

Module 8 - Parental and Social Factors

Content Overview

8.1 Parental Factors

- CYP in lone parent families
- CYP of prisoners
- CYP whose parents use substances problematically
- CYP in households that report domestic abuse
- CYP with mental ill-health in the family

8.2 Social Factors

- CYP who are homeless or insecure/unstable housing
- CYP on Free School Meals (FSM)
- CYP in Workless Families
- CYP in Poverty
- CYP in low income families and materially deprived
- CYP in locations with concentrated poverty and deprivations
- 8.3 So What?
- 8.4 What Works?
- 8.5 Suggested areas for future focus

8.1 What did we discover about parental factors?

CYP in Lone Parent Families

- National figures suggest that single parents make up around **22% of families** with dependent children.
- The numbers of children bereaved each year is not known either nationally or locally. The childhood bereavement network has produced estimates at local authority level, using mortality statistics, census and other data sources. These estimate that each year around 60 parents die in North East Lincolnshire leaving around 100 dependent children aged 0-17 years.

CYP of prisoners

- The precise number of children living in NEL with a parent in prison is **not known**. Figures that are publically available show the number of people in each prison not the area they resided in prior to their sentence or the area where they are discharged to.
- There are no prisons in NEL therefore parents who receive a custodial sentence will be placed out of the county.

What did we discover about parental factors?

CYP whose parents use substances problematically

- Whilst we have adult population estimates regarding substance misuse, we have **no information** on how many are parents.
- A local survey of adults in drug and alcohol treatment services carried out in 2017, found that of those who were in treatment for alcohol misuse, 44% said their childhood influenced their drinking, 74% said alcohol was in the home growing up, and 65% said someone at home drank a lot.
- Of the clients new to treatment in drug and alcohol treatment services in North East Lincolnshire, 85 clients (13.9% of new clients) were parents with their own child living with them, 26 (4.2%) had a child living with them but they were not their parent, whilst 227 (37.1%) were parents but their child did not live with them. There were 4 women new to treatment and who were pregnant.

What did we discover about parental factors?

CYP in households that report domestic abuse (DA)

- Pregnancy is a high risk period for DA, with 30% commencing then. Maternity services routinely enquire about DA, but this is not recorded in an extractable format.

Year	Reported DA Incidents	Recorded DA Crimes	% crimes v incidents	Average incidents per crime
2014/15	4,205	1,211	29	3.5
2015/16	4,614	1,633	35	2.8
2016/17	4,551	1,977	43	2.3
2017/18	4,596	2,162	47	2
Jan-Dec 18	5,373	3,089	57	1.7

- The 2018 data shows **5,373** reported incidents for domestic abuse for **all** households
- The 2018 data also shows year on year increases over past 3 years in both reported domestic abuse incidents and crimes however this is not necessarily indicative of an increase in absolute prevalence. Changes in willingness or ease of reporting may increase reported incidents. There will still be significant unreported incidents.
- New recording codes and practices can influence recorded DA crimes. There has to be sufficient evidence to believe a crime is committed for a reported incident to then be recorded as a crime. The % crimes v incidents is used to highlight the conversion rate from reported to recorded crimes. Positively, this is increased year on year.

What did we discover about parental factors?

CYP in households that report domestic abuse (DA)

- Multi-agency risk assessment conferences (MARAC) are four-weekly, multi-agency meetings, which involve discussions of individuals and households with a significantly high risk of domestic violence related harm, such as households with a pregnant victim, escalation of abuse or prior significant violence. Between April 2014 and March 2018, almost **2,000 children** in North East Lincolnshire were living in households with someone who was a victim of domestic violence so severe it was discussed at MARAC.
- Across England, approximately two-thirds of women resident in a refuge, have children with them. North East Lincolnshire Women's Aid's 2017 report shows that across the year, 93 different children were resident in the refuge – 55% of whom were aged 0-5, 33% were aged 6-10, and 12% were 11 or older.
- Domestic violence is the most common assessment factor for children who have been assessed by Children's Social Services. 28.4% of children (**588**) had domestic violence recorded as an assessment factor, for more information see the individual reports on Children in Need and Children who are subject of a child protection plan.

What did we discover about parental factors?

CYP with mental ill-health in the family

- Parental mental ill-health is an assessment factor for children who have been assessed by Children's Social Services. During 2018/19, 10.2% (212) of children had a parental mental ill-health recorded as an assessment factor by NEL Children's Social Services.
- UK research shows that parental mental ill-health problem is a significant factor in around 25% of new referrals to social service departments (Tunnard, 2004).
- A report by Bauer et al (2014) shows that 10-20% of women develop a mental health problem during pregnancy or within the first year after having a baby, with Paulson et al (2006) also showing that paternal depression has a negative impact on children.

8.2 What did we discover about social factors?

CYP who are homeless or insecure/unstable housing

- Snapshot figures from the housing waiting list register as at 13 November 2019, show there are **471 families in NEL with children unable to access social housing due to rent arrears**. Applicants are suspended from the register if they have former tenant arrears with the housing providers, therefore this means that 471 families with children would like social housing but cannot apply for it until they have reduced or cleared these debts.
- There are also **88 families with children on the housing register** and in priority bands 1 and 2. Priority bands 1 and 2 are where families have an urgent or high need to move, and this could be due to a range of reasons, for instance medical/accessibility needs, homelessness, Child in Need, etc.
- North East Lincolnshire Women's Aid provide a range of domestic abuse services to victims, agencies, families, and the community. During 2018/19, **101 children** were accommodated in the **refuge**, and **floating support** provided to families which supported **247 children**.

What did we discover about social factors?

CYP who are homeless or insecure/unstable housing

The North East Lincolnshire Council homelessness prevention service supports people to remain in their home or if this is not possible to help them find somewhere else to live. The 2018/19 activity figures below show the support that has been offered to families with children:

Number of households with children or pregnant woman in temporary accommodation	9
Number of children in temporary accommodation	17
Number of families under relief duty*	95
Number of children under relief duty*	178
Number of children on child protection plans (relief cases)	19
Number of cases referred under the duty to refer S.213B specified public body (children's social care)**	7
Number of 16/17 year olds approaching as homeless	30

Source: North East Lincolnshire Council

* Relief duty – those households considered to be homeless i.e. notice from landlord has already expired, approached in crisis as 'roofless', asked to leave at short notice, or referral received too late to be considered preventative.

** Duty to refer S.213B – came in to effect 01/10/2018. Places a duty on those working for a public body to refer anyone threatened with homelessness within 56 days, or already homeless to the housing authority.

What did we discover about social factors?

CYP on Free School Meals (FSM)

- Children may be eligible for free school meals (FSM) if their family is in receipt of a number of income related benefits or tax credits. Free school meals help low income families with the cost of living. FSM are available for all reception, year 1 and year 2 pupils regardless of their eligibility. However, it is known that not all eligible families claim FSM due to, for example, embarrassment or perceptions of the application process being difficult.
- According to the January 2019 school census, **4,605 children** were eligible for free school meals which equates to 2% of pupils on roll. There are no gender or NCY patterns with the splits by these variables reflecting those of the school population overall.

What did we discover about social factors?

CYP on Free School Meals (FSM)

- The main inequalities are around SEN status and geography. Of pupils who are FSM eligible, 25.6% have an identified SEN, whereas 11.5% of pupils who are not FSM eligible have an identified SEN.
- As is to be expected from eligibility which is means tested, around 75% of all pupils who are FSM eligible are resident in the two most deprived quintiles.

Percentage of pupils by FSM and SEN status, North East Lincolnshire, January 2019

Status	EHC plan	SEN support	No SEN identified
FSM eligible	5.1%	20.5%	74.4%
Not FSM eligible	1.9%	9.6%	88.5%

Source: North East Lincolnshire Council

Percentage of pupils by FSM status and quintile of residence, North East Lincolnshire, January 2019

Status	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
FSM eligible	46.2%	28.5%	14.0%	5.5%	4.5%
Not FSM eligible	20.6%	19.2%	18.7%	16.8%	21.4%

Source: North East Lincolnshire Council. Quintile 1 = most deprived.

What did we discover about social factors?

CYP in Workless Families

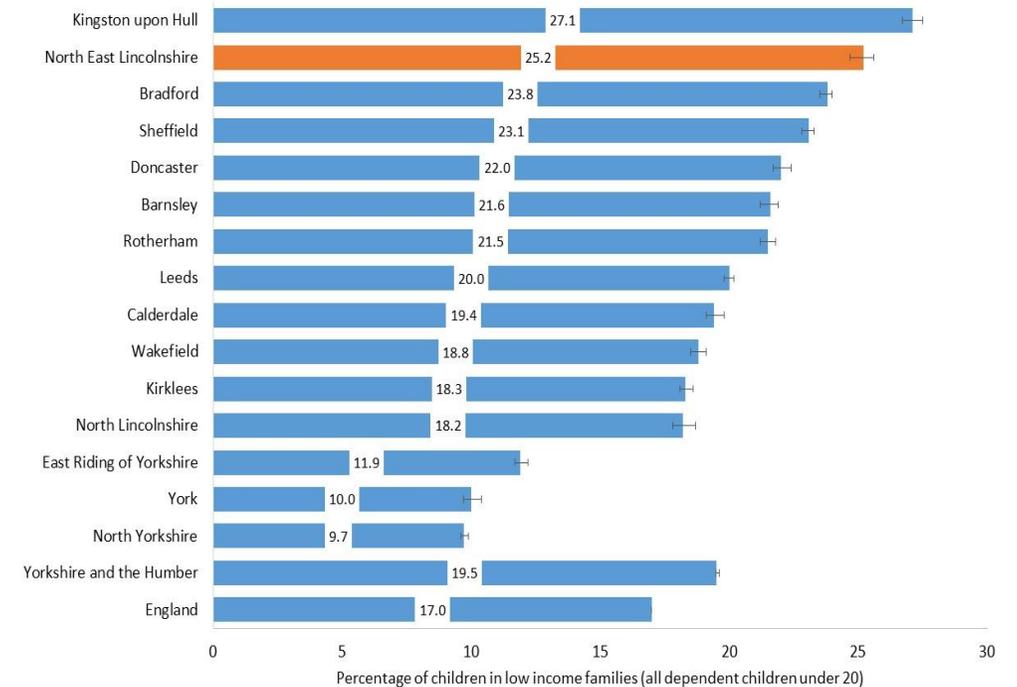
- Figures from the ONS annual population survey estimate that 16.8% of households (with and without children) in NEL are workless which equates to 8,200 households. This compares to 16.0% of households in the Yorkshire and the Humber, and 14.3% of households in Great Britain overall.
- The number of children (0-15) in workless households in NEL is unknown, however it is estimated that 12.7% of children are in workless households across the Yorkshire and the Humber, and 10.3% of children in Great Britain overall. Applying Yorkshire and the Humber figure of 12.7% to NEL under 16 population estimate equates to an estimated **3,946** children in workless families locally.

What did we discover about social factors?

CYP in Poverty

- Over a quarter of dependent children living in North East Lincolnshire are living in poverty which equates to around **9,000** children and young people. The North East Lincolnshire poverty rate of 25.2% is the second highest in the Yorkshire and the Humber and is significantly higher than both the England (17.0%) and regional (19.5%) rates. Poverty is estimated based on the number of children living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the median income or are in receipt of Income Support or (Income-Based) Job Seeker's Allowance, divided by the total number of children in the area (determined by Child Benefit data).

Percentage of children in low income families (all dependent children aged under 20 years), England and Yorkshire and the Humber local authorities, 2016

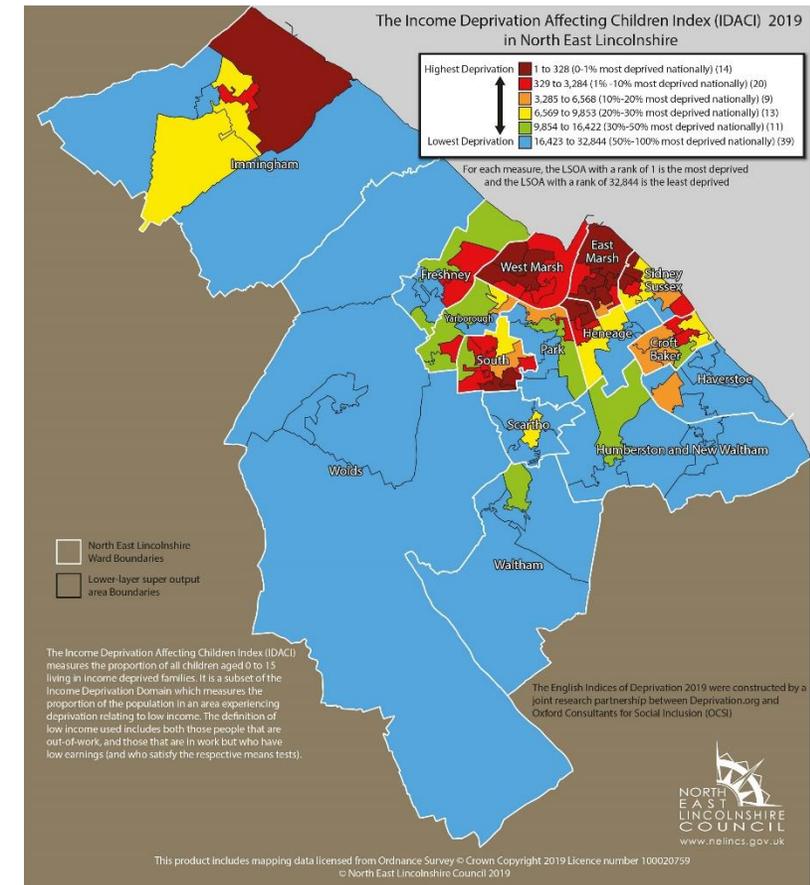


Source: Public Health England

What did we discover about social factors?

CYP in low income families and materially deprived

- The English Indices of Deprivation 2019 (IoD2019) are a measure of multiple deprivation at Lower Super Output Area (LSOA) level. The Income Deprivation Affecting Children Index 2019 (IDACI 2019) is one component of the IoD2019.
- The IDACI 2019 measures the proportion of all children aged 0 to 15 years living in income deprived families. Low income includes both those who are out of work and those that are in work but who have low earnings (and who satisfy respective means tests).
- The map shows the relative deprivation of children in each LSOA and that live in families that are income deprived (i.e. in receipt of Income Support, Job Seekers Allowance – Income Based, Pension Credit, or Child Tax Credit), below a given threshold. Each LSOA in England has been ranked from 1 (most deprived) to 32,844 (least deprived).

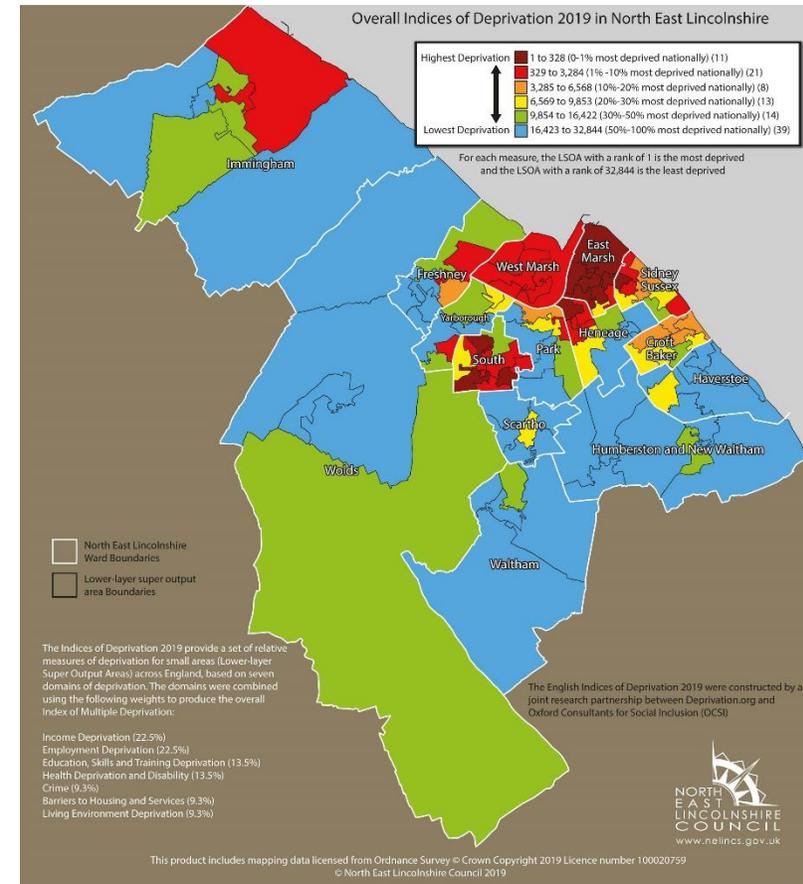


- Of the 106 LSOAs in NE Lincolnshire, **14 (13%) LSOAs** are **within** the most income deprived (affecting children) **1% of LSOAs in England**, and **34 (32%)** are within the **most deprived 10% of LSOAs** in England.
- There are considerable variations of income deprivation affecting children within North East Lincolnshire, with particular deprivation evident in East Marsh, West Marsh, Heneage, Immingham and South Wards.

What did we discover about social factors?

CYP in locations with concentrated poverty and deprivation

- The IoD2019 provide a set of relative measures of deprivation for small areas across England, based on seven different domains, or facets, of deprivation. Combining information from the seven domains produces an overall relative measure of deprivation, known as the Index of Multiple Deprivation (IMD).
- Each LSOA in England has been ranked from 1 (most deprived) to 32,844 (least deprived), and the map shows the relative deprivation for each LSOA in North East Lincolnshire.
- Of the 106 LSOAs in NE Lincolnshire, **11 (10%) are within the most deprived 1% of LSOAs in England**, and **32 (30%) are within the most deprived 10% of LSOAs in England**.



- Deprivation is concentrated in pockets rather than evenly spread across the local authority. Deprivation is particularly concentrated in East Marsh, West Marsh, Heneage, and South wards.

8.3 So What?

- Some children in NEL grow up in families that are faced with significant external stresses beyond their control, and/or where parental capacity is limited in providing loving, secure, responsive and reliable relationships with risk of adverse consequences for CYP's development.
- CYP in lone parent (non-contact) families are more likely to live in persistent poverty than children in two-parent families.
- Family separation or divorce (a well-known adverse childhood experience (ACE)) is a marker of substantive, often long-term conflict between parents
- Parental imprisonment has long lasting effects on boys' internalising problems from age 14 to 48 and boys' anti-social behaviour and delinquency through the life course. Separation caused by parental imprisonment is also strongly associated with many other childhood risk factors for delinquency compared with other types of separation. Children who have a parent who receive a custodial sentence may experience grief and struggle with stigma. Children who have a parent who receive a custodial sentence may experience grief and struggle with stigma
- Children of parents with chronic substance problems tend to have more problems at school in terms of learning difficulties, reading problems, poor concentration and generally low performance, linked with limited parental involvement. Research indicates that these children are up to 7 times more likely to develop a problem, regardless of complexity.

So What?

- Children whose parents use substances problematically are at risk from conception to adulthood, with multiple and cumulative risk to their mental and physical health, and also to their social, emotional and educational development.
- There is an association between some forms of parental mental ill-health and children's anti-social behaviour. The combination of depression and anti-social personality disorder (ASPD) symptoms in mothers posed the greatest risk for children's ASB. Parental mental health problems are a significant factor in around 25% of new referrals to social service departments
- Exposure to violence within the household is linked to telomere erosion - a region of DNA at the end of a chromosome that protects the start of the genetic coding sequence against shortening during successive replications. The effects of cumulative childhood stress caused by exposure to domestic violence are observable at a young age and have the potential to impact life-long health.
- Parental substance misuse, domestic abuse and parental mental ill-health – the so called toxic trio - variously place the greatest reported demand on child protection services
- Homeless children tend to experience breakdown in their relationships with their families and are relatively likely to have been involved in offending. Young people who have been homeless are more likely to become homeless again when they are older.
- Children living in poverty and low income families are more likely to be absent from school than children in richer families, have low attainment and progression throughout school and are more likely than richer children to be NEET after compulsory school age.

So What?

- Longitudinal studies indicate that children in persistent poverty experience more difficulties in peer relationships; are more likely to engage in anti-social behaviour at age 14; smoke cigarettes frequently in their teenage years but less likely to drink alcohol frequently; are more likely to try cannabis by age 14 but less likely to have tried it by age 16 when compared with children who have never been in poverty or from higher income backgrounds
- Children who are living in poverty or low income families are also less likely to engage in positive activities – some of which have the potential to build resilience - than children who are not living in poverty.
- Poverty is not simply about being on a low income and going without – it is also about being denied power, respect, good health, education and housing, basic self-esteem and the ability to participate in social activities.
- Children and young people who live in poverty have worse outcomes and life chances than those who do not. There is a direct correlation between child poverty and child well-being with impacts going beyond simply 'not having.
- In terms of later life, poverty in childhood is one of the five most powerful and consistent predictors of subsequent disadvantage.
- Childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

So What?

- The bottom fifth of children lead radically different lives from the top fifth; fewer or no holidays away, much more cramped living space, fewer places to play or opportunities to swim and a lack of means to entertain friends.
- As well as these bad experiences, being poor puts children and young people at risk. Poverty has a negative impact on health, educational achievement and social participation.
- Children from poor families fare less well than others in terms of mental health, school achievement, substance misuse and teenage pregnancy.
- Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.
- Parental worklessness can lead to financial stress, which can effect school readiness. Parents who are workless are less likely to display positive attitudes and behaviours, engage with school or provide a supportive home learning environment. These can adversely effect children's academic, behavioural, cognitive and future employment outcomes.
- Disadvantage is associated with poor diet and nutrition, which in turn, is with obesity and poor cognitive development.
- In the UK, there is evidence of the intergenerational transmission of worklessness.

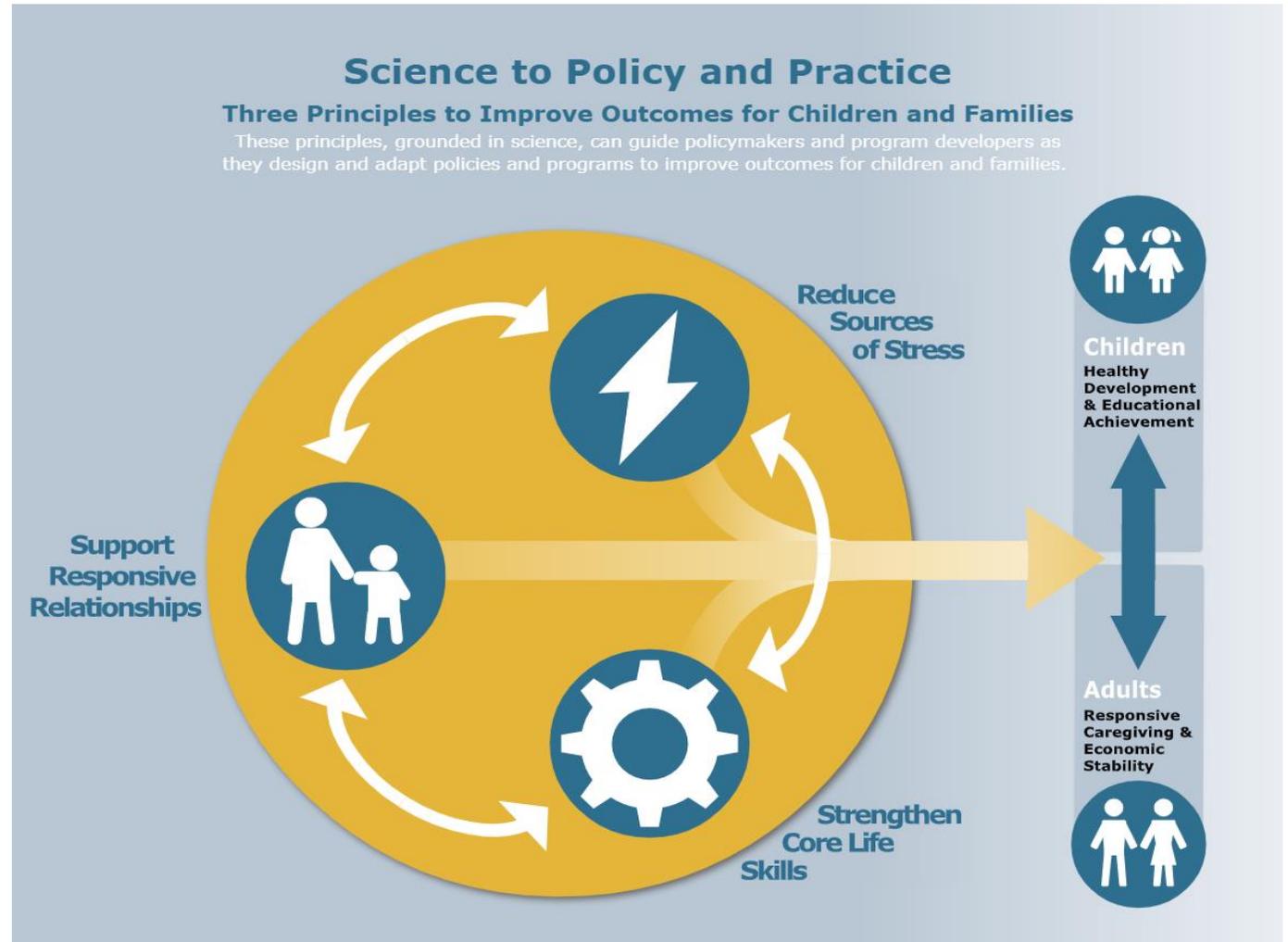
8.4 What Works?

- Family life is complex and families face a range of issues which can become significant stressors.
- Harvard University have developed a model, shown on the next slide, which provides a framework to consider this and sets out three principles to improve outcomes for children and families.
- These principles are highly interconnected and reinforce each other in multiple ways.
- Progress on any of the three principles makes progress on the others more likely.
- The hyperlinks directs readers to the evidence behind each principle. Examples of applying each of the three principles to policy and practice are set out on the following slides.

Find out more



<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>
<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/#responsive-relationships>



What Works – Reducing Sources of Stress?

Examples of opportunities to apply the **reduce sources of stress** design principle to ***policy***:

- Reduce barriers to families accessing basic supports, such as nutritious food, safe shelter, medical care, and mental health services, with special attention to the needs of children during periods of severe hardship or homelessness.
- Establish simplified, streamlined rules for eligibility determination and re-certification for benefits and services, while minimizing punitive regulations that add stress to already stressful situations.
- Provide consistent, adequate funding to prevent unexpected loss of services, which is a source of stress to both service providers and families, in order to offer stability that enables adults to focus on responsive caregiving.

Examples of opportunities to apply the **reduce sources of stress** design principle to ***practice***:

- Help parents strengthen the skills they need to create a stable and supportive home environment with consistent and predictable routines.
- Routinely ask about and respond to the major stressors affecting families as part of the assessment process conducted in many types of service programmes.
- Provide services in well-regulated, welcoming environments.
- Provide workers in service programmes with the supports they need, such as reasonable caseload/class sizes, responsive supervision, and skill development, to manage their own stress so they can help their clients effectively.

What Works – Strengthen Core Life Skills?

Examples of opportunities to apply the **strengthen core life skills** design principle to *policy*:

- In contracting for service programmes, prioritise those that explicitly focus on self-regulation and executive function skills and incorporate opportunities for programme participants to practice these skills.
- Reduce regulatory barriers and increase incentives for two-generation programmes to actively build the core skills of children and the adults they depend on.
- Develop education and early learning policies that recognise the importance of executive function and self-regulation as an important strand in the “braided rope” of skills children need to succeed academically.

Examples of opportunities to apply the **strengthen core life skills** design principle to *practice*:

- Adopt coaching models that help individuals identify, plan for, and meet their goals.
- Focus on small, incremental steps with frequent feedback; for example, break down the goal “find housing” into steps like finding out what’s available, what neighbourhoods are best, contacting landlords, visiting, asking questions, etc., with opportunities for responsive feedback along the way.
- Create regular opportunities to learn and practice new skills in age-appropriate, meaningful contexts, such as play-based approaches in early childhood; planning long-term school projects in adolescence; and role-playing a difficult conversation with a boss in adulthood.
- Scaffold skill development with tools such as goal-setting templates, text reminders, timelines, and planners.

What Works – Support Responsive Relationships?

Examples of opportunities to apply the **support responsive relationships** design principle to *policy*:

- Provide sufficient flexibility in benefits to avoid the disruption of critical relationships with caregivers that happens when children cycle in and out of programmes due to loss of a child care subsidy, housing instability, or involvement in the child welfare system.
- Establish policies that strengthen family relationships whenever possible; for example, promote frequent contact between children in out-of-home care and their parents and siblings, or minimise changes of placement for children in out-of-home care.
- Ensure that workers in service programmes have adequate compensation, professional development, and supervision in order to reduce the high level of turnover in these positions that disrupts relationships between staff and clients.
- Offer services through trusted organisations and individuals in the community that have already built strong relationships with community members.

What Works – Support Responsive Relationships?

Examples of opportunities to apply the **support responsive relationships** design principle to *practice*:

- Coach adult caregivers on serve-and-return interaction with children in a wide range of settings, including paediatrics, early care and education programmes, home visiting, and even employment training programs.
- Develop hiring practices aimed at identifying and selecting staff who are motivated to build strong relationships with their clients; for example, use an interview process in which candidates can be observed relating to others.
- Provide workers in service programmes with enough time to develop relationships with the people they are expected to help, as reflected by caseload/class sizes, as well as allow for interactions of sufficient duration, frequency, and consistency, and reduce documentation requirements that can cause staff to spend too much time with forms and too little with their clients.

8.5 Suggested areas for future focus

The three principles within the model, point to three questions:

- What are policies, systems or practices doing to address each principle?
- What could be done to address them better?
- What barriers prevent addressing them more effectively?