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Contents

Introduction	3
ChildLine Scotland's database.....	3
Executive Summary.....	4
Study description and method.....	5
Study description and method.....	5
Limitations and Advantages of Data	6
Who and what were children and young people concerned about?	8
Presentation of concerns.....	8
Multiple health problems.....	9
Nature of concerns.....	10
Physical Abuse	11
Sexual abuse	11
Other impacts of parental health problems	12
Trigger factors leading to parental health problems.....	12
Direct concerns about parents	13
Concerns about friends	13
Concerns about siblings	13
Getting By.....	14
The importance of friends.....	14
Support from adults and statutory services	14
Conclusions.....	15
Children's responses to the research findings.....	16
Introduction.....	16
Every child and young person needs	16
When children are worried, which adults might be able to help?	16
Why is it that adults sometimes don't help?	16

Why do you think that children don't want to ask adults for help?	17
Issues and recommendations for policy and practice.....	18
Introduction.....	18
Supporting families to prevent crisis	18
Child Protection Issues	18
Who supports children whose family problems are affecting them?	18
Alcohol and drug issues	19
Friends.....	19
Overall	19
10 Recommendations:	19
Appendix 1: Centre for Research on Families and Relationships.....	21
Appendix 2: ChildLine Scotland	22
Appendix 3: Case studies children's calls to ChildLine Scotland.....	23
Longer case study.....	24

Children's Concerns.....

..about the health and wellbeing of parents and significant others

Introduction

This report highlights the findings from an ESRC funded study conducted as a collaboration between the Centre for Research on Families and Relationships¹ and ChildLine Scotland². The collaboration grew out of an interest in ChildLine's unique caller information database which contains records of all of the calls to ChildLine Scotland.

After initial discussions it was agreed that the research would focus on children's concerns about the health and well-being of their parents' and significant others, a significant minority of total calls to ChildLine, but an area of interest to both organisations.

It was agreed that the dissemination of the study would be an important component of the project, and along with the findings from the research, this report outlines policy and practice recommendations developed with a range of agencies based on the findings, as well as comments from children about the findings.

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.

¹ Further information on CRFR in Appendix 1

² Further information on ChildLine Scotland in Appendix 2

Executive Summary

- Children and young people demonstrated a complex and detailed understanding of the health problems of their parents' and significant others'. They typically described the interactions between their parents' and significant others' social / personal difficulties and the onset of subsequent health problems and vice versa.
- Concerns were expressed about a wide range of significant others. However, the majority of concerns were about parents and friends. There were notable qualitative differences between concerns about parents and concerns about friends.
 - Concerns about friends were focused on the effects of friends' health problems upon their general health status.
 - Concerns about parents were primarily focused upon the impacts that parental health problems had upon their own lives.
- Parental alcohol misuse was the most frequent concern that children and young 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 singular 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.

Study description and method

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.

The ranges of children's concerns when calling ChildLine are much broader than the research focus. Almost 1 in 3 calls are about bullying, more than 1 in 5 calls are about abuse - physical, sexual and emotional. Almost 1 in 5 calls are about sexual health & relationships, 1 in 12 calls about family relationships and 1 in 14 calls is from a child or young person concerned about someone else. There are also calls about many other concerns children and young people have. Our focus on concerns about significant others reflected CRFR's interest in families and relationships, alongside an interest in looking at how family health problems impact on the lives of children.

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.

Table 2: Methods used in the study

<p>Data gathered</p> <p>Quantitative data:</p> <p>a) Problems: significant other problems; caller's main problem; caller's additional problems</p> <p>b) Base Data: significant other; age; gender; who the child has told; duration of problem; person responsible; other agencies involved; family circle; living circumstances; other children involved; resources given; miscellaneous background information</p> <p>Qualitative data:</p> <p>a) Transcripts of the abridged call narratives extracted from ChildLine Counsellors original written call recording sheets and entered into ChildLine's caller information database (N=9363).</p> <p>b) Transcripts of the original archived call recording sheets</p> <ul style="list-style-type: none">■ 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
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Limitations and Advantages of Data

Advantages of data

When children call ChildLine about the issues that our research has explored they are often extremely distressed, occasionally suicidal and sometimes struggle to talk about their worries and problems. ChildLine counsellors are highly skilled and rigorously trained to deal with both the wide range of issues children present to ChildLine and in enabling children to talk about these issues at their own pace through facilitating child led interaction between the caller and the counsellor. Moreover, children approach ChildLine voluntarily when they want to talk about their problems and when they feel ready.

Although researchers are often skilled in talking about sensitive and emotional issues with children and following sound ethical practice, the risk of causing unintentional distress to children who are currently struggling with difficult problems is ever present. Using ChildLine's existing data provides a method for researching children's problems without requiring children to talk to researchers. Additionally, (and as our research highlights) the problems these children present are 'hidden'. Many have not told anyone and very few talk to adults. These children are unlikely to be reached through traditional sampling methods. Therefore, this research has the potential to give voice to children who have been previously marginalised in research. Given that parents act as gatekeepers to child research participants it is possible that researchers would find it difficult to gain access to children who after all, are often calling ChildLine because of problems with parents.

Disadvantages of data

Although ChildLine counsellors record details of the calls they receive from children, their primary concern is with listening and helping those who call with their problems and worries. Therefore, the recorded data is sometimes incomplete. The figures detailed in this report have been compiled from the data that has been available. The call narratives analysed were not verbatim records of calls but edited extracts of counsellors call notes which contained, in many cases, the caller's own words.

Who and what were children and young people concerned about?

Presentation of concerns

Concerns about parents and significant others were seldom the main reason for the call to ChildLine. 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. All of the following statistics relate to the specific sample of calls where children were concerned about others' health and wellbeing.

Table 3. 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 4 which illustrates the spread of children's concerns across all the categories analysed and who these concerns were about.

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.
- Concerns about friends tended to be about eating problems and smoking.
- Concerns about siblings tended to be about disability, family relationship problems and emotional abuse.

Table 4. 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 and 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

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.

Example of narrative from ChildLine Database

“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

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.

Table 5: Children’s primary reason for calling

Parent’s problems	Percentage of calls
alcohol	30%
drugs	10%
domestic violence	7%
bereavement	7%
depression and mental health problems	3%

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.

Physical Abuse

Table 6 : Physical abuse prevalence

<p>Incidence of physical abuse across all categories of health and wellbeing</p> <ul style="list-style-type: none"> • 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 was given as an additional reason for the call <p>Incidence of physical abuse where parental alcohol misuse was discussed</p> <ul style="list-style-type: none"> • 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
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Children often directly related physical abuse to their parent's health related problems, and saw these as a trigger for abuse. The abuse reported by children varies in relation to the kinds of issues being faced by their families. Across all calls to ChildLine Scotland about 15% of children report physical abuse. In this study there are noticeable variations from this, with abuse being an issue in calls where alcohol was the main parental problem rising to 40%

Table 7: Physical abuse and parental health problems

Main problem affecting parents	Percentage of calls citing physical abuse as an issue
Domestic violence	46%
Alcohol	40%
Bereavement	34%
Drug abuse	30%
Depression and mental health problems	22%
Health	14%

Sexual abuse

In 9% of all records studied sexual abuse was cited as the main reason for the call. Many children directly relate this abuse to parental health problems – particularly alcohol misuse. There are some tentative links between bereavement and separation and divorce as a 'trigger' for sexual abuse particularly where parental alcohol misuse is also present. Children describe a sequence of events leading to sexual abuse, including losing a parent through death or separation. This study

highlighted that was a problem within the home. Cases involving an external abuser were extremely rare.

Other impacts of parental health problems

Alongside the problems of abuse, there were many other impacts that children talked to ChildLine counsellors about. Some of these were that their expectations of their parents had not been met, they felt let down by parents who were not there for them, and they felt that they were not being protected or cared for. There were often material needs, like food and clothing that went unmet. Some children were left with a role of caring for others, either younger siblings or their parent, and took responsibility for household tasks such as cooking and cleaning. Some children sought employment and used money earned from paper rounds or other part time jobs to buy food for the household and pay for gas or electricity. Tragically, some reported having to steal to meet basic subsistence needs.

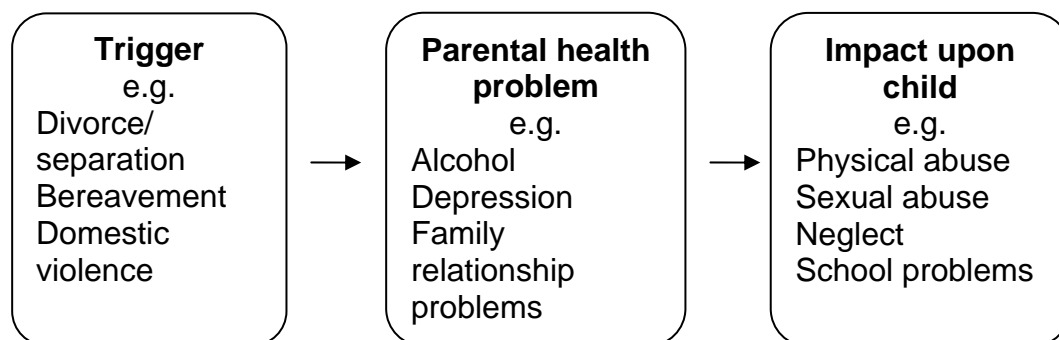
Many children experienced problems at school. Some of these were due to stigmatisation and bullying, either because they were not adequately cared for and did not have clean clothes and bodies, or due to people finding out about their parent's problem. Of those who managed to keep the problem a secret, the risk of exposure could make school difficult. Many children who were suffering from physical abuse described being kept home from school by parents in order to conceal their injuries.

Trigger factors leading to 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.

Table 8: Trigger factors leading to parental health problems



Direct 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 some-times absence, of information children received about the nature of 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.).

Table 9: Nature of concerns about friends

Eating problems
Body image
Problems within the home
Smoking
Long term health implications
Risk of other forms of substance misuse
Peer pressure
Drinking

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

Children described a range of strategies for getting by in difficult circumstances. Friends emerged as an important source of support as discussed later in this report. Other strategies included trying to take care of themselves and others (working to buy food, stealing food, taking care of siblings or adults, doing household chores etc.) and staying away from home, either by walking the streets, staying with friends or relatives, or sleeping rough. Some children thought about getting out, either through running away or fantasising about being taken into care. Some children did run away or went into care as a way of getting out of family problems.

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. These concerns are reflected in the children's comments about this research on pages 15 and 16.

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.

Table 10: Support and disclosure (where known)

Friends	29%
Mothers only	10%
Fathers only	2%
Both parents	10%
Teachers	4.4%
Social services	1%
No-one prior to ChildLine	14%

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.

Children's responses to the research findings

Introduction

Through the Children's Parliament, two groups of schoolchildren took part in discussions about the research findings. 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.

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 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?

- Can't be bothered
- They're too embarrassed
- They don't have the time
- They don't believe you

- They're too busy with other things
- They don't listen to you
- They can't talk to you about it
- They have enough problems of their own
- They don't understand you
- They don't want to be reminded of something in their past
- They don't want to talk to you
- They don't feel comfortable talking to you about it
- They feel uncomfortable about what you're going to say
- They don't spend time with you
- If they don't like you
- They forget
- They take no notice
- Don't have an understanding
- They think that you are doing it for attention
- Might say something to make it feel better but then it wears off and you feel worse
- Might not maintain support
- If they don't like children
- Teaching for the money
- They are busy
- They think you can sort it out yourself
- Teachers don't know what's best for you
- Grandparents don't always notice if you are worried
- Large families can be good as there are more people to ask but sometimes many of them don't know each other

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

- They might be worried about how their parents would react
- You don't how they'd deal with it
- People feel shy talking to someone in their family or a friend of the family
- Your family might not take it as seriously as you'd want them to
- You'd be a bit scared your mum might find out
- If it's something really bad you might get punished
- Teachers can be really scary
- Your parents might not believe you
- Parents know you and they might bring it up again in the future
- They might be scared of the reaction they might get - such as anger
- Adults can be sarcastic
- Adults don't understand
- Adults don't like you - you can sense when adults don't like you
- Adults have more important things to do
- They sometimes interfere without be asked
- The child would like to keep control of the situation
- They might make it worse
- You think that you have the same worries as everyone else therefore you don't talk about it
- Adults don't ask the child what they would like them to do

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

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 were 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 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 the adults accept there is a problem and seek help.

The way that child protection investigations are conducted leaves 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:

- 2) Adult services should provide an important point of contact for parents and carers whose health and wellbeing problems are interfering with their ability of effectively care for their children.
- 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, are often resistant to coming forward to statutory services.

Child protection

- 5) More child friendly child protection investigations: 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 from concerned children as those about drugs.

Supporting children

- 7) Children's friendships need to be acknowledged and included in care plans for children and young people
- 8) There is a need to support the children and young people who are acting as supporters to their friends.
- 9) Professionals to keep children and young people informed/involved. Children need information about their parent's health issues/addiction issues – they know what is going on, e.g. drug use by parents. Children also need to 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 needed to help parents talk with and involve their children and young people, rather than thinking by not discussing it the child is protected from the difficult knowledge around health and wellbeing issues.

Appendix 1: Centre for Research on Families and Relationships

CRFR produces and stimulates high quality research and commentary on families and relationships and disseminates such work widely. We are a consortium research centre, whose main office is at the University of Edinburgh, with partners at Glasgow Caledonian University, the University of Aberdeen, University of Glasgow, and University of Stirling. CRFR takes a broad approach to research on families and relationships across the lifecourse and generations. Our research programme is collaborative and inclusive and produces high-quality cutting-edge research relevant to Scotland today. Our research is both qualitative and quantitative. We generate and build on partnerships across and within the statutory, voluntary, private and academic sectors through our events, dissemination programme, research action groups and collaborative research. It was set up in 2001 by a SHEFC Research Development Grant and is currently funded from a range of sources, including the Scottish Executive.

Our aims are to

- Enhance infrastructure to conduct research on families and relationships
- Acts as a focal point in Scotland for all those with an interest in research on families and relationships including researchers, policy makers and practitioners
- Consolidate and strengthen links and networks across the academic research and the policy and practitioner communities, and between researchers and higher education institutions throughout Scotland
- Produce high quality collaborative inclusive research relevant to key issues in families and relationships
- Make research more accessible for use by academics, policy makers and practitioners

CRFR research is grouped around five evolving themes:

Children, young people, families and relationships

Older people, families and relationships

Families, relationships, government and services

Social inclusion, families and relationships

Health and well-being, families and relationships

We work within and across these themes, and have the following underpinning principles:

- a lifecourse approach
- innovative methodologies
- supporting new research
- including participants and users
- making research accessible

For more information please visit our website www.cfr.ac.uk

Appendix 2: ChildLine Scotland

ChildLine Scotland is the free helpline for children and young people in danger or distress. It provides a telephone counselling service for any child with any problem. Volunteer counsellors listen to children and offer protection, support and advice.

ChildLine Scotland currently operates from Glasgow and, thanks to funding from the Scottish Executive, ChildLine Scotland North and North East opened in Aberdeen in May 2004.

Around 90 per cent of ChildLine's income is raised each year from the public, business and grant-making trusts; the remainder is raised from central and local government.

Every day around **725** children and young people call ChildLine Scotland but currently lack of funds means that only around **400** are able to get through to our counsellors for comfort, advice and protection. A small number of adults are also advised.

Children ring ChildLine Scotland for help with many different problems. The most common problems are bullying, physical and sexual abuse, serious family tensions and concerns about all aspects of 'growing up'.

Children also call ChildLine Scotland about bereavement, running away, pregnancy, parents splitting up, substance and alcohol abuse, suicide, school problems and many other worries.

Children and young people aged up to 18 call ChildLine Scotland, but the majority are aged between 11 and 15.

ChildLine Scotland is open **ten-and-a-half hours daily, Monday to Friday and six hours on both Saturday and Sunday**. At all other times calls from Scotland are automatically diverted to ChildLine's 24 hour UK service. The freephone number is **0800 1111** wherever a child is calling from.

ChildLine Scotland also operates **The Line** - for children living away from home (0800 88 4444), and a textphone service for children with hearing and/or speech impairment (0800 400 222). A line for young people concerned about **Bullying** (0800 44 1111) has been operating since January 1997. These services are provided from the Glasgow base.

ChildLine Scotland campaigns on behalf of children by taking what they tell us to policy-makers who can help change children's lives for the better.

For further information contact ChildLine Scotland on 0870 336 2910 or write to

ChildLine Scotland, 18 Albion Street, Glasgow, G1 1LH. Visit our website at

www.childline.org.uk

Appendix 3: Case studies children's calls to ChildLine Scotland

The following case studies are based on the records of children's calls to ChildLine Scotland and reflect the content of the calls studied in this report.

Boy – aged 11

Mum's battering me – it started when she got dumped by her boyfriend. She used to just smack me on the head but now she's kicking me and throws things. I've got loads of bruises. She drinks. She doesn't give me any dinner, sometimes I don't eat for two days – all I get is a biscuit while she stuffs her face. I've got a sore stomach all the time.

Girl – aged 14

Dad hurt his back years ago and he's really nasty to me and my sister. He slaps us all the time. Mum knows but I can't tell anyone else – I don't want to get taken away from my mum.

Girl – aged 13

I'm fed up because I've got no friends. I never go out because I have to look after my wee sister. There's no-one else there to care for her. Mum's always in the pub. I've got no life. I feel like killing myself.

Girl - aged 16

My mum's disabled and I'm really worried about her. She has fits and she's had a stroke. I think she's really depressed too. I cook and all that but she needs more help. I'm 16 now which means the social work don't help anymore.

Girl – aged 13

My dad does dirty stuff to me. My big sister heard it happening the other night so I told her ... but I'm scared she'll do something and I don't want to be taken away from dad. My pal stays over at weekends sometimes which makes it stop. I like it when she stays over.

Boy – aged 14

My mum and dad fight really badly when my dad's been drinking. I tried to stop them before but he turned on me. He hit me with a belt and I had marks down my face and arms. He wouldn't let me go school until they had gone.

Girl – aged 11

Dad's been touching me. He told me not to tell. I stay over at my pal's house a lot and asked her mum if she could adopt me. I don't want to go home.

Girl – aged 14

I heard my mum tell grandpa that she had cancer. I thought we got on all right but she didn't tell me. It's my fault she's not well.

Longer case study

In this example, the work of the ChildLine Counsellor is highlighted alongside a girl's story.

Fourteen-year-old Kirsty was in a real state when she phoned ChildLine Scotland.

'My mum's always out her face with drink and battering me. I'm really scared and I can't stand it,' Kirsty said. Her mum's boyfriend was also hitting her and, when her mum was out, suggesting things she wasn't comfortable with.

'Last night mum got really angry because I left a mess in the living room,' said Kirsty. 'We got into a big argument and she grabbed me and smacked my head off the coffee table. I've got a huge bruise and I can't go out now in case anyone sees it.'

Kirsty was getting more upset as the call progressed. After taking a while to gather herself she said: 'Things got worse when my uncle [her mum's brother] was killed in a car crash two years ago. My mum got depressed and drunk more. It's like she doesn't care.'

'Who can help me? Who can I tell? I'm really scared.'

The volunteer counsellor gave Kirsty space to talk about her situation. They helped Kirsty understand that it should not be happening and that it was not her fault. Kirsty then opened up a bit more and went on: 'I want to make it all stop. Sometimes I want to kill myself.'

The counsellor asked if there was someone she could trust to talk to about her situation. They spoke about how she would feel if she did nothing and Kirsty told the counsellor: 'I hate it but I don't want to get taken away.'

When she thought about adults who she could talk to Kirsty mentioned a neighbour called Janice who always seemed concerned about her. 'I think I might be able to talk to Janice,' she said, 'she's always nice and I might see her tomorrow.'

This was agreed as the plan. Before the call ended the counsellor made sure that Kirsty knew she could call ChildLine back at any time.



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