The Mental Wellbeing of Children and Parents When There are Child Protection Concerns – Can volunteers help?

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Abstract

In child protection work the main focus is on safeguarding the child and promoting better parenting. Focus on mental health is limited even though we know that problems with mental health (parental or child) impact on family functioning. An evaluation of an innovative scheme, 'Volunteers in Child Protection' that promotes volunteers to work alongside statutory child care workers in complex child protection cases measured the mental health outcomes for the family. At referral, two thirds of the families were dysfunctional, with children having emotional and behavioural disturbance and some mothers having clinical levels of depression. Repeat measures indicate improvements in children's emotional wellbeing, family functioning and mother's mental wellbeing during the volunteer intervention.

Keywords: volunteers, child protection, mental wellbeing, parenting.

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1. Background

Can the relationship between a volunteer and a service user offer something unique and different to support from professionals? Measuring outcomes from child protection work is complex and there is little focus on mental health even though we know that problems with mental health (parental or child) impact on family functioning.

Protecting children and supporting parents and carers is a major priority for governments (Munro, 2011) with care in the family for all except the most vulnerable, as the preferred option for bringing up children (*Children Act*, 1989). What do we really mean by family support? In the voice of a parent:

> The parent is still in charge and they are asking for help, advice or whatever but they are still the one in charge and are not handing over their kids to someone else to take over. (Ghate, 2007, p.12)

The importance of being 'still in charge' may be critical to the parent's willingness to engage with a service offered. Social Service workers are viewed with suspicion by parents who fear they will remove their children.

Key outcome indicators for the wellbeing of children and their families are parental and child mental health, family functioning and changes in the level of concern in the child protection system (Davidson et al. 2010). Children in the care system are overrepresented in the mental health statistics (Akister et al. 2010) with evidence suggesting that mental health problems have a serious impact on life chances (Fergusson et al. 2005). Additionally research shows that the children of adults with mental health problems have an increased likelihood of mental health difficulties themselves. The increased psychiatric risk for children of mentally ill parents is due partly to genetic influences and partly due to the altered natures of the parent-child interaction because of the parents' mental illness (Mattejat and Remschmidt, 2008).

Interventions to improve children's wellbeing need to involve effective treatment of the parental mental illness.

How well a family is functioning impacts on their parenting skills, determining how well the family will problem solve, communicate and manage affecting their ability to protect their children from harm and neglect and to promote their wellbeing (Miller et al. 1985).

The Volunteers in Child Protection Scheme (ViCP) project was established by CSV (Community Service Volunteers) to support families in their own homes who are already within the 'child protection system'. The volunteers work alongside local authority professional staff, offering practical and emotional support.

2. Methodology and Sample

This is a small scale mixed methods study, of a group of families subject to child protection procedures who are very hard to engage in research. The study used standardized measures of mental wellbeing for the whole family: The Family Assessment Device (FAD), (Miller et al. 1985); for individual family members the General Health Questionnaire (GHQ), (Goldberg et al. 1997) and the Strengths and Difficulties Questionnaire (SDQ), (SDQ, 2012) combined with semi-structured interviews with parents and volunteers. The interviews explored families and volunteers expectations and experiences from the ViCP scheme and were conducted by telephone giving participants an opportunity to share their experiences of ViCP (Akister et al. 2011). Questionnaires (FAD, SDQ and GHQ) were given at the beginning of the intervention and repeated at 3 months and 6 months. Ethical approval for the project was given by the university ethics committee.

Families referred to the ViCP scheme are on child protection plans. The study took place in the ViCP project in Southend-on-Sea. All families (n=37) working with the ViCP project were invited to participate, and 13 families agreed to participate. It is extremely difficult to engage these families in research as they are under surveillance regarding child protection and tend to be both distressed and disorganized. For these reasons it was agreed to use the volunteers as researchers rather than introduce yet

another person into the family. Volunteers were trained to administer the questionnaires.

Due to the small numbers who completed second and third questionnaires we cannot draw any firm conclusions about change during the intervention in the whole sample. Research carried out by Tunstill experienced the same problems with recruitment and retention of the sample (Tunstill and Malin, 2011).

Southend-on-Sea is deprived in terms of income, employment, health, education, barriers to education and crime, with the figures for living environment deprivation being very high (*Office for National Statistics*, 2010). Children living in deprived areas do less well than their peers, raised in more favourable areas, in relation to attainment and general quality of life (Scott et al. 2010).

3. Results

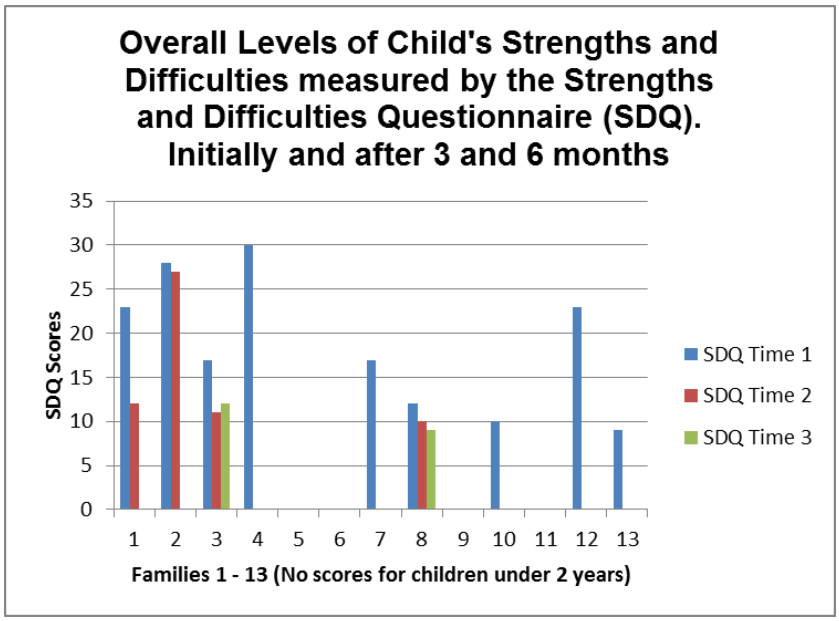
a. Children's Behaviour and Wellbeing

The SDQ questionnaire is an effective screen for children's emotional and behavioural difficulties. The average British scores for an SDQ completed by parents are 8.4 (s.d. 5.8) (SDQ, 2012). This would mean that we would be concerned about scores greater than 14.2. From Table 1 we can see that in 6 of the 9 families where the child was old enough for the SDQ to be completed, the child's SDQ scores are above 14.2. These scores indicate high levels of emotional and behavioural difficulty (see Table 1; where there are gaps in Table 1 the child is under 2 years of age and too young for an SDQ to be completed).

For all the families who completed the SDQ at Time 1 and Time 2 there was an improvement in their scores, which was mirrored in parental reports.

Families 3 and 8 completed the SDQ at Time 3 and both report sustained improvement (see Table 1 below).

Table 1:



b. Parental Mental Health

With the GHQ scoring method (Goldberg et al. 1997), any scores higher than 2 are indicative of mental health concerns; the higher the score the greater the level concern. The maximum score is 12.

All the mothers described being depressed but in only 2 cases did their GHQ scores reach clinical levels. For the majority of the sample, they are overwhelmed by their circumstances and lack confidence to deal with the parenting task and to engage with helping services. Although not clinically depressed their wellbeing is clearly of concern.

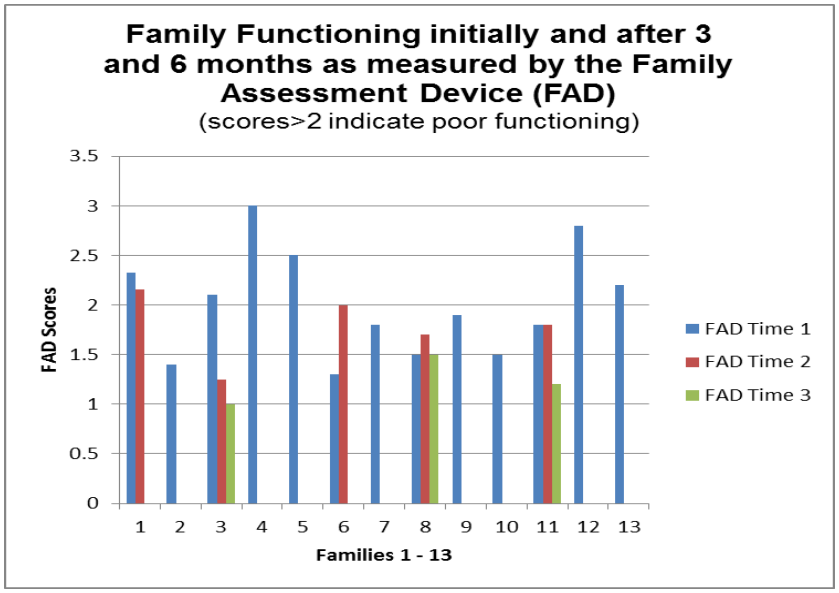
The 2 mothers who scored in the clinical range at Time 1 had very high scores (Family 3, GHQ=9 and Family 12, GHQ=8) suggesting that they are likely to have clinical mental health problems. At Time 2 there was considerable improvement for both mothers (Family 3, GHQ=4 and Family 12, GHQ=0) and this improvement continued for Family 3 at Time 3 (GHQ=0). During their time with the ViCP scheme, both mothers GHQ scores moved from the clinical (>2) to non-clinical range. None of

the other mothers reported significant mental health concerns (GHQ>2) at Times 1, 2 or 3.

c. Family Functioning

The 12-item version of the FAD has a cut-off established for family dysfunction of scores >2 (Miller et al. 1985). Half of the families (6 out of 13; see Table 2) scores 2 or above. We might have expected all the families coming with child protection concerns to report difficulties with their family functioning. One explanation may lie in the fact that families in this situation have most difficulty in dealing with the demands of the world outside the home, such as getting the children to school, and may not be entirely unhappy with their family circumstances per se. The difficulty of coping with external demands, such as getting the children to school or going to the doctor, can reflect an inability to deal with their child's needs as well as their own needs.

Table 2:



Five families completed the FAD at Time 2, Families 1 and 3 reported improvement in their family functioning and Families 6 and 8 reported more difficulty. For Family 8 this related to the children returning from out-of-home care to the family home, and the score remains in the functional range.

All 3 families who completed the FAD at Time 3 report improved family function, with their scores at Time 3 indicating good family function.

4. Limitations of the Study

Findings from the questionnaires indicate that the ViCP families have high levels of dysfunction, particularly in relation to the children's emotional and behavioural disturbance, at the beginning of their contact with ViCP. Some mothers also have clinical levels of depression. Where there are repeat measures, there are improvements during the period of the ViCP intervention.

As with any study there are limitations. It is very difficult to engage these families in research and so the numbers of questionnaires returned is lower than we had hoped for and there are less returned at times 2 and times 3 than we would wish.

There is also the issue that there are other agencies who continue to be involved with these families at the same time as ViCP and it is not possible to be precise about the contribution of each, although the families believe that ViCP is pivotal to the changes observed.

5. Discussion

At the outset of the ViCP intervention the reports on children's wellbeing (SDQ scores) are of great concern. Parents report their children' as having emotional and behavioural difficulties in two thirds of the sample. When working with families under child protection much of the initial focus is on the capacity of the parents to improve their parenting to an acceptable level of care (Woodcock, 2003). The focus on the child relates to levels of neglect and safety, and would not, necessarily, in the first instance consider their mental wellbeing. Difficult behaviour can be interpreted as related to inconsistent parenting, when it may be reflecting problems with mental wellbeing. The question of the knowledge base and interpreting what we see remains complex (Akister, 2011). If we focus on the parenting skills, rather than the wellbeing of the child and family this may increase the risk to the child (Horwath, 2011).

Comment [AB1]: Key importance

Similarly, while many of the mothers' describe being depressed, their GHQ scores only place 2 (out of 13) in the clinical range of mental health concerns. These mothers both reported marked improvement in their mental state which they attributed to the involvement of their ViCP volunteer. It is important not to ignore the expression of depression, even though it does not reach levels requiring clinical intervention. The sense of isolation and difficulty in meeting their children's needs, combined with their lack of confidence to engage with services they are referred to, makes these parents feel 'hopeless'.

ViCP are working with extremely complex families who are very hard to engage, and for the small number of families in this study there is evidence of marked improvement after the ViCP intervention, both in their questionnaire data and in the changes of levels of concern from social workers. It would not be accurate to claim that all the change relates to the ViCP scheme. Nonetheless the nature of the relationship between the volunteer and the family may be the catalyst promoting positive outcomes. Munro (2011) proposes that relationships need to be forged with these families and a systemic approach to service delivery is required to foster effective engagement between the family and the agencies they are involved with. The fact that the volunteer, who freely gives their time is commented on by the families as giving them a sense of worth. Also the presence of someone who will actually accompany them to places they have been referred to facilitates engagement with the world outside the home.

Overall families reported a very positive experience with their volunteer:

"*My volunteer was second to none."*

Families were also able to recognize that they needed the support of a volunteer to help them improve their home life for their children, including practical help and advice, and support with mental health problems. Families reported that volunteers were supporting them emotionally and found that the practical help, for example attending an appointment with them, developed their confidence to do these things independently. The lack of confidence to engage in arenas outside their home, including doctors' appointments and school, is a major barrier to improving parenting

competence and this aspect is clearly improved by being accompanied by a trusted volunteer.

The experiences of the volunteers are interesting in themselves, as the engagement and management of the volunteers in work of this complexity is challenging. Volunteers spoke about the wonderful experiences they had with their families despite being apprehensive to begin with. The volunteers described how challenging the work can be, but also praised their families for the good work they are trying to do, and indicating their belief that the project is a very worthwhile resource for families experiencing the types of difficulties these families have had to deal with.

"*I expected to feel apprehensive when meeting my first family and to feel that way for many visits, but I soon felt comfortable with them and was accepted as part of the family"* (Volunteer 3).

"Explaining to the family that professionals working with them are on their side. These professionals are working with a lot of other people who are very busy and don't always have time to sit and talk. I'm here for that. Mum was not able to stand up for herself in meetings so I did this and encouraged her" (Volunteer 1).

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Not everything will go well, or be positive and there were 2 cases (Families 4 and 7) where the volunteers identified 'unmet need' and were able to alert professionals to this. This is not an easy experience for the volunteer, who is hoping to 'make a difference' and needs careful management and supervision (Eisner et al. 2009).

6. Conclusions

This is a small scale study of an innovative approach to child protection, using volunteers to work with complex families with high levels of need. This approach articulates with the findings of the Munro report (2011), proposing a relationship based model to assist these families in practical ways, and operating within a systemic approach to service delivery. The ViCP scheme works alongside statutory professional involvement adding a voluntary dimension and is highly valued by the service users who report improved confidence in their parenting skills and improvements in their own mental wellbeing. Questionnaire responses support the service user's reports of improvement in the three dimensions of children's emotional and behavioural wellbeing, family functioning and mother's mental wellbeing.

The ViCP scheme does appear to be pivotal in facilitating the engagement of these families in the range of services and activities required for effective parenting. The parents experience the volunteer as ‘being on their side’ and as a resource that they are able to use for both practical support and for guidance.

List of Abbreviations

CSV – Community Service Volunteers
FAD – Family Assessment Device
GHQ – General Health Questionnaire
SDQ – Strengths and Difficulties Questionnaire
ViCP – Volunteers in Child Protection

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References

Akister, J., Owens, M. and Goodyer, I. (2010) 'Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood', *Health Research Policy and Systems* 8 (10) pp. 1478-4505.

Akister, J. (2011) 'Protecting Children: The central role of knowledge' *Practice: Social Work in Action* iFirst Article pp.1-13.

Akister, J., O'Brien, N. and Cleary, T. (2011) *CSV Volunteers in Child Protection (ViCP): An Assessment of its Impact and Effectiveness. Final Report*. Cambridge: Anglia Ruskin University.

Children Act 1989, Available at: http://www.legislation.gov.uk/ukpga/1989/41/contents (Accessed 4 February 2012).

Davidson, G., Duffy, J., Barry, L., Curry, P., Darragh, E., and Lees, J. (2010) 'Championing the Interface between Mental Health and Child Protection: Evaluation of a service initiative to improve joint working in Northern Ireland.' *Child Abuse* 21(3), pp. 157-172.

Fergusson, D., Horwood, L. and Ridder, E (2005) 'Show me the child at seven: the consequences of conduct problems in childhood for psychosocial functioning in adulthood', *Journal of Child Psychology and Psychiatry* 38 pp. 633-644.

Ghate, D. (2007) 'Every Parent Matters: What lies ahead for parenting support?' Parents Advice Centre: Children in Wales Conference. Available at: http://www.parentsadvicecentre.org/uploads/file/Deborah%20Ghate%20Presentation.pdf (Accessed 5 February 2012).

Goldberg, D.P., Gater, R., Sartorius, N., Ustun, T.B., Piccinelli, M., Gurejo, O. and Rutter, C. (1997) 'The validity of two versions of the GHQ in the WHO study of mental illness in general health care', *Psychological Medicine* 27 pp. 191-197.

Horwath, J. (2011) 'See the Practitioner, See the Child: The Framework for the Assessment of Children in Need and their Families Ten Years On', *British Journal of Social Work* 41 pp.1070-1087.

Miller, I.W., Epstein, N., Bishop, D.S. and Keitner, G.I. (1985) 'The McMaster Family Assessment Device: Reliability and Validity', *Journal of Marital and Family Therapy* 11 pp. 345-356.

Mattejat, F. and Remschmidt, H. (2008) 'The Children of Mentally Ill Parents', *Deutches Ärzteblatt International* 105(23) pp. 413-418.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report – A centred-centred system.* Available at: http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf (Accessed 3 February 2012).

Scott, S., O'Connor, T. and Fauth, A. (2006) *What Makes Parenting Programmes Work in Disadvantaged Areas.* The PALS Trial: Joseph Rowntree Foundation.

SDQ. (2012) 'Information for Professionals and Researchers about the Uses of the Strengths and Difficulties Questionnaire', *Youth in Mind* Available at: http://www.sdqinfo.org/d0.html (Accessed 4 February 2012).

Tunstill, J. and Malin, N. (2012) 'Enhancing the Delivery of Safeguarding Services: A role for volunteers?', *Journal of Social Work* 12 pp.455-474.

Woodcock, J. (2003) 'The Social Work Assessment of Parenting: An exploration' *British Journal of Social Work* 33 pp. 87-106.