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Centre for Research on Families
and Relationships and
ChildLine Scotland

Researching with ChildLine Scotland about children and young people's health concerns

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the ESRC**

Children and Young People's Concerns About Their Sexual Health and Wellbeing

Centre for Research on Families and Relationships and ChildLine Scotland

Research Team

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A Research Study Funded by the Scottish Executive

Main research aims and objectives

- What are children's concerns?
- 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?

Categories of health and well-being selected for analysis

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

Categories of sexual health concerns selected for analysis

Sexual abuse

Facts of life

Pregnancy

Partner relationships

Sexuality

Methods used in the h&wb study

- ChildLine's database
- Data gathered:
- Quantitative analysis of 4 years retrospective data (N=9363)
- In-depth qualitative analysis of a 12 month cross-section (N= 2386)
- 11-15 year olds

Working with ChildLine Scotland

- An excellent collaboration
- 8 months fieldwork in CLS offices
- Negotiating an existing workplace culture
- Working within the organisation's constraints to set up research infrastructure
- Takes time!
- CLS also an academic partner

Challenges of working in an organisation dealing with sensitive issues

- Practical problems
- 'Fitting in'
- Emotional challenges

The nature of children's concerns: general patterns in the data

- Parents: The impact upon their own lives as children
- Friends: The health and well-being of friends
- Siblings: The health and well-being of siblings and the impact upon their own lives as children

Impact upon children's lives: Physical abuse by parents...

- In 30% of all calls analysed about health and well-being physical abuse has been the primary reason for the call.
 - In a further 12% of all calls analysed about health and well-being physical abuse has been an additional reason for the call being made.
 - Children often directly linked parental health problems and physical abuse
 - Mothers (32%), fathers (40%)
 - 18% of calls also mentioned sexual abuse, predominantly by fathers, as main or additional reason for calling

Example of narrative

Always hitting him, when gets in dad usually drunk. Also takes drugs - hash, acid, ecstasy. Has bruises often. Also battering mum. Mum told him not to tell social worker about what's happening. He would like to move out or run away. Its been happening for months. Mum told him not to tell anyone out of the family.

Male Child, aged 14

Other impacts: all categories of parental health problems

- Expectations of parents
 - Being 'let down'
 - 'Not being there'
 - Not being protected or cared for
- Problems within the home
 - Material needs
 - Caring for others as an 'adult'
- Problems at school
 - Stigmatisation and bullying
 - Risk of exposure
- Feelings
 - Fear and worry
 - Anger
 - Confusion

Children's strategies for 'getting by' in difficult circumstances

- The importance of friends
 - Talking to friends
 - Friends as source of refuge and protection
 - Indications that problems such as abuse are 'shared problems' amongst children
- Trying to take care of themselves and others
 - Other children, perhaps siblings
 - Other adults, perhaps parents

Children's strategies for 'getting by' in difficult circumstances 2

- Staying away
 - Avoiding home: 'walking the streets'
 - Staying with friends
 - Staying with other relatives
 - Sleeping rough
- 'Getting out'
 - Running away
 - For a tiny minority, statutory care
- Thinking about 'getting out'
 - Contemplating running away
 - Contemplating suicide

Sources of support 1: Disclosure (where known)

- Informal sources of support
 - Friends are a key source
 - 29% told friends
 - 10% told mothers
 - 2% told fathers
 - 10% told both parents
- Formal sources of support
 - Low rate of disclosure / help seeking
 - 4.4% told teachers
 - 1% told social services / social services employees

Sources of support 2

- Isolated children
 - 14% of children had told no one else about their problems prior to contacting ChildLine Scotland
- Fears about disclosure.....?

Key points 1

- Our data indicate that parental health and well-being problems can lead to negative outcomes for children
- Physical abuse is the primary negative outcome of parental health problems that children who call ChildLine discuss.
- Physical abuse as an outcome of parental alcohol misuse has emerged as major problem for children.
- Lack of contact with formal services indicates that the extent of this problem is 'hidden'.
- Key role of other children as a source of support indicates this is a 'shared problem' amongst children.

Key points 2

- Supportive peers are heavily involved in 'emotional work' with their friends.
- Trigger factors which lead to parental health problems indicates a need for family support mechanisms.
- Children are anxious about approaching formal support services.
- Fears about confidentiality etc. emphasise the importance of the ChildLine service for many children.
- Children may develop strategies to 'get by' but by the time many children call ChildLine they appear to have exhausted their own resources.

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

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Final report to ESRC
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