centre for research on families and relationships

Children's concerns
about the health and well-being of their parents and significant others

This briefing reports on the key findings from an ESRC funded study conducted in collaboration with ChildLine Scotland which utilised ChildLine's unique caller information database to examine children's concerns about the health and well-being of their parents' and significant others'.

Qualitative studies with older children and young people find that they offer few comments or observations regarding the health and illness experiences, behaviours or problems of their families and friends (Backett-Milburn et al, 2003). However, surveys of young people suggest that they demonstrate an adequate knowledge base about behaviours considered to be health damaging and how to maintain their own health. This study was designed to gain insight into how children actually talk about and make sense of issues as they affect the people who are close to them.

Key Points

- Children and young people demonstrated a complex and detailed understanding of the health problems of their parents' and significant others'. They were aware of the interactions between their parents' and significant others' social or personal difficulties and the onset of subsequent health problems and vice versa

- Children expressed concerns about a wide range of significant others. However, the majority of concerns were about parents and friends:

  - Children's concerns about parents were primarily focused upon the impact that parental health problems had upon their own lives as children

  - Concerns about friends were focused on the effects of friends' health problems upon their general health status

- Parental alcohol misuse was the most frequent concern that children and young people presented:

  - In a high proportion of these calls physical abuse was either the main or additional reason that children and young people had called ChildLine Scotland

  - In their accounts, children and young people often directly linked the physical abuse they experienced to parental alcohol misuse or other parent health problems

- Children and young people discussed a wide range of strategies they used to try to 'get by' in difficult circumstances:

  - Support from friends emerged as the single most important source of help

  - A relatively small proportion turned to adults to assist them with their problems

  - Very few had disclosed their problems to statutory services or adult authority figures

ChildLine Scotland's database

ChildLine Scotland is a voluntary organisation which offers a free, confidential, telephone counselling service to children and young people in trouble, need or danger. Calls to ChildLine represent unsolicited communication from children and young people which are not mediated by research questions, methods or researcher interaction. The calls therefore reflect children's own agendas. For each call received, ChildLine counsellors manually record data and a succinct summary of what callers say, including, where relevant, the child's exact words which are subsequently entered into ChildLine's caller database. Although helping and listening are the priorities for counsellors, and data may not be systematically recorded in research terms, nevertheless the range of information recorded can be very rich and detailed providing a unique insight into children's lives. As a resource for research this database has the potential to overcome communication difficulties which may arise during interaction between researchers and children. To date little academic research has been carried out on ChildLine Scotland's database and the potential uses of the database as a resource for research into children's self-identified social problems has not been fully assessed. Thus, part of the remit of our study was to pilot the use of ChildLine's unique database for research purposes.

The researchers worked collaboratively with ChildLine Scotland's staff to access this anonymised database, transfer data into a qualitative data analysis package used to aid coding and retrieval of the data and identify themes.

Study description and method

The study set out to examine the following:

- What are children's concerns about the health and well-being of their parents' and significant others'?
- What is the range and content of these concerns?
- How do children express these concerns?
- What is the impact of these concerns upon children's lives?
- What strategies do children talk about for 'getting by' in difficult circumstances?

Using ChildLine's existing coding system a number of health and well-being categories were selected for analysis from the wide range of categories in the database:

Table 1. Health and well-being categories selected for analysis

AIDS/HIV	Alcohol misuse	Bereavement
Disability	Depression and mental health problems	Domestic violence
Drug misuse	Eating problems	Emotional abuse
Family relationship problems	Health	Smoking
Solvent misuse	Suicide	Third party calls

Analysis was restricted to records of calls made from children in the 11 to 15 age range, because the majority of calls placed to ChildLine Scotland are received from children and young people in this age range. Four years

of quantitative and qualitative data on parents' significant others' problems coded under the categories in table 1 were extracted from ChildLine's database for further analysis. Basic quantitative analysis was conducted on the entire dataset of 9,363 calls and in-depth qualitative analysis was carried out on a 12 month cross-section of records totalling 2,386 calls. All calls were made between 2000 and 2003.

Presentation of concerns

Concerns about parents and significant others were seldom the main reason for the call. Rather, concerns formed part of, and were often clearly related to, a wide variety of problems within the lives of these children and young people. This reflects qualitative information from ChildLine that children tend to call 'in-crisis', presenting multiple problems.

Who and what are children and young people concerned about?

Table 2. Who children are concerned about

Parents	44%
Friends / other children	30%
Siblings	7%
Miscellaneous others	18%

Calls about parents and friends were dominant, although a small proportion of callers expressed anxieties about sibling health problems. Whilst children and young people expressed concerns across all the categories selected for analysis, worries about parental alcohol misuse represented the largest proportion of calls. This is shown in table 3 below which illustrates the spread of children's concerns across all the categories analysed and who these concerns were about.

Table 3. Concerns by category and significant other (%)

Problem	Overall	Parents	Friends	Siblings
AIDS/HIV	0.1	25	0	25
Alcohol misuse	31	72	10	2
Bereavement	7	59	10	6
Disability	2	32	8	32
Depression & mental health	3	67	9	5
Domestic violence	7	86	0	2
Drug misuse	11	55	21	6
Eating problems	1	0	91	0
Emotional abuse	1	11	17	33
Family relationships	4	9	27	45
Health	5	47	13	11
Smoking	2	19	52	8
Solvent misuse	0.1	0	75	0
Suicide	1	33	33	3
Third party calls	27	2	79	5

There were qualitative differences in the types of concerns that children expressed in relation to parents, friends and siblings. Concerns about parents tended to be about alcohol misuse, bereavement, depression and mental health problems, domestic violence and health, whereas concerns about friends were primarily about eating problems and smoking. Sibling concerns were

overwhelmingly about various disability issues, family relationship problems and emotional abuse.

Multiple health problems

Children often discussed multiple health problems when they spoke about their parents and significant others. They also gave detailed accounts of interactions between a range of associated social and health issues. This was particularly evident when they talked about parental health problems, discussions of which often tended to include details about a range of interacting health problems. Although combinations of health problems differed, alcohol misuse, domestic violence, bereavement and drug misuse were often discussed and linked to each other within children and young people's narratives.

Nature of concerns

There were marked differences in the nature of children's and young people's concerns about parents, friends and siblings. Children and young people who phoned in about parental health problems were primarily concerned with the ways in which these problems affected their lives. Many children directly related the problems they were experiencing to their parents' health problems.

A wide variety of ways were described in which parental health problems negatively impacted upon their own lives and also, occasionally, upon the lives of other family members. The most frequent issue for children who presented with concerns about parental health problems was physical abuse. However, material consequences (not being fed, cleaned or clothed properly), lack of protection, care or support from parents and bullying at school were also regularly discussed.

Incidence of physical abuse across all categories of health and well-being

- We found that, in 30% of all the records we examined about parents and significant others, physical abuse was the main reason for the call being placed to ChildLine

- In a further 12% of all records, problems with physical abuse within the home were given as an additional reason for the call being made

Incidence of physical abuse where parental alcohol misuse was discussed

- Physical abuse was the main reason for the call in 40% of the records we examined in which children talked about parental alcohol misuse

- In a further 18% of records in which parental alcohol misuse was discussed physical abuse was recorded as an additional reason for the call

---

Concerns about parents

Children calling to talk through their worries about their parent's health problems (and not the effects of such problems upon their own lives as children) accounted for approximately only 5% of calls. Calls of this nature tended to be about 'traditional' health problems, such as heart problems, various forms of cancer and other serious and potentially life threatening conditions. These children tended to be worried about their parents and were often anxious and afraid about what the likely outcomes of such conditions might be. The narratives of such calls indicated that these fears were often the result of the lack, or sometimes absence, of information children received about the nature of parental health problems.

Children and young people's accounts showed a detailed and complex understanding of parental health problems. Trigger factors which led to, or exacerbated, parental health problems were repeatedly identified by children and young people. A key theme that emerged was how stressful, unexpected or changing life circumstances led to health problems for parents.

Separation and divorce, family relationship problems, bereavement, redundancy and financial problems were amongst the reasons given by children as triggering parental health problems.

Concerns about friends

In comparison to parents, there were fewer calls about the health of friends. However, these calls were laden with concern and worry, particularly about the wider consequences of negative health behaviours, such as smoking, or the longer term implications of ill-health. Children talked about the pressures friends (and also themselves) faced within the peer group to drink and smoke and their concerns that doing so might lead to other forms of substance misuse. Fears that such behaviours in their friends would lead to serious future health complications were also present. Children related smoking to terminal diseases commonly associated with smoking (e.g. cancer). Younger callers, in particular, were concerned that smoking would ultimately lead to death.

Girls, in particular, discussed the eating problems (bulimia and anorexia nervosa) of friends, giving special emphasis to what they considered to be the distorted views of bodily image that their friends held. However, such discussions of the eating problems of female friends were often contextualised against a background of multiple personal problems that were experienced by friends within the home (e.g. family relationship problems, physical abuse, parental divorce and separation etc.).

Concerns about siblings

When children phoned about siblings, these calls often contained a mixture of direct concern and worry about the sibling's health problems alongside their own concerns about how sibling health problems impacted upon themselves and wider family dynamics. The majority of the 7% of calls about siblings in our sample tended to be about a range of sibling disabilities and behavioural disorders, such as Attention Deficit Hyperactivity Disorder (ADHD). Enforced caring duties; the perception that other siblings received more parental affection and attention; and the stresses that arose within families caring for children with health problems were often talked about. However, children also expressed worries about the social problems their siblings experienced. Many children discussed their concerns about the stigma their siblings experienced and their distress about their siblings being bullied at school.

'Getting by'

A wide range of strategies for 'getting by' in difficult circumstances were described by callers:

- Disclosure to others (children and/or adults)

- Taking care of others 'as adult' because of parental inability to do so (working to buy food, stealing food, taking care of siblings or adults, doing household chores etc.)

- Staying away, avoidance, running away or considering running away from home

- Idealising being 'taken into care'

- Idealising suicide

- Avoiding school, when risk of exposure or fears about bullying were present

The importance of friends

Friends strongly emerged as a key source of informal support for children in difficult circumstances, particularly where physical abuse was an issue. Our analysis showed that friends were an important source of disclosure, providing someone to talk to about their problems and concerns either about themselves or parents and / or significant others. In addition, friends sometimes offered refuge and protection where there was a risk of physical harm. Staying with friends was a common method used to avoid the home.

> **29% of children had talked to friends about their problems**

Support from adults and statutory services

From our analysis it appeared that informal support was often sought from parents. However, very few children reported seeking help from statutory services, or that they disclosed their problems to other authority figures such as teachers. The records suggested that, sometimes when children had turned to adults about their problems, that adult interference had made matters worse. Children also emphasised that they were sometimes not listened to or taken seriously.

Children gave many reasons for not disclosing their problems to adults. For example, they were afraid of the possible consequences that doing so would bring within the home or that they would be taken into statutory care. In addition, children were fearful of adults 'taking over' and/

or losing their own autonomy over their lives. However, again, they felt they might not be listened to or believed and were anxious that what they said to adults would not be treated in confidence.

A small minority of callers reported that they had not told their parents because they did not want to worry them or add to an already heavy problem load. Although the data base does not have uniform data for all callers it seemed that about 14% of children had told no-one about their problems.

> **Across all of our sampled calls**
> - 10% reported that they had told mothers
> - 2% reported that they had told fathers
> - 10% reported that they had told both parents
> - 4% reported that they had told teachers
> - 1% reported that they had told statutory services

Conclusions

Children have a detailed and complex understanding of the health problems of their parents and significant others. However, the nature and content of concerns about parents, friends and siblings was qualitatively different. Calls about parents were characterised by children expressing concern about the impacts of parental health problems upon their own lives, whereas their calls about friends expressed direct concern and worry about the health of friends. Calls about siblings contained elements of both direct worries about the ill sibling and concerns about how sibling health problems affected themselves and others within family.

Parental alcohol misuse and its effects upon the lives of children and young people emerged as significant problem for children. Lack of disclosure to adults and formal services suggests this as perhaps a more hidden problem than is commonly recognised. Additionally, fears about confidentiality raise awareness of the importance of the ChildLine service for children. However, the positive roles that friends play in terms of support indicates that these are shared problems amongst children and emphasises that many peers are heavily involved in 'emotional work' with their friends.

References

Alderson, P.(2000) Children as researchers: The effects of participation rights on research methodology in Christensen, P. and James, A. (Eds) (2000). Research with Children: Perspectives and Practices. Falmer: Bristol

Backett-Milburn K, Cunningham-Burley S, Davis J. (2003) Contrasting lives, contrasting views? Understandings of health inequalities from children in differing social circumstances. *Social Science and Medicine*; 57: 613-23

Authors

This briefing was written by Sharon Ogilvie-Whyte, the Research Fellow on this project, and edited by Kathryn Backett-Milburn and Sarah Morton.

This briefing reports results from the ESRC funded study 'Children's concerns about the health and well-being of their parent's and significant others' and how this impacts upon their lives'.

Contact details for CRFR

Children's concerns about the health and well-being of their parents and significant others

Issues and recommendations for policy and practice

Introduction

In order to discuss and draw out policy and practice recommendations from our collaborative research looking at children's concerns about the health and well-being of their parents and significant others, CRFR and ChildLine Scotland invited practitioners and others from the voluntary and statutory sectors to a seminar to hear about the research findings and consider the implications of these for policy and practice. This document reflects the discussion at that seminar, and draws together some key recommendations. The research, funded by the ESRC, used ChildLine's unique caller database to examine over 9,000 calls where children were concerned about a health or wellbeing problem of their parents, family or friends.

Supporting families to prevent crisis

This research adds to the evidence that supporting adults helps children, and that parents' health and wellbeing problems can have a huge impact on children's lives.

The research suggests a hidden group of children whose families are not in touch with existing social or support services, but who might be reached through services which are more widely available to all families. Preventative programmes of support and ways of offering support in times of crisis are both important here. The current focus of help and support for parents of under 5's may leave parents of older children unsupported.

Child protection issues

There is a need for a non-punitive approach towards parents whose health and wellbeing problems are impacting on their children – it is only through supporting parents and being seen as supportive that we can expect parents to come for help when they need it.

Children need help to break the silence, particularly around physical abuse, and should not have to wait until adults accept there is a problem and seek help.

The way that child protection investigations are conducted seems to leave little flexibility to respond to individual circumstances, or to allow a child who has disclosed abuse to have any control over outcomes. There should, perhaps, be some smaller steps before a full blown investigation is called for.

Who supports children whose family problems are affecting them?

There are a range of services and sources of support which are relevant to children whose family problems are impacting on their lives:

- Teachers see children every day and are an obvious point of contact – is this part of their job, are they trained and available?
- What role should adult health services play in family support and child protection?
- Fathers may be a source of support for children whose mothers are in crisis, but are often overlooked by agencies
- Voluntary sector services are seen as more approachable than statutory ones.
- Greater attention should be paid to children who are neglected or who themselves become carers in families with health and wellbeing problems

Alcohol and drug issues

Alcohol misuse within families is a huge issue, and children may be harmed as a result of alcohol misuse by their parents or carers. There are relatively few resources available to help those who want to address their alcohol problems. Similarly, few resources exist to help children in families affected by drug and alcohol misuse.

Friends

How can we recognise and build upon the positive support of friends (in helping children and young people), which was clearly demonstrated in this research?

Overall

We need to see children as part of the solution: they need to be listened to, taken seriously and consulted about any ways of helping their family. Shifts in attitudes towards children and young people take a long time. It is hard to change people's attitudes but essential if we are to improve the lives of children. Children want and need to be informed about what is going on in their families. How do we shift perceptions/notions of protection?

Recommendations

Services

1. Properly resourced and universally available support services that are easily accessed by parents and can offer one-off, short or longer term support, regardless of the ages of the children should be developed. These could help prevent the abuse or neglect which may result from parental problems and support those at risk of becoming abusive.

2. Adult services should provide an important point of contact for parents and carers whose health and wellbeing problems are interfering with their ability effectively to care for their children. These should be resourced to help develop appropriate support for parents.

3. There should be non-stigmatising, accessible, resourced, funded services for children to access themselves, independently of parents.

4. Increased resources for this work are required, much of which needs to be provided by voluntary organisations as children and young people, and often adults, can be resistant to coming forward to statutory services.

Child protection

5. Child protection investigations should be more child-friendly and the child should remain the central focus. Where possible and safe, child protection investigations should proceed at a pace that the child can manage.

Alcohol and drugs

6. There should be a re-focussing on alcohol misuse issues for families in Scotland as these represent three times as many calls to ChildLine from concerned children as those about drugs.

Supporting children

7. The importance of children's friendships need to be acknowledged and included in care plans for children and young people.

8. There is a need to support those children and young people who are acting as supporters to their friends.

9. Professionals need to keep children and young people informed/involved. Children need information about their parents' health issues/addiction issues – they know what is going on, e.g. drug use by parents. Children should also be seen as 'stakeholders' when their parents are involved in adult services. Risk assessments and support systems should also be identified for the child or young person.

Parenting

10. Education programmes are required to help parents talk with and involve their children and young people, rather than thinking that by not discussing it with the child, s/he is being protected from difficult knowledge around health and wellbeing issues.

Other publications about this research

CRFR Research Briefing 22 - Children's concerns about the health and well-being of their parents and significant others

Children's responses to the research findings

Children's concerns about the health and well-being of their parents and significant others

Children's responses to the research findings

Introduction

Through the Children's Parliament, two groups of school children took part in discussions about research findings from a collaborative project between CRFR and ChildLine Scotland looking at children's concerns about the health and well-being of parents and significant others. They were asked to think about what every child and young person needs, and to discuss where children with problems, like the ones who phoned ChildLine, might go for help and why they might not want to approach adults. This is what the school children said.

Every child and young person needs.....

" Friends, family, someone to play with, somewhere to stay, a mum and dad, love, care, someone to look after them, someone to talk to who will help you if you need it and is nice and won't hurt you, a person to help them if they are in trouble, peace, comfort, encouragement. "

When children are worried, which adults might be able to help?

" • Grandparents - they may know more than parents
- Parents of friends
- Your mum
- Friends of your mum
- Friends of the family
- Your dog or other pet (they don't answer back, they listen and they don't tell anyone)
- Teachers
- Parents because they want the best for you
- People who have had a similar experience
- Someone close to your family
- Close family member, godmother, auntie or uncle "

Friends - came out as very important - can be trusted; can express feelings with them; they are not going to tell the whole world; you can rely and depend on them.

Why is it that adults sometimes don't help?

If they don't like children	They don't understand you
They don't spend time with you	They can't talk to you about it
Grandparents don't always notice if you are worried	They feel uncomfortable about what you're going to say
They're too busy with other things	They have enough problems of their own
They don't listen to you	They are busy
They don't want to be reminded of something in their past	They don't feel comfortable talking to you about it
Might not maintain support	Can't be bothered

Why is it that adults sometimes don't help?

They forget

If they don't like you

Might say something to make it feel better but then it wears off and you feel worse

Teaching for the money

They think you can sort it out yourself

They don't want to talk to you

They don't have the time

They're too embarrassed

Large families can be good as there are more people to ask but sometimes many of them don't know each other

They take no notice

They don't believe you

Don't have an understanding

They think that you are doing it for attention

Teachers don't know what's best for you

Why do you think that children don't want to ask adults for help?

You don't know how they'd deal with it

They sometimes interfere without be asked

Adults don't ask the child what they would like them to do

They might make it worse

Your parents might not believe you

They might be worried about how their parents would react

Adults don't understand

Adults can be sarcastic

People feel shy talking to someone in their family or a friend of the family

If it's something really bad you might get punished

Adults have more important things to do

Adults don't like you - you can sense when adults don't like you

You think that you have the same worries as everyone else therefore you don't talk about it

Your family might not take it as seriously as you'd want them to

The child would like to keep control of the situation

They might be scared of the reaction they might get - such as anger

Parents know you and they might bring it up again in the future

You'd be a bit scared your mum might find out

Teachers can be really scary

They also said that they would also like adults to talk to them first sometimes