

Chapter 9 – Lessons from research and inspection

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Introduction

9.1 Our knowledge and understanding of children's welfare – and how to respond in the best interests of a child to concerns about maltreatment (abuse and neglect) – develops over time, informed by research, experience and the critical scrutiny of practice. Sound professional practice involves making judgements supported by evidence: evidence derived from research and experience about the nature and impact of maltreatment, and when and how to intervene to improve outcomes for children; and evidence derived from a thorough assessment of a specific child's health, development and welfare, and his or her family circumstances.

9.2 This chapter summarises what is known about the impact of maltreatment on children's health and development, and sources of stress in families that may also have an impact on children's developmental progress (see also *The Developing World of the Child*, 2005).

The impact of maltreatment on children

9.3 The sustained maltreatment of children – physically, emotionally, sexually or through neglect – can have major long-term effects on all aspects of a child's health, development and wellbeing. **The immediate and longer-term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours.** Sustained maltreatment is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in work, and to extra difficulties in developing the attitudes and skills necessary to be an effective parent.

9.4 It is not only the stressful events of maltreatment that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and decide on the most appropriate intervention. Often, it is the interaction between a number of factors that increases the likelihood or level of significant harm.

9.5 For every child and family, there may be factors that aggravate the harm caused to the child, and those that protect against harm. Relevant factors include the individual child's means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects on a child are also influenced by the quality of the family environment at the time of maltreatment, and subsequent life events. The way in which professionals respond also has a significant bearing on subsequent outcomes.

Physical abuse

9.6 Physical abuse can lead directly to neurological damage, physical injuries, disability or, at the extreme, death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexperienced use of physical restraint. Physical abuse has been linked to aggressive behaviour in

children, emotional and behavioural problems and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence.

Emotional abuse

9.7 There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence is abusive in itself. Adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Sexual abuse

9.8 Disturbed behaviour – including self-harm, inappropriate sexualised behaviour, depression and a loss of self-esteem – have all been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and his or her feelings of self worth. (See also *Child Sexual Abuse: Informing Practice from Research*, 1999.)

9.9 A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused inevitably go on to become abusers themselves.

Neglect

9.10 Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem, feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing.

Sources of stress for children and families

9.11 Many families under great stress succeed in bringing up their children in a warm, loving and supportive environment in which each child's needs are met.

Sources of stress within families may, however, have a negative impact on a child's health, development and wellbeing, either directly, or because when experienced during pregnancy it may result in delays in the physical and mental development of infants, or because they affect the capacity of parents to respond to their child's needs. This is particularly so when there is no other significant adult who is able to respond to the child's needs.

9.12 Undertaking assessments of children and families requires a thorough understanding of the factors that influence children's development: the developmental needs of children; the capacities of parents or caregivers to respond appropriately to those needs; and the impact of wider family and environmental factors on both children's development and parenting capacity. An analysis of how these three domains of children's lives interact enables practitioners to understand the child's developmental needs within the context of the family and to provide appropriate services to respond to those needs. (See the *Framework for the Assessment of Children in Need and their Families*.)

9.13 The following sections summarise some of the key research findings³³ that should be drawn on when assessing children and families, providing services to meet their identified needs and reviewing whether the planned outcomes for each child have been achieved.

Social exclusion

9.14 Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism, and the problems associated with living in disadvantaged areas, such as high crime rates, poor housing, childcare, transport and education services, and limited employment opportunities. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment are an additional source of stress for some families and children. Social exclusion can also have an indirect effect on children, through its association with parental depression, learning disability, and long-term physical health problems.

Domestic violence

9.15 Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim's parent to protect the child. Domestic violence has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and

³³ Cleaver, H. et al. (1999). *Children's Needs – Parenting Capacity: The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development*. London: The Stationery Office.

psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative impact of domestic violence is exacerbated when the violence is combined with drink or drug misuse; children witness the violence; children are drawn into the violence or are pressurised into concealing the assaults. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress.

The mental illness of a parent or carer

9.16 Mental illness in a parent or carer does not necessarily have an adverse impact on a child's developmental needs, but it is essential always to assess its implications for each child in the family. Parental illness may markedly restrict children's social and recreational activities. With both mental and physical illness in a parent, children may have caring responsibilities placed on them inappropriate to their years, leading them to be worried and anxious. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, but at the extreme, a child may be at risk of severe injury, profound neglect, or even death. A study of 100 reviews of child deaths where abuse and neglect had been a factor in the death showed clear evidence of parental mental illness in one-third of cases.³⁴ In addition, postnatal depression can be linked to both behavioural and physiological problems in the infants of such mothers.

9.17 The adverse effects on children of parental mental illness are less likely when parental problems are mild, last only a short time, are not associated with family disharmony, and do not result in the family breaking up. Children may also be protected from harm when the other parent or a family member can help respond to the child's needs. Children most at risk of significant harm are those who feature within parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental illness.

Drug and alcohol misuse

9.18 As with mental illness in a parent, it is important not to generalise or make assumptions about the impact on a child of parental drug and alcohol misuse. Their effects on children are complex and require a thorough assessment. Maternal substance misuse in pregnancy can have serious effects on the health and development of an unborn child, often because of the mother's poor nutrition and lifestyle. Newborn babies may experience withdrawal symptoms that may interfere with the baby's attachment to their parents or caregivers. Babies may experience a lack of basic healthcare and poor stimulation, and older

34 Falkov, A. (1996) *A Study of Working Together 'Part 8' Reports: Fatal child abuse and parental psychiatric disorder*. London: DOH-ACPC Series, 1.

children may experience poor school attendance, anxiety about their parents' health and taking on caring roles for siblings. Substance misuse can affect a parent's practical caring skills: perceptions, attention to basic physical needs, control of emotion, judgement and attachment to or separation from the child. Some substance misuse may give rise to mental states or behaviour that put children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents are withdrawing from drugs. The risk is greater when the adult's substance misuse is chaotic or otherwise out of control, and when both parents are involved. The risk is also greater where there is a dual diagnosis of mental health problems and substance misuse.

9.19 Some substance-misusing parents may find it difficult to give priority to the needs of their children, and finding money for drugs and/or alcohol may reduce the money available to the household to meet basic needs, or may draw families into criminal activities. Children may be at risk of physical harm if drugs and paraphernalia (e.g. needles) are not kept safely out of reach. Some children have been killed through inadvertent access to drugs (e.g. methadone stored in a fridge). In addition, children may be in danger if they are passengers in a car while a drug/alcohol-misusing carer is driving. The children of substance-misusing parents are at increased risk of developing alcohol and drug use problems themselves, and of being separated from their parents. Children who start drinking at an early age are at greater risk of unwanted sexual encounters, and injuries through accidents and fighting.

Parental learning disability

9.20 Where a parent has a learning disability it is important not to generalise or make assumptions about their parental capacity. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly needed where they experience additional stressors such as having a disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care. It is these additional stressors, when combined with a learning disability, that are most likely to lead to concerns about the care a child or children may receive.

9.21 Children of parents with learning disabilities are at increased risk from inherited learning disability and are more vulnerable to psychiatric disorders and behavioural problems. From an early age, children may assume the responsibility of looking after their parent, and in many cases other siblings, one or more of whom may be learning disabled. Unless parents with learning disabilities are comprehensively supported – e.g. by a capable non-abusive relative, such as their own parent or partner – their children's health and development is likely to be impaired. A further risk of harm to children arises because mothers with learning disabilities may be attractive targets for men who wish to gain access to children for the purpose of sexually abusing them.

9.22 A specialist assessment is often needed and is recommended.³⁵ Where specialist assessments have not been carried out and/or learning disability support services have not been involved, evidence from inspections has shown that crucial decisions could be made on inadequate information.³⁶

9.23 Adult learning disability services, particularly community nurses, can provide valuable input to core assessments, and there are also validated assessment tools available.³⁷ However, most parents with learning disabilities do not meet eligibility criteria for adult services, and lack of co-operation between children and adult services can create great difficulties.

9.24 A comparative study of children and families with learning disabled parents referred to LA children's social care services showed twice as many children had severe developmental needs, and five times as many had parents who were experiencing severe difficulties in meeting their children's needs.³⁸ The research found that parents with learning disabilities are more likely to need long-term support.

9.25 A comparative study of methods of supporting parents with learning disabilities found that group education, combined with home-based support, increases parenting capacity.³⁹ In some areas, services provide accessible information, advocacy, peer support, multi-agency and multi-disciplinary assessments, and on-going home-based and other support. This 'parenting with support' appears to yield good results for both parents and children.⁴⁰

35 *Framework for the Assessment of Children in Need and their Families*, paragraphs 6.18–6.21.

36 Social Services Inspectorate. *A Jigsaw of Services: Supporting disabled adults in their parenting role*. London: Department of Health, paragraph 1.29.

37 McGaw, S. and Newman, T. (2005). *What Works for Parents with Learning Disabilities*. Barnardo's.

38 Cleaver, H. and Nicholson, D. (2005). *Children Living with Learning Disabled Parents*. Report submitted to Department for Education and Skills.

39 McGaw, S., Ball, K. and Clark, A. (2002). 'The effect of group intervention on the relationships of parents with intellectual disabilities'. *Journal of Applied Research in Intellectual Disabilities*, 15 (4), 354–366.

40 Tarleton, B., Ward, L. and Howarth, J. (2006). *Finding the Right Support? A review of issues and positive practice to support parents with learning difficulties and their children*. London: The Baring Foundation.