



Families, parents and carers

Improving the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and carers

Key messages

- A range of central and local government departments shares responsibility for maximising the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and carers. Implementation at the local level is by a wide group of professional and non-professional staff in the community.
- While there is no single source of purposely collected national data for identifying parents with either physical or mental health conditions, data collected in the context of government labour surveys suggest that 1.7 million (12 per cent) of parents in the UK have a disability as defined under the *Disability Discrimination Act 1995*.
- There are estimated to be: 150,000 young carers in the UK, 30 per cent of whom are believed to be caring for adults with mental health needs; 200,000 to 300,000 children and young people living with a parent whose drug use is problematic; and 1.4 million children are living with at least one parent who drinks excessively.
- The current service configuration – especially the split between adult and children's services – poses a key challenge to the effective delivery of services that can meet the needs of both children and their families.
- Adult services can provide valuable examples of providing a **personalised** approach to problems in order to produce personalised outcomes, so that targeted support is not seen as stigmatising by parents, children and young people.
- Access to services by family members is impeded by the current system of gate-keeping by means of thresholds, i.e. an access point at which access to one or more service/s is judged necessary on the basis of risk or need.
- Service usage is likely to be influenced by the real and perceived characteristics of the services, especially in relation to the fear of stigma, a deterrent most obvious in respect of those who are referred to services against their wishes rather than those who either self-refer or are in agreement with a referral to a service.

- It is essential that services are provided for children and their families at each of the tiers of need. In addition 'bridges to access' need to be ensured between the levels of need, and between the different services on offer from a number of professions and agencies.
- It is important to offer the opportunity for parents and carers to access services at different points in time over a sustained period, so that early access to services can be made possible, at whatever stage of the problem.
- Much health-related data fails to identify patients as parents, so that the needs of children in these families often remain invisible (even if most of this group manage with the support of universal services and informal networks). Better data would facilitate better understanding of their needs. Services across the spectrum of need must be sensitive to the circumstances of the children and families using them especially with regard to poverty, ethnicity and disability.
- There is a positive association between early intervention and better outcomes, but late intervention is better than no intervention at all.
- There is an association between parental health difficulties and children's safety, health and wellbeing, but the exact mechanisms involved are only partially understood. As causal relationships are difficult to establish, it cannot be said that negative outcomes are inevitable and care needs to be taken in assessing the impact on children of parental health difficulties. Both the characteristics of the parents/carers **and** the characteristics of children/young people themselves can play a role in determining outcomes. Resilience in children has been identified as a key factor in mediating poor outcomes for them even in what might appear to be adverse circumstances.
- Positive outcomes for parents with the spectrum of needs covered by this review include: physical and psychological wellbeing; self-esteem; cultural and ethnic identity; improved adult/child and partner relationships; and improvement in parenting competence.
- The Think Family Pathfinders and the related Family Intervention Projects have begun to show some encouraging results. The flexible personalised way in which they respond to both children's and adults' needs is viewed extremely positively by families and the professionals working with them. Evaluations of the programmes stress the value of flexible working from adult services, information sharing and joint commissioning in delivering a more cohesive service for vulnerable families.
- An evaluation of Family Action projects – which offer a mixture of practical, therapeutic and emotional support to families – has identified some very encouraging results in terms of outcomes. The quality of the relationship between professionals and the families they supported was found to be a crucial lever for change.

Introduction

This summary is taken from the research review which tells us what works in improving the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and carers. It is based on a rapid review of the research literature involving systematic searching of literature and presentation of key data. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.

King's College London carried out this review on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The National Foundation for Educational Research (NFER) conducted the data work.

Who are the key stakeholders?

- mothers, father and carers who use services
- those with responsibility for designing/commissioning services (policy-makers at national and local level, commissioners at local and strategic level)
- those who work in children's social care services (children's social workers and social care staff, family support workers, children's centre managers, foster carers, kinship carers, residential establishment staff)
- those who deliver services through education (school-based support staff, teachers, special educational needs coordinators)
- those who work in adult services (adult social workers and social care staff, domestic violence workers, youth offending teams)
- those who work in the adult/youth justice system (police and community safety workers)
- those who work in health services (primary care staff including health visitors, midwives and antenatal services, mental health professionals and GPs, acute sector staff who might refer to services, for example A&E staff).

Their contributions are valuable in the process of improvement

Those who have used, currently use, or may use services

Parents and carers face a number of obstacles in accessing timely services likely to benefit their children. Some of these will be relatively 'tangible ones', perhaps the result of barriers to accessing services such as lack of publicity; lack of proactive outreach; others will be less obvious, such as a sense of stigma/fear of the consequences of seeking help. In relation to the latter, we know from research that problems such as poverty, poor housing and unemployment often occur together with issues around both physical and mental health, and especially in relation to substance misuse issues. However, research over many years also highlights the consistent commitment of the majority of parents/carers to do their very best for their children, even in the face of adversity.

As children and young people will be prime beneficiaries of improvements in services, it is important that they are encouraged to feel a key sense of interest in, engagement with, and entitlement to, services on offer. All conventional strategies have a part to play as does publicity linked to the UN Convention on the Rights of the Child, which includes, of course, the right to family life.

Those with responsibility for designing/commissioning services

The challenge facing those designing services at both the national and local level is the need to create a system that can respond to the needs of the whole family, simultaneously addressing the needs of both children and parents and carers with additional difficulties, and the stresses in their lives. This, in particular, requires recognition of the need to build bridges between the different levels of need and to improve the cohesion between adults' and children's services. It may well not be either desirable or realistic to create new organisational structures, but barriers to partnership working across children's and adults' services need to be addressed.

Those who work in children's social care services

Staff in children's social care will work with a range of families where parents have health difficulties, including those with the most acute problems. Staff in these services will be focused on the needs of the children.



This review reinforces the need to recognise that the most effective way of supporting children in such circumstances is usually to support their parents. Therefore it is important that staff in these services assess parents' needs and are prepared to provide services that address these needs. In some cases, although not all, this will involve close liaison with colleagues in adult services.

Those who work in education services

It is clear from the review that our knowledge of many parents with health difficulties is only very partial. Therefore, there will be a significant number of children living with parents with health difficulties who are living with little or no support. While teachers and other support staff will need training and support in order to assist families, schools nevertheless play a vital role in identifying those children whose families are under stress. In some cases, it may simply be necessary to be sensitive to these children's needs. However, for those children who are experiencing greater difficulties, eliciting further support through the use of the Common Assessment Framework and making other referrals will be crucial.

Those who work in adult services

Practitioners in adult services will be focused on the needs of the adult. However, it is important that they also recognise that many of these adults are also parents and they share a responsibility in safeguarding the wellbeing of those children. This means that being aware of the impact on children of any parental difficulties is crucial. However, practitioners in these services can also play an important role in ensuring that colleagues in children's services fully understand the needs of the parents and support that can make a difference.

Those who deliver services in the adult/youth justice system

In some of the instances where problems – particularly those related to substance misuse – are more entrenched, parents may come into contact with the youth justice system. Also, there is a correlation between problematic substance misuse, mental health difficulties and domestic abuse. Workers in these services, therefore, need high-quality training and the services need effective protocols so that practitioners can be sensitive to the impact of such problems on children, but also know how to act decisively when they have concerns.

Those who work in health services

There will be many practitioners working across the health system who will have a key role in meeting the needs of children and their parents who have health problems. Like colleagues in schools, practitioners – such as GPs and health visitors – in primary healthcare settings will be crucial in identifying those parents who need extra support. At the more specialist level, like workers in other adult services, they need to be aware of those patients who are also parents. Health workers focused on children need to be aware that some childhood problems, such as those related to behaviours, may be symptomatic of parental stress caused by health problems.

What data is available to inform the way forward?

There are many publicly available data sources about the prevalence of physical and mental health problems among adults and children, and the characteristics of those who are affected by these issues. However, there is limited local data on children's emotional wellbeing. Also, most of the data sources do not identify whether adults are parents or carers, nor do they link parents' health to their children's outcomes. The sources available can be used by local authorities and the NHS to inform their Joint Strategic Needs Assessments of adults' and children's health in their area and to plan their future priorities and interventions.



C4EO's interactive data site enables local authority managers to evaluate their current position in relation to a range of key national indicators and to easily access publicly available comparative data on adults' and children's health and wellbeing.

The evidence base

The reviewed evidence focused on mental rather than physical illness, most commonly maternal depression, and parental substance abuse. However, very few of the items reviewed directly addressed the role of substance abuse in parents' or carers' mental and physical health. Most sources referred to the effect of parental substance abuse on children's psychopathological development and on family wellbeing. Where the focus was on the mental health of parents and carers, in many cases the focus was determined by the nature of the mental illness. In terms of national data, data is available on the prevalence of mental illness and some other health conditions such as obesity (a theme that was identified as of particular interest to this review by the Theme Advisory Group (TAG)). Nevertheless, the data annexe reinforces the lack of data that is currently available about the physical and mental health needs of parents and carers. Such data is particularly difficult to isolate as the NHS does not identify patients specifically as parents.

Research methods

Research literature was identified through systematic searches of relevant databases and websites, recommendations from the TAG, and considering studies cited in identified literature ('reference harvesting'). The review team used a 'best evidence' approach to systematically select literature of the greatest relevance and quality to include in the review. This approach attempts to eliminate bias, in the selection of literature, to ensure that the review's findings are as objective as possible.

Data contained within the data annexe was obtained by a combination of search methods, but primarily by obtaining online access to known government publications and access to data published by the Office for National Statistics.

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Next steps

An updated version of this review is due to be published in spring 2011. This will include validated practice examples and views from children, young people, parents, carers and service providers.

C4EO reviews on improving children's outcomes by supporting parental and carer couple relationships and reducing conflict within families, including domestic violence, and improving children's and young people's achievement, behavioural and emotional outcomes through effective support and intervention with mothers, fathers and carers of 17- to 19-year-olds are also available on the C4EO website. Local decision-makers and commissioners working in local authorities and children's services may also find it helpful to read the Families, Parents and Carers Directors' Summary which presents the key messages from all three reviews.

C4EO is using the main messages from the three Families, Parents and Carers reviews to underpin its knowledge sharing and capacity building work with children's services, and through them the full range of professions and agencies working with children and their families.

Research summaries

This summary is a concise and accessible overview of the key messages from the research review on this topic.

Please go to www.C4EO.org.uk to download full and in-depth versions.

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