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

Believe in children
Barnardo’s Northern Ireland

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By Mary Anne Webb (Barnardo’s NI), Dr Lisa Bunting (QUB) and Dr Rachel Shannon (NCB)
Introduction

In recent years Barnardo’s NI has been increasingly working with families who have more wide-ranging and complex problems. To better inform our own practice, and influence policy and service development generally, we have jointly conducted a research project focused on understanding the impact and outcomes of multiple adversities on families. In partnership with the National Society for the Prevention of Cruelty to Children (NSPCC), the National Children’s Bureau (NCB) and Queen’s University of Belfast (QUB), the project to date includes an international literature review and qualitative interviews with parents experiencing multiple problems. Following previous publication of the literature review (Davidson, Bunting and Webb, 2012) this paper presents a summary of the key findings from the qualitative study.

Policy context

Across the four nations there has been growing emphasis on the need for more effective early intervention, integrated services and whole family approaches. The drive towards integrated service provision and early intervention is evident in Northern Ireland (NI) through Children’s Services Planning and the development of Family Support Hubs. Although some work is now underway to introduce intensive family support 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.

Indeed the literature review highlighted a more intensive and co-ordinated approach to family support in England through the development of locally driven, integrated projects. 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 not fragmented and is able to address all their needs. However, it is equally important to note that many of the families targeted through the ‘Troubled Families’ programme, for example, 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.

Research project

Literature review: The initial literature review found that those exposed to adversities in childhood are at increased and cumulative risk of negative psychological, emotional and health related outcomes in later life (Davidson et al, 2012). It also indicated 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.

Qualitative study: Using criteria based on the key adversity categories identified in the literature review, seventeen parents were selected to participate in the study (see Table One), completing two interviews each and an overall total of thirty-four interviews. The study employed a qualitative, biographical narrative methodology using a two stage interview process.

1. A ‘life grid approach’ charted the key life events of participants, identifying the adversities experienced and levels of service involvement at different times.

2. A semi-structured interview explored participants’ experiences of services and was structured around the key factors and barriers to service engagement (Platt, 2012).

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1 Webb, M A; Bunting, L; Shannon, R; Kernaghan, D; Cunningham, C; Geraghty, T (2014) Living with adversity: A qualitative study of families with multiple and complex needs. Barnardo’s NI, Belfast.

2 This included, for example, the Westminster Family Recovery project using a ‘Team Around the Family’ (TAF) approach, and Family Intervention Projects (FIPs). Much attention in the UK has also been focused on the delivery of intensive whole family support through the ‘Troubled Families’ initiative.

3 The literature review brought together an overview of the existing international research on definition, prevalence, theory, impact, and included policy and service development. The full review and key findings can be found at http://www.barnardos.org.uk/9281_multiple_adversities_report_web.pdf

4 The parents came from across all Health and Social Care Trusts in NI; the majority (16) were accessed via a Barnardo’s NI service, and one parent from an NSPCC service.

5 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, Josselson and Lieblich, 2013).

6 Life grids are used to elicit a retrospective account of research participants’ life histories (Backett-Milburn et al, 2006) 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 seventeen parents, including three males and fourteen females, 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.7

Key findings

Prevalence of adversity
Using the following eight categories,8 adversities were measured across the participants’ life-course, and for participants’ children.9

- poverty/debt/financial pressures
- child abuse/child protection concerns10
- family/domestic violence
- parental illness/disability
- parental substance abuse
- parental mental illness
- family separation/bereavement/imprisonment

- parental offending/anti-social behaviour.

Eleven participants experienced high levels of childhood adversity (four or more); as adults, more than half (9) had experienced six or more of the possible eight adversities.

As a generation, participants’ children were more likely to be exposed to multiple adversities than their parents in childhood. In sixteen cases at least one of the participant’s children experienced high levels of adversity (four or more) and in twelve cases this was at higher levels than that experienced by their parent in childhood.

Significantly, a breadth and complexity of adversities was also identified in the study which did not always fall neatly within the standard categories used to measure adversity, notably:

- Housing instability
- Poor school attendance
- Parental unemployment
- Parental low/no educational qualifications
- Children have household and caring responsibilities

Patterns of adversity
A mixed pattern in relation to the accumulation of adversity over the life-course was evident. 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.11

Experience of individual adversities

Figure 1 provides a breakdown of the individual adversities across the generations; while the adversities experienced by participants’ children are essentially a measure of their parent’s exposure to adversity in adulthood, some differences between the two are apparent. This occurred where children were exposed to adversities by another parent/caregiver in the household or when not residing with the participant.

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7 Of the remaining eighteen children, twelve were aged between 12-18 years, and six were over 18 years.
8 The adversities were measured against the eight broad headings used as potential criteria to identify parents for the study; and which were based on the findings of the literature review as a useful framework for identifying the prevalence of individual adversities and their co-existence within the parent population.
9 Limitation: the number of adversities attributed to children has only been identified through the participants’ accounts so children may be experiencing further adversities than indicated.
10 Child protection concerns includes families involved with social services due to concerns about the welfare of their children, for example, related to domestic violence or parental mental ill-health.
11 One third of study participants had the same or lower levels of adversity in adulthood. Furthermore the five participants who had experienced relatively little adversity in childhood had accumulated multiple adversities later in life.
Overview of key adversities (n=17)

- 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 participants’ children had experienced parental substance misuse.
- Just over forty percent of participants (7) experienced domestic violence in childhood and more than half (9) had at least one child who was exposed to household domestic violence.
- Two thirds of participants (11) experienced child abuse 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.  
- More than half the participants (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).
- Two thirds of participants (11) had already changed address over eight times (the UK lifetime average).
- 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.

Family separation

Intimate relationships were typically chaotic in nature, characterised by frequent and often violent arguments, jealousy, periods of separation, infidelity, substance misuse and domestic violence. With all the complexities involved participants struggled to resolve problems or find a way out. Situations frequently reached crisis point before any change occurred, for example, because they feared for their life or when imposed as a condition by social services due to child protection concerns. Regardless of the underpinning factors, 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 (For example, see Case Study One).

Case Study One: 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 struggled with their own emotional wellbeing. 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. Despite their intervention Caroline’s reflections on her life to date and the future possibilities are overwhelmingly bleak. She views her life as one of “two halves” and struggles to overcome the past. “I had a good life up until...everything was rosy in the garden until the ex-husband done what he done and from then onwards life’s just been hell...I’m a changed person, I’m totally different from what I was before...I was more easier going back then and happy I suppose, you know...”

Poverty

It was clear from participants’ life stories that money was generally ‘tight’ for most growing up and some struggled with more severe poverty.

“Mummy and daddy didn’t have much money, and any money that they did have, daddy drank...”

(Family 10, Vivienne)

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12 Physical, sexual, emotional, neglect.
13 Although the concern did not always relate to abuse by the participant but rather another parent.
14 Half of which was related to the perpetration of domestic violence and a parent’s subsequent contact with the criminal justice system.
15 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.
16 Five had more than one child affected.

“...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...” (Family 2, Carly)

While the higher incidence of family separation in adulthood may be a factor related to increased poverty, it was also notable that when participants were younger they were more likely to have one or both parents in work. With the exception of one participant, all are currently unemployed and living on very low incomes, with the various financial pressures that brings. 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.

Parental mental ill-health
Many participants had parents with mental health problems, and several had themselves displayed mental ill health through various stages of their life, some from early childhood. More than one quarter of parents (7) reported they had at least one child16 whose behaviour indicated problems with emotional well-being/mental health.

“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)

“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)

Depression was the most common mental health condition reported across the generations. Most affected participants had been reliant on medication at one time or another, in several cases for up to fifteen years.

“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)

Parental substance misuse
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)

“[As a young teenager] I can remember I used to wander about the town on my own with my glue bag in the lashing rain. And do you know something? I was most comfortable when it was lashing with rain, really heavy rain coz I was on my own and no-one to slag me or harm me, reality was away from me, and I lived in this wee world where it all was fine, it all was great, because I hated reality.” (Family 7, William)

Domestic violence
Domestic violence occurred across the generations and was emotional, physical, sexual and controlling in nature. It tended to occur over prolonged periods of time and often escalated when a partner was drinking heavily and/or during pregnancy.

“There was one incident where I was up the stairs and I can’t remember... I don’t even know what was happening, and he grabbed me by my breast and dragged me to the floor and then kicked me in the back. And I woke up the next day and my breast was black, pure black. He then said, well sure you did it to yourself, you’ve done that to yourself.” (Family 9, Heather)

“...it ruptured my womb, I was covered head to toe in black marks, at one stage he even rearranged my face basically...” (Family 13, Kim)

“... 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...” (Family 16, Stacey)

As in their own childhood, participants’ children frequently witnessed the perpetration of domestic violence, which in many cases had negatively impacted on their behaviour and emotional well-being.
"...he gave me a beating in front of our [young] daughter... he marked my face and marked all my body and had me down on the ground and he was kicking me everywhere. He had left his footprint on the side of my thigh and everything and my daughter turned round and said to him, kill the bastard now, meaning me." (Family 15, Lucy)

**Child abuse**

The range of alleged or actual child abuse experienced across the generations included neglect, physical, emotional and sexual abuse. Neglect was the most common for participants in childhood and also their children, and 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]..."  (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)

**Other Housing:** widespread housing instability was also evidenced by multiple house moves underpinned by periods of homelessness and reliance on temporary hostel and refuge accommodation or family members. 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.

**Social isolation:** this was evident across the sample and compounded by difficult family relationships (including estrangement), a lack of friends and being a lone parent. Many participants had consciously withdrawn from others due to low confidence, lack of trust and fear of being let down.

Caring: As young children and/or teenagers, participants frequently undertook tasks including cooking, cleaning, laundry and shopping because a parent was physically incapable through substance misuse or ill-health.

“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)

**Co-occurring adversities**

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.

Case Study Two: 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 she was a child. Some of her children have mental and/or physical health problems. Vivienne’s childhood was chaotic and impoverished; it was characterised by frequent house moves, missed school, being bullied and caring for her disabled mother, and father who was an alcoholic. Vivienne and Gavin’s family has had regular involvement with social services since the children were young due to poor school attendance, behaviour problems and neglect. They also continue to engage with a wide range of family, substance misuse and mental health services. While they had welcomed the approach of one programme which attempted to work with the whole family, "...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...”, the intervention was short-term and had no lasting impact.

**Social and other services**

Participants also discussed their experiences with social workers and other agencies across the statutory, voluntary and community sectors:

**Involvement with social and other services**

- 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).
- Nearly half the sample (8) had at least one child who was currently or had ever been ‘looked after’.
- More than one third of participants (7) had at least one other previous period of engagement with social services.

Although their initial reaction to social and other service intervention was usually negative,

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17 More than half (10) of the participants experienced some form of neglect during childhood; three quarters of participants (14) had contact with social services regarding neglect of their own children, of which half had also experienced neglect as a child.

18 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.

19 Some were also worried about forming relationships which might interfere with their parenting, or draw negative attention from social services.

20 All care provided was a mix of foster and kinship care arrangements.
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. However, most believed they did not have the desired role in decision-making or that their views were not appropriately listened to. Although angry and resistant more often at the beginning of social services involvement, for several it remained quite sustained.

“I don’t like them being involved. I just hate them all. I wish the mean 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)

Managing multiple professionals, placements and services
Multiple services were being accessed by the majority across the voluntary and community sector and a range of statutory agencies such as social services, education, health and criminal justice. A lack of co-ordinated and integrated provision meant participants often struggled to engage with a multiplicity of professionals and services. They also highlighted a ‘retelling’ of their life-story to different professionals as difficult, particularly in relation to a high turnover of social workers.

“….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)

“…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)

Professional relationships and characteristics
Relationships with individual professionals and the structure and levels of support offered played an important role in parents’ satisfaction and engagement with social and other services. Several commented for example on professionals’ age and experience or their having a family of their own as important factors.

“…[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 responded better to [social worker B] because [she] would be late forties, early fifties, you know…” (Family 14, Linda)

While recognising that statutory child protection social work operates within a very different context and remit, participants also described differences in the personal quality of their interactions between sectors. They typically contrasted their experience of statutory social workers as being too judgmental with a more supportive, flexible and personal approach in voluntary and community sector practice.

Impact and outcomes
The majority of participants believed that engagement with social and other services had led to some positive outcomes for their family; however most still had unresolved problems and may be vulnerable to further difficulties. Participants did commonly highlight particular aspects of service provision which had been helpful in bringing about some change, notably practical parenting support, counselling and coping strategies. On the few occasions where participants experienced service provision which actively engaged the whole family this was especially welcomed.

“…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)

Summary
Those participants with stronger family ties or who had been able to develop stable and supportive relationships in adulthood seemed better able to weather and recover from their experiences of adversity, with the presence of a supportive ‘other’ emerging as a central element of resilience. The practitioner/parent relationship was also important in achieving positive outcomes and study participants reported this as central to how they engage with professionals and access services. There were mixed patterns evident in the development of adversity, including the commonality of intergenerational adversity. In order to place families’ current difficulties within the appropriate context, these patterns indicate the need to develop an in-depth understanding of service users’ life history. As well as emphasising individual and familial risk factors, it is also important to consider the impact of structural factors such as poverty.

The overall research findings indicate there is still some way to go to achieve co-ordinated and integrated provision in meeting the needs of families with

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21 Difficulty managing appointments was further compounded for those who also had children in care and had to factor in contact visits and court processes alongside various service interventions and meetings with social workers.

22 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.

23 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 focused on presenting issues only (Devaney et al, 2013).

24 Concerns have been raised about the disappearance of poverty from the policy discourse on ‘Troubled Families’, with some suggestion that focusing on individual/family risk factors pathologises ‘at risk’ families, for example, Featherstone, B. White, S. Morris, K (2014) Re-Imagining Child Protection. Policy Press: Bristol.
multiple problems in Northern Ireland. Some participants described keeping various appointments as similar to a full time job which left time for little else. A number expressed a desire for a single point of contact rather than a series of referrals to different places and organisations. Families frequently moved from one short-lived intervention to another with little evidence of long-term and sustained change. This advocates wider recognition of the entrenched nature of many family problems and the need for a longer term perspective.

Reflections from the research

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?

References


