributed to children has only been identified through the participants' accounts so children may be experiencing further adversities than indicated. As with any qualitative project the findings also make no claim to being representative of the general population, or indeed those who are experiencing multiple adversities. They do however provide valuable insight into the onset of adversity, including the intergenerational component, and the complexity of the family and environmental stressors that families like the ones interviewed have experienced, and are still experiencing.

Equally they also highlight the complex and often ambivalent nature of interaction with service providers.

By their nature the participants' narratives are subjective; they reflect each participant's own assessment of the issues they have faced, how they have dealt with them and how service providers and practitioners have helped or hindered them. No doubt a similar project involving the perspective of social workers and other service providers would provide quite different

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4   Including five who are either step-children or grandchildren.

accounts and perspectives. The focus of biographical narrative research is not to identify 'objective' truth but to provide a deeper understanding of the personal and the ways in which participants' conceptualise and narrate their own experiences. As such, the data gathered from the seventeen participants provides a rich and varied picture of the adversities encountered throughout the life-course and the interactions between families and service providers at different times.

Figure 1: Life grid tool

Date/time range	Where lived	Education	Family	Relationships /friends	Work	Health	Key memories	Involvement with services/ agencies
Birth - primary school age								
Secondary school age								
Late teens								
Twenties								
Thirties								
Forties								

Chapter Three: About the study participants

Overview

This chapter provides a brief overview of the study participants, including age range and family size. This is followed by short summaries of each participant's family life in childhood and as adults, including key adversities experienced over the life-course. The summaries, although by no means exhaustive, usefully illustrate the varied nature of the complex and underpinning issues faced by families with multiple problems. As evidenced in participants' life-stories, extended family members often have a central and influencing role in their lives; wider issues in some families are therefore highlighted where they have particular bearing.

- Seventeen parents from across Northern Ireland participated in the study,[5] including three males and fourteen females.
- The participants ranged in age between 18 and 49 years old, with just over half the sample (9) aged in their thirties.
- Three quarters were lone parents (13), while the remainder was either married (3) or living with a partner (1).
- The participants were parents/carers of 54 children between them, including five step-children/grandchildren.
- The participants' children ranged in age between under 1-26 years old, of which the majority (36) were aged 11 years and under, including fourteen children aged five and under.[6]
- The majority of participants (16) were involved with social services, of which thirteen had at least one child who was currently or had previously been on the Child Protection Register (CPR).
- Eight participants had at least one child who was currently or had previously been 'looked after'.[7]
- The majority of participants were unemployed (16), and forty percent had no form of educational qualifications.

Background summaries

Family 1 – Caroline

Caroline is a lone parent, and one of her children has special educational needs. She is long-term unemployed, in debt, and has experienced mental health problems since the unexpected and traumatic breakdown of her marriage. Caroline has attempted suicide on several occasions and her children have

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5   The majority of parents (16) were recruited to participate from a range of family and other support services provided by Barnardo's NI, and one parent was accessing an NSPCC NI service. The parents came from across all NI Health and Social Care Trusts.
6   Of the remaining eighteen children, twelve were aged between 12-18 years, and six were over 18 years.
7   All care provided was a mix of foster and kinship care arrangements.

struggled with their own emotional well-being. She recently ended a long relationship due to her ex-partner's chronic substance misuse and chaotic family relationships. This decision was also influenced by her experiences growing up with an alcoholic and often violent father. Social and other services have been involved with the family for several years.

Family 2 – Carly

Carly is married to Callum and the family lives in persistent poverty, is very isolated and has minimal engagement with statutory or other services. Their youngest child has speech and language difficulties. Three of the children's grandparents experience chronic mental health problems which impacts on the family, and Carly is her mother's main carer. Growing up, Carly and her siblings experienced severe poverty and her father drank heavily and was often violent towards their mother. Carly rarely attended school and she and Callum are both illiterate, have no formal qualifications and are long-term unemployed with little prospect of change.

Family 3 – Kevin

Kevin is married to Sara and in regular employment. While some of his children live with him, others from a previous relationship are currently in care following concerns about physical abuse and neglect when living with his ex-partner. After his parents divorced when he was a child, partly due to his father's mental ill-health, Kevin was himself subjected to regular physical abuse by his step-father. There was also serious alcohol and drug misuse in the family home resulting in frequent caring responsibilities for Kevin who missed a lot of school. The family was well known to police and social services and Kevin and his siblings all spent time in care. Kevin has previously
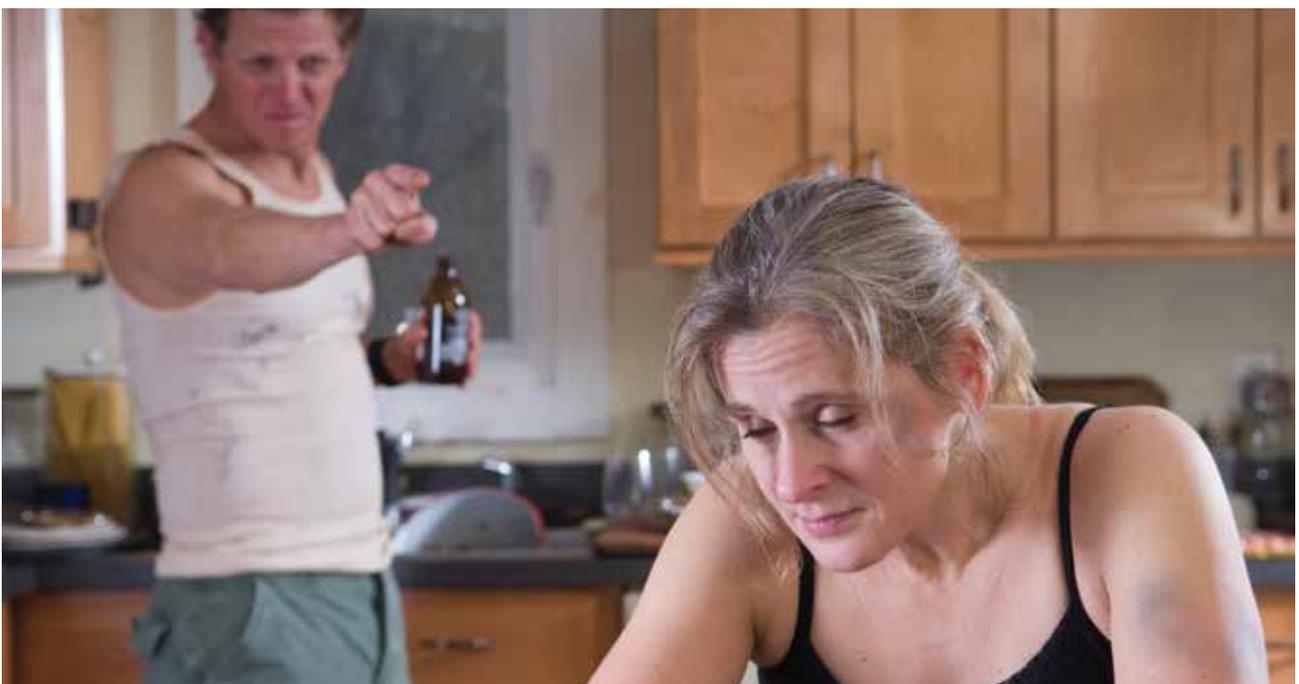
struggled with depression, anxiety and substance misuse.

Family 4 – Cheryl

Cheryl is a lone parent, although none of her children currently live with her as they have been taken into care. The family has a long, ongoing history with social work and other services. Concerns related to the children include domestic violence, neglect, poor home conditions, repeated non-attendance at school and Cheryl's chronic alcohol misuse. Growing up Cheryl was subject to physical abuse from her father and both parents drank heavily; her siblings were also sexually abused in childhood by non-family members. Cheryl and her siblings are all unemployed and currently being treated for depression. One sibling also has similar problems regarding alcohol, severe domestic violence in successive relationships, and their children taken into care.

Family 5 – Zoe

Zoe is unemployed and a lone parent. One child has recently spent time in care due to potential neglect and emotional abuse. When she was younger Zoe was herself on the Child Protection Register for neglect, linked to irregular school attendance and poor living conditions. Growing up family life was chaotic with frequent house and school moves and problems related to her mother's lifestyle and physical and mental ill-health. Her maternal grandmother was an alcoholic and also physically abusive; her children grew up in care, including Zoe's mother, with one later committing suicide.

Family 6 – Jenny

Jenny lives with her partner Simon and their children. They are unemployed, have little or no educational qualifications and Simon has recently spent time in prison. Social services have been involved with Jenny and Simon since childhood. Both had chaotic upbringings and spent long periods living in children's homes. Jenny's parents' engaged in substance misuse and Jenny regularly moved in and out of refuges due to domestic violence. After being taken into residential care, Jenny attended school infrequently. She began running away, committed criminal damage and spent time in a secure unit.

Family 7 – William

William is long-term unemployed and has a number of children from previous relationships. He is recently separated and a lone parent to some of his children, with the others looked after by their mother or in care. Social services are involved with some of the children due to concerns about parental substance misuse. William has spent time homeless and in prison, and has a previous and long history of chronic substance misuse. He grew up in poverty in a conflict interface area and was forced out of Northern Ireland as a teenager. William has experienced depression since primary school and also suffers from anxiety.

Family 8 – Molly

Molly is unemployed and a lone parent. The family has been involved with social services on and off due to concerns about domestic violence, neglect and other child protection issues. Molly is

estranged from her mother and grew up experiencing poverty and emotional neglect, with one sibling taken into care following suspected physical abuse. Since her teens, Molly has lived at multiple addresses underpinned by several periods of homelessness. Her personal relationships have been characterised by domestic violence and she developed a gambling addiction. Molly has experienced periods of mental ill-health since her late teens and is being treated for anxiety and depression.

Family 9 – Heather

Heather is a lone parent and separated from her husband Malcolm. Social services are involved with the family relating to concerns about domestic violence and parental substance misuse. Heather was regularly employed until developing post-natal depression. She began drinking heavily and later developed an eating disorder. Malcolm was also abusive and controlling and Heather experienced physical violence and emotional abuse. While Heather's childhood was relatively happy, some grandparents were alcoholics, including one who also perpetrated domestic abuse. When she was very young Heather was sexually abused by an older child.

Family 10 – Vivienne

Vivienne is married to Gavin; both of them misuse alcohol, suffer from depression and are unemployed. Vivienne's physical health is also poor and she has experienced mental ill-health since childhood. Some of their children have mental and/or physical health problems. The family has had regular involvement with social and other services since their children were young due to poor school attendance, behaviour problems and neglect. A sibling of Vivienne was sexually abused as a child and developed a chronic drug problem. Childhood was chaotic and impoverished; it was characterised by frequent house moves, missed school, being bullied and caring for their disabled mother, and father who was an alcoholic.

Family 11 – Tania

Tania is a lone parent and recently separated from her ex-partner as a result of domestic violence in the relationship. They are involved in ongoing legal and child contact disputes. One child has spent time in care due to concerns about potential neglect and physical abuse. Tania is unemployed, has suffered from post-natal depression and is currently being treated for mental ill-health. She is estranged from her extended family who are well known to police and social services. Growing up she regularly cared for her mother who was ill with physical and mental health problems linked to prolonged sexual abuse as a child.

Family 12 – Joe

Joe is recently separated from his ex-partner and now a lone parent. His children have special educational needs and some health issues. Social services became involved with the family due to ongoing concerns about poor home conditions, parenting skills and chronic neglect. Joe is unemployed after leaving

work to care for the children. Growing up, Joe's mother drank heavily, had risky relationships and was regularly threatened in the local community about anti-social behaviour. Social services removed Joe and his siblings, who all have special educational needs, from his mother's to his father's care due to neglect.

Family 13 – Kim
Kim is unemployed and a recovering alcoholic. Now a lone parent, her children have all spent time in care. Having been removed by social services for concerns about neglect, domestic violence and parental substance misuse, some children are living with her again. Kim has a long on-off history with social services since the birth of her first child. One of her ex-partners was convicted for sexual offences and later committed suicide. Both Kim's parents are alcoholics and growing up her father was physically abusive to his wife and children.

Family 14 – Linda
Linda has several children, one of whom is under ten and has emotional and behavioural problems. A grown-up daughter Jody has mental ill-health and substance misuse difficulties. Jody's ex-partner is in prison for the violence he perpetrated against her. While Linda had a very strict but relatively stable upbringing, as an adult family life was chaotic and she became depressed. Her marriage to Simon was turbulent and the couple regularly separated. Both abused alcohol and Simon was physically violent to Linda and sometimes the children.

Family 15 – Lucy

Lucy is a lone parent having separated from her ex-partner after prolonged periods of domestic violence. She is unemployed and has been involved with social and other services throughout her life. Lucy has poor literacy levels having struggled at school which she rarely attended, and where she experienced bullying. At home her father was a violent alcoholic and Lucy was subject to severe physical and emotional abuse perpetrated by both parents, as well as neglect. As a child she was also sexually abused by another family member. From her early teens Lucy was in foster and then residential care. She was diagnosed with depression as a teenager and continues to experience mental ill-health.

Family 16 – Stacey

Stacey is a lone parent and experienced domestic violence throughout her marriage. After leaving her husband Tom, she and the children spent several months living in a refuge before finding alternative accommodation. Stacey is involved in ongoing legal and custody disputes with Tom. She had a relatively stable childhood and is very frustrated about the involvement of social services in her life. Stacey is unemployed and often struggles financially. Some of her children have special educational needs and some health issues which Stacey finds difficult to cope with.

Family 17 – Belinda

Belinda is a lone parent and long-term unemployed. She has experienced anxiety throughout her life and been treated for depression since her first partner died. Belinda recently separated from a partner and social services have been involved due to concerns about potential neglect. One of her children has special educational needs and behavioural problems which Belinda struggles to cope with. Growing up she experienced regular bullying at school which impacted on her education. There are difficult relationships within her immediate family and her father spent time in prison when she was a teenager.

Chapter Four: Prevalence and experience of adversities

Prevalence of adversity

Measurement and definitions

Using the life grid tool the first stage of the fieldwork explored participants' experience of adversities across the life-course. The adversities were measured against the eight broad headings identified in the literature review (Davidson et al, 2012). These categories were:

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

Given the nature of available information, a degree of interpretation in categorising was required in some cases. Table 5 in Appendix One sets out the definitional categories for each of the eight adversity areas in more detail. Equally, the presence of each adversity was counted in relation to two specific groups and across three time periods:

1. Participant's childhood – presence of the adversity within their household when growing up
2. Participant as an adult – the participant's individual experience of the adversity in adulthood
3. Participant's own child/ren– presence of the adversity within the household of at least one of the participant's children.

The categories of participant's childhood and participant's own child/ren both relate to the presence of household adversity and are broadly comparable. Although the adversities experienced by participant's children are essentially a measure of their parent's exposure to adversity in adulthood, there are some differences between the two. This relates to cases in which children were exposed to adversities by another parent/caregiver in the household or when not residing with the participant.

- **Adversities experienced as an adult**

The overall number of adversities experienced for each participant as an adult is represented by Figure 2. It shows that fifteen participants had four or more of a possible eight adversities, while more than nine had experienced six or more adversities.

Figure 2: Number of adversities experienced by participants as adults
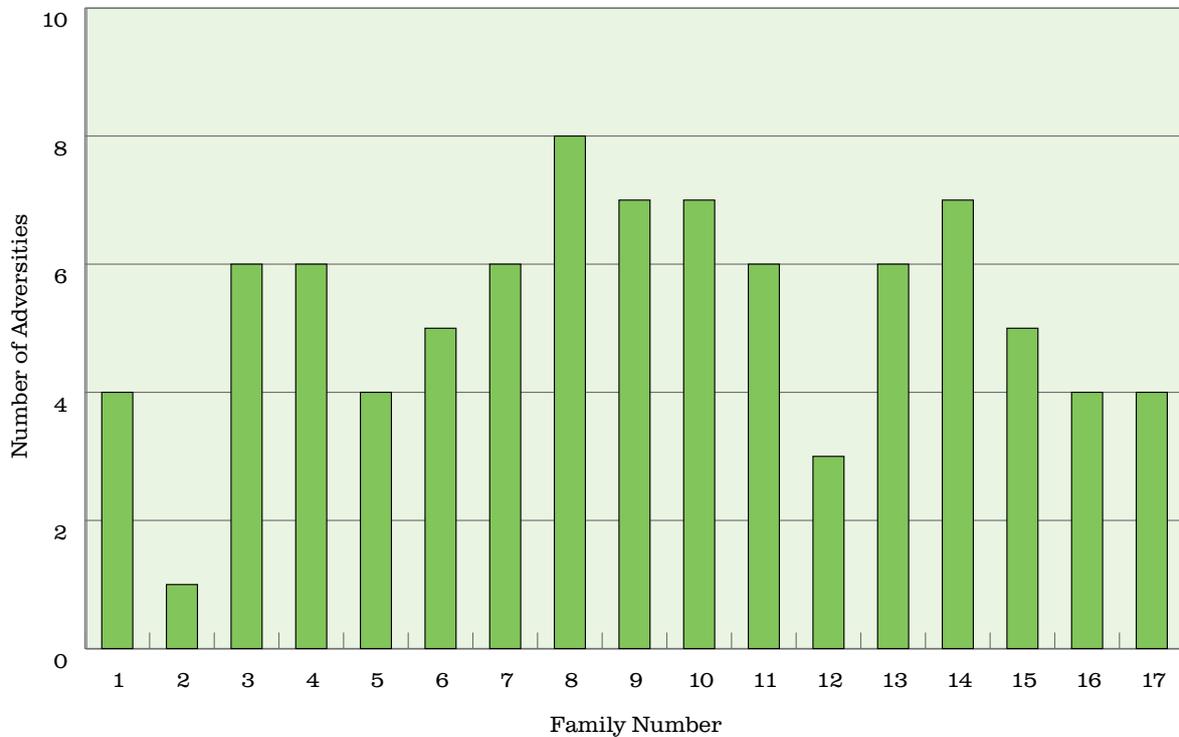
- **Adversities experienced in childhood**

As shown in Figure 3 the adversities were measured against eight categories for the participant in childhood and also the participants' children. The key findings were:

- Eleven participants experienced high levels of childhood adversity (four or more).
- In sixteen cases at least one of the participant's children experienced high levels of adversity (four or more adversities) and in twelve cases this was at higher levels than that experienced by their parent in childhood.

- Even where participants experienced lower levels of adversity in childhood, their own children tended to experience higher levels in childhood.

The literature review noted a need for caution in applying rigid definitions to families with complex needs (Davidson et al, 2012). The adversities experienced by participants reflected this and while the eight key categories provided a useful framework, a number of additional adversities were also identified:

- Housing instability
- Poor school attendance
- Parental unemployment

Figure 3: Number of adversities by participant as a child and participants' children
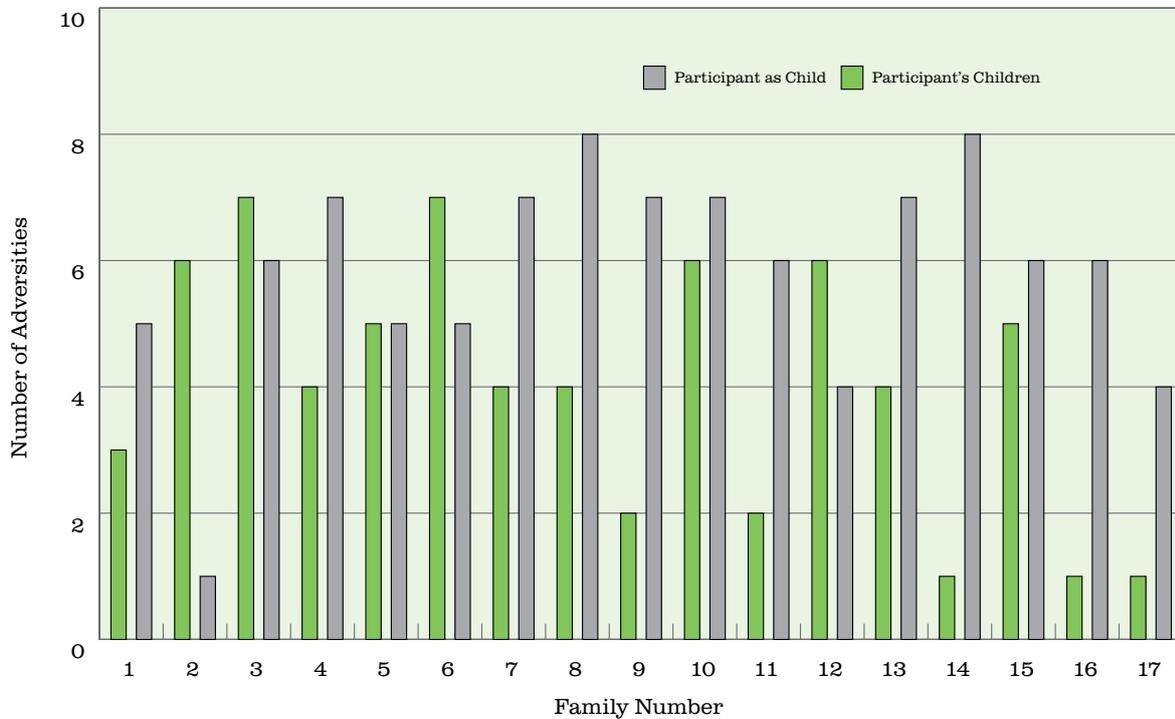
- Parental low/no educational qualifications
- Children with household and caring responsibilities
- Social isolation and hard to reach
- NI conflict-related
- Adversity in wider family

Most of these factors are included at some point within this chapter's discussions relating to the broader adversity categories, notably unemployment and educational attainment in the poverty section and poor school attendance throughout. Some are also discussed individually, such as housing instability (including NI conflict-related), caring responsibilities and social isolation.

Patterns of adversity

Measuring against the eight categories showed a mixed pattern in relation to the accumulation of adversity over the life-course, and highlighted some common co-occurring adversities.

Experience of intergenerational adversities

- While the presence of several adversities in childhood was an important indicator of future risk, one third of study participants had the same or lower levels of adversity in adulthood. Conversely, the six participants who had experienced relatively little adversity in childhood had accumulated multiple adversities later in life.

- Although caution is needed in interpreting such small numbers, generally the sample showed higher exposure to adversity amongst the participants' children than the participants themselves.

Most participants had experienced some degree of adversity in childhood. However, for nearly a third, multiple adversities were not a major feature until they were adults, often when they were parents themselves. While in many instances the experience of adversity continued into adulthood and could intensify in later life, it was also evident that some participants with little or no adversities in childhood were at risk of accumulating multiple problems following a traumatic event(s), particularly in the absence of appropriate support/service intervention. For these participants, family separation and/or domestic violence typically triggered other problems such as homelessness, financial difficulties, mental ill-health, reliance on alcohol and social isolation. Over a period of years, sometimes more quickly, problems would begin to accumulate and impact negatively on participants and their children.

Regardless of when adversities occurred, the findings suggest that as a generation participants' children were more likely to be exposed to higher levels of adversities than their parents in childhood, notably family separation, domestic abuse, parental mental ill-health, and especially poverty. This is of particular concern considering that participants were recalling adversities across their whole childhood whereas the majority of these children are still under the age of eleven and may be exposed to further adversity during childhood.

Next generation resilience

- While exposure to adversity in childhood generally indicated an increased risk of multiple adversity as an adult, some participants had the same or lower levels of adversity in adulthood, suggesting some degree of resilience. However, when other risk factors were taken into account, such as social isolation, no educational qualifications, illiteracy and wider family adversity, the picture was a more complex one and their own children were often exposed to higher levels of adversity.

The overall findings indicated that, as previous analyses have shown, high levels of childhood adversity tended to result in high levels of adult and intergenerational adversity. However, the qualitative findings also highlighted the dynamic nature of this process, with a number of families, although by no means all, showing some improvement and resilience in dealing with multiple and complex problems. This was usually related to positive service experiences, occasionally combined with a successful intimate relationship and sometimes personal strength and determination to make things better for their children. Indeed although most of the participants were struggling with multiple problems and were often

unclear how to bring about change, they generally voiced strong aspirations to improve their children's life chances and break the cycle of adversity.

"....like some people would be brought up like that and think that is the way to get on, where some people would be brought up like that and think that is NOT the way, do you know what I mean, that I am going to be. But definitely not, no way would I have any of that madness, the kids will be brought up normal." (Family 6, Jenny)

"I suppose to me it is when I ask the question to the kids how was your day and so on, it is because I never had the opportunity of expressing myself, of getting things out of me. Coz that is what I do, even today, (child) is off school today so he is, he has no exams today, but when I go back I will ask him how he has got on today, just to keep regular conversation with him and let him know I am here for him. Which I think is really, really important so I do, to let your kids know that you are there for them." (Family 7, William)

Experience of adversities

This section provides an overview of the individual adversities experienced across the life-course (See Table 1/ Figure 4). Adversities are discussed within the eight broad categories, followed by a presentation of some other key adversities which emerged from the study. The section concludes with some discussion about the co-occurrence of particular adversities.

Table 1: Overview of key adversities

- More than two thirds (12) of participants experienced family separation in childhood compared to sixteen as adults.
- Just over half of participants (9) had experienced poverty in childhood, whereas all of them as adults, and their children, had some experience of poverty; the majority of participants were unemployed (16) and forty percent had no form of educational qualifications.
- Just over one third of participants (6) in childhood experienced at least one parent with mental health problems, and over three quarters of participants (13) had poor mental health themselves as adults.
- Ten participants had experienced parental substance misuse in childhood and more than half (9) had misused substances as adults. In thirteen cases at least one of the participant's children had experienced parental substance misuse.
- Just over forty percent of participants (7) experienced domestic violence in childhood and nearly half (8) were the victims of domestic violence as adults. More than half the participants (9) had at least one child who was exposed to household domestic violence.
- Two thirds of participants (11) experienced child abuse[8] in childhood. While not directly comparable, the majority of participants (15) had at least one child involved with social services in relation to alleged or actual child abuse/child protection concerns (although the concern did not always relate to the participant but rather another parent).
- Seven participants had a parent with illness/disability in childhood while five participants experienced physical health problems/ disabilities in adulthood. More than half (9) had at least one child with a disability or learning disability/special educational needs.
- More than one third of participants (6) experienced offending and/or antisocial behaviour by a parent in childhood, compared to two thirds of participants' children (11).[9]
- Two thirds of participants (11) had already changed address over eight times (the UK lifetime average).[10]
- In childhood more than one third (6) of participants reported having household and/or caring responsibilities; and more than one third (6) had poor school attendance.

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8   Physical, sexual, emotional, neglect.
9   Half of which was related to the perpetration of domestic violence and a parent's subsequent contact with the criminal justice system.
10   For example one participant had lived at twenty-three different houses since childhood and another in twenty-one different places in the last sixteen years.

Figure 4: Experience of individual adversities for participants in childhood, as an adult, and participants' children
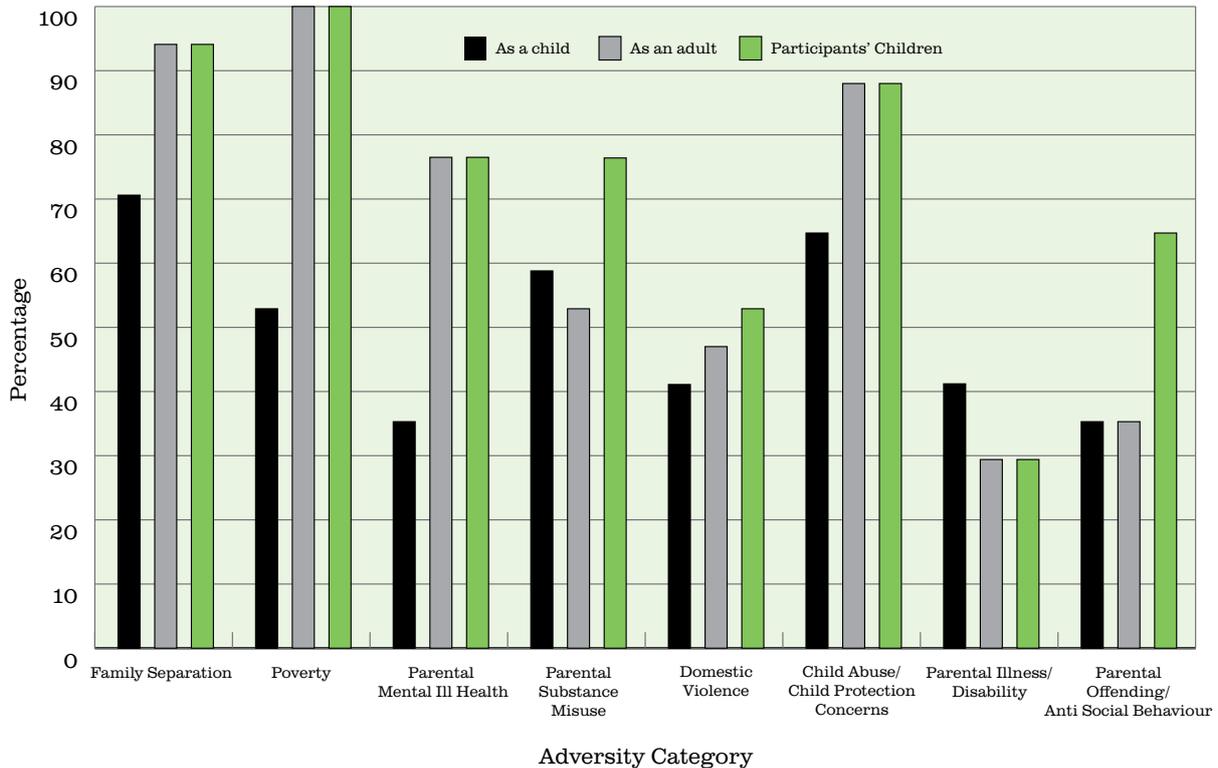
1. Family separation

■ Family separation was experienced by three quarters of participants in childhood, and by the majority as adults. Nearly all (16) had experience of being a lone parent, and two thirds were currently raising their children alone.

■ Domestic violence, mental health issues and substance misuse were the core underpinning factors identified behind relationship breakdown, and all three were frequently present.

■ Family separation frequently triggered or further enhanced sustained periods of economic and housing instability, difficult family and other intimate relationships, parental substance misuse and deterioration of mental health.

In several cases, participants had experienced multiple separations, moving on from one relationship to another within a very short time of one relationship ending. For these participants it was a recurring pattern from late teens/early twenties into their thirties or forties. Positive relationships in adulthood with an intimate partner were generally rare across the sample, with many volatile and turbulent in nature. They were typically chaotic, characterised by substance misuse,

domestic violence, infidelity, frequent and often violent arguments, jealousy, and periods of separation.

"There's days where he has threw the wedding ring at me more times than I care to remember. He has threatened to leave. Anything would be better than living with me, living with the kids..." (Family 10, Vivienne)

"...he packed his stuff and left and I fell apart...we then moved house to [different town] and I said 'it is a new start, and if things keep going on it's going to be the end of it'...we moved in the end of September and by Christmas time the atmosphere in that house was awful..." (Family 14, Linda)

"Back then, me and Natasha [ex-partner] used to fight like mad, a lot of shouting and all. And then she never would give me a straight answer, I just never knew anything, which made me even more frustrated, I would have punched walls, doors, I would never hit her." (Family 3, Kevin)

A pregnancy also appeared to be a precipitating factor for problems developing in several participants' relationships. Although it is not clear to what extent, if any, that it accelerated problems with a partner, most participants reported at least one unplanned pregnancy, often early on in relationships; and seven had their first child whilst a teenager.

"...after I found out I was pregnant, that was when it started to go downhill. ... anytime I spoke about being pregnant...

it was like don't talk about it, he didn't want to know... it was like he was jealous as well..." (Family 8, Molly)

"Well up until I was pregnant, it was great. And then once I got pregnant, no.....he didn't want the child." (Family 11, Tania)

"... as soon as he seen that pregnancy test changing colour, that's when he started to take control of me, and that's when the mental and the physical abuse started." (Family 15, Lucy)

Participants struggled to resolve problems or find a way out of difficult relationships, with situations frequently reaching crisis point before any change occurred. Fear of a partner, worry about raising children alone and managing financially often made it more difficult, as well as a belief they could make their relationship work.

"You just can't up sticks and just walk out and leave him. You know if you are in a bad situation you can't do that......I suppose I just tried to live in hope, thinking it will change, things will change, it will be different, you know..." (Family 16, Stacey)

Participants identified relationship breakdown as having detrimental impacts in their childhood and for their own children, notably:

- **Financial hardship** was particularly common due to a change in household income and often a lack of child support for a lone parent.

"Never a penny came, I phoned the Child Support Agency but they said there was nothing they could do because he wasn't in the country at the time..." (Family 1, Caroline)

"And he doesn't pay me child maintenance for them weans. He hasn't paid me in two and a half, three years. And he is supposed to, [he is] declaring that he is not working but yet he is self-employed." (Family 16, Stacey)

■ **Disruption to school and home-life** typically included loss of contact with the other parent and sometimes siblings, moving home and school, and the introduction of a new partner.

"You see the thing was I always done really well in school, like well my behaviour and all was really good and when my daddy moved out it just went really, really bad. I either stopped going to school or I went to school and got into trouble. That's how it all started then, as soon as he moved out I used to fight with my mummy and then me and her would have actually proper fought." (Family 6, Jenny)

■ **Parental substance misuse** often began or was exacerbated by the breakdown of a parent's intimate relationship.

"We moved to a different estate in xxx...it was pretty much there was no boundaries, well we pretty much done what we wanted to do to a certain extent yeah, I think mum sort of lost control a bit, she herself eh while she

was married to my dad she never drank or smoked or anything like that and then when they separated she started drinking, she discovered alcohol..." (Family 13, Kim)

■ **Emotional well-being** was often affected, sometimes having a long-term impact on children.

"... [child] had this bond with Peter [ex-partner] and when Peter hurt me then [child] got hurt... hurt bad. He's a really emotional person, he's like me, would cry mainly... If I get hurt then he gets hurt, so because he had this bond with Peter and Peter hurt me, he felt angry and then his behaviour started to change after me and Peter split up." (Family 17, Belinda)

Having a partner and happy family life appeared to be a common aspiration amongst participants. However, perhaps linked to past experiences in childhood or in other intimate relationships, self-esteem was often low leading to difficulties in forming and sustaining a relationship. Those who had experienced violence in successive relationships were especially pessimistic about the prospect of ever having the kind of family life they would like for themselves and their children.

".....I mean it would be actually nice to find somebody that was going to be there for me and the child and not have domestic violence like, but I can't see that ever happening like." (Family 8, Molly)

"To be honest the way I feel now I just can't be annoyed with men, I would just rather, I'd just rather be on my own…" (Family 4, Cheryl)

There was however some evidence of the impact that being able to form a happy, stable relationship could have on psychological well-being and in fostering resilience. For example, determination to find the 'ideal' relationship with a partner and not repeat past problems had been a core factor in a couple of participants' ability to bring about and sustain some positive changes in their lives.

"I always wanted the kind of dream relationship, that kind of thing, you know the perfect relationship. And that is what I was always looking for, I wasn't looking for anything that reminded me of the past, that kind of way……I know what made me feel better in the end like. After me and Natasha broke up, I kind of snapped out of it because I met my wife Sara now, I met her as a friend like. And then we were always going out places and doing different things. And it just kind of lifted one day…..I don't really want to think about that [if I hadn't met Sara]. I have talked about that a couple of times and I don't think I probably would have been here to tell you the truth. I probably would either self harm or I would have just got in that bad of a state I wouldn't have woke up one morning, you know that kind of way. Because it was extremely bad, the anxiety and that stuff there…" (Family 3, Kevin)

"…so then when I met my husband then I was going with him for two year like, he said at six months will we get married and I said no, I wanted two year to check him out, watch every move of him. I can't believe I did, I was like a detective, and then I just I knew I just knew cos I knew he was just good. His father was very good to his mother very, very good and that's a good sign, I do believe in that once you see families and believe me I checked him out, never say nothing but I checked him out!" (Family 2, Carly)

2. Poverty

- Just over half of participants had experienced poverty in childhood, whereas all had some experience of poverty as adults.

- Parental employment appeared to be higher in the participants' childhood; however as adults the majority (16) were long-term unemployed and around forty percent had no educational qualifications.

- Participants identified a number of barriers to gaining employment, notably low/no educational qualifications; lack of job experience; mental and physical health problems; and difficult family circumstances.

While participants rarely talked about poverty per se, more than half specifically referred to money worries in childhood, periods during which

one or both parents was unemployed, reliance on benefits and/or poor living conditions. It was clear from participants' life stories that, even when a parent was working, money was generally 'tight' for most growing up and some struggled with more severe poverty.

"… we weren't allowed to go into the cupboards and the fridge when we were growing up. She [mum] counted the biscuits and she counted how many bags of crisps there was, how many bits of bread, that's how bad she was, how many bits of bread there was and she knew when you would have been in the cupboard…" (Family 8, Molly)

"…we always had colds and flu's because there was no constant heat." (Family 15, Lucy)

"…very poor, it was very poor, my mother would have to go hawking like hawking is like selling maybe pegs and things and I'd go with her so we'd go to the houses maybe every day we'd go to the houses selling things and God, Jesus it was just, it was just hell, it was freezing. You'd get some really ignorant people at the door, you'd get some lovely people, you'd get them to bring you in they'd give you tea and I'll never forget they always used to give you their old milk bottles and they'd fill it up with tea and it was roasting and you'd put your hands around it cos it was that cold in the winter…" (Family 2, Carly)

Some participants also recalled experience of bullying or feeling socially excluded as a result of their family circumstances.

"…[at school] I had verbal bullying, coming from a one parent family was hard, most of my mates all came from two parent families and they would have the latest trainers, the best toys, all stuff like that. While I would have hand me downs and stuff like that there…" (Family 7, William)

"I wouldn't really have fitted in the [local grammar] school…there's tuition fees and you know, the way things were at home and stuff like would have been completely different from what those kids would have…" (Family 3, Kevin)

Across the generations a lack of money was often underpinned by long-term unemployment, family separation and parental substance misuse. It was notable that participants' children experienced higher levels of parental unemployment than participants themselves during childhood and, with the exception of one participant, all were unemployed at the time of interview and living on very low incomes. This may be related to the higher incidence of family separation in adulthood experienced by participants compared to their own parents, and possibly less local job opportunities. Two thirds of participants were also lone parents and typically lacked any financial support from an ex-partner, many of whom were also unemployed.

Employment was identified across the sample as something to aspire to, particularly amongst the small

number who had previous experience of working and had enjoyed it. Their jobs had provided them with financial independence, a sense of purpose and a network of friends.

"...I started off washing dishes and I had grown a really strong bond with the boss and his girlfriend and they got to know my childhood and got to know my social worker and got to know how I was brought up and how I was treated. And they became really, really fond of me as a person..." (Family 15, Lucy)

However, while most participants expressed a desire to work and improve their situations, they were generally unsure how to progress this and commonly highlighted a number of barriers to gaining employment:

- **Lack of qualifications**
  Educational attainment was generally low across the sample and many had a disrupted education due to frequent house moves, poor school attendance and chaotic family lives. Four participants had poor literacy levels, including one who cannot read or write and another with learning difficulties.

- **Lack of employment experience**
  Significantly, most have not worked for at least several years and many of the older participants were long-term unemployed more than ten years. Previous work was largely unskilled in nature and tended to be casual, part-time

and low-paid. Some participants had either never worked or only had experience of one job when they were younger; indeed several reported that their only link to employment was 'work experience' at school or tech, and only very occasionally did this lead to more employment opportunities.

"I'd love to work but I could never do it because I never had the education. You always have to read and write to do any kind of a job even in a [fast food restaurant] you have to like you have to do it, so I always wanted to work, loved the idea of working and getting my own money but I could never do it because I hadn't got the education..." (Family 2, Carly)

- **Poor mental/physical health**
  Many participants associated their poor mental/physical health with an inability to secure employment. Lack of confidence was a key feature, particularly amongst those participants who struggled with anxiety. They typically worried about their ability to cope in the workplace and about letting employers down. Often the prospect of leaving their familiar home environment and interacting with others was daunting, especially for those who had little or no experience of the world of work. Poor physical health was also a notable feature amongst those with mental ill-health, posing an additional barrier to employment.

"... I went back [to work] ... I didn't even last a week... but I just couldn't cope at all. She must have been about two...

everything just fell apart again... I just didn't want to be in company. I didn't want to be with anybody else. I didn't want to make conversation... I didn't want to do anything with anybody. I just wanted to be by myself...I just didn't want to be anywhere except in my house." (Family 9, Heather)

"My health... the constant pains that I always had were still there...The back pain had got worse, so it did; and my stress levels were sky high.....[I had] days off work because I wasn't well." (Family 10, Vivienne)

■ **Family circumstances and pressures**

Participants highlighted a range of difficult, often chaotic family circumstances as barriers to entering education or employment. This commonly included caring responsibilities for young children and/or a relative. As discussed further in Chapter Five, several participants also suggested their current level of involvement with social and other services prohibited them from taking or looking for work. The requirement to attend various appointments left them with little spare time and made it difficult to hold down a job.

"...worked there for four years and then left... or quit the job...I had to look after my kids. That's when me and their mum split up.....It was a good job. I was doing my NVQ levels and all, so I was. I was going through courses and stuff, so I was...I would like to go back to work, but my daughter, she needs my support

more... She has learning difficulties..." (Family 12, Joe)

"...with the situation with the kids, I have no free time......[I am busy] seven days a week. That is including seeing all my children, all my court dates and all my meetings." (Family 13, Kim)

Notably, many participants were not optimistic about their own chances of employment or going into further education. They consistently talked about wanting to break the cycle of low educational achievement and unemployment through their own children so that they could have a better life. Their children valuing work and getting a good education was frequently discussed as integral to that.

"I am just trying to install the work ethic into their head, I don't want them ones growing up saying 'Well, sure my Dad is on the brew, I will go on the brew as well'... I always tell the kids you are not going near that brew, you are not going anywhere near it. [Child] wants to leave school, now he's talking about going to tech and I am trying to get him to stay in school." (Family 7, William)

3. Parental mental ill-health

■ In childhood, forty percent of participants experienced at least one parent with mental health problems, and over three quarters of participants had poor mental health as adults.

- More than one quarter of the sample (7) had at least one child[11] whose behaviour indicated problems with emotional well-being/mental health.

- Domestic violence was commonly present in more than half of those affected by parental mental health in childhood and two thirds of those who experienced mental health problems in adulthood.

Many participants related a parent's mental health problems to relationship breakdown, domestic violence and abuse experiences in childhood. The mental ill-health of a parent had various impacts on the participants as children including being taken into care, parental substance misuse, poor school attendance and increased household and caring responsibilities.

"Then she [mum] was just depressed then and started drinking even more. She drank more during the day then. Because when we used to come home from school she used to be drunk." (Family 6, Jenny)

Depression was the most common mental health condition reported, both in relation to a parent and themselves as adults, with many participants also being treated for anxiety.[12] Some described having "bad nerves" usually linked to violent experiences in their past, and difficulties sleeping. Any contact with therapeutic services appeared to be short-term and/or sporadic. Most affected participants had been reliant on medication at one time or another, in several cases for up to fifteen years, and in two cases since childhood.

"They put me on anti-depressants so they did......yes anti-depressants for that, and tablets for my nerves as well. I ended up with bad nerves and everything......I am still on them so I am...I have been off them and then on them...it is for depression and anxiety." (Family 8, Molly).

"After I had been stabbed and stuff I had depression, I had a big low and then nerves, and I mean I am on tablets for a nervous disorder, I take them so I do. I take xxx for a nervous disorder and xxx for sleeping. I have massive problems sleeping at the moment. I also take xxx and another type xxx" (Family 7, William)

Several participants had themselves displayed mental ill health through various stages of their life, some from early childhood. A few recalled feelings of hopelessness and depression including suicidal thoughts from a young age.

"Because I just wanted to die. I did, you know, and being that young, you shouldn't even know what death is, to be honest, never mind wanting to die..." (Family 15, Lucy)

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11   *Five have more than one child affected.*
12   *Other conditions amongst participants and/or their parents included paranoid schizophrenia, suspected bi-polar disorders and severe PMS.*

"I suppose depression has been part of my life always....when I was about nine, do you know, I can remember having a homework, I had a very, very good memory, and saying to myself that I should do my homework, I was in primary school at the time and I had homework, and I said to myself no it is ok because I am going to kill myself tonight, I had a wee penknife and with this penknife I was going to kill myself, and I must have been about eight or nine." (Family 7, William)

While key events and adversities in childhood were a contributing factor to depression, for many participants depressive episodes in adulthood appeared to be triggered by a significant life event such as bereavement, family separation, having a baby (post-natal depression), or children being taken into care. Several participants recalled attempted suicides, often on several occasions.

"...I just don't know what came over me but I just got all the tablets that I had and I tried to overdose again..." (Family 1, Caroline)

Many of the participants own children had been similarly affected as they had been in childhood by a parent's mental ill-health, but were perhaps more likely to come into contact with social services as a result. Most of those children were less than ten years old, and a few had already been treated with medication or were seeing a child psychologist. In many cases participants attributed the problems their children were experiencing to family separation and/or exposure to domestic violence. This was either through witnessing parental violence or, in the case in one of the older participants, a grown-up child's own victimisation in an intimate relationship.

"He has a lot of problems....he has a lot of issues with fighting and hitting children at school because she [mum] keeps letting him down...and for that period of time when she did go back to that freak I call him, you know the father, she went back to him and she had him with her so obviously the child had seen stuff and heard that he shouldn't have...so he is messed up.." (Family 14, Linda)

It was also evident in adulthood that many participants' parent(s) continued to be affected by poor mental health. This impacted on participants in various ways, for example a parent's inability to provide them with support as they struggled with their own problems. Several of their parents had on-going and in some cases more recently developed mental health problems.

"I think then when she got that bit older she realised then, she got help......I was about twenty-five when she went for that...she says it was from losing her mother so we just go along with it but I think that hard life couldn't help her either..." (Family 2, Carly)

"He [uncle] was about xxx years old [when he committed suicide]...and my

mum blames her mum for it cause he was bad with depression and my mum suffers from depression too because of all that...she had it alright before all that happened and now she has it worse..." (Family 5, Zoe)

4. Parental substance misuse

- During their childhoods, more than half of participants experienced parental substance misuse, of which two thirds went on to have their own problems with alcohol and/or drugs as adults.
- Overall more than half of participants had abused substances in adulthood, and more than two thirds of participants' children had experienced parental substance misuse.
- Four participants had entered care in childhood linked to a parent's substance misuse; and five participants had children taken into care related to parental substance misuse.
- Parental substance misuse was commonly reported as a coping mechanism, most notably in relation to domestic violence, depression and feelings of isolation.

Alcohol was the substance most commonly misused across the sample and some drug misuse was also evident; for example heroin problems were referred to in three separate families either in relation to the participant, and/or an ex-partner or a sibling. Several participants reported beginning to abuse alcohol and/or drugs while they were teenagers or younger, with problems usually worsening as they got older. Participants often highlighted the inter-generational aspect of their drinking, making links between their current alcohol problems and those of a parent in childhood.

"....alcoholism has affected my whole life, because I am the daughter of an alcoholic......I tried hard to stop the cycle but put myself in the cycle, do you know what I mean? I met somebody who had a drink problem, I was like ah I can fix this. I didn't fix it, I got into a bigger spiral out of control, I got straight into the cycle that I was trying to come away from..." (Family 13, Kim)

Either in childhood or as adults, parental substance misuse was significantly inter-linked with relationship problems/breakdown, domestic violence, depression, financial hardship and parental physical health problems. Across the generations home-life was typically chaotic where parental substance misuse was present. It was also a key factor in cases of child neglect and in children being taken into care, following which participants' alcohol and/or drug misuse usually increased for a period as they struggled to cope. Several participants acknowledged that their own substance misuse had prevented them from ensuring the emotional, physical and social needs of their children were met. This manifested itself through poor school attendance, an unhygienic home and failure to prevent physical harm or injury.

"....basically I turned into my dad...their routine was out the window, broken promises, you know the house wouldn't have been as tidy as it should've been, bills weren't paid, things like that. ...I was spiraling out of control myself, so more than likely ninety percent of the time I was oblivious to what was going on around me, including the care of my children." (Family 13, Kim)

Some also reported increased caring responsibilities at a young age when parents were drinking.

" ... a lot of the times he [dad] would have come home with me, sort of about six-ish and would have made sure that we had our dinner and all. And then we always had to be in bed for about seven, half seven. And nine times out of ten, I knew fine rightly that daddy would go back down to the pub again. So if daddy had went back down to the pub, if he wasn't up again by say by eleven, I would have went down... I would have walked down... I knew daddy's routine and I knew the first bar and the second bar and the third bar; so I had the routine. I knew exactly where he would be and I would have went down and I would stand and fight with him for hours to get him up home..."
(Family 10, Vivienne)

Others highlighted the impact on their children's emotional well-being and behaviour as a result of parental substance misuse.

"....he was angry because of his daddy, being left, the drinking and not getting to see him....it was just horrendous

with him.....Its messing his head up, he doesn't know whether he's coming or going...his behaviour has got worse, his cheek, his anger." (Family 1, Caroline)

As also evidenced in the literature review, many participants related that their substance misuse was a coping mechanism to escape from the painful reality of everyday life, increasing gradually over time before spiraling out of control.

"It more or less started whenever the domestic violence started you know what I mean I would've sort of turned to drink so I could cope with it...I think it was after I had my first [child]...I think it was my way of dealing with all the violence and stuff like that there, it sort of blanked it out for me you know the drink..." (Family 4, Cheryl)

"I worked during the day and I smoked cannabis during the night, that is really how I got through it. There was lots of periods of depression in the middle of it and I suppose the cannabis was not helping at all..." (Family 3, Kevin)

5. Domestic violence

- Over forty percent of participants reported domestic violence in childhood; and almost half had been victims of domestic violence as an adult.
- The domestic violence was emotional, physical, sexual and controlling in nature; and it tended to occur over prolonged periods of time, often escalating when a

partner was drinking heavily and/or during pregnancy.

- As in their own childhood, participants' children frequently witnessed the perpetration of domestic violence, with at least one child of nine participants affected.
- Actual or alleged child physical abuse had occurred in some families where there was domestic violence, for four participants as adults and four in childhood.

Domestic violence was a pervasive factor in the lives of the participants and their children. It was generally hidden from family and friends, with help rarely or never sought from the police or other services until crisis point. With all the complexities involved, domestic violence rarely led to immediate family separation. The abuse tended to increase in severity over time and many participants experienced abuse for several years before ending a relationship; often because they feared for their life or when imposed as a condition by social services due to child protection concerns.

"...and they [the children] were listening to it, hearing it and seeing it. They were actually being involved in it. And they [social services] said that if I didn't take the order out, that they would remove the children. And I have done so much work to get them to where I am now; I am not losing them for anything. But the marriage is over anyway. It was over before that..." (Family 9, Heather)

"...I had an option to pick my kids or else Stephen [ex-partner]. If I picked

Stephen, I would lose the kids, you know, so I picked my kids..." (Family 15,Lucy)

"...I knew I couldn't do it anymore because if it had kept going on the way it was going, they would have probably been carrying me out in a box..." (Family 16, Stacey)

Three participants experienced domestic violence in a series of intimate relationships. Two of those participants, and three in total, also experienced a continuum of violence throughout the life-course, growing up in violent households and then becoming victims of abuse themselves as adults. When discussing their experiences with a violent partner they often made links with the past.

"....the abuse... you know it was unbelievable because here you were, it was like a circle repeating itself, history. I was brought up in an abusive relationship and here I am in an abusive relationship. It is like a pattern, you know, and it is a true saying, you do go after fellas like your father. History is proving..." (Family 15, Lucy)

"...but I think the reason why I went with people like that was because of the way my dad was, know cos he was like angry and always shouting and I think that's why I went with people sort of like my dad....my sister would be the same, she's exactly the same..." (Family 4, Cheryl)

The violence recalled in childhood was mainly physical and directed

towards their mother by their father or stepfather, usually when they had been drinking alcohol. In most cases the abuse involved violence which, at the more extreme end of the continuum, led to their mother being threatened with weapons such as a gun or knifes, being strangled by their father and/or sustaining physical injuries. Invariably the domestic violence continued until their parents separated or the participant left home, usually during the participants' teenage years, meaning that they were exposed to violence for many years.

"I can't say it was love, no, because there was domestic violence for the whole sixteen years that they were married, and some of it was really, really brutal to be honest like. We witnessed horror scenes, to be honest..." (Family 15, Lucy)

Domestic violence was also extremely common amongst participants in their adult life and again excessive alcohol consumption and/or drug abuse was a common feature. Across the affected sample a range of very serious incidents of violence were described which generally increased in severity over time and escalated when a partner was drinking and/or when they were pregnant. Figure 5 illustrates some of the participants' recollections of domestic violence which was emotional, physical, sexual and/or controlling in nature.

Similar to the previous generation, participants' children had usually been exposed to violence for a number of years. They were often present or

nearby during the perpetration of domestic violence. Sometimes they were directly caught up in what was occurring, even encouraged either implicitly or actively to join in the abuse against their mother.

"I mean he would have come in, pulled my hair... shook me, you know, grabbed my nose, shook me by the nose and pushed me. He would have... like I'd have been walking and he would have pulled my jammie bottoms round my ankles and had all the kids laughing at me. You know, saying to the kids, look at mummy... isn't mummy just a dirty drunk and all, and laughing and..." (Family 9, Heather)

Frequently witnessing the perpetration of domestic violence had in many cases

Figure 5: Participants' recollections of domestic violence

Emotional

"...for a long time it wasn't physical, it was just name calling and all that, like verbal, it was more mental...things he would say to you, make you feel real low...so I think that was how it really started." (Family 14, Linda)

"...[with second partner] it was more like emotional abuse...he was putting me down and stuff and just arguing with me all the time...and when I was pregnant he wouldn't give me my own keys so I had to end up breaking a window to get into my own flat..." (Family 4, Cheryl)

"...it started to get verbal. You are a drunkard, you are nothing but a smelly drunk. You are useless, a waste of space. We are better off without you." (Family 9, Heather)

Physical

"...it ruptured my womb, I was covered head to toe in black marks, at one stage he even rearranged my face basically...he [ex-partner] had beaten me up and I went [into labour]...[child] was a premature baby, so just to hear him cry because I was told basically before he came out we don't know whether he was gonna [survive]." (Family 13, Kim)

"...I seen the social worker, a police social worker, and he said...cos I had bite marks and all on my arms and he'd beat me really bad like...they wanted me to go into hospital but I had no-one to mind the kids so I didn't go in so and I had bruised ribs and stuff like that but I didn't even see the doctor or anything else..." (Family 4, Cheryl)

Controlling

"...he just turned into this nasty, nasty person, this control freak, you know, just because I was carrying his baby that he owned me. And he started to take control of everything, every part of my life. Who I talked to, where I went, what I wore, the money, the shopping, the cooking, the cleaning. He took control of everything, so he did" (Family 15, Lucy)

"And then wee bits started creeping in, you know, about the house being tidy....just...it was like, just a wee drip at a time sort of thing. The house had to be vacuumed top to bottom every day, the bottom twice a day. He would have commented on that toy was sitting there when I went to work this morning, and it is still sitting there..." (Family 9, Heather)

Sexual

"...a bad, bad, bad man...he has completely damaged her for life, she was continuously raped and abused, told what to wear, where to go, [told] you're not allowed to wear make-up...he made her do awful stuff, you wouldn't even make an animal do...she [daughter] had an awful, awful life with him, he raped her then, that was who she had her children to." (Family 14, Linda)

"...put it this way, if he went out and got drunk and came back he would demand me in the bedroom. He wasn't giving me an option. And there was times, because of his temperament, the way he was, and you are thinking to yourself, here hang on a minute, I've three weans in this house, I've nobody here to help me. Sometimes you just lay down and took it. Yes you'd have been emotional. The tears would have been tripping you. But what do you do?' (Family 16, Stacey)

impacted on their children's behaviour and emotional well-being.

> *"You see if he [ex-partner] is angry or if he gets cross, [child] goes into meltdown. She has witnessed him hitting me. She knows what he is like, and if she sees that temper she goes into shut down. Then she is too scared to talk."* (Family 16, Stacey)

Domestic violence had also impacted on participants' children in various other ways, including family separation and periods of housing instability. Indeed half the participants who experienced domestic abuse as an adult had spent time in a hostel or shelter, usually with their children. Although limited, there was also some evidence in the study of child physical abuse in families where there had been domestic violence, including violence perpetrated under the guise of physical discipline.

> *"...he always got hit by his father growing up, he got hidings so he thought he could do that [hit the boys]... it wasn't right...I was never hit in my life, as a child, I never ever got hit... it was all new to me when he started hitting me..."* (Family 14, Linda)

6. Child abuse

- Two thirds of participants reported child abuse in childhood.
- More than half (10) the participants experienced some

form of neglect during childhood; three quarters of participants (14) had contact with social services regarding concerns about the neglect of their own children, of which half had also experienced neglect as a child.

- Five participants directly experienced physical abuse in childhood,[13] while five had children in contact with social services due to concerns about physical abuse.
- Four of the participants who had been physically abused in childhood also experienced neglect; in the five cases where there were concerns about the physical abuse of participants' children, there were also concerns about neglect.
- Almost half the participants reported childhood sexual or suspected sexual abuse regarding either themselves, a child, a sibling or a parent.

Regardless of the nature of the abuse in their childhood, it was integrally linked to participants' subsequent mental ill-health and problems with alcohol and drug misuse. Similarly many participants' and their children who experienced abuse, or perhaps the threat of abuse within the context of domestic violence, had emotional well-being and anxiety problems.

> *"...my son was...he had behaviours that was unexplainable like lighting the mattress when I was in bed, had a thing*

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13   Another participant recalled physical injury to a sibling when a baby during an assault by her father on her mother; while another indicated a sibling was taken into care due to suspected physical abuse.

always lighting fires constantly, just totally out of control for a normal little boy and its like he was trying to tell us something but couldn't get it out so he'd act them out..." (Family 13, Kim)

"...And I don't remember everything but I remember sights, smells, sounds. But it didn't affect me growing up, not until I had xxx, my daughter, and that's when it all came back... I never spoke about it until I had xxx and then it all changed because I had a girl and I had to protect her..." (Family 9, Heather)

Neglect

Neglect was the most common form of abuse experienced in childhood for participants and their children. Four participants were removed from the care of a parent by social services because of concerns about neglect or other abuse types. Although not all necessarily talked about neglect in specific terms, it was apparent from their accounts of lack of supervision, having to care for siblings because of parental incapacity and non-attendance at school that neglect was a key reason why they had been placed on the Child Protection Register or taken into care. Parental alcohol problems were the primary factor in the neglect experienced by participants. Four participants also talked about neglect having an emotional component, often describing feelings of being unloved during childhood.

"She [mum] took care of us as in you know she fed us, she cleaned and made sure we were clean, we always had clean

clothes, the house was always clean you know our basic needs she always done but I think our emotional needs she slacked in....she wouldn't have been very approachable." (Family 13, Kim)

As in childhood, for the majority of participants with children who had experienced neglect, this was related to parental substance misuse, predominantly alcohol, with domestic violence also commonly present. While it is likely that social services also had concerns about emotional abuse/neglect as well as physical neglect, this was only discussed specifically by one participant. With regards the remaining participants for whom no specific neglect concerns were identified, all, with the exception of one, were involved with social services relating to mental ill-health health, domestic violence and/or substance misuse issues. As in their own childhood, neglect led to children's social, emotional and physical needs going unmet.

"Because of the neglect...the state of the house...they weren't getting fed and stuff like this.....I knew all along the kids were being neglected, so that's why I had to get rid of her [ex-partner]...The state of the place when I was coming back from work, the kids were still in their jammies....Same way my mum went. Just didn't bath the kids, didn't change the kids' nappies and stuff. And the mess of the house..." (Family 12, Joe)

"...because if you do look at the whole situation and that whole relationship, yes, the children were neglected in a way that I had neglected myself. So I

couldn't look after myself so there was no way I could look after my children properly. So then I was in a bubble myself, I was that depressed, I couldn't see out of it so I wasn't really aware of what was happening to the children." (Family 13, Kim)

Physical abuse

The physical abuse reported by participants in childhood was rarely isolated and usually part of a sustained pattern of abuse, often involving objects such as belts, sticks and even whips. In most cases fathers/stepfathers were the perpetrators of the abuse, although in one case both parents physically abused the participant.

"...extreme violence you know, another time I was lying in bed and I was sleeping and he pulled the bedclothes off me and beat me with a stick...it was extreme like." (Family 3, Kevin)

"...he would have been he would have hit us like with stuff you know like he would have beat us with slippers or hit us with other stuff, snooker cues and stuff like that there or a belt...." (Family 4, Cheryl)

"I was coming home from school every day and she was lying drunk in the chair and she was battering me for no reason. I remember her taking the shaft of the hoover to my back one night and she left lumps. She took a poker to my legs and one day I was in the classroom getting changed for PE and my teacher had seen the marks." (Family 15, Lucy)

Five participants had children who had come into contact with social services regarding concerns about physical abuse. As also highlighted in Chapter Five, the majority maintained that any injuries were either accidental or over exaggerated, or they weren't sure how they occurred.

Sexual abuse

While two participants directly experienced sexual abuse during childhood, a further two who were not abused discussed the abuse and suspected abuse of a sibling(s). Two participants also reported that their children had been or that they suspected they had been sexually abused when they were very young; one by a friend's son and another by a family member which was later associated with the child displaying sexually harmful behaviour. One of these children was the victim of rape as a teenager, as was the child of another participant. One participant highlighted the prolonged and serious sexual abuse of a parent in childhood, while another had recently learned that sexual abuse in childhood may be a significant factor behind her mother's alcohol problems. Not all cases of sexual or suspected child sexual abuse were reported to the police; sometimes children were not believed, or were held responsible for what had happened.

7. Parental illness/disability

- Growing up, seven participants had a parent with physical health problems; the majority (6) was

their mother, half of whom also had mental health problems.

- All five participants who reported physical health problems as adults also had mental ill-health, with three also reporting substance misuse.
- More than half the participants had at least one child with a disability or learning disability/special educational needs.

Physical illness and disabilities were strongly linked in the literature to families with multiple and complex needs. In this study they were also a common feature of family life across the generations and closely linked to mental ill-health, substance misuse and caring responsibilities for children. More than half the sample (9) reported physical illness and/or disabilities within their family during childhood (including themselves, siblings and/or parents). There was also physical illness/disabilities in more than half (9) the participants' lives as adults (including themselves, partners and/or their children).

"...and he [ex-partner] is low on blood pressure, he keeps collapsing....all self-inflicted...I've a lot of health problems but I don't think mine are self-inflicted by drinking and smoking...." (Family 1, Caroline)

"His health went downhill, he [ex-partner] was getting treated for arthritis and the treatment made him

develop diabetes as well... so he wasn't very healthy really and was in a lot of pain constantly... and with tablets and drink mixed it probably wasn't a good concoction..." (Family 14, Linda)

While participants themselves were perhaps too young to present with the range of poor health outcomes identified in the Adverse Childhood Experiences (ACE) study[14], and this was also outside the scope of the project, more than half the sample reported parents who, while still relatively young, had various debilitating health conditions or premature death. It was not always clear whether the health condition was linked to a specific disability, however long-term illnesses ranged from a degenerative disorder to serious heart problems and chronic back pain. Two participants specifically related their mothers' poor physical health to the sexual and physical abuse they experienced as children, while four participants had a parent or step-parent who died early from an alcohol related death in their thirties, forties and fifties.

"My mummy would have had it [depression], my granddad is a registered pedophile. So my mummy would have had it [depression].....I would say that was one of many reasons she is in the hospital now......they said her medical condition could be linked to the stress, you know stress, you get worried over everything..." (Family 11, Tania).

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14 Conducted in the US, the ACE study is one of the largest ever investigations undertaken to assess associations between childhood maltreatment and later-life health and well-being (Centers for Disease Control and Prevention). The study is discussed further in this report's accompanying literature review (Davidson et al, 2012).

"....he [step-dad] done the usual thing, he drank half a bottle of vodka...and ma, she laid him down on the couch and she went up to bed, and she came down the next morning and he was dead on the couch. And he was sick in the middle of the night and he had choked on his vomit." (Family 3, Kevin)

Five participants noted varying degrees of physical health problems experienced by their own children, while nearly half (8) described one or more of their children as having a disability or learning disability/ special educational needs. Some of the children had confirmed diagnoses and others were under assessment. For many of the parents struggling with a range of adversities, this was further compounded by difficulties coping with children's illness or disabilities. In two cases, concerns relating to how the children's physical health conditions were being addressed by their parents were partly responsible for referrals being made to social services.

8. Parental offending/anti-social behaviour

- More than one third of participants reported offending and/or anti social behaviour by a parent in childhood; four of those participants were later involved in offending and/or anti-social behaviour as adults.
- Three participants had themselves been involved in offending and/or anti-social behaviour in childhood, while more than one third had been involved in offending and/or anti-social behaviour as adults.
- Two thirds of participants' children had a parent who had been involved in offending and/or anti-social behaviour,[15] half of which was related to the perpetration of domestic violence.
- Two thirds of participants had been victims of some type of physical and/or sexual assault by a parent, partner, acquaintance or person unknown, of which the majority did not result in a criminal conviction.

Across the generations family members generally came into contact with the criminal justice system in three main areas:

Domestic violence: The participants' children were almost twice as likely to experience a parent's involvement with the criminal justice system as participants during childhood. This appeared in part due to more parents coming into contact with the police/ courts as perpetrators of domestic violence than when participants were children. While only one of the participants recalled police involvement in childhood for domestic violence, which also ended in no action being taken, six participants had children who experienced a parent involved with the police for perpetrating domestic violence. Subsequent contact with criminal justice agencies included police arrests and criminal charges,

15   *In eight cases the father was responsible, one was the mother and the remaining two was both parents.*

two prison sentences, and two non-molestation orders.

"....the last instance of domestic violence I phoned the police and had him arrested so that ended that relationship and I also had social services involvement." (Family 13, Kim).

"And I have even ... yesterday, and I would never do this before now... I pressed charges against Stephen [ex-partner] yesterday for the first time.... The police had come out to my house and the social workers wanted me to do this months ago and I wouldn't do it, but yesterday I took that step, you know, to do that." (Family 15, Lucy)

Sexual offences: Convictions for sexual offences committed by a parent were limited across the sample. While there were no instances reported in the participant's childhood, two participants had one child of their own whose father had convictions for sexual offences against children. In relation to sexual offences by other family members, the relatives of two other participants convicted for child sexual abuse and/or rape included siblings, a grandparent and uncles. For another participant, the sexual abuse of a sibling in childhood by a non-family member led to the perpetrator being convicted.

"The day after I had my son I was called in to the social worker's office in the hospital to inform me that my child's father was a Schedule One offender..." (Family 13, Kim)

Other criminal activity and anti-social behaviour: Most activity by participants' parents which brought them to the attention of criminal justice agencies was generally low level offending such as petty theft, criminal damage, and drunk and disorderly behaviour. However, there were several instances of assault and house breaking and two participants also had a parent involved in paramilitaries.

""Then [step-dad] he was in and out of prison as well so...breaking and entering, theft.....[Mum and step-dad] they were in and out of court for assaulting different police officers too.....It was usually over being drunk and stuff like that there. And then if they had their chance, they would have hit a police officer, you know that kind of way. They just didn't like anybody with authority at all" (Family 3, Kevin)

"[Father served prison sentence for] GBH or something like that, or something. But they came into my bedroom when we were younger, the police, and just tipped us upside down out of bed because like we were due in school... and tipped us out of bed and wrecked our entire bedroom..." (Family 17, Belinda)

Three participants committed offences as young teenagers, including two when they went to live in residential care. The offences included relatively minor theft, criminal damage and anti-social behaviour, and alcohol was usually involved.

"Just like, I would have started running away with them ones. And they were like, they would have stole stuff. And although I would have wrecked my mummy's and the police were called, I wasn't like a criminal where I didn't like go out and steal stuff and sit in empty houses and do all stuff like that, I didn't do none of that before I moved to the home and that is what everybody else done." (Family 6, Jenny)

"I was arrested a couple of times, twice or three times, no more then that, while I was in secondary school...So I got done for theft...And then when I was in my early teens I had a few drunk and disorderlies, silly charges as I would call them." (Family 7, William)

As adults, the range of offences committed by participants included driving and drink driving offences, drunk and disorderly behaviour, domestic violence, and anti-social behaviour. In addition to partners who had committed domestic violence and/or sexual offences, the partner of one participant had convictions for theft, including several periods in prison.

"He [partner] had like a youth conference, you know those things that you do....like he used to steal cars and all. And like break into houses." (Family 6, Jenny)

While participants did not talk about anti-social behaviour per se it was clear from their accounts they had been involved in, or had been perceived by others in the local community to be engaged in, anti-social behaviour. This involved drunk and disorderly behaviour in their local area or regular house parties which brought the police; in a couple of instances participants involvement with what was perceived by others in the community to be 'risky adults' resulted in the participants being threatened/put out of their home by paramilitaries.

Other adversities

As highlighted in the previous section on prevalence, and discussed throughout in relation to the broader adversities, some other key issues which commonly emerged included:

Housing instability

- Almost two thirds of participants had so far moved home over eight times (the UK lifetime average[16]), with over forty percent moving eleven times or more.
- Nearly two thirds of participants who experienced domestic abuse as an adult spent time living with their children in refuge or hostel accommodation, usually on several different occasions and in various locations.
- More than one third had moved home as a result of the Troubles/paramilitaries, including three participants within the last five years.

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16   *Amongst the general population moving home is a relatively common experience, with the average person estimated to move eight times during their life, including twice before they turn 18 -http://www.prospect.co.uk/all-news/how-many-times-will-the-average-brit-move-house.html (Visited 28 May 2014).*

A striking feature of the study was the considerable number of different addresses that participants and their children had lived at over the life-course. Indeed one participant had lived at twenty-three different houses since childhood and another in twenty-one different places in the last sixteen years. Widespread housing instability was evidenced by multiple house moves underpinned by periods of homelessness and reliance on temporary hostel and refuge accommodation for family members. A high number of school moves were also associated with the frequent changes in address, for example one participant attended five primary schools. The contributing factors were varied and often multiple, typically leading to, or further enhancing, a pattern of unsettled and chaotic living arrangements:

■ **Relationship breakdown/domestic violence**

Relationship breakdown and domestic violence were the most prevalent reasons behind frequent moves, with the two often associated. As a result of a relationship ending the majority had experience of having to leave the family home and move to other accommodation. While a house move for this reason is not uncommon across the general population, for participants in the study it usually triggered or was part of an ongoing pattern of moving. This was further compounded in cases of domestic abuse and/or where the participant had a number of different partners and relationship breakdowns leading to another move.

For affected parents and children each occasion usually resulted in a new period of social, economic and housing instability. Domestic abuse was a key factor in multiple house moves; six participants and their children had spent time in refuge or hostel accommodation to escape violence at home, often in different places and on multiple occasions.

"It was really bad....my mummy and daddy was in a domestic relationship you would say, so they were always arguing and we were moving to hostels, it was terrible.....he used to beat her up and all.....she would say she was leaving this time and then we would go into one of these hostels.....and then she would go with him again.....I just remember thinking why are you doing all this? I think I was more annoyed with mummy because she just moved us everywhere knowing fine rightly we were going to go back there again anyway." (Family 6, Jenny)

■ **NI conflict-related**

There were also a number of house moves attributed to the 'Troubles' and paramilitary activity. More than one third of participants had at some point been 'put out' or compelled to move house, of which three moved outside NI to other UK nations for a period. The underlying issues included sectarianism, and threats from paramilitaries in relation to alleged drug offences and personal associations/anti-social behaviour. Not all of this occurred during the official period of the 'Troubles', with three participants being 'put out' of where

they have been living within the last five years.[17]

"….they came to the house, yeah. We were basically put out, so we were….We were put out by hired men, so we were, because of the things my mum was doing. We got put out. We were given to the next day to get out. So my da had to find a house to keep us in, so he got a house to take us in…I must have been like sixteen or something like that." (Family 12, Joe)

"….like we were in the house when it happened….they shot him in the two knees. And then he went to hospital and all and when he got out, well we went to visit him for ages and then when he got out we all moved." (Family 6, Jenny)

■ **Difficulty settling/reliance on rental accommodation**

For several participants a fairly transient lifestyle was evident, often linked to an inability to establish roots and a general sense of not belonging anywhere. With the exception of one participant who is a home owner,[18] the majority live in social and privately rented accommodation. Reliance on temporary accommodation and/or periods living with friends and family is often prolonged while waiting to be housed and adds to the general precariousness of their situation. The exposure to multiple moves may help explain why many of the participants lack friendships and vital support networks, and appear disconnected from local communities. Without a regular address the ability to access employment may also be constrained.

Household and caring responsibilities

■ Almost half of participants reported that they had household and/or caring responsibilities as children, of which nearly two thirds regularly missed school to undertake.

■ Of those with household and/or caring responsibilities, the physical/mental ill-health of a parent or family member was the main reason, followed by parental substance misuse.

Household and/or caring responsibilities in childhood were usually for younger siblings and sometimes for parents, or another family member.

"Well I would have reared my wee brother…..fed him, changed him, put him out to school, done his homework, got him back in again, done all his putting him to bed, getting him up…..from he started primary school probably." (Family 11, Tania)

"It was more or less like I felt I was the adult and I was the one that was looking after the rest of the family…." (Family 4, Cheryl)

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17   One participant was intimidated out twice from different areas in the last five years, becoming homeless on both occasions.

18   Three participants had previously been home owners when the end of their marriage resulted in them being left penniless, claiming benefits and subsequently moving to more than one privately rented accommodation.

As young children and/or teenagers, some participants and their siblings frequently undertook tasks including cooking, cleaning, laundry and shopping because a parent was physically incapable through substance misuse or ill-health. These responsibilities directly resulted in poor school attendance[19] for five participants in childhood.

"Although there would have been days I had off [from school] because maybe daddy had been out the night before and got drunk and ended up in hospital or got arrested by the police. So I normally would have been the one that went down the next morning and brought daddy home..." (Family 10, Vivienne)

"My sister, well she is only a year older than me like, she was like, during that time, she was like our mummy or something. She cooked, like my mummy was lying blocked and she would have gone to the post office and all and like, I don't know, you know what I mean... I can remember, my sister would have gone to the post office and then like she would have went up to [supermarket] and then, I can remember her shopping and all." (Family 6, Jenny)

Social isolation

- Social isolation was evident across the sample and compounded by difficult family relationships (including estrangement), a lack of friends and being a lone parent.

- Many participants appeared to have consciously withdrawn from others due to low confidence, lack of trust and fear of being let down. They were also worried about forming relationships which might interfere with their parenting, or draw negative attention from social services.

Many of the participants' problems, especially substance misuse, poverty, mental ill-health and family separation, were underpinned by social isolation. Some appeared to be very isolated, having limited contact with others outside their immediate family or, alternatively, having little contact with friends or family members. Often linked to past experiences or prolonged separation from a parent, several participants had difficult and complex family relationships and five were completely estranged from their mother.

"My mum? I don't have a relationship with her at all now...she has done a lot of things on me that is hard to forgive her for. I have been told to try and forgive her but I just don't want nothing to do with her really....You can't put me and my mum in the same room because the two of us would just go for each other so we would, there would be no point in talking with her." (Family 8, Molly)

"Its' never really been good at any time...I don't speak to the two of them

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19   *Disrupted education manifesting through poor school attendance was a common underpinning theme in participants' lives in childhood and for their own children. Often a combination of many issues, infrequent attendance was typically linked to caring responsibilities (parental substance misuse), family separation, bullying, being in care, and a chaotic family life.*

now, I don't speak to my mum or my dad..." (Family 4, Cheryl)

For others, the loss of a parent or close friend through bereavement left them without their most vital support network.

"I had a great relationship with my mother. My mother passed away last year but before that there, I had a powerful open relationship with my mother, more like she was my confidante, I could tell her anything, she was my friend, she was great for advice. She was a person who I could tell my deepest darkest secret to, without being judged, without giving a stupid answer back. She would give me the best advice literally. We were friends as well as her being my mother." (Family 7, William)

The ending of a relationship and raising children alone contributed to poverty and subsequent feelings of isolation, particularly for lone parents. Many just wanted to concentrate on their children following negative experiences with an ex-partner and/or social services. Attending various appointments with social and other services, combined with sole responsibility for bringing up children, generally left them little time to engage with others.

"I don't bother round people now, so I don't. I just keep myself to myself, so I do...It is probably the way I am. I just keep my head down and concentrate on the kids, so I do. Kids are more important in my life." (Family 12, Joe)

Several participants also talked about having no real friends to confide in, perhaps linked to frequent house moves and chaotic family lives making it difficult to build local networks, but possibly as a protective mechanism. Indeed many expressed feelings of low self-esteem, lack of confidence and an inability to trust others, which perhaps contributed to conscious decisions to cope alone and/or withdraw from or avoid other people.

"I was always a loner, just always this person that I never believed in friends. And I still do to this day, you know. I don't believe that there is such a thing as a proper friend, to be honest, I really, really don't. I believe, you know, if you let people in then you are opening yourself up to get hurt." (Family 15, Lucy)

"I just try and cope with everything myself....I don't really have any friends, because whenever I tried to stop drinking and all the people that I was hanging about with was just all my drinking friends do you know what I mean so I stopped bothering with them uns and I don't really have any friends now..." (Family 4, Cheryl)

Adversity in wider family

It was evident across the sample from participants' life stories that adversity was also prevalent in the lives of other immediate and extended family members. Perhaps unsurprisingly the siblings of many participants appeared to have similar problems including contact with social services, children

in care, long-term unemployment and issues with domestic violence. It was also evident that other close family members such as grandparents, aunts and uncles often had problems with alcohol, domestic abuse and mental ill-health.

"...my youngest brother, he has been done a couple of times now for theft...... my sister, she is going through the exact same thing that I am going through, but her child and all was taken off her like..." (Family 3, Kevin)

"My older brother, he can't read, he can't even write his own name. But he would go out and get a job, he is not doing work at the moment, he is on unemployment benefits, because he just couldn't get no work." (Family 2, Carly)

"My two uncles died with alcoholism, they were all dead within three months of each other....I'd say they were probably like, maybe late thirties, early forties so it was quite young....."
(Family 4, Cheryl)

Co-occurring adversities

- While family separation, poverty and parental mental ill-health co-occurred in four participants' childhoods, this combination was particularly significant in adulthood for thirteen participants and their children.
- Individually alongside other adversities and in combination with each other, domestic violence,

parental substance misuse and parental mental ill-health commonly co-occurred across the generations.

The accompanying literature review (Davidson et al, 2012) reported the commonly referred to 'toxic trio' of domestic violence, parental substance misuse and mental ill-health as significant in families experiencing multiple adversities. Individually alongside other adversities and in combination with each other, these adversities were strongly present in the current study. This was evidenced across the generations, with a parent's mental health in adulthood a particularly prevalent risk factor alongside family separation and poverty.

Domestic violence was commonly present in more than half of those affected by parental mental health in childhood and two thirds of those who experienced mental health problems in adulthood. As also shown in some common combinations of adversities in Table 2, individually or together, domestic violence, parental substance misuse and parental mental ill-health were usually underpinned by family separation, poverty and child abuse/child protection concerns; all of which presented more strongly for participants as adults and their children.

Table 2: Combinations of co-occurring adversities

Combination (C1-C5)	No of participants in childhood	No of participants as adults	No of participants' children
C1 - Poverty - Family separation - Mental ill-health	4	13	13
C2 - Poverty - Family separation - Parental substance misuse - Child abuse/child protection concerns	5	9	11
C3 - Poverty - Parental substance misuse - Parental offending/ anti-social behaviour	5	6	10
C4 - Domestic violence - Parental substance misuse - Parental mental ill-health	3	6	7
C5 - Domestic violence - Parental substance misuse - Parental mental ill-health - Poverty - Family separation - Child abuse/child protection concerns	3	6	7

Chapter Five: Contact with social and other services

Following on from the initial life grid session exploring participants' experience of adversities, the second stage interview was focused on families' current period of engagement with social and other services. Presenting the key findings from those interviews, this chapter provides an overview of the circumstances leading to social services[20] involvement, and their subsequent experiences with social workers and other agencies across the statutory and voluntary and community sectors. In doing so, it examines parents' understanding of this and specific factors related to participant engagement, as well as the quality of the practitioner/client relationship. Findings and key themes are discussed within three areas:

- Involvement with social and other services
- Experience of services and professionals
- Impact and outcomes

1. Involvement with social and other services

- The majority of parents (16) were currently involved with social services, of which seven had also been involved in childhood. More than one third of participants (7) had at least one other previous period of engagement with social services.
- The majority of parents were accessing multiple services from the voluntary and community sector, and a range of statutory agencies such as education, health and criminal justice.
- Almost two thirds of participants had some experience of the care system, either themselves as children,[21] their own children, or for one participant a sibling taken into care, and another their ex-partner's child when they were living together. Participants' children were more likely to be involved with social services and enter out of home care than participants in childhood.
- For the majority of participants, current contact with social services was usually triggered following a crisis intervention. This typically included the disclosure/discovery of child abuse, or incidents arising from domestic violence, parental substance misuse or mental ill-health (including attempted suicide).

Child protection proceedings, registration and out of home care

For the majority, involvement with social services was in a child protection capacity, with thirteen participants

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20   For the purpose of this report, social services refers to child and family social services only.
21   Of the three participants who had experience of being looked after in childhood one was placed in foster care, one in residential care and one in a mix of both foster and residential care.

having at least one child currently, or recently, on the Child Protection Register (CPR) [see Figure 6]. Nearly half the sample (8) also currently, or recently, had at least one child in out of home care, of which all were foster or kinship foster care placements.[22]

Registration or entry to care was due to a range of reasons but most notably involved concerns about neglect and physical abuse, with parental substance misuse, parental mental ill-health and domestic violence commonly present. Where social services were not formally involved in terms of child protection, they were present in a family support capacity. On the rare occasion where a participant had themselves sought support from social services, these relationships sometimes moved from voluntary to involuntary when children were placed on the CPR or removed from their care.

Figure 6: Participant contact with social services, CPR and LAC status
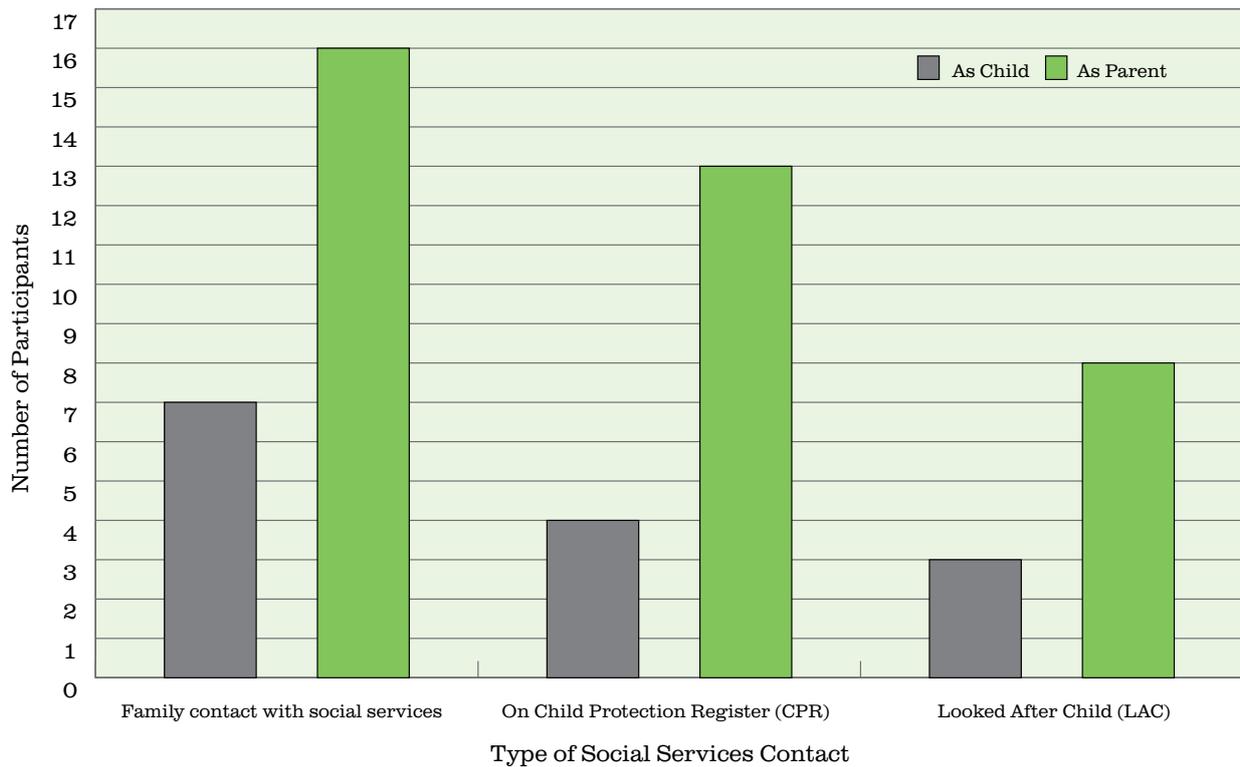
22   *Three had experience of both these types of care*

Other services

While most parents had some previous contact with other services and agencies prior to social services engagement, this was usually on a voluntary basis through local playgroups or related to the health and education needs of their children. Many participants were also being treated for mental health problems and some had come into contact with refuges and the criminal justice system, usually as a result of domestic violence. Following involvement with social services however, participants' engagement with other support services generally intensified as they were given information about, or directly referred to, a range of programmes. These typically included addiction services, protective parenting, parenting and family support and counselling related to domestic violence; and participants were also accessing various health, education and legal services. Notably, attendance at a particular service/programme was frequently required as part of a child protection plan. Table 3 provides an overview of services/agencies parents accessed over the last twelve months, many on an ongoing basis.

Table 3: Services/agencies accessed by family during last twelve months

Family	Parent / family support	Social Services	Social Security	Health	Mental Health	Counselling / Support	Legal Service	Education Support	Substance Misuse	Criminal Justice	Employ-ability
1	*			* ^	* ^						
2											
3	*										
4	*			* ^	* ^	*			* ^		
5	*										
6	*										
7	*								* ^		
8						^					
9									^		
10	*			* ^	* ^			x			
11	*					*					
12	*			*							
13									* ^		
14	*					*					
15						*		x			
16	*										
17	*										
Total	17	16	16	11	10	9	9	8	7	6	2

* Accessing more than one related service **^** Parent and child(ren) accessing services **x** Special education support and school attendance officer

Views about service involvement

Given the circumstances behind involvement with social services, perhaps unsurprisingly most participants ranged between being upset, angry, resistant, frightened, and anxious or stressed at the outset. While these feelings sometimes carried through to initial engagement with voluntary organisations, especially when required to attend as part of a child protection plan, participants were particularly concerned about coming into contact with social services for the following reasons:

■ **Stigma**

While some participants were ambivalent about family and friends knowing they had a social worker, more were anxious about the perceived stigma of being involved with social services and avoided telling others.

"…it can be really, really stressful to have somebody in your life that you know is keeping an eye on you, you're under the spotlight, is stressful, and also the stigma……social services have had a big impact in my life in the last ten years like they really, really have, they've took a, they've put a big stamp on me that's the way it feels…"
(Family 7, William)

"No-one ever thinks of them [social services] as a good thing. Everyone always thinks it is a bad thing. Every other service I would be happy enough bar the police or something, I would be happy enough to say I am involved with…" (Family 11, Tania)

Concerned that other people generally viewed social services involvement as strongly associated with child abuse, many participants described feeling "degraded" or "embarrassed" and were worried about being labeled a "bad parent."

"You just had so many preconceptions built up of social services, so you do, that the minute you hear social services, you think, oh I'm a bad mother, bad parent, social services are involved in there, there's more going on in that house than what you think…." (Family 10, Vivienne)

"Whenever I went to see [child] in hospital that time…I had to have a social worker with me. It was embarrassing as I wasn't allowed to go and see my child by myself, you know what I mean……. the nurses and all knew…" (Family 4, Cheryl)

■ **Fear**

A common theme amongst participants was fear that once social services entered their lives they would always be involved and/or their children would be taken into care.

"When I was in the mental unit, when I was in that mental health unit for the week I was getting…I was frightened at the same time, I was saying stuff to them, cos my biggest fear was…bits of it I don't remember but what I do remember is what I kept repeating and repeating, are yous going to take Mark [child] away from me, are yous gonna take him off me, you're going to take

him off me, I don't want to lose Mark and no you're not going to lose Mark, Mark's fine...." (Family 1, Caroline)

"I can remember like my ma saying till me about like once she found out social workers were involved in my life she says they will always be in your life and they're very, very hard to get rid of like once they're in it's very, very hard to get rid of them and she was right..." (Family 7, William)

Many referred to being in a constant state of expectation and agitation, describing feelings of panic, especially at the thought social services might call at any time. For several parents this manifested in panic that their house was not clean enough, often linked to a belief that a messy or dirty house would result in the removal of their children.

"You don't know what that rap at the door is going to bring...I knew I done my work with the children but when I brought them home I didn't know one hundred percent sure was she [social worker] going to rap that door and go right, they are going. Constant fear, really fearful, I sort of lived in like a bubble you know....." (Family 13, Kim)

".....my head just wasn't in the right place to be dealing with anybody, let alone panicking that someone was going to come and take away my kids. And that was what I had in my head. If I step one foot out of line or if I don't have something washed... I was running around... like the kids will tell you whenever social services was involved I was running around cleaning

at like stupid o'clock in the morning, because I was petrified of them coming out unannounced and me having the slightest thing out of place. I was so paranoid that I was going to lose the weans so I was." (Family 10, Vivienne)

■ Anger and resistance

Many participants also expressed anger, dislike and/or resistance towards accepting social services, and specifically described feelings of hatred towards them. Although this was generally more evident at the outset of involvement, for several participants these feelings remained quite sustained.

"I don't like them being involved. I just hate them all. I wished the wean never got hurt and stuff like that there, but you just can't change any of it. I just don't like the social workers full stop. I hate them with a passion..." (Family 17, Belinda)

Following a period of intervention other participants had clearer insight about the reasons why social services had become involved and were less inclined to apportion blame.

"...it's not the social to blame, its drugs, drugs is the reason why our family is shattered. I don't know, a lot of anger goes towards social services but when you look again, when you take a step back, they are there for a reason. If they weren't there like where would the situation be now, would I be on drugs now?" (Family 7, William)

Negative feelings could also be dissipated by a more positive

relationship with a social worker and this is discussed later in the chapter.

■ Past experience

Feelings of stigma, fear, anger and resistance were often more strongly associated where there had been previous engagement with social services and/or the care system in childhood, either by the participant or a partner/ex-partner. Often participants associated contact with social services with difficult, sometimes traumatic experiences in their past including separation from parents and siblings.

"He [ex-partner] hates them [social workers], he despises them, he doesn't get on with them whatsoever…he was brought up with social workers as well in his life, we both know what they are like…" (Family 5, Zoe)

Understanding of involvement

The foundations of the families' relationships with social services as articulated through the parents' understanding of the initial intervention presents a mixed picture. More often than not their understanding of the reasons, process and length of time they would be involved for was confused and unclear. However a few participants did articulate a clear understanding of the rationale for social services involvement and recognised that their children needed protection.

"I mean they were there really to protect the kids. And it is right. I knew exactly what was going on and I knew why they were there…they didn't come in like a

bull in a china shop; it wasn't like that, you know. And they explained to the kids why they were there…." (Family 9, Heather)

"… it was made clear why they were on [the CPR]. And then whenever they told me that they were on it, it was like, well I'm going to fight to take them off it. Whatever I have to do I'll do it, to get my weans off it… but I understand everything, why they were on it and all." (Family 17, Belinda)

Half the participants whose children had been removed from their care generally understood/accepted the reasons for this. However the other half expressed an outright rejection of concerns by social services, most notably relating to alleged physical abuse and neglect. They commonly suggested the reasons to be trivial or completely unwarranted, or that they had not been given enough chances to make the changes required to prevent their children being taken into care.

"…I was just chucked into a cell for eight hours before anything was explained. They took pictures of the bruising, the man who took the pictures laughed, he said it was a complete waste of his time, he said it was a waste of printing the picture out…" (Family 11, Tania)

Although their initial reaction to social and other service intervention was usually negative, the majority of participants (16) acknowledged they **had** needed help, for at least **some** of the reasons cited by social services, and that change was necessary.

"I agreed with them like because I seen myself that I shouldn't have done what I was doing or got involved with the people I got involved with." (Family 8, Molly)

"When the social workers came out, I knew myself that the issues that the school were bringing up were stupid, but at the same time I knew that yes, I did need help, so I did. So it was sort of mixed; I was cross at the school for reporting me in the first place, but I knew that I did need help so I did, so six of one, half a dozen of the other." (Family 10, Vivienne)

"Well it was the right thing for them to do because I was drinking and I wasn't looking after the kids properly. So I would agree with what they did…….I was scared and I was raging because I thought I should be entitled to have a wee drink, you know what I mean? And I thought they were sort of picking on me and all at the start. But once I thought about things and realised like then that they were right." (Family 4, Cheryl)

2. Experience of services and professionals

- An apparent lack of co-ordinated and integrated provision meant participants often struggled to engage with a multiplicity of professionals and services.
- While participants reported mixed experiences of involvement with social services, more often than not negative about role and approach, they also highlighted many positive aspects of social services intervention including access to information and other support services.
- The majority of participants generally welcomed what they perceived as the more supportive, informal and personal approach of the voluntary and community sector, however it was sometimes negatively viewed as an extension of social services.
- Relationships with individual professionals and the structure and levels of support offered both played an important role in parents' satisfaction and engagement with social and other services.
- There was some perception amongst participants that social and other services were only interested in the well-being of their children and not on their needs as individuals.

Managing multiple professionals, placements and services

In addition to working with child and family social work, participants were also involved with a wide range of other services provided by the statutory, voluntary and community sectors. Often members of the same family were separately accessing a range of services and different professionals, and there was no evidence of services working with families as a whole to address <u>all</u> their problems.

"…because there is that much work needs to be done with us all separately…

like [child] needs to do his work and [child] needs to do her work and I have to do all my work, you know. Then I would want us to come together, you know, as a family unit, and to have some work done about supporting our family..." (Family 15, Lucy)

While some of these were accessed on a voluntary basis, attendance at many was required as part of a child protection plan. A few participants referred to preferring to deal with problems in their own way rather than accepting organised services/ programmes; however they said this approach was usually rejected by social services.

"...the first time they asked me to do the Incredible Years course, I said no because it was too difficult for me to get childcare and stuff for the weans and stuff like that... There was too much hassle, because when dad's not well ....then whenever it came round again it was like you are going to have to do it this time. It was their demanding me to do it. It wasn't like, would you like to do it? It was like, you have to do it..." (Family 17, Belinda)

Number of appointments

Although the majority of participants broadly welcomed and felt they benefited from the various parenting, health, education and other supports accessed through services, it could also be problematic. They often talked about the stress of managing all the different interventions and maintaining "appointments" with a multiplicity of different professionals

and services. The level of effort required in balancing appointments across different locations (perhaps related to mental health, legal issues, substance misuse, seeing the social worker and taking part in parenting programmes) was frequently described as similar to a full-time job. Many participants suggested that social services did not always give appropriate consideration to convenience and accessibility. They described feeling under pressure and believed the level of appointments was often unrealistic.

"...[the monthly meeting] it is to discuss your progress over the past four weeks and if you have been keeping up with all your appointments... Like and they must think I've nothing better to do than to attend appointments, because they wanted me to see my CPN once a week, the social worker once a week, [protective parenting] once a week. Then you know, trying to manage a house and kids and everything else.... There's not enough days in the week for me to do everything that they have set out for every day." (Family 15, Lucy)

These difficulties were compounded when parents had to factor in regular hospital and other health appointments for themselves and their children.

"He [child] was going to physio, speech and language, audiology and there was some other appointments so there was [at the hospital]... he has two appointments...with an educational psychologist...so he has all appointments." (Family 12, Joe)

Managing appointments was an even further challenge for those who had children in care and had to factor in contact visits and court processes alongside various service interventions and meetings with social workers. Some talked about the practical difficulties in negotiating contact visits in a number of different locations where children did not all have the same care arrangements. They described being under pressure to stick to a busy "schedule" or "timetable" provided by social services.

"I had a pretty hectic schedule for the week, I would've travelled to TOWN E to see my children, I'd travel to TOWN A to see one, I'd travel to TOWN F to see one and I'd travel to TOWN D to see one plus I also had court dates, I had a court there was two of the kids courts was in TOWN E, one of the kids was in TOWN A and plus I had my meetings [social services] and all on top of that as well as working in xxx so I went from having nothing to do to pheew….loads to do so I never stopped." (Family 13, Kim)

"……it was like every day was, was where, where contact was taking place, where I'd to be, what time I'd to be there at and it was just a big timetable of my life all over the Christmas period and it was crazy, it was just like a bit of paper like that there [lifts paper] and my life was on it and I was like I'd to like, like you were having to get up in the morning and go like basically I was getting up in the morning and reading I had to do this, do this today, do that today and it was mental it was crazy having to live your life by a timetable, it

doesn't work it's I mean you have to be realistic….." (Family 7, William)

Sometimes poor mental health and chaotic family circumstances made it difficult to keep appointments, and many participants felt that the challenges they faced in managing so many different interventions were not recognised. Several also believed that a missed appointment was interpreted by social services as a sign of poor parenting. They perceived this was used against them in LAC reviews/ case conferences, despite having good reasons for non-attendance. Some participants worried about being seen to maintain attendance at a service even where they felt that it was not working out for them.

"….I accepted everything that was going on. Everything they offered me there was very little that I refused… but then xxx came and she had report back to them [social services] that I had refused the work with [voluntary sector service]…I didn't refuse to work with them, what I did with them was, I had them for two years, and in my eyes we had tried everything possible. So what was the point, if someone else needed the service I said let them go, give someone else their help because we had run out of ideas….some [of it had been useful] not a lot, not a lot. Some of it did. I just thought it had run its course here, there is not much else we can do and things aren't changing…." (Family 1, Caroline)

Single point of contact

Some participants also talked about the importance of having one person to turn to and highlighted how engaging with multiple professionals could be stressful and potentially counterproductive.

"....when there's one person involved dead on but when there's five people involved it feels like twenty-five you know when every day you've got a different place to go like Monday [substance misuse], Tuesday [parenting course], Wednesday [social worker] coming out, Thursday [family support] do you know that kind of thing like your whole week is just its you're just busy...I just feel that the more people that are involved in a person's life it can be stressful, it can work out the opposite way..." (Family 7, William)

Indeed reflecting on their levels of service engagement, several participants alluded to preferring one point of contact/location rather than multiple services. This was partly to avoid the retelling of their life story to different people and was referred to in relation to contact with both social workers and other professionals.

"......I am going to occupational therapists on a Wednesday, I am doing [substance misuse] now on a Tuesday, I am doing [substance misuse] project on whatever day I can and what else am I doing, I am seeing the community addiction nurse. So that is me already doing four things a week, do you know what I mean? To be honest I think I would prefer it to be all one, but you just can't." (Family 4, Cheryl)

"I think you should just have the one person because then you have so many, you tell someone a bit and then someone a bit, while if it is just the one person you go through it all, you know what I mean." (Family 6, Jenny)

"And you've a different person [social worker] every two, three months. You feel as if you are repeating yourself. It is like a whole can of worms getting opened. And then when that social worker is there, the next thing they are off the case or somebody else comes new on the case. It's like playing a record. The same record all the time and you don't get anywhere..." (Family 16, Stacey)

Staff turnover

Significantly, participants highlighted a high turnover of social workers as perhaps a key barrier in building positive relationships and progression. Indeed while it was not possible to quantify the number of social workers involved with each individual family across different time periods, it was clear that the majority were accustomed to multiple changes of social workers. This was an issue which affected a number of the participants in childhood as well as in their adult lives with their own children; and also occurred in relation to other professionals than social workers.

"....you seem to just to know one [social worker] then they give you someone else...." (Family 4, Cheryl)

"...it takes a lot for Jody [daughter] to trust somebody, you know, and

especially with her feelings and stuff. And she was only really getting to know [social worker B], and then [she] has left. And that happened to our Jody before, you know, in counselling as well. She wouldn't go back because the counsellor moved and that was... she didn't want to start the whole process again..." (Family 14, Linda)

"....And then he was being fired from one childminder to another to another. And he had contact once a week with his daddy and five times a week with me. And in that space of time he could have had anything up to six or seven different social workers taking him back and forth." (Family 11, Tania)

"....I remember a girl coming one day and my mummy saying to me, that is it, I am not having somebody else because there was a new girl, the old girl came with the new girl to say this is xxx and my mummy saying no way, that is it. It either stays who it is or goes back to xxx, I am not having like all these different people....." (Family 6, Jenny)

Participation and relationships with professionals

The participants also talked about their relationships with professionals, and their involvement in decision-making. While much of the discussion was in relation to social services, they also talked about their experiences across the range of other services being accessed.

Decision-making

The majority of participants perceived that they did not have the desired role in decision-making or that their views were not appropriately listened to. This was a particularly significant issue for those whose children were placed on the CPR and/or in care. Indeed five of the eight parents whose children became looked after indicated they felt powerless and outside the decision making process; they did not always understand what was happening to their children or what would happen next.

"......it's the part when they come to lift your children. They take your children and they leave you and you don't hear from them, you don't know where your children went, you don't know who's got them, and you'll not know nothing until you go to a meeting and you get a letter right we're just letting you know you're coming to this meeting and then you go to the meeting and you've to listen to everybody saying all these bad things and you're frustrated and you're angry and you're, you know, your heart's broken..." (Family 13, Kim)

Placement type and change was also a major source of concern for participants, with some highlighting how their children had been moved at short notice without consultation. While there was some evidence of fairly stable or good out of home provision for those who became looked after, other situations appeared more precarious, with three reporting a breakdown in initial care arrangements resulting in more than one placement (and sometimes multiple placements) for their children. Participants were often

unhappy about particular placements; this included three parents who indicated significant dissatisfaction with kinship foster care arrangements made by social services, and who believed their views had not been listened to.

Mixed views were also expressed about the opportunity for parents to positively participate in case conference meetings, with a few positive comments made about being able to engage and gain information.

"...the case conferences were really helpful where they would put forward suggestions, you know, of how to help me and all these different services, you know, that you are not going to find out yourself. Your GP is not going to know every service that you can avail of." (Family 9, Heather)

"...because like there's people our Jody [daughter] goes to see that I don't see until I go to that meeting, and then I can hear their feedback of how she is progressing in different things, you know. It is, it's good like." (Family 14, Linda)

However, other participants were highly critical of case conference meetings. They typically commented on it feeling adversarial, that they lacked the right of reply, or that it was just easier to agree with the professionals.

"... see when you are just sitting there by yourself and like you've got no one there with you, it just feels as if they are all on your back...and it feels as if

you are being put down, you know you are like this tiny wee thing, you are being really put down. I don't like them. I hate them. I hate them because just everybody is on your back and ...you need the support but you are not really getting it..." (Family 17, Belinda)

"...but I could hardly speak at the first one, I just got up and walked out so I did, I was literally in tears ...but the second one when they said they were keeping her on it (CPR) I just agreed..." (Family 8, Molly)

"I didn't have a choice. ... around this panel of professional people, we were dirt basically to them...and I just wanted to come out of that meeting and commit suicide... I couldn't stop crying. My head was so sore..." (Family 15, Lucy)

Participants highlighted various other circumstances in which they believed that their opinions were not taken into consideration. Some voiced frustration, for example, about not being listened to with regards style of parenting, discipline, children's diet and activities. Others believed their concerns were not always taken on board about the safety and emotional well-being of their children when in the care of the other parent, especially when an ex-partner had perpetrated domestic violence. Social services were also perceived by some participants to be "too involved" in their personal life, notably in respect of intimate relationships.

"But for them telling me that you can't have a boyfriend unless we do a police check, like I find that is ridiculous,

unreal.....Why should I have to go through social services just to get into a relationship with somebody?..... They are too involved, you know what I mean, they are too involved in my life..." (Family 17, Belinda)

Professional approach and characteristics

The majority of participants to some extent questioned social workers' approach as judgmental and unsupportive. This was a recurrent theme, with many expressing a desire for support and encouragement, but feeling that the service they received from social workers was more about "monitoring" and "checking up" on them.

"I think what they should do is put more of we're here to help you rather than we're here to check up on you, to put you under the spotlight. They should give that out more to people who work with them, like we're here to help as well as keep an eye on them." (Family 7, William)

In addition, participants often compared and contrasted social workers who had worked with the family over a number of years. Several commented on the personality traits of individual social workers as key factors in whether they were able to develop a relationship with them, and positively engage in the process.

" xxx [social worker] was lovely, and the kids just thought she was lovely. This other one isn't...xxx is not as nice....she

is very direct and it is quite impersonal with her." (Family 9, Heather)

"My [previous] social worker...and my new social worker did not help me whatsoever. I couldn't ring her and go here this is what has happened, or whatever, it was constantly, you just didn't feel comfortable......so I felt very much that I was on my own in the system." (Family 13, Kim)

"I felt like some social workers like were aggressive, you know, like it was a bullying sort of aspect to it..." (Family 7, William)

Often participants reflected upon other characteristics which they perceived to influence their relationship and progress with social services during various time periods. For example, two participants expressed a preference for female workers given their past experiences and were uncomfortable with the male social workers/ professionals they had been assigned. Several participants also commented on social workers' age and experience or their having a family of their own as being very important. Many believed that younger social workers and less experienced practitioners were not as able to work with them, or know what was best for their family.

"I think the social worker should be someone that has kids of their own and they sort of way know, do you know what I mean, not someone who doesn't have kids or anything like that. Same as that family support worker, I mean

she was only a young girl. Now she did know what she was talking about, don't get me wrong, but she didn't have any kids of her own or anything. So I think it should be, people like that should be older." (Family 4, Cheryl)

"... [social worker A] would only have been maybe... well she'd have been less than five years older than her and it was too close, I think. Our Jody [daughter] responded better to [social worker B] because [she] would be late forties, early fifties, you know..." (Family 14, Linda)

Significantly however, even when participants had generally negative opinions of social services or particular social workers, a 'stand out' social worker, who the participants perceived as making a real difference in their lives, was frequently discussed at length.

"Her name was xxx [social worker]. And she was a really good influence on my life. She was an incredible person too, and she was always there on the other side of the phone if I ever needed her. You know she showed me what it was like to have a mother, because like she was there every time I needed her, she was there." (Family 15, Lucy)

Many participants contrasted the attitudes of social workers employed in the voluntary sector with those in statutory social services. In doing so, they typically described those in the voluntary sector as much more supportive, trustworthy, flexible and personal in their approach. They

especially welcomed the practical support offered.

"They don't say well you shouldn't have been so stupid, you should have moved out, which is what social services always say, you are just stupid, you practically deserved it all for staying...But when you are in that sort of relationship it isn't always as easy to leave. They [voluntary sector family support] are exactly the same as [voluntary sector counselling], they come out, they don't judge, listen to everything, they help you get so many things done for the house, they give support... I dread the day they actually have to become uninvolved." (Family 11, Tania)

"If the social workers were the same as xxx [voluntary sector practitioner], do you know what I mean, really nice and supportive and all, it would be fine. I would be able enough to get on with them......You can confide in xxx more, but you can't confide in the social workers...but with xxx it is different because you are able to tell her everything and trust her and then get proper feedback from her. And know your confidence and your self-esteem, sort of... get better." (Family 17, Belinda)

Although participants were perhaps understandably more positive about voluntary and community sector services, especially those they were referred to on a voluntary basis, they were often required to attend these as part of a child protection plan. While still generally positive, in these circumstances some participants viewed voluntary and community

sector services as an extension of social services, and were unhappy about their reporting role.

"....she [voluntary sector worker] went and squealed on me basically [to social services] and that just broke so much trust down and like I mean it took a while after it to build that trust back up again so it did, and then not only build it up but I had to be guarded of what I said, it was never the same again the relationship I had with her..." (Family 7, William)

3. Impact and outcomes

- The majority of participants believed that engagement with social services had led to some positive outcomes for their family; and all participants noted positive impacts from accessing other support services.
- While positive outcomes were evident, most participants still had unresolved problems and may be vulnerable to further difficulties without more intensive and sustained interventions.

Child protection

In terms of child protection outcomes from participants' involvement with social services, it was clear that they and their families were at different stages. For the eight parents with children taken into care, four had at least one child who remained in the care system. The children of three of those five participants whose child(ren) had been placed on the CPR but not in care, had been removed from the register. All

three participants involved with social workers in a family support capacity were still in contact with social services.

For the participants whose children had been placed on the CPR/in care, the majority were, as a whole, able to see some positive long-term outcomes for their families from being involved with social services. This can be contrasted with the more negative outlook that most participants felt when social services initially became involved. Indeed it was clear that the process of coming to terms with involuntary social services involvement was often painful, distressing and conflicted. In addition, this had the potential to trigger negative short-term outcomes for the participants, as well as more positive longer-term outcomes for the family as a whole. Feelings of loss and despair typically characterised the aftermath of their children's removal into care, and often impacted significantly on participants' mental health.

"....when my children went, it broke my heart. It really broke my heart, for a very long time....." (Family 13, Kim)

Just over one third of participants (6) described lengthy social services and legal processes to regain custody of their children; they understandably felt anxious about this and when their children would be returned to them. Those who had come to the end of the process and their child/ren had been returned to them were able to reflect on their journey as a whole. Their accounts generally reflected the difficult and emotional journey they had emerged

from. Many commented on how, looking back, they were able to see how they had been helped, although not necessarily at the time. Several described children being removed from their care as a much needed wake-up call to bring about change.

"....it was a good scare, it was a good kick up the arse put it that way, like I was getting off drugs anyway but that made me stay off drugs if you know what I mean, like the thought of losing my kids, a terrifying thought..." (Family 7, William)

"But do you know, in a really weird way, it was maybe a good thing, because that's when things really did start rolling. I know it has taken a long time for me to stop [drinking], but you got to plant the seed before it grows, if you know what I mean. It won't grow unless it is there in the first place." (Family 9, Heather)

"I didn't even think I had a drink problem until everything when I lost the kids and stuff like that, I didn't realise like I thought to myself maybe some nights I was only having four beers to help me sleep but I mean some days maybe I would've been having twelve, fourteen, I just didn't really think I had a problem until I lost the kids...." (Family 4, Cheryl)

Parenting/well-being

While many positive outcomes may not have been specifically linked to social services involvement, often their role had directly led to the participant's engagement with a range of additional services which had benefited them and their families (across the statutory, voluntary and community sectors). While there is not scope to include individual service types in detail here, participants did commonly highlight particular aspects of service provision which had been helpful in bringing about some change. Some areas where support did not work so well were also highlighted, notably where support itself was perceived lacking.

■ Practical parenting support

Despite several being reluctant about initial engagement, all the participants had accessed some type of parenting programme or service where parenting support was a key component, including protective parenting.

"...when I started to do the parenting assessment in here for xxx, you do think why am I doing this here, I have been a parent all this time, but whenever I done it, it made me look at things way different. It did help." (Family 3, Kevin)

It was clear that many had participated in a number of programmes via different organisations, some at various intervals. Although parents perceived mixed results, most went on to report some positive benefits from parenting support programmes. These typically included:

- better understanding of children's needs
- children's improved behaviour and emotional well-being
- increased confidence in parenting role

■ better equipped to protect children

"A good impact on the kids because they weren't used to communicating with the outside world... now they have started to come out of their own box...to see their own personalities... these two kids have been through a hell of a lot, but you know they are damaged, but they are not as damaged as they [social services] thought they could have been or might have been." (Family 15, Lucy)

".. and helps you focus more in your life and stops you from doing what you did in the past, like stops you from getting to know bad people from the past, and focus more on your child..." (Family 5, Zoe)

Participants particularly welcomed parenting support which was practical in nature and provided them with effective strategies.

"At the end I found it helpful because you've got this big folder of all the information and all the stuff that I've done, so if anything crops up or anything I can just go back, fall back on it. And then I got a certificate and all for it. So I was kind of happy that way... I can go back to it any time I want. Like I can go back and read through my books and all that..." (Family 17, Belinda)

"I am going to be really wary about the people that I get myself involved with. Like if I get another partner, I will be asking loads of questions...it is work that I have done with [voluntary sector service]...I have got my eyes wide

open now about all that, like domestic violence and about Schedule One offenders..." (Family 8, Molly)

However, some drawbacks relating to parenting support offered by social and other services were identified. These included a lack of practical support/effective solutions to address children's particularly difficult and challenging behaviour. Parents dealing with multiple problems, and who were usually parenting alone, also struggled to follow through and maintain routines in the long-term when they had other issues to contend with, especially poor mental health.

■ **Counselling/coping strategies**

Many of the participants were accessing a range of statutory addiction and mental health services, as well as voluntary sector services which provided counselling and support for parents and/or children affected by domestic violence and parental substance misuse. These types of services had often been accessed at different points in the life-course and in combination with other support services. Similar to the preference for practical parenting support, participants consistently highlighted as especially helpful those services which provided them with practical coping strategies for managing mental health problems, combating addiction and building resilience. For example, several commented that through counselling and support related to domestic violence they felt better equipped to avoid abusive relationships in the future, and help

their children understand that violence is unacceptable. Similarly parents generally welcomed direct work with children aimed at helping them to understand and cope with parental substance misuse. Participants also appeared to strongly favour counselling-related services which provided them with an opportunity to talk through problems in detail; indeed they usually indicated they would like counselling to continue for longer periods.

■ Whole family approach

On the few occasions where participants experienced service provision which actively engaged the whole family, this was explicitly recognised as a refreshing change from previous interventions and professional input. Although the services didn't normally address all the needs of all family members, or on an intensive basis, participants particularly liked those few which offered children one-to-one sessions and group work as a family.

.. he was like a social worker with them [voluntary sector] ... even from the very first time that he came out to speak to us, he was just so different and made it clear... [that] he had received the referral from social services that [child] was having a hard time... He wasn't there to take anybody away from the family unit, he was here to work with us, provide us with all that we needed, because he was aware that it wasn't just [child] that was affected, it was the whole family dynamic..." (Family 10, Vivienne)

"They actually...they cared for the whole family, it wasn't just the person that's

doing it. And that...I think that makes an awful, awful big difference." (Family 9, Heather)

While a whole family approach was welcomed, again it was usually targeted on one specific problem a family was experiencing, and was available for a relatively short period.

Levels of support

Notably, several participants described wanting more support and, at the same time, being frustrated about professional involvement; this contradiction perhaps exemplifies the difficult, and often conflicted, nature of the worker-client relationship in child protection. However, some participants did express overall disappointment that what they had hoped for in terms of professional support and intervention had not been forthcoming, or they had to wait until things were at crisis point. While they were usually engaged with multiple services, not all participants felt they had received the type of practical support they wanted to manage day to day problems.

"I think they should have been there more supportively...like they should have had a network of people willing to work with us as a family... as they knew I had suffered from depression ...I think we should have been allocated a family support worker... who would come in to the home and see what we needed for the home, and to help us get what we needed." (Family 15, Lucy)

Several were also unsure whether the right issues had been tackled,

indicating there had been more focus on superficial matters rather than support for the root causes of a family's difficulties. Indeed there was some suggestion from participants that social and other services were mainly interested in a child's safety, rather than their own individual needs. With the exception of some short-term and isolated service interventions, participants generally did not perceive support was for them as a parent or their whole family.

"....it was just mostly focused on the kids, because the kids' welfare was the main thing, was what it was. We are meant to be the adults, so we sort ourselves out, was sort of the impression that I got...." (Family 10, Vivienne)

"The only support for me was my CPN and [domestic violence support] really, that's the only two really supports for me because social services isn't for me, they are for the kids." (Family 15, Lucy)

"That [social worker] one should have been telling her all the different things and helping her, you know, to do it. I think she should have been there, making the phone calls with Jody [daughter], to make sure it was done and the dates, appointments were made. But she didn't seem to do anything. As long as the [children] were okay, well xxx at that time, as long as he was okay, she seemed happy enough. And the house was reasonably clean and tidy. I think that's all she seemed to... I thought social work was a lot broader than that, like." (Family 14, Linda)

Although it was very clear that all participants had benefited to some extent from the various interventions, most were still experiencing problems, including those who anticipated their contact with social and other services would soon cease. For example, as evidenced in Chapter Four, poor emotional well-being often stemmed back to childhood and some participants had been struggling unsuccessfully for many years to overcome mental health problems. While the mental health and emotional well-being of some participants had clearly improved as a direct result of service intervention, for many it was still the same and largely managed by medication.

"I think if I had a longer time with it [counselling] I would get more out of it...the counselling is going good, but it is not giving me the answers I need of what I'm feeling and why I'm feeling that way...the [practitioner] says hopefully I should get more sessions... hopefully I will get them. I will probably need a bit longer just to get all the answers I need myself inside my head. Because the answers don't seem to be coming the way I need them." (Family 17, Belinda)

"...because even though I was saying that I was okay, that I didn't need the help, I shouldn't have just been left as that. There should have been more looked into, you know, about my counselling, about the way I was brought up and about what had happened to me. I think if that had been dealt with back then, then I would be sitting here today as a different person,

you know. I would be stronger, I would have more confidence and I wouldn't blame myself about everything." (Family 15, Lucy)

While many services had been accessed, from participants' accounts their overall focus was on improving parenting and safeguarding children. There appeared to be less emphasis on dealing with the impact of childhood trauma and family separation, and on developing longer-term strategies for tackling issues around poverty and employability. Notably, with the exception of one participant, none discussed clear strategies or pathways in place regarding practical next steps to access further education, employment or training. While a few participants were looking forward to having no services involved in their lives, some were worried about it coming to an end and having no-one in a professional capacity with whom to discuss problems with in the future.

The future

Regardless of any concerns about how they will manage and what the future holds, overall participants were fairly optimistic that their contact with social and other services would lead to at least some positive change for their family. The participants were also generally determined to find happiness and ensure their children would have better outcomes in their future.

"...we needed the change so that her future will be brighter in a way it will be brighter, a lot brighter...I don't want her to have the childhood I had, never

at school, house changes and all them things...I know it won't happen cause I've learnt a lot from up here [service]..." (Family 5, Zoe)

"I want to do something with my life. I don't want to sit and feel sorry for myself for the rest... yes, I did have a shit childhood and yes... but do you know what, it is me has chosen my life now from I was eighteen upwards, and it's me that chose to live my life like this. Now I choose to live my life happy, I want to be happy. That is my aim. My goal is to be happy, you know, and for my kids to be happy and healthy..." (Family 15, Lucy)

Notably, several participants strongly expressed the wish to use their experiences to help other families with similar problems.

"I would like to take my experience of this and maybe put it back into the system and try and help another family do you know maybe not go the same way I did, or improve the services, some of the services I didn't get, and do you know sort of help them out, like it's a scary thing social services and the meetings and..." (Family 13, Kim)

Chapter Six: Conclusion - key themes and reflections

The findings from both the literature review and qualitative study provide insight into the highly complex nature of the lives of families with multiple adversities, and illustrate a range of themes for consideration:

Nature and impact of adversities

Prevalence of adversity

As highlighted in the literature review (Davidson et al, 2012) information about the prevalence of multiple adversities in Northern Ireland is very limited. To date, UK analyses which have looked at multiple risk factors and adversities have not included child abuse, although the ACE study conducted in the US indicates that various forms of child abuse, neglect and other child adversities commonly co-occur. Collating NI data which builds on these studies is essential to have a fuller understanding of the levels and co-occurrence of adversities, and as a means of measuring future population change.

While measuring against eight broad categories of adversity is helpful, the findings from both the literature review and parent interviews suggest it may be important to consider a wider range of potential risk factors to avoid overlooking or underestimating key issues for families with multiple and complex needs. In addition to categories such as poverty, family separation, parental substance misuse and domestic violence, key issues arising in the study such as housing instability, social isolation, parental educational attainment and children's school attendance also need to be considered. As also evidenced in other studies, focus on the individual components of family life has limited value and it may be helpful to further consider adversity from a wider family perspective (Morris, 2012).

Patterns of adversity

In this study there were numerous transitions and turning points in the life-course that impacted on families in very individual ways. A number of participants explicitly connected the problems they experienced with their childhood experiences. For others there was usually a precipitating traumatic event when they were parents themselves, such as the breakdown of a relationship or severe depression following the birth of a child. Family separation and/or domestic violence typically triggered other problems such as homelessness, financial difficulties, mental ill-health, reliance on alcohol and social isolation.

Although numbers were small, the findings suggest that as a generation, participants' children were more likely to be exposed to multiple adversities than their parents were in childhood. Notably, participants were recalling adversities across their whole childhood whereas the majority of their children

were still under the age of eleven, with scope for the level of adversity to increase further. Indeed all the research evidence (Davidson et al, 2012) would suggest these children are at particular risk of poor social, economic and health outcomes if they do not receive appropriate support and intervention.

The mixed patterns evident in the development of adversity, including the commonality of intergenerational adversity, indicate the need to develop an in-depth understanding of service users' life history. Serious Case Reviews in England, Wales and Scotland, and Case Management Reviews in Northern Ireland, consistently highlight a lack of social history relating to parents and other key family members leading to superficial assessments which focus on presenting issues only (Devaney et al, 2013; Ofsted, 2011; Brandon et al, 2002; 2009; 2010; 2011a; 2011b). While there is no suggestion that assessments conducted by professionals working with this group of service users were lacking, the findings further highlight the importance of having a clear picture of where the service user has come from and how their experiences have shaped them and their families. This should not just simply be about identifying risk but developing an empathic understanding of the adversities they have experienced and survived. It should also focus on identifying the internal and external barriers families face to change and engagement. In addition to providing important insights, this approach may better enable professionals to recognise and build on the strengths of the families.

Co-occurring adversities

Domestic violence, parental substance misuse and parental mental ill-health commonly co-occurred across the generations. They were usually accompanied by family separation and poverty, and also child abuse/child protection concerns. A parent's mental ill-health in adulthood was a prevalent risk factor alongside family separation and poverty. While attributing causal mechanisms to the development of these problems was beyond the scope of this project, the findings reflect the wealth of literature which links parental substance misuse, mental ill-health and domestic violence, particularly in cases which are known to social services (for a review see Cleaver et al, 2011).

Many participants had not only experienced poor and often abusive relationships with their parents but had also experienced violent relationships as adults, usually with the father(s) of their children. Indeed domestic violence emerged as a pervasive issue for female participants, with some experiencing this in successive relationships. The violence typically occurred over an extended time period, often escalating when their partner was drinking heavily and/or during pregnancy. While some reported problems with alcohol and/or drugs in their teens and early twenties, others recalled this as developing in later years to cope with the legacy of trauma and anxiety engendered by domestic violence. Again this is a finding supported by a range of studies which suggest that women often 'self-medicate' to help them cope with violence whilst it is occurring and with

its continuing effects once they have left the relationship (Chan, 2005; Lipsky et al, 2005).

Supporting what we already know about domestic and sexual violence as considerably under-reported offences, it was clear many participants had experienced significant abuse over prolonged periods before criminal justice agencies became involved, if ever. Often it was only when children were removed from their parent's care, or the possibility that this would happen, that triggered an end to the abusive relationship. There is a collective body of research illustrating the significant and life-long impacts of family violence (for reviews see Holt et al, 2008; Stanley and Flood, 2011), and there was evidence in the study that the physical, emotional and psychological well-being of some participants' children was affected.

Poverty, relationship breakdown and family separation were integrally linked factors in the lives of the participants. The majority was solely reliant on social welfare benefits and it was clear that financial pressures, brought about by unemployment and lack of financial support from ex-partners, were additional stressors in already stressful situations. Many researchers and commentators have voiced concern about the disappearance of poverty from the policy discourse on 'Troubled Families'. They suggest that an over-emphasis on individual and familial risk factors, whilst ignoring the impact of structural factors such as poverty, pathologises and further

disenfranchises 'at risk' and vulnerable families (Benard, 1997; Featherstone et al, 2014; Murray and Barnes, 2010).

There were strong indications of such disenfranchisement within the study. Indeed many participants recognised their own marginalisation within society and often lacked the confidence to access support within their community or develop supportive relationships and networks. The majority had been unemployed for most of their adult life and while many had aspirations towards employment, they were held back by a lack of educational attainment which inhibited them from seeking/gaining a job. For many, it appeared that considerable support and capacity building was needed to enable them to develop their self-esteem, confidence and skills base before employment became a likely prospect.

Social isolation was also commonly present alongside poverty and relationship breakdown, with many participants having limited family support and few, if any, friends. Participants with stronger family ties, or those who had been able to develop stable and supportive relationships in adulthood, seemed better able to withstand and recover from their experiences of adversity; this suggested the presence of a supportive 'other', be it a partner, family member or friend, as being particularly important to developing resilience. For some, the loss of a supportive other was perceived as a catastrophic event which irrevocably altered the life-course. For others with limited experience of a supportive other

in their lives, narratives were often imbued with a sense of hopelessness: some participants were unable to envisage a future where they would meet someone who was not violent, or relationships were avoided altogether because of the risks they posed.

Research and theoretical development in the field of psychology and other inter-related disciplines over the past decade has expanded to more fully recognise attachment as a life-course theory which is a relevant to all stages of life, not just childhood (Masten and Wright, 2010; Takahashi, 2005; Luthar, 2006; Pietromonaco and Feldman Barrett, 2000). The secure base identified as integral to positive child development has been extended to adult relationships, with intimate partners, family members and peer relationships all considered to be important to adult psychological well-being, coping and resilience. Specifically, positive marital or co-habiting relationships have been shown to ameliorate the impact of adversity experienced in childhood, resulting in improved adult parenting (Rutter, 1987), reductions in adult offending men (Laub and Sampson, 2003) and improved physical and mental health and emotional stability (Ryff and Singer, 2002; Bano et al, 2013). Developing innovative ways to foster positive stable relationships and establish support networks for vulnerable adults can therefore be an integral element of increasing both individual and family resilience.

Service response

In keeping with numerous studies on service user perspectives in child protection and child welfare interventions (Spratt and Callan, 2004; Buckley at al, 2011a & 2011b; Dumbrill, 2006; Dale, 2004), many participants in this study described ambivalent and often conflicted relationships with child and family social workers. The focus of child protection social work, the implications this has for parents and families and the nature of the stresses many families were experiencing all contributed to making the relationship between service user and practitioner complex and often fraught. Within this context, it would be naïve to expect that service users in these circumstances would have wholly positive experiences of social work practice or that the process of coming to understand the necessity of change to safeguard their children would be an easy one. However despite this, most participants when reflecting on their involvement recognised that, at least in part, the areas of change identified by practitioners were needed. The detailed descriptions of their relationships with practitioners, the services offered and how they were experienced point to a number of areas in which the professional-service user relationship might be strengthened and service responses developed to better meet the needs of families with complex problems.

Whole family approach and integrated provision

Participants had to work with lots of different professionals on individual issues and access to different services often appeared piecemeal. While participants were usually attending a range of support services, it was apparent these were generally not intensive in nature and not targeted at all members of the family. Indeed many participants suggested that social workers/practitioners were only really interested in the needs of the children. Respondents did not perceive social workers/practitioners as being there to support them as a parent or their whole family.

The rhetoric of policy development across the UK, including Northern Ireland, stresses the importance of coordinated and integrated provision in meeting the needs of families with multiple problems (Davidson et al, 2012). The findings from this study indicate there is still some way to go to achieve this in Northern Ireland, with many participants negatively commenting on the multiplicity of professionals and services with whom they were expected to engage. Some described keeping various appointments as similar to a full time job which left time for little else, with a number expressing a desire for a single point of contact rather than a series of referrals to different places and organisations. As highlighted in the literature review, while numerous models of integrated projects exist across the UK there has only been limited development of these to date in Northern Ireland. While the development of a new intensive family support service is very welcome, there

is still some way to go in providing integrated services which can address multiple problems in families across Northern Ireland.

Change as a long term process

Many families appeared to move from one short-lived intervention to another with limited evidence of long-term involvement in services and sustained change. The findings from numerous Serious Case Reviews and Case Management Reviews (Devaney et al, 2013; Ofsted, 2011; Brandon et al, 2002; 2009; 2010; 2011a; 2011b) highlight a lack of sustained intervention with families as a serious issue, and advocate for wider recognition of the entrenched nature of many family problems and the need for a longer term perspective. Indeed the study findings point not just to the multiplicity of adversities but also their chronic nature. Several participants had been involved with social services on a number of occasions and over prolonged time periods, usually in response to on-going problems and escalating concerns. While it is beyond the scope of this research to critique the sustained nature of the interventions provided, the personal journeys described by participants were clearly not only difficult and distressing but a long term process. A key element within the development of Family Intervention Projects in the rest of the UK has been the intensive nature of the intervention and support provided, with projects like the Westminster Family Recovery Project offering intensive outreach and home based interventions two to three times per week (Thoburn et al, 2011) over a nine month period.

Strikingly, most participants who initially viewed social services intervention very negatively had to some extent accepted the need for change and understood the potential impact of their behaviour/chaotic family life on their children. While the majority were however keen to reach a stage where they no longer needed social work/service involvement, some also expressed concern about being left unsupported; they talked about wanting to have someone they could turn to in the longer term, like a mentor or AA type sponsor. Others expressed a desire to act as a mentor to other parents who experienced similar difficulties as themselves. This echoes those in the literature who argue for the experience of multiple adversities in childhood to be viewed as a chronic long term condition, recognizing that some kind of continual support and/or intervention may be necessary, albeit at a low level (e.g. Taylor and Lazenbatt, 2013). The introduction of peer mentor programmes within child welfare in the US (Berrick et al, 2011), in which parents who have successfully navigated the child welfare system and been reunified with their children, may offer a potential model for achieving this. While the evidence base is still developing, early research findings suggest a positive impact. Likewise, the introduction in England of volunteers to mentor and befriend those who are involved in child protection processes appears to show evidence of success (Akister et al, 2011). Importantly, the

volunteers maintain contact with families after services have withdrawn, providing emotional support and a link back to services where necessary.

Extending such supportive mechanisms to Northern Ireland could provide the ongoing mentor role desired by some parents; this could be particularly helpful at future crisis points and help alleviate the risk of further problems developing. Indeed, while involvement with social and other services has brought about some degree of change for all participants, increased safety and resilience were by no means unanimous outcomes and many remained vulnerable and still struggling. The provision of emotional support, assistance with signposting and supporting parents to make longer term changes when they are more ready to

do so could all usefully be incorporated into the role of a mentor.

Values and the importance of the worker/client relationship

Whilst recognising the inherent difficulties in the social work role and, again, acknowledging the research is from a parent perspective, the participants often described interactions with social workers and other professionals as disempowering. For example, there was: a lack of understanding of the role of professionals and their involvement with their families; feelings of being excluded from decision-making; and being worried about disagreeing or giving their views were relatively common experiences, especially within the case conference forum. Some participants felt they were being spoken

down to and treated with a lack of respect.

Often participants contrasted their experience of statutory social workers with their experience of practitioners working in the voluntary and community sector. While it is important to recognise that statutory child protection social work operates within a very different context and remit, it was interesting that the differences participants described often related more to the personal quality of the interaction. This included being treated a bit more as a whole family, with greater interest taken in their own health and well-being, not just their children, and generally feeling staff had time for them. This is not to say that participants did not find these qualities in statutory social workers; many participants, regardless of how negatively they described their interactions with different social workers, could usually point to one social worker who stood out as being caring, engaging and helpful, who 'was always there'.

A key criticism was the feeling that often social workers were not supportive or encouraging and did not build on participants' perceived strengths or acknowledge improvements they felt they had made. While the extent to which such improvements met the necessary criteria with regards to safeguarding was unclear, recognising improvement still remains integral to taking a strengths-based approach within any social work context and in fostering

positive relationships. In the perceived absence of such recognition and encouragement, participants often felt de-motivated and inclined to think that nothing they could do would be good enough, sometimes feeding into a cycle of despair.

While the impact of trauma and ongoing struggles with mental health and addiction no doubt make a significant contribution to feelings of despair and suicide, it is concerning that some vulnerable parents were left coping alone in situations of extreme distress. This directly relates to commentary and research from some leading social work academics which suggests current practice in child protection (re) interprets the paramountcy principle as a focus solely on the safety and needs of children, resulting in children being removed into care while their parents are left in highly adverse situations with limited or no support (Featherstone et al, 2014). It suggests the need to maintain a focus not only on the whole family but also on the whole person, recognising parents as individuals in their own right. Techniques such as motivational interviewing can also be useful in terms of providing support and encouragement. Whilst not commonly used within child protection settings, there is emerging evidence which points to positive results in terms of improved practitioner/family communication and relationships (Forrester et al, 2007; 2008a; 2008b).

Participants highlighted the importance of their relationships with professionals in helping them to progress. This

is supported in the literature which consistently emphasises the importance of the practitioner/parent relationship in achieving positive outcomes (Spratt and Callan, 2004; Platt, 2012; Buckley at al, 2011a & 2011b; Dale, 2004). Practitioners require the time to establish and foster relationships, as well as high quality support and supervision to maintain strong values and person-centred approaches. Data on the ever increasing caseloads and continual resourcing issues evident across the UK suggest we are moving ever further away from this optimal environment (The Victoria Climbié Foundation and HCL Social Care, 2014; All Party Parliamentary Group on Social Work, 2013). There should be wider recognition that social work is much more than simply following process and procedure and that the relational element is just as important as timely completion of the appropriate forms. The Munro review (DfE, 2011c) encapsulates this perspective and makes strong arguments for a more flexible and better resourced approach to social work practice. While the review related specifically to England and Wales, many of the issues raised also have resonance within Northern Ireland and are worth considering within our own context.

Reflections from the research

The process of developing and conducting this study has given the research team insight into the often complex world of families coping with multiple adversities. The participants told stories of both exceptional hardship and extraordinary resilience, coming to the process with a degree of openness and honesty that has been integral to the work. We hope that we have done justice to that honesty and have reflected the participants' narratives in ways which are meaningful and respectful. Participants, almost unanimously, indicated that they viewed the research as a vehicle through which their voices could be heard and could help to make things better for other families.

The next stage of the work is to enable these voices to be heard amongst professionals who commission, design and provide services to support vulnerable families. From its inception it was always envisaged that this would be an iterative and collaborative process, focused on bringing key stakeholders together to reflect on the findings and begin to think through what the next steps might be. The research team offers some initial thoughts from our analysis of the literature and interview data and poses a series of questions. We look forward to engaging with colleagues from different fields to explore these, consolidating key learning and developing ways to translate this into action.

Reflections and initial questions emerging from the analysis of the literature and interview data include:

1. The complexity and intergenerational impact of multiple adversities strongly underpins the need for a good social history and in-depth understanding of individual and family needs.

■ *To what extent do current assessment processes and models focus on:*

- *Presenting and past difficulties*
- *The co-occurrence of multiple adversities*
- *The impact of broader risk factors, such as poverty and social isolation*
- *The strengths of individuals and families as well as needs?*

2. The research highlighted a mixed pattern in relation to the accumulation of adversity over the life-course.

■ *How might an understanding of the impact and cumulative effect of multiple adversities become incorporated into third level education and professional training?*

3. Most of the families engaged with a wide array of different services and multiple professionals.

■ *In assessments how do we chart the range of service engagement to identify the demands being placed on families?*

■ *Could the number of professionals involved be minimised by use of a family keyworker/co-located services?*

4. Multi-disciplinary intensive family support teams can provide sustained support to families and individuals with complex needs involved with child protection social work.

■ *How might multi-disciplinary intensive family support teams be developed and funded in Northern Ireland?*

5. Many families talked about not feeling supported to make changes or not receiving encouragement in relation to changes they had made.

■ *Could motivational interviewing be used within child and family social work to better motivate and support families?*

6. Stable and supportive relationships are of fundamental importance in fostering resilience in parents experiencing multiple adversities.

■ *Could adult attachment provide a useful theoretical framework for identifying and working with parental needs?*

■ *Could the development of mentoring services serve as a model for improving self-esteem and providing longer-term emotional support to parents with multiple and complex needs?*

7. The research underscores the quality of the helping relationship between families and professionals/services.

■ *What resources are needed to ensure front line professionals have the time and support they need to work with families who have multiple and complex problems?*

8. While the eight domains of multiple adversity provide a framework for understanding the inter-relatedness of complex problems, the levels of adversity in the NI population remain unknown.

- *How can we develop research on the prevalence and nature of adversity in NI which can usefully guide future policy and service development?*

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Appendix One - Definitions

Table 4: Definitional categories

Adversity area	Broad definition for purpose of study
Poverty/debt/financial pressures	For participants as children and the participants' children - reference to being poor, not being able to afford things, being reliant on benefits, having sporadic employment.
Child abuse/child protection concerns	For participants as children - where participants directly reported abuse/neglect in their own childhood or where it was indicated through lack of supervision, missed school days and caring responsibilities for siblings. For participant's children – where participants directly reported that their child experienced abuse or they were involved with statutory services and there were suspicions/allegations of abuse; or they were involved in a child protection capacity.
Family/domestic violence	Where participants reported violence between their mother and father/step-father/co-habitee as a child or between themselves and a husband/partner/co-habitee as an adult.
Parental illness/disability	Where the participants reported that their own parents/those with caring responsibilities, or themselves as adults/partners/co-habitees etc, had physical health problems or disabilities that impacted on their daily functioning for a prolonged or on-going period of time.

Adversity area	Broad definition for purpose of study
Parental substance misuse	Where the participants reported that their own parents/those with caring responsibilities for them as children had significant problems with alcohol or drugs, or they themselves or partners/co-habitees had significant problems with alcohol or drugs as adults (excludes references to participants drinking, especially in early adulthood, unless it appears to have contributed to concerns about the parent's ability to care for their child).
Parental mental illness	Where the participants reported that their own parents/those with caring responsibilities had mental health problems which impacted on their childhood, or they themselves or partners/co-habitees etc had themselves had mental health problems as adults.
Family separation/ bereavement/ imprisonment	Relationship breakdown between biological parents/step parents and co-habitees during childhood and between the participant and intimate partners in adulthood. Also includes separation through bereavement or imprisonment.
Parental offending/anti-social behaviour	Where participants report a parent/step-parent, themselves or an adult partner were involved with criminal justice agencies for offending behavior, or they reported their own or a parents anti-social behaviour in the local community. There is a degree of overlap between this category and domestic violence and many participants' partners were involved with the criminal justice system regarding this issue.

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