Links between social deprivation and harm to children: a study of parenting in social disadvantage

Thesis

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LINKS BETWEEN SOCIAL DEPRIVATION AND HARM TO CHILDREN:

A STUDY OF PARENTING IN SOCIAL DISADVANTAGE.

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CHAPTER 5

CIRCUMSTANCES OF INDIVIDUALFAMILIES WITH CHILDREN ON A CHILD PROTECTION REGISTER

The purpose of examining the case-files of those children who appeared on the Warbury Child Protection Register between 1988-1990 was to test one of my original working hypotheses: that the highest proportion of these families will tend to have a low socio-economic status. In the process of doing this I was also able to investigate other information about these families. In doing so I was able to explore the possible relationship between the data set out in this and the previous chapter, and my interpretative frameworks.

In all, the circumstances of 144 families were examined, of which as we have seen 103 (71.53 per cent) were located in the west of the borough, 41 (28.47 per cent) in the east.

Three main indicators of socio-economic status were initially sought when recording details of these families:

(a) Source of Income

(b) Employment Status

(c) Housing Tenure

As described in the methodology chapter, the main problem encountered was that such data was not routinely or systematically recorded in the case-files. Such information as existed
had to be carefully extracted after exhaustive reading of all the material on file, and it did not always provide a clear picture of the socio-economic circumstances of the family.

The patchiness of the data did not only relate to socio-economic issues. There also appeared to be little systematic attempt at monitoring the ethnic origin of children and families. In only three of the 144 families could the children be clearly identified as being Black. There was little evidence to suggest that the racial, cultural, religious, and linguistic backgrounds of these children were considered by professionals any more than appeared to be the case with the socio-economic status of families.

Nevertheless, the findings presented in this chapter will show that a large proportion of the families surveyed were living in materially poor circumstances. But what is the significance of this? As the last chapter indicated, there is strong evidence of correlations between social deprivation and harm to children in local areas but correlation should not be confused with causation. It is in this respect that the interpretative frameworks developed in the theoretical discussion may assist in assessing the significance of the data presented in this chapter and in taking forward our understanding of links between social deprivation and harm to children. In order to make clear the focus of this chapter and the findings contained within it, I shall recap some of the key principles of my interpretative frameworks.

The theoretical discussion emphasised that living in social deprivation is an experience characterised by multiple disadvantage where parents encounter a range of adversities and hindrances that may prevent them from attaining the standards of child care to which they might aspire. These problems have been shown by this and other studies to be associated with living in socially and economically impoverished neighbourhoods, but they are also likely to have serious implications for individual families.
Social deprivation may be seen, to use the terminology of Brown and Harris (1978), as a major "vulnerability factor". Having to survive on inadequate social benefits and low income; living with unemployment; poor housing; poor living conditions, particularly if these are experienced in the context of a chronically disadvantaged neighbourhood where residents, faced with the imperative of survival, have few social resources left to offer one another, are likely to be harmful in themselves as they act to severely constrain the possibilities open to parents as they strive to raise their children safely and in good health.

However, the cumulative adverse effect that these factors may have on parents and children may also contribute to high levels of psychosocial stress in families. This has the potential to place some children at risk of damaging outcomes from their parents when "provoking agents" come into play. Picking up on the work of Rutter, it is likely that such agents will comprise more than one stressful event - they are likely to be experienced as an accumulation of risk factors which potentiate the effects of each other. In turn, these have the potential to undermine the resilience of families in the face of adversity, and ultimately to whittle away the "protective" factors which need to surround children if their health and development is not to be impaired.

This may be linked to the increasing difficulty that a family may face in maintaining a safe balance between stress factors on the one hand, and social support/coping capacities on the other. The theoretical discussion went on to develop the argument that this may give rise to a generalised sense of helplessness as parents perceive their efforts to address their difficulties as unsuccessful and feel themselves to be condemned and stigmatised by the wider society which views them as failing to provide what "good" parents should provide. The feelings of resignation and despair associated with these experiences and perceptions
may in some circumstances contribute to an escalating cycle of risk as these feelings and cognitions manifest themselves in violent and/or indifferent, neglectful reactions to children.

The findings in this chapter will confirm the presence of social deprivation as a major "vulnerability factor" or primary source of harm that afflicts many families with children on child protection registers. However, it will go a step further by indicating experiences and events in the lives of families that may, in interaction with social deprivation and probably many other factors not investigated in this study, constitute "provoking agents". Considerable qualification will be placed upon these findings for reasons which will be explained, but they will be seen to contribute to the construction of the multi-layered, multi-dimensional models of harm to children that are explored in this thesis.

The Socio-economic Status of the Families - The Whole Borough

The 144 families studied fell into four categories:-

(1) There was clear information to show that 61 or 42 per cent of the total number of families were receiving social benefits as the main source of family income.

(2) 30 families or 21 per cent had an adult carer in some form of full-time paid employment.

(3) Case-files for a further 33 or 23 per cent of families gave no details of the socio-economic status of the household.

(4) In a further 20 or 14 per cent of the families it was not possible to arrive at a firm conclusion as to their socio-economic status, but there were references to material hardship in the case-file which are described below:
Of the 20 families in this fourth category, 6 were cited as experiencing "financial problems". Descriptions such as: "There is frequently no money for food or heating" or it is a "daily struggle to provide for the children" were common statements appearing on the files when describing these families.

6 other families in this category were headed by a lone parent, all women, without any apparent source of earned income and all cited as experiencing either debt, rent arrears or shortages of essential household items such as a cooker or washing machine.

3 families were described more vaguely as experiencing "poor home conditions" and these related to neglect cases. This description conveyed a set of circumstances which encompassed a lack of material resources and gaps in the quality of care provided by carers.

3 families were households where no economic data existed other than the fact that they were living in council-rented accommodation which might be taken as an indication of low levels of resources. However, caution needs to be exercised in drawing a firm conclusion about these families.

The final 2 families in this category were households where the male carer was described as unemployed but there was no clear indication that social benefits were the main source of income, extremely likely though this was given this description of the circumstances of the household.

When the families in categories 1 and 4 are considered together, bearing in mind the caution which needs to be exercised in interpreting the data on families falling into the fourth
category, 56 per cent of the families with children on the Child Protection Register would seem to fall into the poorest sections of society - economically inactive and dependent upon social benefits for income. This corresponds exactly with the N.S.P.C.C data presented in Chapter 1 which showed that for the period 1988-90, 56 per cent of the families with children on Child Protection Registers in England and Wales were in receipt of Income Support (Creighton 1992). The proportion of such families in Warbury rises to 73 per cent if the 33 families for which no data exists are excluded from the calculation.

It is possible to analyse this data according to specific categories of child abuse. In the families where children were registered by reason of neglect, which includes those where neglect was the sole concern and those where neglect was one component of the abuse, 95 per cent of the families were in receipt of social benefits and/or gave other indicators of economic hardship (including the "poor home conditions" cases). The NSPCC statistics for 1988-90 show that 74 per cent of families where children were registered for neglect were on Income Support.

In only one of the neglect families in Warbury was a carer in full-time employment at the time of registration, though in a second a carer was able to find a job later. In a third a single mother eventually married a man in well-paid employment. In both the second and third of these families this improvement in material circumstances seemed to be accompanied by an improvement in family relationships. The degree of risk was considered by professionals to have been sufficiently diminished to allow the children to be removed from the child protection register. This may be a significant finding because it points to movements in and out of social deprivation as having some bearing on the ability of parents to maintain a balance between stress, coping capacities and support, and ultimately on the degree of risk.
experienced by children. This was a possibility, subject to the influence of many mediating factors, which was explored in the theoretical discussion.

Some socio-economic data could eventually be found in all but 1 of these 19 neglect families. This pattern of deprivation in families where children were registered by reason of neglect was found to exist in the east as well as in the west of the borough.

55 per cent of the families with children registered for concerns over actual, suspected or potential physical abuse were found either to be in receipt of social benefits or there were other indications in the case-file of material hardship. Here, only situations involving physical abuse alone were considered. This percentage is based upon data which was available for 27 of the 49 families in which a child was registered by reason of physical abuse. A further 13 families appeared to have a carer in employment, leaving 9 cases for which no clear data was available. The NSPCC figures for 1988-90 show that 51 per cent of families in England and Wales registered by reason of physical abuse were in receipt of income support.

34 per cent of the families with children registered solely for sexual abuse were found to rely upon social benefits and/or exhibited other indicators of material hardship. However, this figure is derived from a relatively low data base. Such information was only recorded for 15 families out of the 44. Just 6 more families could be clearly identified as having a carer in full-time employment. 2 of these families were nevertheless cited as experiencing debt and rent arrears. The NSPCC figures for 1988-90 reveal that 46 per cent of families with a child registered by reason of sexual abuse alone were in receipt of income support.
Details of the families where a carer was said to be in full-time employment were analysed. Of this category, 10 of the families had a carer in occupations which could be described as working class jobs. Their job titles were described as: Electrician; Engineer; Motor Mechanic; Car Factory Worker; Sheet Metal Worker; Lorry Driver; Painter-Decorator; School Care-Taker; Employee in a Transport Cafe; Foreman/Builder.

2 of the families had a parent in what could be described as a "Managerial/Technical" occupation - social class II. These carers were in "middle management" positions: Sales Manager and Factory Manager.

2 families had a parent who was self-employed: a shop-keeper and a person who was attempting to establish a grocery business having been made redundant from his previous job.

Just 3 were in professional occupations: a GP, a Church Minister and a Nurse.

This left 12 families for which the data about the specific occupation of the parent was unclear, though in two of these families serious financial problems were cited arising from debt and rent arrears. Given that people are so readily defined in terms of "what they do", it seems to be a serious omission when social work reports purporting to present a comprehensive picture of family circumstances should refer to a carer as being in work but then make no reference to any job title or description of employment.
It was shown in Chapter 1 how the N.S.P.C.C discovered that for the period 1988-90 there were so few parents in social classes I and II that the data had to be merged with social class III(N) to provide a non-manual occupational category. Just 4 per cent of parents fell into this category. When compared with statistics for 1983-87, semi-skilled and unskilled occupations continued to be over-represented amongst the minority of "fathers" of the registered children in paid employment. In my study a small majority of the economically active parents for whom data was available fell into the "lower" social classes indicating a more even representation of the social classes vis a vis the nature of parents' employment.

**Housing Tenure of the Families**

The data available on the housing of individual families was also very "patchy". Of the 144 families, 54 (38 per cent) were clearly living in council-rented accommodation.

Just 5 families (4 per cent) were clearly described as living in owner-occupied accommodation.

1 family was living in a hostel for homeless people.

For the remaining 84 families no clear data was available. Given that 71.52 per cent of the families were found to be living in the relatively disadvantaged west of the borough where 70 per cent of the borough council housing stock is located, it may seem reasonable to conclude that this data probably underestimates the number of families living in such accommodation. That nearly 46 per cent of these families should be receiving social benefits as the major source of household income increases this likelihood. Only one household in the Copseley Forest (W) neighbourhood (i.e. the three electoral wards of Burnt Rise [W3],
Copseley Forest [W4] and Swallowfields [W5]) was clearly described as living in owner-occupied accommodation.

However, as Abbott, Bernie, Payne and Sapsford (1992) point out, any study which compares areas and draws conclusions from them about people is at risk of committing the "ecological fallacy". If an area shows a high level of deprivation, it does not necessarily follow that all the people in that area are deprived. It is technically possible that some of the families in my survey do not live in council-rented housing even though the areas in which they reside have high levels of council rented accommodation.

But the ecological fallacy has the potential to work in the opposite direction. It may be reasonable to argue that more families in the east are likely to be in owner-occupation given the high levels of this form of tenure throughout this part of the borough. However, the geographical mapping exercise revealed that families with children on the register living in areas of low council housing appeared nonetheless to be concentrated in what council estates there are in the east of the borough. For example, both the families living in Felbury (E17) were located in the ward's only council estate. In Ashby South (E10) where the differential rate per 1000 households with children on the child protection register excluding child sexual abuse was highest, the proportion of council homes was also found to be relatively high compared to the other eastern wards which were profiled. It is possible that these tenants had exercised their "right to buy", but it cannot be ruled out that even in the more affluent east a relatively high number of the families were living in council rented accommodation, a status associated with lower levels of household resources.

It was possible in some cases to identify specific housing problems experienced by families, though once again this data was rarely easy to extract from case-files.
22 of the families were clearly experiencing some difficulties related to their accommodation. 12 had serious rent arrears, and 4 of these families had been threatened with eviction. 8 others were described as living in conditions described as "poor", "unsafe", "overcrowded" or "unhealthy". 2 others were described as experiencing "housing problems" but these were not specified. A further 7 families were described as experiencing serious debt which might or might not have included rent arrears.

Again, one can speculate as to whether this represents the true scale of housing difficulties experienced by families. In the previous chapter reference was made to the findings of a report compiled by the Warbury Crime Reduction Programme. This refers to a deterioration in the quality of the borough's council housing stock and escalating rent arrears. It draws attention to a reduction in the stock of family accommodation as a consequence of the "Right to Buy" policy, a situation exacerbated by the sale of flats and maisonettes to private sector developers for refurbishment and sale. Consequently, many young families unable to purchase accommodation are concentrated in multi-storey blocks that are particularly prone to "damage to communal areas, vandalism, misuse and wear and tear" (Warbury M.B.C. Housing Strategy and Investment Programme 1991/93). A number of borough council departments are said to report that unsupported young mothers have tenancies in tower blocks where few recreational facilities or other support systems exist.

*  *  *  *

As described at the beginning of this chapter, it was possible to draw from the case-files more detailed information on these families which indicated that many of them were facing a range of serious problems that could be classified as potential "provoking agents". For the purposes of analysis these problems were grouped together in two categories. The
likelihood is that they will interact with social deprivation and with many other risk factors to contribute to psychosocial stress in families:

(a) Family Change and Disruption

(b) Other Child Care Problems

(a) Family Change and Disruption

Of the 144 families in this study, it was possible to identify the status of the adults caring for the children in 133 cases.

55 (38 per cent) of the families were headed by the birth parents, all but one set of these being married.

42 (29 per cent) of the families were headed by carers in a reconstituted relationship. That is, the birth parent with custody of the children had remarried or was cohabiting.

35 (24 per cent) of the families were headed by a lone parent, and just three of these were fathers. In one case the children were cared for by grand-parents.

No data was available in 11 cases (8 per cent).

So in 53 per cent of the families some degree of change and disruption seemed to have been experienced, sufficient to result in birth parents ending their relationship. In the Copseley Forest (W) neighbourhood, (W3, W4 and W5 on the map of the borough) only 33 per cent of the families in non-sexual abuse cases were characterised by a two parent, married
relationship, and this figure declined further after the incident leading to registration, suggesting some stress in adult relationships.

Great caution is needed in interpreting this data since it does not follow that change or stress in adult relationships will lead directly to harm to children in the sense of children being physically injured or neglected. However, Packman and Randall (1989) have identified the presence of stressful and disrupted adult relationships in families when looking at the backgrounds of children who appear on child protection registers. In its study of child abuse trends between 1988-90, the N.S.P.C.C also identified marital problems as the most quoted "stress factor" in families which had children who were registered.

Care should also be taken not to equate lone parenthood per se with child abuse, though some research into factors associated with child abuse have reported that children in single-parent homes may be at higher risk of abuse than children in dual care-taker homes. The Dartington Social Research Unit in its large-scale study of families who were the subject of a child protection investigation (due to be published in 1995), found that 36 per cent were headed by a lone parent, a higher proportion than that revealed in my study. This has been attributed to the difficulties which partner-less parents may face in meeting the time consuming and stressful demands of child-rearing, and the material deprivation that often characterises lone parent households (Gelles 1989, Wolfe 1987, Daly and Wilson 1987).

Some of the parents and carers described in the case files seemed to be experiencing other difficulties. These are ranked below according to the frequency with which they were referred to in the 144 case-files. These problems were often found to overlap:-

- Mental Health problems were cited in 23 families with all but three of these citations relating to mothers
Domestic violence was cited in 17 families

Drug or alcohol problems were cited in 16 families

Physical ill-health was cited in 9 families and again all but two of these citations related to mothers

Bereavement defined for the purpose of this study as loss of a "significant other" was cited in 3 families

If this data about the problems faced by some families with children on the child protection register is viewed in the context of the earlier findings presented in this chapter, it becomes possible to see how a combination of serious material, social, interpersonal and intrapersonal problems may contribute to a particularly potent cocktail of psychosocial stress in some families which may have severe implications for some children. The soon to be published research of the Dartington Social Research Unit seems to support this observation. It has found that 43 per cent of the families involved in Section 47 enquiries (i.e. investigated in connection with allegations of child maltreatment) were "multi-problem families". 21 per cent were "specific problem" families, and 13 per cent "acutely distressed families". The "multi-problem" and "acutely distressed families" were described as "disadvantaged, vulnerable and needy, eking out a miserable existence, and marginalised by their communities" (A.D.S.S. Submission on Prevention of Child Abuse to the N.S.P.C.C, 1995).

(b) Other Child Care Problems

In the previous chapter it was demonstrated that in general terms children living in deprived neighbourhoods can expect to face a cluster of adversities, thus supporting the proposition
that parents in such neighbourhoods may find it particularly difficult to provide a safe and healthy environment for children. At one level therefore, social disadvantage appears to be associated with general prevalence of harm to children of which child protection registrations are but one aspect.

Further evidence to support these propositions appears to be provided when the specific circumstances are considered of the 71 children from the Copseley Forest (W) neighbourhood who were placed on the child protection register between 1988-1990 for reasons other than sexual abuse.

According to assessments undertaken by the professionals involved with these children and recorded in the case-files, 42 per cent of these children exhibited emotional, developmental, educational, health or behavioural problems. Often they experienced these problems in combination which as Quinton and Rutter (1976) observe in another context, is likely to have particularly serious consequences given the tendency for clusters of problems to potentiate their effects.

In my study the age-group most likely to experience such problems were children aged between 1 to 5 years. This was also the age-group found in this study to be most likely at risk of physical abuse which might point to some association between child care problems of the kind indicated in this study and harm to children as measured by inclusion on a child protection register. Children in the east of the borough exhibiting these sorts of problems were more likely to be aged 6 years and upwards.

Packman and Randall (1989) observed similar trends in their study where over half of the 62 children "at risk" were said by social workers to be "unmanageable" - an umbrella term that
indicated disruptive and disobedient behaviour beyond the parent's ability or motivation to control. A smaller proportion was thought to display other symptoms of emotional disturbance.

In her longitudinal study of abused and non-abused children described in Chapter 2, Elmer (1981) identified similar difficulties, attributing the problems faced by the children in her study to the influence of living in poverty. Essen and Wedge (1982) whose study was also cited in the theoretical discussion, have suggested that these problems may persist even when families move out of social disadvantage. They point to its potential long term damaging impact on children.

* * * *

While these findings may help to shed further light on harm to children as a possible outcome of deficits in material resources and complex, interacting psychosocial risk factors, there are dangers in inflating these potential "provoking agents" into factors that may be interpreted as causal or characteristic of families with children on child protection registers. Major qualifications need therefore to be made with regard to these findings.

The families in this sample were families that had come to the specific attention of social agencies concerned with the protection of children. Subsequently, descriptions were written about them by social workers and others. Reference was made in the theoretical discussion to the social processes of labelling and how the past, present and future behaviour of individuals may be interpreted and reinterpreted in terms that justify and confirm a deviant label, in this case actual or suspected "child abusers". "Negative" characteristics of the kind encompassed by the two categories described above may therefore have been very easily
sought out and amplified to justify the concerns of professionals and others. Yet these families might not be very different from a much wider population of families, the majority of which may never come to official attention. However, if they did then it might well be possible to identify an equally serious family and child care problem or two. Parton (1985) has drawn attention to the limitations of retrospective studies that identify factors associated with child abuse after the event. These tend not to investigate whether the traits seen as causally associated with the problem are over-represented or under-represented in the population at large. Taken at face value these particular findings could fall into this trap.

In fact this study has already drawn upon evidence which indicates that the families whose circumstances were explored in my study are probably highly representative of the populations of which they are a part. Brooks' study of child health in Warbury found that large numbers of children in the most deprived areas in the borough are very likely to exhibit health, educational, developmental and behavioural problems. These children do not appear to be confined to those who appear on the child protection register (Brooks 1984).

Looking further afield, in their study of children judged by professionals to be "at risk" of harm, Packman and Randall (1989) found that the proportions of problem behaviour among the children on the child protection register in the area they investigated and the circumstances of the parents were little different from those in the study population as a whole:

"...children who have been abused or seem to be at serious risk of abuse form a minority of those who come to the attention of social services departments. Further, they and their family circumstances are not peculiar or unique. In many respects they are indistinguishable from a larger population
of deprived and troubled families where poverty and strained or fractured relationships interact to produce behaviours in parents and children that are potentially damaging and dangerous. This, in turn, means that knowledge of warning signs and predisposing factors associated with abuse, though an essential part of the professional helper's expertise is still an imperfect tool with which to identify the "high risk" cases. Accurate prediction and positive identification of risk is not, and possibly never will be, something that more research or better training for social workers will deliver..." (Packman and Randall 1989, Pp108-109).

These conclusions are reinforced by Elizabeth Elmer's study which as already described found that abused and non-abused children living in poverty seem to experience similar health and developmental problems.

The implication is that while the potential "provoking agents" identified in my study may well be a feature of some or even many families in which harm to children has occurred, they are most usefully and safely regarded as confirming the existence of general prevalence of harm of which child protection registrations are but one dimension. High rates of admission to care and juvenile offending, which alongside child protection registrations in local areas were confirmed in the previous chapter as correlating strongly with social deprivation, are part of the same picture.

Commentary

In the light of the above what can be concluded at this stage about the nature of links between social deprivation and harm to children; what are the implications for the
interpretative frameworks developed for this study, and how might we deepen our understanding of these links?

The evidence presented up to this point indicates support for the proposition that harm to children is linked to deficits in material resources and complex, interacting psychosocial stress factors which may have a cumulative adverse impact on the care of children.

There is evidence to support the argument that parents facing social disadvantage are likely to encounter problems that are linked by three main strands:-

- social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children.

- by creating material, social, interpersonal, and intrapersonal barriers in families, social deprivation can prevent parents from achieving the standards of parenting to which they might aspire and which society expects of them.

- in interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children.

However, the evidence presented in these first two findings chapters has indicated that if a satisfactory account of these links is to be developed then there are likely to be many more "ingredients" to consider than those revealed thus far. Viewing these links as possible outcomes of interactions between "vulnerability factors", "provoking agents", and as the product of difficulties in maintaining a safe balance between stress factors and coping...
capacities/support within families, does not adequately account for why some families facing the adversities identified in these findings may "tip over" into a situation where children experience harmful outcomes at the hands of their parents and others, apparently facing similar difficulties, do not.

In response to this problem, the argument was developed in the theoretical discussion that to understand the processes which may lead to harm to children it is necessary to explore the "meanings" that individuals attribute to stressful experiences and life-events. On this basis a "cognitive-social constructionist" model of links between social deprivation and harm to children was elaborated. This suggested that in some circumstances the experience of parenting in poverty allied to negative feedback from the wider society, may give rise to a generalised sense of helplessness as parents perceive their situations and their attempts to deal with them as ineffective. The resulting feelings of resignation and despair could manifest themselves in behaviours that further jeopardise the health and safety of children, in addition to the harmful effects of having to contend with a socio-economic environment that severely hampers the ability of parents to care adequately for their children.

To shed light on these possible processes it was necessary for the study on which this thesis draws to go beyond the statistical evidence which emerged from the geographical mapping exercise and the case-file search, and listen to the "stories" told by parents living in the midst of those statistics: to explore their perceptions of the problems faced by them in bringing up children in neighbourhoods characterised by high scores on indices of social deprivation and high levels of child protection registrations. The results of this ethnographic study are presented in the next two chapters.
CHAPTER 6

A STUDY OF PARENTS' PERCEPTIONS I: CASE STUDIES

This chapter and the next will set out the findings of the group and individual in-depth interviews conducted with mothers living in the socially deprived Copseley Forest neighbourhood (i.e. the three electoral wards listed as W3, W4 and W5 on the map of Warbury Metropolitan Borough - see Figure 3 and 3a). As described in the methodology chapter, the 14 mothers seen in the group interview and the 9 mothers visited for the individual interviews were members of a Women's Group which was operating within a Family Centre located in the middle of the Copseley Forest neighbourhood.

By setting out a series of case studies describing the family circumstances of 5 of the 9 mothers who were interviewed individually, this chapter will show how the adversities and hindrances identified by the mothers in the group and individual interviews come together to influence their "lived experiences" and their perceptions of those experiences. The emphasis in this chapter will therefore be on presenting the "totality" of these experiences.

Chapter 7 will apply a different approach insofar as the components of these "lived experiences" will be teased apart more. Each of the adversities and hindrances to good parenting discussed by the mothers during the course of the group and individual interviews will be described in more detail - i.e. on a thematic basis.

Chapter 8 will go on to present an analysis of the case studies and the themes covered in Chapter 7, and consider the implications for the interpretative frameworks developed in the theoretical discussion. This will make it possible to say more about the strands and processes that may link social deprivation and harm to children.
All the case studies in this chapter have been developed from accounts given by the mothers as they were guided through the interview schedule. Two of these concern families where children were placed on the child protection register. Two of the case studies concern families that did not have children on the register. The fifth was a family where a child protection investigation had taken place into allegations of abuse but registration had not followed. The first case study is presented mainly through a verbatim account. The other case studies are drawn from the accounts given by mothers during the individual interviews.

The Blunt Family

Mr and Mrs Blunt have two children, a son aged 7 years and a daughter of 16 years. Mrs Blunt was referred to the Family Centre by social services as a result of difficulties she and her husband had experienced over some time with their daughter. These problems involved non-school attendance. The domestic situation had also become sufficiently fraught for the daughter to be "accommodated" by the local authority on one occasion. Later, the authorities were concerned enough to place the child's name on the borough's child protection register.

We began the interview by talking about the family's housing situation:

"We're buying our home from the council. We took over the tenancy from older relatives. It's a maisonette with a garden. There's another maisonette over the top of us and another one on each side. The soundproofing is terrible. Our neighbours are really noisy. Because all the homes around here overlook each other there is no privacy for people. The lay-out of the homes are basically the same which means that burglars have a good idea where property like T.Vs and videos will be. Once they get in they are able to get out again with
what they want very quickly. So the way the homes are built actually invites crime. We only bought it because the council told us it would work out cheaper than renting. But this isn't true. We have to pay a service charge for maintenance. The doors stick and the windows are rotting. We're finding it hard to keep up the payments. The numbering of the houses is really difficult to work out. It's not logical. We get people banging on the door trying to find other places. What would help is better designed houses and flats. A better numbering system with signposts would help too. We need better access for emergency services.

There are no decent facilities here. The playing field has been fenced off and can't be used any more. Now the kids play football in the streets and windows get smashed. A squash club has been built but it's too dear for local people to use. The local swimming pool is too expensive. There's no cinema any more. You have to travel which isn't safe for children. There used to be Saturday morning shows. The only alternative is the video store. They let "X" rated films out to kids. There's just one youth club. There are lots of halls dotted about but not used. If there were more amenities provided I think they would be wrecked because the kids aren't used to having them any more. What we need are more subsidised leisure facilities. They could make more use of the schools.

There aren't enough advice centres here. The Citizen's Advice Bureau isn't accessible enough. It's too small and the queues are too big. If you're desperate for advice you need it quick and often they can't help. I would only contact social services if there was a real problem. There's too many students there. People tend to use each other for help round here. But we need more information about where to go to get advice. Public telephones are poor. They're always broken.
The biggest problem in getting out and about is having to get the children ready. If you're using the bus you have to watch the children, get your money ready, hang on to your shopping, and put up with the bus moving off so you fall over. The buses are pricey and the drivers aren't helpful. They won't give you change. Only a few places sell bus passes which is a bind. My husband needs the bus to get to work so cheaper and more reliable public transport would help us.

We don't have enough money. We're both earning but the outgoings are huge. We pay a lot of tax, including the poll tax. We both have to pay and its too much on our pay. My husband earns £150 a week. He works full-time. I work part-time and I get £59 a week. I think these are poverty wages. The mortgage is £50 a week. Its a mill-stone around our necks. But we can't sell for 4 years under the terms of the agreement. We have to feed the electricity meter and we've lost our right to benefits like free school meals. We have to find a service charge for repairs. The debts are mounting up. We have to choose who to pay each week.

There's no job opportunities locally. My husband has to travel to (names a metropolitan borough 16 miles away) so he can work. Public transport is expensive. There is a business park nearby but all they did was to move their own staff in so there was nothing for local people.

My health can be a problem. I've just had an operation for a long standing problem. It can lay me up for weeks. The kids are prone to coughs. Its a smoke-zone around here. There's an airport and a big furnace at the hospital over the road. The doctors are poor here. We use a G.P from outside the area because they're so poor. They refuse to come out even if children or old people are ill. They won't even look up at you or give you any time when
you go to see them at the surgery. I've complained to the Family Practitioner Service. You wouldn't mind so much if you were treated sympathetically and in a personal way.

There's not a lot of support for families around here. You have to be careful who you trust and who you let into your home because of the risk of burglaries. People won't offer help. You worry about offering help in case things go wrong. There's no real sense of community like it used to be. Lots of young families have moved in. Now people keep to themselves. The design of the estate works against this. The old terraced houses were better but these new ones cut people off from each other. Relatives tend to help us out, especially my mother. Friends a bit. I think we probably get enough support from family and friends and from each other, my husband that is. We're a pretty resilient family and we do what we can to stop from getting isolated.

This is a very poor neighbourhood to bring up children. There's no facilities or parks. The main roads are dangerous. The sub-ways have been filled in because of the muggings. I think people from outside have a very negative view of the place. There's a lot of bullying and a lot of problem families from (names neighbouring city to west) have been rehoused here. There's a lot of under-aged drinking, muggings, burglaries, thefts. This was seen as a good area 20 years ago. Kids hang around street corners. Its very intimidating. There's a lot of vandalism because the kids have nothing to do. This part of the estate is seen as a better part of Copseley Forest. Its worse in the centre of the estate. We'd like to move away."

The Rogers Family

Ms Rogers is a lone parent. She has two daughters aged 3 years and 2 years. She was referred to the Family Centre as a consequence of domestic violence and social isolation.
Ms Rogers is white and her children are of mixed heritage. The children have not been placed on the borough's child protection register.

The family live in a 2 bed-roomed flat on the third floor of a block of flats. The accommodation has to be reached by climbing flights of stairs and is difficult to find as a consequence of a complex numbering system. Ms Rogers relies on Income Support as her sole source of income. Although she has a fridge, T.V and washing machine she has had to go into debt to acquire these. She has had to manage for periods without a fully operational cooker. The home is damp and there have been mould growths on the walls of the flat. All the family suffer from asthma and Ms Rogers fears for the health of her children because the previous tenants are said to have lost a child by cot death. Fuel bills are very high because of the need to keep the flat warm and dry. Payment is now deducted at source by the D.S.S to cover gas bill arrears.

Ms Rogers does not have enough money to buy new clothes for her children and requests for grants from the D.S.S to purchase these have been refused.

As well as having been subjected to marital violence, Ms Rogers and her children have experienced sustained racial abuse from some neighbours. Dog excrement has been pushed through the letter-box, and taunts have been directed at the family. Her milk is often taken from the door step and clothes taken from the washing line. The lines themselves have been cut.

There is nowhere for the children to play outside but even if there were, Ms Rogers would be worried about the safety of the children. She feels herself to be in a Catch 22 situation because the children are seen by her as hyperactive and need to play to let off steam. The
lack of a garden is seen by her as a major problem in this respect. Ms Rogers doesn’t consider local parks and green spaces to be safe because there is often green algae on the ponds and the grass is littered with smashed glass. The concrete base in play areas is also a source of concern for her. Swings in the parks tend to be dominated by bigger children so younger children need constant supervision.

Ms Rogers worries that her children are not able to benefit from a nursery education where they can play and learn. She worries about what she hears other children "coming out with" - swearing - and fears for the influence this could have on her two little girls when it is time for them to go to school.

Ms Rogers is depressed by her housing and describes how she feels "cooped up" and often isolated. "It creates a lot of hassle and gets me down". She describes a vicious circle where she feels shut in, the children get boisterous and bored because they have nothing to do and nowhere to go, and she feels stressed. She believes that the pressures on her affect the quality of care she feels able to give to the children. This becomes more acute when she falls ill because she is reluctant to go to the G.P for fear of a negative response. On one occasion she was in agony with shingles and on another, one of the children was so ill she eventually needed hospitalisation. On neither occasion would a G.P. come out and her child only received treatment after Ms Rogers made "a great fuss".

Getting out and about is difficult at the best of times because the pushchair is "on its last legs" and the children's hyperactivity causes them to run off if not closely supervised. Life becomes harder when Ms Rogers is laden with shopping and has to negotiate the steps on and off buses, and back up to the flat. Her sense of being "completely fed up" is not helped by the agoraphobic feelings she sometimes experiences, and the constant fear that the home
might be burgled while the family are out. So while she hates being "cooped up" at home, her anxieties are not necessarily eased by going out.

Ms Rogers has been pleased to be able to attend the Family Centre. She now gets help with managing the children and the family have a free meal which she describes as healthy and filling. Ms Rogers feels that going to the Family Centre helps to deal with "all the little things that boil up." She values the help and support she gets there because it helps relieve the pressure she feels at home. But she doesn't want any more social services involvement in her life.

Away from the Centre she draws on support from a neighbour. They share food when the money runs out and they confide in each other. She values the help offered by health visitors and others in the health clinics because "they will talk to you and check up the children". She sees these staff as more helpful than the G.Ps.

Ms Rogers sees the neighbourhood as a poor one in which to bring up children. She describes young people "smoking pot" and taking drugs outside her home. She believes that outsiders see it as a "low class" area where cars are stolen and petrol bombed, and motorbikes zoom up and down the streets. Ms Rogers believes that the insecurity people feel is made worse by the fact that those who commit burglaries are well known to local residents. But they dare not report the criminals to the police because this will get you into trouble with other residents. These observations strengthen Ms Rogers belief that she "cannot go on living like this." She finds it hard to see how her children can be happy if their parents feel so unhappy.
Ms Rogers is not sure about wanting or needing more social support. She wants little to do with other neighbours because she considers them to be unkind to her children. They are not people she wants to relate to. Ms Rogers values her independence and above all wants to get away from her current accommodation. She believes this is the objective which sustains her. Ideally, she would like to "pick up" her flat and move it to "somewhere nice."

The Phillips Family

Ms Phillips is a lone parent with two children aged 4 years and 6 years. She lives in a flat rented from the council which can only be reached by climbing a flight of stairs. Ms Phillip's children are on the borough's child protection register as a consequence of concerns about physical abuse. It was for these reasons that she was referred to the Family Centre.

The family relies on Income Support which comes to £60 per week. £45 of this goes out straight away on food and other bills, leaving little for other expenses. Ms Phillips regards this as totally inadequate to support her family. She would like to be able to go out to work but there is no-place affordable to leave the children or which fits in with school hours. Her ex-husband does pay maintenance but the D.S.S deduct the equivalent amount from her benefit, so she feels as though she is in a "no-win" situation. Ms Phillips has some qualifications which she feels could help her to get a job but for the reasons she describes she feels unable to make use of them.

Ms Phillips feels her accommodation would be fine if she had access to another bed-room and a garden where the children could play. She believes that with there being stiff competition for suitable accommodation she has little chance of moving.
She worries about the lack of safe places to take the children to play and the concern she has about vandalism and burglary makes her fearful about the neighbourhood. She describes the parks as having been smashed up by older children and full of drug users and alcoholics. The most difficult time is during the school holidays when there is a desperate need, in Ms Phillips view, for opportunities for the children to "burn off energy". When the money runs out the options to achieve this are steadily reduced.

For her part, Ms Phillips often feels isolated. Once the children are in bed there is nothing for her to do and she admits to regretting having them at those times. She often feels "suffocated" and depressed. Ms Phillips has a boyfriend who does help to cheer her up but they can rarely afford to go out together. "You have to travel to go anywhere nice and if you go out you worry about getting broken into."

Ms Phillips is keen that her children should do well at school and wants them to go to a local Catholic School which is said to have a good reputation. However, she does not think she will be able to afford the school uniforms.

Ms Phillips is prone to serious bouts of bronchitis which she tends to get once a year but she rarely seeks medical attention for this because of the unsympathetic attitude, as she sees it, of local G.Ps. "You can't get appointments and they won't come out to you." Instead she just carries on and waits for the illness to pass.

She can draw on the support of friends and neighbours when things are particularly tense with the children or when she needs to discuss problems. She tends not to trouble her parents because of their tendency to be critical of her. There are also times when Ms Phillips
prefers to work out problems on her own. The person Ms Phillips misses most is her brother who is in prison. She finds him the most helpful of all her relatives.

Ms Phillips sees no prospect of the neighbourhood improving. She does not believe the police care about local people, giving as an example of this their unsympathetic response when her home was burgled and ransacked. She was particularly upset at the way her wardrobe and its contents were taken apart. The police are said to have refused to come out when she called them. She describes children running around the estate unsupervised, swearing, stealing and breaking things. Abusive graffiti covers walls and gates, and in the summer, crowds of youths wander around, making for an intimidating environment. The neighbourhood is noisy with loud music often played into the early hours.

Ms Phillips believes that people living in the neighbourhood are seen as "roughnecks" by people living in Warbury town: "The girls are seen as slags. We're the bottom of the pile. You don't go around telling people where you're from. I don't think anything could improve the image of this place with its drugs and its bad name. I hate it and I wish I could leave. They should blow the place up."

The Spicer Family

Mr and Mrs Spicer have two children aged 3 years and 2 years. Mrs Spicer was originally referred to the Family Centre by her health visitor as a consequence of feelings of social isolation. The children are not on the borough's child protection register.

The family live in a two-bedroomed council house having recently moved from a one-bedroomed flat which the whole family had to share. Mrs Spicer believes that this transfer
has made a huge difference to the well-being of the family. Combined with her husband being able to find full-time employment with a local car manufacturer she believes that the family's circumstances have improved dramatically. Previously they had been receiving social benefits.

The family can now afford to run a car, though Mrs Spicer does not have unrestricted access to it as her husband uses it to get to work. They also have access to consumer durables like a T.V, fridge and washing machine. Mrs Spicer's biggest concern now centres on the safety of the children because the garden to the rear of the house is not fenced. She also feels this makes the home vulnerable to theft and burglary which she sees as a major problem in the neighbourhood.

Mrs Spicer is not sure she would want to go out to work since she finds that caring for the children is tiring enough. She believes that the opportunities for doing this are in any event limited by the lack of accessible and affordable day care in the neighbourhood for young children. However, Mrs Spicer would value being able to have access to creche facilities at the local shopping centre so that the children could be cared for while she was able to complete her shopping.

Since moving into the new house the health of the children has improved. In the flat the family used to have, one of the children suffered from bad asthma attacks but this has cleared up since the move to better accommodation. For her own part, Mrs Spicer still gets very weary and depressed at times, particularly when cooped up with the children. She says this makes it harder to cope with the children. She finds there are very few places to take children in the neighbourhood. Local parks tend to get wrecked so they are not safe to use. The better ones are some distance away from where she lives which makes them
inaccessible to the family. There are some green spaces close-by but Mrs Spicer is loath to use them because other residents complain when children use them. The local swimming pool is too expensive for her to use.

She draws on her partner, friends and neighbours for help and support but is wary about who she leaves her children with if she needs a break. Despite the improvements in her circumstances, she still feels isolated from time to time. Again, this is most keenly felt when she is unable to get out with the children. When she does get out she must negotiate buses while laden down with shopping and having to manage the children. Mrs Spicer feels that these pressures affect her ability to react positively to the children.

Mrs Spicer believes that in contrast to other parts of the neighbourhood, the part of the estate in which her family lives is a slightly better area. Even so, in her view residents are often frightened to go out at night because of groups of teenagers walking the streets. She feels this has an intimidating effect on people. Yet in the absence of suitable facilities for teenagers living in the neighbourhood she does not see how this problem can be resolved.

Mrs Spicer has no great affection for the neighbourhood and if the opportunity to move right away presented itself, she believes her family would probably take advantage of this. Her husband's car has been broken into twice and she does not believe this is uncommon for local people to experience, along with other acts of vandalism and burglary. She believes that outsiders have a very poor view of the neighbourhood because of the high rates of crime and the lack of job opportunities particularly for young people.
The Mitchell Family

Ms Mitchell is a lone parent with three young children. She was referred to the Family Centre following a child protection investigation into allegations that she physically injured one of her children. Ms Mitchell explains that although she admitted these allegations were true, none of her children were placed on the child protection register. She feels that she received a positive response from the authorities to the problems which she believes led to her harming the child: "I hit my daughter and that's when I got help. Now things are better".

Ms Mitchell is in no doubt that it was the feelings of depression, loneliness and isolation that she was experiencing in response to living in a cramped council flat which led to her hitting her daughter. She describes how she has experienced two years of "having the children around my feet the whole time in this small flat". The three children have to sleep in one room - there are only two bed-rooms in the flat - and there is no garden for them to play and let off steam. So far as Ms Mitchell is concerned, a garden and an extra bed-room "would make it perfect". But she has not been able to obtain a housing transfer despite her best efforts. She lives in hope that an offer will come along and is already packed and ready to go.

The home is difficult to find given the lack of a logical house numbering system and it seems to suffer from the same design flaws that Mrs Blunt identified in the first case study. The home reflects the lack of material resources available to Ms Mitchell - she receives Income Support. There is no wall-paper or paint on the lounge walls and furnishings are very sparse. She does not believe that she and the children have enough to live on: "I don't know how they expect you to live on the money they give you. Its the bare minimum."
Apart from the physical limitations she experiences in and around the family home, Ms Mitchell describes a lack of parks and play spaces available to the family. Her main source of respite is the Family Centre where her youngest child has a place in the nursery twice a week. Transport to and from the nursery is provided. Ms Mitchell expresses the view very strongly that this service and her subsequent place in the Women's Group has helped her to feel less stressed and better able to care for her children. However, she is not aware of any other similar services for families in the neighbourhood and feels that there should be more Family Centres.

She is pleased that although jobs are scarce in Copseley Forest she has been offered a place on a training programme operating from a local community centre. She believes her family's circumstances would improve considerably if she were eventually able to obtain employment. However, this would raise difficulties so far as obtaining cheap, convenient full-time day-care for the youngest child is concerned. The two eldest are now at school.

Ms Mitchell views people in the neighbourhood as "helpful sometimes", and she draws mainly on support offered by neighbours. They are said to look after the children if she ever falls ill and will provide other practical help. But Ms Mitchell rarely confides in them, preferring not to go into other people's homes very often. This means that although she is generally happy with the support she receives from staff at the Family centre and some neighbours, she still feels depressed, lonely and isolated at times.

Like Mrs Blunt and Mrs Spicer, Ms Mitchell sees the part of Copseley Forest in which she lives in as being a bit better than other parts of the neighbourhood such as the more central parts where Ms Rogers and Ms Phillips live for example. However, she believes that people
from outside the estate see it as: "a rough area. Of course, you only hear about the bad things but someone was stabbed in the shopping centre yesterday."

**Commentary**

The full significance of these findings will be analysed in Chapter 8. However, these case studies, in bringing together the "lived experiences" of some of the mothers who were interviewed, demonstrate how they encounter a range of serious adversities and hindrances that are likely to have a cumulative adverse effect on the care of children.

At one level the evidence presented in this chapter indicates that these adversities act to severely constrain the possibilities open to these mothers as they strive to raise their children safely and in good health. They act as major barriers to meeting the needs of the children. At a second, connected level these adversities would seem to contribute to high levels of psychosocial stress and tension in families.

In these ways the case studies indicate the presence of the three strands that are explored in this thesis which are seen as linking the problems to which the adversities encountered by the mothers give rise. The mothers see themselves as being hampered in their efforts to care adequately for their children by the consequences of having to live in an economically and socially impoverished neighbourhood. They also regard themselves as prevented from doing what they believe is best for their children by the material constraints placed around themselves and their families. They feel acutely the negative perceptions which they believe the surrounding society has of them. The mothers' observations about their lives indicate that they see these barriers as contributing to tensions and stresses within the home. Some of their comments indicate that this may adversely affect their attitudes and behaviour.
towards their children. In three of these case studies, the children came to the attention of the statutory agencies in connection with child protection concerns, and although this is not the case with Ms Rogers and Mrs Spicer they nevertheless make connections between their circumstances and their reactions to their children.

As such these case studies demonstrate powerfully the connections between the three strands and the two levels of argument about links between social deprivation and harm to children which these strands represent. While it is important to be able to disentangle these strands and arguments to explore each of their effects, the stories told by these mothers indicate that it is their combined, cumulative effects that are likely to have the most serious implications for children and families. As already stated, these themes and arguments will be developed when all the findings of the ethnographic study are considered in Chapter 8.
CHAPTER 7

A STUDY OF PARENTS' PERCEPTIONS II: THE INDIVIDUAL AND GROUP INTERVIEWS

This chapter will be divided into two sections. In Section 1, the findings of the individual interviews with the 9 mothers who came forward from the Women's Group at the Family Centre are grouped together according to each of the themes which were explored with them. In Section 2, the findings of the group interview undertaken with 14 mothers attending the Women's Group at the Family Centre will be presented. The same format for the presentation of findings will be used. This will make it possible in the discussion that follows in the next chapter to assess the significance of each of the adversities and hindrances discussed by the women as well as the cumulative impact of these adversities.

I have selected for detailed presentation those themes which are of particular importance for examining interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks - key elements in the multi-layered, multi-dimensional models of links between social deprivation and harm to children developed in the theoretical discussion. Other findings are summarised later. Unlike the previous findings chapters, I shall not conclude this chapter with a Commentary section as Chapter 8, which immediately follows, will present a detailed discussion of all the findings of the ethnographic study.

As described in the methodology review, the selection of themes for investigation was based on the assumption that if children are to experience what I have described as "effective parenting" then it is necessary for families to have access to social and material resources without which they may said to be "at risk" (Madge 1983). To identify these resources, the
criteria for promoting healthy child development employed by the 1989 U.N Convention on the Rights of the Child were applied. Article 27(1) states that:

"State Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development."

It goes on to define the components of this standard of living and it is these that appear as the headings under which the findings of the interviews are presented. In addition, the theoretical discussion identified other themes which would seem to be important in determining the quality of life for families:

- levels of neighbourhood support
- social isolation
- perceptions of the neighbourhood

As data was collated and analysed it became apparent that the "perceptions of the neighbourhood" category should be extended to encompass findings which might be better described as "general environmental issues". Hence this section is subtitled accordingly. As such it corresponds with Townsend's concept of "environmental poverty" (Townsend 1979) which was touched upon in the theoretical discussion. Blackburn (1991) describes this as the lack of or lack of access to essential amenities experienced by low income families. She argues that the concept should also take account of exposure to noise, dirt and pollution. The study as a whole will be seen to point to the existence of environmental poverty, but the section of findings referred to here will focus specifically on issues raised by the mothers concerning the quality of their wider physical environment.
The presentation of findings in this section will commence with a description of the circumstances of the mothers comprising the individual sample.

The Mothers in the Individual Interview Sample

5 of the 9 mothers were lone parents. 4 were living with a male partner. Each household had an average of 1.6 children. 1 family had 3 children, 5 had 2 children and 3 had 1 child.

The average age of the children was 4.5 years. Of the 17 children covered by this study, 3 were under 1 year of age (counted as 1 year for the purpose of this study). There was 1 child of 16 years but the majority (13) fell within the 3-7 years age range. So the majority of the households can be described as families with young children.

All 5 lone parents lived in council rented accommodation as did one of the couples. The remaining 3 couples were living in property they had previously rented but were now buying from the council.

All the lone parents were living in 2 bed-roomed flats or maisonettes. 3 of these households had 2 children, 1 had 3 children and 1 had 1 child. All the couples were living in a house and 2 of these families had just 1 child, 2 had 2 children, suggesting that in terms of space for children the lone parents fared worst.
All but one of the 9 households had a TV, fridge and washing machine but the one lacking a
washing machine was also struggling by without a cooker. None of the lone parents owned
a car while 3 of the couples did. All of these 3 households had a male partner in full-time
work though this is also true of the 1 couple who did not own a car.

All 5 lone parents were receiving Income Support. Although the 4 couples all had a male
partner in work, 2 of these households specifically cited low levels of pay as a problem.
Another 1 of these 4 had experienced life on social benefits until recently when the husband
had secured employment at a car factory. 3 of the 4 men were in manual employment. Only
2 of the women - both married - were in work though 1 of these was on maternity leave at
the time of the interview. The second worked part-time.

In terms of ethnicity, all the women interviewed were white and this also applied to those
who participated in the Group Interview. However, one of the women interviewed in her
own home had two children of mixed heritage: White-African Caribbean.

All of the mothers were prepared to give details as to why they had been referred to the
Women's Group at the Family Centre:-

1 of the mothers had been referred to the Family Centre following
registration of the children on the local Child Protection Register.

1 had experienced an investigation by the Social Services and Police
following an allegation of abuse to one of her children, but although it was
established that the injury had been caused by the parent, the child was not
placed on the register.
A third mother had been referred by a social worker following "Care" episodes for an older child, and on one occasion concerns had been such that this child was placed on the child protection register.

2 of the mothers (now lone parents) had been referred to the Centre having experienced domestic violence.

2 mothers had been referred by their health visitors in connection with difficulties they were experiencing with their young children.

1 of the women had been referred by her Probation Officer following concerns over social isolation. This mother was living with a male partner.

The last mother had referred herself for the same reason and she too had a male partner.

Housing

In response to the question: "How far would you say your housing is a problem?", 4 mothers rated this "A Severe Problem", 2 "A Problem", 1 "Not Really A Problem" and 2 "No Problem - An Advantage". So there was a 2:1 ratio in terms of those mothers who saw their housing as a problem to some degree, and those who did not.

Of the women who saw their housing as a problem, 5 were council tenants and a sixth was an ex-council tenant who had exercised the "Right to Buy" but who was now in financial difficulty. The mother who had responded that her housing was not really a problem was also buying her council house as was one of those who cited her housing as being no
problem at all. Only one of the mothers who continued to rent her council home believed her housing was no problem at all.

When asked to elaborate upon their ratings the following responses emerged:

The most common complaint was that families with children are placed in unsuitable accommodation. Specifically, flats and maisonettes which have no garden and which can only be reached by climbing flights of stairs which are unsuitable for young children. 4 of the mothers responded in this way. However, only one of these was currently living in such accommodation. The other 3 had lived in high rise accommodation but had subsequently been able to move into a house.

It was felt by a similar number that families with children are often placed in cramped and overcrowded accommodation from which it is very difficult to escape by means of a housing transfer. Indeed, one of the mothers reported that the "mismatch" of accommodation with households is so acute that she was aware that the borough council had offered couples of over 45 years of age with no children and living in homes with two bedrooms, financial inducements to take up alternative accommodation and so free up suitable homes for families with children. It was felt by 4 of the women that the competition for suitable accommodation is so stiff that families can be faced with years of waiting for a housing transfer.

The mothers who expressed concern that families with children are placed in unsuitable accommodation spoke about the possible consequences of this. They described how cramped home conditions combined with inadequate safe play and garden space can contribute to tension in the home. As one mother put it: "The children haven't got any room
to move around and let off steam. They can really get on your nerves." Another commented: "You don't feel as though you've got any space to yourself and it just gets you down." And another: You just feel cooped up with the kids."

1 of the women felt that problems resulted from locating families with children in segments of housing where there are many older people and people with disabilities. She regarded it as very difficult to contain children and the noise they inevitably make, and this leads to complaints from older residents. She and another mother felt that the situation is not helped by an absence of adequate sound-proofing between homes.

1 of the mothers observed that there are a lack of adequate fire escapes in the council flats.

Another commented upon problems with heating in her home and the presence of mould caused by dampness which had lead to her children experiencing respiratory problems.

4 of the women referred to the fact that homes on the estate are easily broken into. One of these remarked that this is not surprising given that windows are poorly fitted, often rotted through due to lack of maintenance, and easily forced as a consequence. In addition:

"Because all the homes around here overlook each other there is no privacy for people. The layout of the homes is basically the same which means that burglars have a good idea where property like T.Vs and videos will be. Once they get in they are able to get out again with what they want very quickly. So the way the homes are built actually invites crime".

The question of the layout of the homes on the estate arises for visitors trying to find particular households. When conducting this field-work I found the numbering systems used
for homes extremely complex with the result that a considerable amount of time was spent on searching for the right place. So while the accommodation affords little privacy its design also, paradoxically, has the effect of seeming to isolate residents due to a lack of accessibility.

3 respondents spoke of the long delays for repairs to housing, though a fourth commented upon her satisfaction with the quality of the service she had received.

2 of the mothers commented upon poor washing-line facilities and the tendency for milk delivered to the doorstep to be stolen.

1 of the mothers cited racial harassment from neighbours as a particular problem.

Three further sets of responses give more insight into the problems parents can face with regard to their housing in the neighbourhood.

The mother who together with her husband had exercised their "Right to Buy" but who were now faced with financial difficulties, cited the costs of owner-occupation as a real problem. They were struggling to cover the costs of house maintenance with which they were now faced, and the husband's loss of employment and subsequent re-employment in a job with a lower wage meant that they were struggling to keep up with the repayments. If possible they would revert back to renting their home.

However, 2 of the mothers who were buying their council home did report satisfaction with the arrangement and echoed the responses in the large group by observing that in their view, owner-occupation had given them a greater sense of choice. As one of these said:
"You can do with your home what you want, you don't have to answer to anyone. For us the benefits do outweigh the costs of maintenance and other bills".

Her observations were heavily influenced by the fact that in contrast to the first woman, her husband was in relatively well-paid employment and she was on paid maternity leave from her own job. The other household buying its own home were also experiencing financial problems despite the father’s full-time employment, but the mother stated their determination to maintain the purchase of their council home.

The second description concerns one of the women who was experiencing somewhat different problems with her housing. She had been informed by the Housing Department that she and her children must move from their current flat, where she wished to remain, to one in an even poorer neighbourhood in a neighbouring city. Having refused to move - she was also keen to avoid further disruption to her two children’s education - this lone parent now expected eviction to follow. The family had been living in a hostel for homeless families prior to moving into their current home, a move which the council had viewed as temporary.

The only way this women saw herself avoiding a move to the property she was so keen to avoid was by arranging her own housing transfer. However, in seeking to do this she had come into contact with a number of men who had asked her to inspect their tenancies but to ensure that when she did so she was unaccompanied. While I was conducting this interview, one such man telephoned the mother to press, not apparently for the first time, for such an arrangement.
This woman's circumstances highlighted the lack of choice and sense of powerlessness which many of the mothers experienced. If one takes into account the exposure to risk felt by this particular person and set this alongside those who had spoken of their fear of crime, then the sense of vulnerability felt by some of the women is not difficult to understand.

The third description concerns a woman who felt that her poor accommodation had played a decisive part in the break-up of her marriage, leaving her to care for the children alone. She felt that the cramped nature of the family's council flat had exacerbated marital tensions by creating additional stresses in the home.

Yet there was evidence of housing problems being resolved to the satisfaction of the parents. One of the mothers reporting satisfaction with her council accommodation described how she, her husband and two children had been transferred from overcrowded accommodation to the house they now lived in, which was more spacious and comfortable. The mother felt that notwithstanding the lack of fencing to the rear garden which made the home potentially vulnerable in her view, to burglary and theft, this change had made for a huge improvement to their quality of life, particularly as it had coincided with her husband finding full-time employment. Indeed, good quality housing and adequate income were seen as key factors in promoting the well-being of families.

When asked specifically what could help to improve the situation for the families, 4 of the mothers cited gardens for their children to play in; 2 cited an additional bedroom; 2 cited transfer to other accommodation and 1 cited better designed houses and flats, revised numbering systems for homes which would make it easier to find people, better sign-posting on the estate for the same purpose, and improved access for emergency services to again make it easier to reach homes when this is necessary.
Amenities For Families With Children And Young People

When asked to rate local play and leisure facilities for children and teenagers in the neighbourhood, 7 of the mothers replied "Very Poor", 1 "Poor", and 1 "Good". There were no "Not Sures" or "Very Good" responses.

The mother who believed such facilities were "Good" described her satisfaction with a local park which was accessible to her and her children. Nevertheless, with so many children living in the neighbourhood, she felt there was a need for more playschemes during the school holidays.

The rest of the mothers all expressed their dissatisfaction with the provision of play and leisure facilities for children and young people in the neighbourhood. Their responses were as follows:-

(a) Play parks are in short supply and those which are available are vandalised. Those which are worth going to involve families having to travel some distance in order to reach them. 4 of the mothers commented that local parks tend to be frequented by alcoholics and drug-pushers making them totally unsafe for children. Other deficiencies in these facilities were described. Green spaces are often spoilt by the presence of broken glass. Where parks are to be found concrete bases to play-park facilities and unprotected ponds with green algae floating on their surfaces make for a dangerous environment. The location of play-space close to busy main roads is another hazard. One of the mothers remarked that there is a pleasant piece of open green land close to her home but the council has declared it off-limits to the public. Another described how if she
allowed her children to play on a space near to her home, other residents would often complain.

What all of these mothers were clear about was that the presence of young children, naturally boisterous but "with no-where to go to play and let off steam" as one described the situation, is a great source of stress and tension for families.

(b) For older children, the lack of green space is also a problem. Playing fields are often fenced off and enclosed which encourages young people to play football on the streets. This causes considerable irritation to local residents who have become used to having windows in homes smashed as a consequence.

c) The lack of youth clubs was described by 4 mothers. 3 remarked on the presence of a local swimming bath but felt the cost for families of using this amenity is prohibitive. 1 other mother cited a local Squash Club but again felt this is out of the reach of most local people because of the expense involved. The closure of the sole local cinema was also described by the mothers. 1 mother felt this facility was "compensated for" by the presence of shops which rented out video-taped films, but she expressed concern that shop-keepers seem to have few qualms about allowing "18" rated videos to be hired by young people under this age.

The closure of the cinema was seen as having undesirable consequences for the neighbourhood and its young people. Its presence was seen as some means of occupying their time. 4 of the mothers argued that in its absence groups of
young people have little to do but gather together on the streets. 3 of these remarked that residents are reluctant to go out at night because these groups are now seen as very intimidating. 2 of these mothers felt that the situation has become so poor in terms of amenities available for young people in the neighbourhood that even if these were now provided, they did not expect that youngsters would want to use them. Indeed, they expected such amenities would be vandalised. When asked to elaborate upon this the women accounted for this view by arguing that the young people in the neighbourhood have become "unused" to having amenities for themselves and their contemporaries and in the words of one mother:

"..Wouldn't know how to use them".

When asked what would make the situation better, the mothers made a number of suggestions:

(a) All were of the view that the local council needed to provide more subsidised leisure facilities. In the view of one mother, costs could be kept down by making use of local public halls and schools for the purpose;

(b) 3 of the mothers felt that the young people on the estate need social centres and "drop-in" services - alcohol free - where they can meet. However, even if these were provided the women could foresee problems given that in the past such facilities have tended to fold quickly due to a lack of suitable staff. Even so, there was a view that the facilities identified by the mothers could do much to diminish vandalism in the neighbourhood. 1 of the mothers believed that the
best thing the authorities could do would be to ask young people on the estate what amenities they themselves would make use of.

(c) For younger children, all the women remarked upon the need for more parks and green spaces. These need to be safe in terms of location, situated away from busy main roads. They need to be free from vandals and other characters such as alcoholics and drug-pushers who the mothers believed frequented such places. Safe, soft indoor play facilities particularly for the winter months were cited by two of the mothers and 3 more commented on the need for more play-schemes in the summer. The creche facilities provided at the Family Centre were cited by 2 of the women as the sort of provision for young children which parents particularly value.

Services Providing Help And Advice For Families With Children

In order to get a picture of how the mothers perceived the range of services which might be available within the neighbourhood, the question was posed: "Do you know what services are available which provide help and advice to families with children in the neighbourhood?". In response to this all the mothers cited the Family Centre with the Citizens Advice Bureau receiving the next highest number of citations. The full list is as follows:

The Family Centre: 9 citations

Citizen's Advice: 4 citations

Health Clinics and Health Visitors: 4 citations
Those services most heavily cited were those which could be said to operate in the sphere of primary prevention, offering advice and support to families in non-stigmatising ways. However, the finding relating to the Family Centre should be kept in perspective. It is not surprising that it should be so heavily cited given that the mothers were attending there.

In response to the next question there was something of a reversal in the positive nature of the responses given in the large group.

When asked specifically: "How would you rate the availability of services providing help and advice to families with children in the neighbourhood?", 1 mother responded "Very Poor", 5 responded "Poor", 1 "Not Sure" and just 2 said "Good". There were no "Very Good" responses.
When asked to elaborate upon their responses, 5 of the mothers were again keen to describe the Family Centre and the "Women's Group" as the most valuable service and the one they would most like to see expanded in the neighbourhood. The reasons which the mothers gave for this was that the Centre provides an opportunity for women to meet, make friends and leave their children in a creche which the children themselves enjoy and benefit from.

In emphasising these perceptions, four of the mothers commented:

"Why can't they build more Centres on the wasteland on the estate?"

and:

"Centres like these should be available to everyone, not just people who have a social worker. They (Family Centres) are good for help and advice without making you feel as though you are the problem."

and:

"We need more Family Centres and Parent's Groups - the children love it too."

and:

"My child goes to a nursery in the afternoon, but I would like somewhere to go while he's away. There are lots of families with children in the area who need places to go but which they can afford."
In fact 3 of the mothers cited the Family Centre alone when asked to describe the range of "Helping" services in the neighbourhood. The inference was that had they not been placed in contact with the facility it is doubtful that they would have been making use of any services offering help and advice to families. This raises the issue of how some families, not able to use the Family Centre at this time, are faring and whether in fact many in the neighbourhood are managing totally or relatively unaided. The mothers in this sample, seen in this context, are a relatively "advantaged" minority. Their more negative responses to this question seem to arise from a view that services and facilities which parents value for reasons already cited, such as the Family Centre, are not provided widely enough.

3 of the mothers felt that there was a need for more Advice Centres and that these should have places where children can be occupied while the parent is obtaining help and advice. The importance attached to very short term substitute child care facilities was a prominent theme in this survey. The perceived shortage of advice services was summarised by one of the mothers when she described the high level of local needs for such services and the resultant stress when parents are confronted with lengthy queues in existing facilities:

"If you're desperate for advice, you really need a swift response and often you can't get the help you need. There are not enough facilities and those available are not accessible enough."

3 of the mothers commented upon the lack of information about which services are available in the neighbourhood, and where to go. As one of these said: "Its okay if you know what's available, but many people living around here don't." This bears out the observation that there is a strong possibility that many families simply have no knowledge or contact with "helping" services. This may of course be by choice as suggested by an
observation by one of these three mothers: "Around here people tend to use each other and
draw on each other's experience."

However, the importance of contact with "helping" services was brought out by 3 of the
mothers. They argued that the value of such resources lay in the fact that these could often
be gateways to other services for children and families. The Citizen's Advice Bureau, local
Health Clinics and specifically the health visitors based there, the local Social Services
department and the Family Centre itself had for these women opened up the opportunity for
greater social support through the Women's Group and some day-care provision for their
children. These services had also made them more aware of other local facilities about
which they had previously known little.

The need for more youth centres for young people which could offer them help and advice
was cited by one of the mothers.

Income

In response to the question: "How far would you say income is a problem?", 5 replied "A
Severe Problem", 2 said it was "A Problem" and the remaining 2 "Not Really A Problem".
So over two thirds of this small sample appeared to be experiencing difficulties connected
with family income, a trend reflected in the large group. Four of those who responded that
income was a severe problem were lone parents on benefits, the fifth a couple on a low
income. Of the two citing income as a problem, one was a lone parent the other a married
woman whose husband was in low paid employment. This seemed to bear out what was
said in the large group. The two mothers who did not feel income was a problem for the
family were both married with partners who were in what they felt were relatively well paid, full-time jobs.

The direct responses of the mothers when asked to elaborate on their rating are particularly illuminating when assessing the impact of income problems on families.

*Those citing income as a severe problem:*

1. A Lone Parent on Benefit.

"I don't know how they expect you to live on the money they give you. Its the bare minimum you need to live on. What we really need is higher benefits."

2. A Lone Parent on Benefit.

"I'm on Income Support and I can't get grants for essential things. I've got no cooker at the moment. Crisis loans take weeks to come through. I have to pay voluntary deductions out of my weekly benefit for the gas and the bills are astronomical because of the damp and mould in the house. I just don't have enough to live on - and the children's clothes are so expensive. What would help is higher benefits and grants and vouchers, not loans."

3. A Lone Parent on Benefit.

"By the time I've paid for fuel and groceries out of my benefit, there's nothing left. I've a loan to repay to the D.S.S and paying for school uniforms
just adds to it. But I don't want my children to be different to their class-
mates."

4. A Lone Parent on Benefit.

"It's diabolical with children. After bills and food there's not much left. The
D.S.S don't help out. I'd like to send my children to a local Catholic school
but I can't afford the uniforms. If I do pay for these then we'll have to give
up other things. And if you ask for a loan from the D.S.S you have to pay it
back at a very high rate. I get £60 a week and £45 of that has to go on fuel
and food".

"What would really help would be able to go out to work. But I would need
somewhere safe and cheap to leave the children and the hours would need to
fit in with school times when they're old enough to go there."

5. A Married Couple in Low Paid Employment.

"We don't have enough money. We're both earning but the outgoings are
huge. We pay a lot of tax, including the poll tax. We both have to pay and its
too much on our pay. My husband earns £150 a week. He works full-time. I
work part-time and I get £59 a week. I think these are poverty wages. The
mortgage is £50 a week. Its a mill-stone around our necks. But we can't sell
for 4 years under the terms of the agreement. We have to feed the electricity
meter and we've lost our right to benefits like free school meals. We have to
find a service charge for repairs. The debts are mounting up. We have to
choose who to pay each week."
As we now both work we have lost our entitlement to some benefits such as free school meals. The long and short of it is that our debts are mounting and we have to choose who to pay each week. Its made worse for us because my husband was unemployed, got another job but has to travel miles to get to his new job. Travel is very expensive. What would help us is a minimum wage."

Those citing income as a problem.

6. A Lone Parent on Benefit.

"After fuel and poll tax and essentials like food there's little left. It a real struggle at Christmas and birthdays. Its so easy to go into debt and take on loans from lending firms. You don't want your children to miss out and its so hard to explain to them that they can't have what other children are having.

What would help people on benefits, especially single parents is not having child benefit deducted from your income support. And of course higher benefits."

7. A Married Couple on a low wage.

"I've had to give up work because of the new baby and although my husband is in full-time work, its a real struggle."
Those citing income as not really a problem.

8. A Married Couple with the husband in a well-paid job.

"My husband is in full-time work now and it really makes a lot of difference. We used to be on benefit and it was a real struggle. The kids had to go without a lot of things. But his job at 'Rover' and us being rehoused has taken a lot of pressure off us."

9. A Married Couple with both partners in work.

"I'm on maternity leave now but I will be going back to my job. I get maternity benefit because my job means I'm fully entitled to it. My husband is also in a good job so we are okay compared to most families around here.

Neighbourhood Support

A number of questions were put to the 9 mothers intended to cover a variety of issues relating to different aspects of support drawn from within the neighbourhood. This made it possible to explore a more complex set of responses.

Firstly, the mothers were asked to rate their response to the question: "How far would you say that this is a neighbourhood where people help and support each other? "followed by the usual invitation to elaborate upon their initial response. The mothers were able to select a rating from a number of categories: "Not at all"; "Only Sometimes"; "Not Sure"; "Quite a lot" and "All the time".
Secondly, the mothers were asked: "Who tends to help you out?". A series of options were given:

- partner
- friends
- neighbours
- relatives
- others e.g. professional people, church etc.

Thirdly, the mothers were asked: "In what ways do they help you out?" Responses were divided into three categories:

- *Instrumental* - e.g. financially; practical help; transport.
- *Emotional* - e.g. confiding; positive feedback; advice.
- *Social* - e.g. going out together; having a good time in company.

These three categories were derived from Gibbons (1990), who applied them in her study of family support in local areas. The titles of these categories were not used directly with the mothers in the interviews but it was decided that they would be helpful in classifying responses to the questions which were posed.

Fourthly, the mothers were asked in the light of this; "How far do you feel satisfied with the level of support you receive?", and to rate their response accordingly.

Fifthly, the mothers were asked: "Would it be helpful to have more support and if so what kind?"
Following this, it became possible to develop a profile of each of the mothers. (Charts 7 - 9 also present responses to questions 1, 2 and 4).

1st Mother

In the view of this parent, this is a neighbourhood in which people help and support each other

"Only Sometimes"

The people who tend to help her out are neighbours and professionals - her social worker and staff at the Family Centre.

The type of help offered is

"Care of the children if I'm ill"

Instrumental but very little in the way of Emotional and Social help:

"It tends to be more in the way of practical help really. I mean I don't go to neighbours homes to talk."

Despite this, this mother was satisfied with the level of support she receives and did not feel she needed more.
2nd Mother

This mother also used the "Only Sometimes" rating and was willing to elaborate on this. Referring to whether this was a neighbourhood in which people help and support each other, she commented:

"There's not a lot of support for families around here. You have to be careful who you trust and who you let into your home because of the risk of burglaries. People won't offer help. You worry about offering help in case things go wrong. There's no real sense of community like it used to be. Lots of young families have moved in. Now people keep to themselves. The design of the estate works against this. The old terraced houses were better but these new ones cut people off from each other."

The main agents of help were cited as partner, friends and relatives particularly her own mother.

This woman felt that relatives tend to provide instrumental, emotional and social support and she was generally satisfied with the level of support she receives. She did not feel she needed more support.

3rd Mother

This was the last of the three mothers who used the "Only Sometimes" rating.

This mother cited neighbours and friends and staff from the Family Centre as those who tend to help out.
Instrumental and Emotional help is provided by a particular neighbour:

"She and I will share food when we are hard up"

and

"My neighbour is someone I can talk to".

The main agent of Social support is the Family Centre.

"It helps me to get out of the home."

This mother was "Not Sure" whether or not she was satisfied with the level of support she receives and was equally ambivalent about whether or not she needed more support:

"I wouldn't really want to get too involved with the other neighbours. Some are unkind to children. I don't really want more help from the Social Services other then the Family Centre. What I really want is to get away from here."

4th Mother

When asked how far she rated this as a neighbourhood in which people helped and supported each other, this mother replied:

"Quite a lot".

She commented:
"Neighbours are friendly though I don't tend to ask for help from them too much".

Nevertheless, this mother saw her main sources of help as the neighbours and also the "Gingerbread" group for single parents of which she is a member. Indeed, she saw this group as the main source of Instrumental, Emotional and Social assistance.

Yet despite this and her initial rating, this mother did not feel satisfied with the level of support she receives and felt she needed more:

"Yes, more help with my housing situation particularly from the local councillors. Otherwise I'm worried that my family will end up in a hostel."

5th Mother

This parent also saw the neighbourhood as one where people help each other out quite a lot:

"I use one particular friend a lot and also use a wider circle of friends we both have. But I wouldn't like to trust my children to very many other people."

She cited her main sources of support as her partner

"when he is not working";

friends and relatives, in particular her mother.
"I don't really like to share intimate problems with social workers. I prefer to use friends and relatives."

This mother felt that these networks provide mainly Emotional support. She declared herself satisfied with the level of support:

"I'm happy with what I receive."

6th Mother

The last of those to respond

"Quite a lot",

this mother cited her main sources of support as friends, a neighbour and relatives, mainly her mother.

The help and support she described were the Instrumental, namely sharing the care of the children, and the Emotional:

"..having someone to talk to".

This mother felt satisfied with the level of support she receives and did not believe she needed further support of the kind addressed in this section.
Two of the mothers characterised the neighbourhood as one where people help and support each other.

"All the Time".

This parent described her main sources of support as friends, a neighbour and relatives, mainly her own parents who live nearby, and her social worker.

In terms of the types of support received, she described how these sources helped with child care particularly

"when things get tense",

and when a baby-sitter is needed. These people will also help out financially. Emotionally, this mother felt that these sources of support provide a mechanism for discussing problems, the main agencies being the friend and neighbour.

She described herself as satisfied with the level of support received and when asked if she would like more support commented:

"There are times when you want to work things out for yourself and not even tell friends, boy friends or parents. Mine tend to nag me. But I would like to see more of my brother who I'm very close to."
8th Mother

This mother also responded

"All the time",

citing friends and relatives as the main sources of support.

She felt that her friends contributed to all the elements of help and support but emphasised the provision of transport, baby-sitting and having someone to talk to.

This mother was satisfied with the level of support she receives and did not feel she needed more.

9th Mother

This was the only mother to respond

"Not at all"

in response to the question of whether this a neighbourhood in which people help and support each other. In elaborating on this she commented:

"If you know people its okay but there are lots of break-ins and people won't look out for their neighbours. They don't want to get involved. Theft is so common-place around here that no-one takes any notice in any case."
This parent felt that her main sources of support are neighbours, relatives and friends. In Instrumental terms, friends and relatives will baby-sit and care for children. She will only use immediate neighbours as a last resort.

Friends and neighbours were also cited as the main source of emotional support - again having someone to talk to was specifically cited. In Social terms the value of having friends and relatives to go out with was described.

Despite her initial rating, this mother declared herself satisfied with the level of support she receives:

"If the wheel comes off there is usually somebody there".
Chart 7. Is this a Neighbourhood where people help and support each other?
Chart 8. Sources of Help.
Chart 9. Satisfaction with Social Support.
The purpose of this section is to explore whether the mothers ever perceive themselves as being socially isolated. This was intended to take the subjects raised in the previous section a step further by providing further insights as to how the mothers viewed their personal circumstances within the neighbourhood.

The responses revealed a somewhat less happy picture than that indicated by many of the responses to the questions around neighbourhood support. Despite a fairly general sense of satisfaction with the overall levels of support they can draw upon, there are periods when most of the mothers experience to a greater or lesser extent feelings of isolation, even though they are in the "advantaged" position, relative to other mothers in the neighbourhood, of being able to attend the Family Centre.

Thus, in response to the question: "Would you say you ever felt isolated", 5 of the mothers replied "Often", 3 "Occasionally" and just 1 said "Never". So 8 out of the 9 mothers could think of times when they experienced some sense of isolation.

It is illuminating to compare and contrast what each of the mothers said about this aspect of their lives:

Those Mothers Citing "Often Isolated".

1. "All my family live somewhere else and they don't visit much. It would be nice if they did or if I had enough money to afford to go and visit them."
2. "Although I often still feel isolated, being able to go to the Women's Group has really helped."

3. "I was referred to the Family Centre because I felt isolated. My family lives 20 miles away and I don't know many people here. My husband uses the car for work so it's difficult to get out. The Women's Group does help me to get out and meet people. There's a need for more things like that."

4. "I often feel suffocated: that all I am doing is looking at four walls. There is nothing to do once the children have gone to bed. I regret having them at times like that and it makes me feel depressed. It's good when my boyfriend comes round but we can't go out very often because everything is so expensive. They've closed the cinema on the estate and I would never use the local pubs because they are used by drug addicts. You have to travel away from the estate to get anywhere nice and if you go out you are worried that you'll get burgled. We tend to just get in a video and watch T.V."

5. "I'm frightened to go out - I think I have agoraphobia - and yet I get depressed at being cooped up. I live in the hope that we can move soon. It would be good to just pick up the flat and plop it down somewhere else where there's a garden for the children to play in and where you don't have to climb stairs with kids and bags of shopping to reach home."

"Occasionally Isolated"

6. "I get to feel isolated when I can't get out of the home with the kids."
7. "The worst time is when I'm stuck in the flat with the children. That makes me feel isolated and depressed."

8. "I used to feel very isolated and that's what led me to wallop my daughter. Now I do get more help and things are better though as you can see its cramped here with three children and its easy to get depressed."

"Never Isolated"

9. "I think we probably get enough support from family and friends and from each other, my husband that is. We're a pretty resilient bunch and we do what we can to stop from getting isolated."

Perceptions of the Neighbourhood I - General Environmental Issues

In response to the question: "How far do you see this neighbourhood as being a safe and healthy place in which to bring up children?", 3 mothers replied "Very Poor", 3 replied "Poor", 2 replied "Not Sure" and 1 said "Good".

So two thirds had a clear perception of the neighbourhood as being a poor environment for child-rearing.

7 out of the 9 mothers, when elaborating upon their responses, specifically mentioned the incidence of crime as a major factor in shaping their perceptions. They referred to assaults, muggings, stabbings and an incident of rape. However, it was the high incidence of burglaries and car thefts which attracted the most concern. These were seen as so
commonplace as to be regarded as unexceptional. Vandalism and the presence of groups of disaffected and bored youngsters roaming the estate were also seen as features of life in the neighbourhood.

Again, the mothers referred to the lack of amenities for children and young people and the dangerousness of the roads running through the neighbourhood. The presence of alcoholics and drugtakers and pushers was described. Criticism of the local police again came through when the mothers were asked what might help to improve things.

The detailed responses of the mothers appear below:

The "Very Poors"

1. "There are no amenities or facilities like parks. The main roads are dangerous and subways have been filled in because of the muggings."

2. "The neighbourhood is not safe. There's not enough street-lighting so you can't really go out after 4.30 p.m. on a winter evening, there are a lot of drunks around and the crime rate is very high, especially burglaries and car thefts. I won't let my children out on the streets. What we really need are more 'Beat Bobbies'."

3. "There's lots of crime particularly burglaries. Some homes get burgled frequently and it now happens so often nobody really bothers. Where I used to live it would have been seen as shocking. There's also a lot of reckless driving, vandalism and assaults around here. Children are not very disciplined. It would help if the police and courts were much tougher on
crime. The police should also be more helpful. Because burglaries are so common they don't bother to turn up quickly when its reported.

The "Poors"

4. "Young people hang around smoking pot and taking drugs. There's nothing for the children to do. We need more playgrounds and nature reserves for families. But of course to get out you need money and transport."

5. "There are better places to live. My dad is frightened to visit us because he's so worried that his car will be pinched. People are frightened to go out. There have been stabbings and a rape recently. I believe sex offenders are looked after at the hospital across the road. You see 11 and 12 year olds starting fires, and there are a lot of neighbours who get drunk and swear at the children if they are playing out. I really don't know what you do to improve things."

6. "I was broken into by my own neighbour! When I reported it to the police they wouldn't come out. Children run around unsupervised and break things. Youths spray abusive graffiti on gates. In the summer they hang around in gangs and its very intimidating. You also get loud music being played into the early hours. There's nothing that can be done to improve things. The police take no notice even though in my case my wardrobe was ransacked when I was burgled. Fortunately, some neighbours will help and support you."
The "Not Sures".

7. "It really all depends on which part of the estate you live in. Despite my housing problems, the area I live in is quite pleasant. But really the ideal thing would be to move away altogether."

8. "I don't really like the area. There's such a high risk of having your home or your car broken into. There are parts of the estate which are better to live in than others."

The "Good"

9. "I like living around here. Some parts of the neighbourhood are not so good but it is safer here than in other parts. The children have lots of friends around here."

Perceptions of the Neighbourhood II - General Environmental Issues

In response to the question: "What sort of view do you think people from outside the neighbourhood have of it?", 5 of the mothers replied "Very Negative", 2 said "Negative" and 2 were "Not Sure".

All the mothers, including the "Not Sures" felt that the neighbourhood had a poor image. Their responses emphasised many of the points which came through in the previous section and served to highlight the sense of hopelessness and abandonment which had been evident,
particularly when looking at those things which might serve to improve the situation. Again the mothers' comments are illuminating.

The "Very Negatives"

1. "The area is seen as a bad one, particularly with all the thefts and vandalism."

2. "We're all seen as a bunch of roughnecks by the people of (the neighbouring town forming the affluent part of the borough was named). The girls are seen as slags. We're the bottom of the pile. You don't go around telling people where you are from. I don't think anything could improve the image of this place with its drugs and its bad name. I hate it and I wish I could leave. They should blow the place up."

3. "It embarrasses me to say I'm from here. Tackling the problems in the neighbourhood would be really difficult and take a long time. This generation won't see it. Of course, improved facilities, better housing and the like would help the image I suppose."

4. "You can see people frown if you say you're from round here. I believe a few bad pennies have given the place a bad name. What we need is more activities for the children to keep them out of crime. A wall for the graffiti artists so they don't do it anywhere else might be a good thing."

5. "Its seen as a rough area. Of course, you only hear about the bad things but someone was stabbed in the shopping centre yesterday."
The "Negatives"

6. "This is a very poor neighbourhood to bring up children. There's no facilities or parks. The main roads are dangerous. The subways have been filled in because of the muggings. I think people from outside have a very negative view of the place. There's a lot of bullying and a lot of problem families from (names neighbouring city to west) have been rehoused here. There's a lot of underage drinking, muggings, burglaries and thefts. This was seen as a good area 20 years ago. Kids hang around street corners. It's very intimidating. There's a lot of vandalism because the kids have nothing to do. This part of the estate is seen as a better part of Copseley Forest. It's worse in the centre of the estate. We'd like to move away."

7. "People from outside see this as a low class area. We've even had cars petrol bombed, not just stolen. Motorbikes zoom up and down the streets. If you go out you always think you'll come home to find the place burgled. And you actually know very often who the burglars are. But you daren't say anything to the police because you would be in bother with the other residents.

What would make things better would be for us to move away but I can't get a move no matter how much I complain to the housing office. But we can't go on living like this. Your children can only be really happy if you, their parents, are happy."
The "Not Sures"

The two mothers responding in this way both highlighted the differences they perceived in relation to different parts of the neighbourhood. Both felt that some parts are seen as better than others by residents though they also commented that vandalism, theft and burglary are rife. As one said:

"My husband's car has been broken into twice and car thefts happen all the time."

The second commented:

"We need more amenities for children and teenagers and more jobs for local people, especially the young to keep them out of trouble and give them the means to enjoy their leisure time. We also need more places like the Family Centre."

Summary of Other Findings

Day Care Facilities for Children

8 of the 9 mothers rated the availability of day care places for children in the neighbourhood as very poor. This was seen as a major barrier to taking up employment and improving the economic position of their families. The view was that to secure a day care place you either have to be a working family on a good income or be seen by the authorities as a "problem family" in which case a child may be offered a place at the Family Centre.
Transport and Access

4 mothers referred to the problems they experience in getting out and about. They described severe stress and strain in preparing children to go out; negotiating steps to and from flats and maisonettes with children, pushchairs and shopping bags; struggling to board buses and pay the fares while keeping the children under control. Despite this, local bus services were seen by 7 of the mothers as being of a good standard.

Local Job Opportunities

5 mothers said that the availability of local job opportunities was a problem. They commented that there were too few jobs available in the area, and that the cost and limited availability of substitute child care prevented them from taking up any jobs that might be available.

Primary Health Services

7 of the mothers rated local health clinics as either "good" or "very good". The helpfulness and easy availability of the services provided by the clinics and the health visitors operating from them were given as reasons for this positive perception. By contrast, 6 mothers rated local G.P services as either "very poor" or "poor". 3 major reasons were given for this:

(a) The difficulty in securing appointments at surgeries and the lengthy wait there once one was obtained;

(b) The difficulty in getting G.Ps to undertake home visits in response to emergencies;
(c) The lack of a sympathetic response given to parents when they or their children are ill.

Very powerful examples of each of these problems were provided by the mothers.

**Personal Health**

Initially 7 of the mothers reported that their children's health was not a problem, just one said it was. But on closer questioning 8 of them described what they perceived as a link between poor health in their children and the quality of their accommodation and wider social environment. Asthmatic attacks brought on by dampness in the home, cramped conditions, lack of a garden in which to play, having to climb lots of steps to leave or reach the home, a smoky atmosphere caused by the presence nearby of a large airport and a hospital furnace were all seen as having an adverse effect on child health.

The same pattern emerged when the mothers were questioned about their own health. Initially 6 said that their own health was not a problem. But when asked to elaborate on their first response, 7 mothers referred to a health issue of some description. They described feelings of depression and weariness which become particularly severe when they feel trapped in the home with the children. Back problems, asthma and bronchitis were described by three of the mothers. The general perception was that if they fell ill there was little point in going to an unsympathetic G.P. There is little choice but to soldier on.
Schools and Education

The most significant finding from this section was the importance which all the mothers attached to a good education for their children. There was no evidence of any lack of concern for their children's educational prospects. On the contrary, they saw a good education as the means by which their children might secure access to a better life. Great emphasis was placed on "traditional values" in education: discipline; good teaching standards; the development of basic skills like reading, writing and mathematics; the wearing of school uniforms. The mothers felt it was important that they be allowed to send their children to the schools of their choice. Nursery education was seen by the mothers as an important stepping stone to good educational attainment and all of them wished their children could have access to this.
Section 2

The Group Interview

This section will set out the results of the group interview conducted with the 14 mothers who attended the Women's Group at the Family Centre. As with the findings of the individual interviews, these results will be presented on a thematic basis. Those themes given greatest prominence are the same as in the previous section, though as would have been expected, the individual interviews made it possible not just to explore a wider range of issues but to pursue these in more depth than was possible in the group interview. It should be noted that the mothers interviewed individually were present in the group interview so there was inevitably an overlap in the content of the responses which were recorded.

Housing

The purpose of this section is to describe the perceptions of the mothers attending the Women's Group of their housing situation.

In response to the question: Would you say you are satisfied with your housing?" 6 mothers responded "Yes", 8 responded "No" and none "Not Sure".

Participants were then asked to elaborate upon these responses in a group discussion. The responses can be summarised as follows:-
(a) Tenants in council-owned accommodation are faced with long waits for repairs;

(b) It is extremely difficult to obtain a transfer to alternative housing. The "points system" which the council operates is seen as arbitrary and unfair;

(c) Tenants are often living in inappropriate accommodation. Examples given were of older couples living in three bedroomed houses while families with young children are living in overcrowded conditions. A lack of space was cited by many group members as a chronic problem;

(d) Families living in flats in tower blocks or in maisonettes lack access to gardens and play-space for children. Where garden space is available this is sometimes not suitable because adequate partitioning fencing is not provided. In the absence of this, rubbish often gets dumped in gardens. Space outside homes is often unsafe and unsuitable for children if all it comprises is concrete floors and stairs;

(e) It is often difficult to find satisfactory outside washing-line facilities near to homes;

(f) There are often problems with neighbours in terms of arguments and disputes. The mother of two young children of mixed parentage recounted the racist abuse directed at herself and the children by other residents;
(g) Maisonettes and flats can be a real safety hazard for women given the lack of back doors. This can make it very difficult to escape from violent male partners. Most of the flats can only be reached by climbing flights of stairs and there is just one entrance and exit from the accommodation - the front door.

When asked to comment upon those things which might improve the situation the mothers cited a number of issues.

(a) 3 of the 14 mothers were owner-occupiers. They felt that this status gave them a greater sense of choice and control over their circumstances. Many of those group members who live in accommodation rented from the council felt that their prospects for greater choice in housing would be enhanced by access to property owned by a local Housing Association which is highly regarded;

(b) There was a consensus within the group that what families with children most need are houses rather than flats or maisonettes. Families with young children, it was argued vociferously, should not be placed in tower blocks. They argued that there was not enough space for children to move about and play, and this can lead to tensions between parents and their children when the feeling of being "cooped up" as a number of the mothers put it, gets "too much".

(c) The houses which should be available to families should have "big" rooms; garden space which is enclosed by strong and safe fencing; the accommodation should be attractive looking and pleasant to live
in; that when repairs are needed these should be attended to promptly and there should be adequate fire escapes from properties.

(d) Those council tenants who expressed satisfaction with their accommodation stated that a strong factor in this is the presence of night storage heaters which make for a more pleasant and comfortable environment at relatively low cost.

Amenities For Families With Children and Young People

The purpose of this section is to describe the perceptions of the mothers of play and leisure facilities in the neighbourhood for children and young people.

In response to the question: "Would you say you are satisfied with play and leisure facilities available to families with young children, in the neighbourhood?", 1 of the mothers responded "Yes", 11 responded "No" and 2 "Not Sure".

In response to the question: "Would you say you are satisfied with play and leisure facilities available for teenagers, in the neighbourhood?", 1 responded "Yes", 13 "No", and none "Not Sure".

Participants were asked to elaborate upon these responses in group discussion, and their responses are recorded as follows:-
Young Children

(a) There are not enough amenities available to children and families and where some do exist, such as parks with playground facilities, these are vandalised;

(b) While there is plenty of green space available in the neighbourhood, little is sited on these in the way of play facilities which will attract children. As a result, there are few places for parents to take their children to allow both to have a break from each other. The Women's Group is seen as the only exception to this with its creche facilities;

(c) There are no places for ball games;

When asked to identify what would help to improve the situation, the mothers were clear that more parks and playground facilities were needed. They argued that these should be kept clean and safe for the use of young children. These should also be kept under the supervision of security guards to prevent vandalism and to maintain them for the use of the children. The presence of more public litter bins and park benches were seen as necessary to enhance the quality of the neighbourhood.

The mothers argued for Nature Reserves of the sort they said existed outside of the borough for the use of families with young children.
Public Houses which provide affordable and accessible facilities for families rather than adults alone were considered to be a valuable leisure facility, but difficult to find in the neighbourhood.

The need for more mother and toddler groups was also cited.

Teenagers

The lack of amenities for young people living in the neighbourhood provoked strong feelings in the group.

There was a unanimous view that the lack of suitable amenities for teenagers is a major factor in causing groups of young people with nothing to do to congregate together around the neighbourhood. It was felt that this can often be a recipe for disruptive and anti-social behaviour. These worries translated into anxieties about the safety of younger children. Mothers were less prepared to let small children "play out" for fear that they might come to harm from older children. The "spectre" of groups of bored and disaffected young people moving about the neighbourhood was an issue which was also to come through strongly in the individual interviews.

The existence of two youth clubs for the entire neighbourhood was seen as inadequate by the group. A Sports Centre on a neighbouring estate was cited as the only facility of its kind in the district.

Group members reported that a local cinema and bingo hall has been closed, and for young people who wish to be involved in Scouts or Guide groups, only a few exist.
The picture which the group presented was of a neighbourhood relatively starved of play and leisure amenities for families with young children and teenagers. This in a densely populated area with a high proportion of such families. If other amenities were available then these mothers did not appear to be aware of them. Since this study was conducted the borough council has made greater attempts to publicise recreational facilities available for children, families and young people in the neighbourhood. There also appears to have been some attempt to extend the range of provision beyond that described by these mothers. However, given what they were to say later about low family income and the constraints which this imposes, there must be some doubt as to whether the mothers view of access to amenities in the neighbourhood would be substantially altered by these apparent improvements.

Services Providing Help And Advice For Families With Children

The purpose of this section is to describe the perception of the mothers of the availability of services providing help and advice to families with children in the neighbourhood.

In response to the question: "Would you say you are satisfied with the availability of services providing help and advice to families in the neighbourhood?", 11 of the mothers replied "Yes", 2 "No" and 1 "Not Sure".

When asked to elaborate on these responses, the group was able to identify those services which are seen as most useful to families with children:

(a) An Advice Centre located in the neighbourhood which deals with social benefit problems faced by unemployed people and those receiving Income Support. Its staff will liaise directly with the
Department of Social Security on behalf of local people, including writing letters for them to help resolve enquiries and problems;

(b) The Family Centre in which the Women's Group was actually meeting. The Centre was described by the women as a major source of help and advice for families, which also provides opportunities for people to meet, talk over common problems and make new friends. The Centre's creche and day-care facilities were also cited as particularly valuable as was the transport provided for mothers and children to ensure that every-one could attend. Group members also commented upon the holiday play-schemes run from the Family Centre which were seen by the mothers as very valuable to children and families in the neighbourhood.

The group members felt that there should be more staff to run more groups like this one, and indeed the "Group Leaders" confirmed that groups such as this could be run over and over again such is the demand to attend them within the neighbourhood. The women argued that this was understandable given that the reputation of the group and its value to mothers had spread throughout the neighbourhood, leading to many other women known personally to these mothers expressing a wish to attend;

(c) The mothers cited the nearest Citizen's Advice Bureau as another valuable source of help and advice for families. One mother also described the local library service as a useful source of information.
The purpose of this section is to explore the extent to which the mothers participating in the group interview perceived income as a problem.

The group exercise did not set out originally to explore this issue as it was felt it was one that the mothers might be reluctant to comment upon in a group setting. However, the strength of feeling around this aspect of their lives can be judged by the fact that the mothers themselves raised the question of family income in the group and were more than happy to make known their views on it. The main thrust of their comments can be summarised as follows:

(a) Most of the group members described themselves as receiving social benefits or a low wage and commented that as a consequence of this their families experience a chronic shortage of funds.

(b) Those on benefits felt that their day to day problems were deeply compounded by the impact of the Social Fund. In contrast to the situation which existed in the days of Single Needs Payments, mothers commented that loans for essential items under the conditions of the Fund were extremely hard to obtain and created enormous problems for families because they had to be repaid out of weekly benefit, already seen as inadequate.

The local office of the Department of Social Security was said by group members to respond to claimants by saying that the local Social Fund budget was either too limited to allow their claim or
that it had indeed been exhausted and therefore they could not be helped. The mothers were asked what the consequences of this had been for their families. Some said that they had had to do without a washing machine, others a cooker and this despite the fact that they had young children to care for. Many said that the consequence of refusal of a loan was that their children went without much needed clothing. As if to provide evidence of these accounts, during the group session one of the mothers who said she had been unsuccessful in her claim for a loan for a washing machine was able to acquire one from another member of the group who wished to dispose of an old model.

(c) While most of the mothers felt that low income was a problem for most families in the neighbourhood, they argued that it was particularly severe for lone parents dependent upon benefits and couples with children on poor pay even if this is supplemented by family credit.

Neighbourhood Support

The purpose of this section is to explore the levels, sources, and nature of support drawn upon by the mothers from within the neighbourhood.

In response to the question: "Would you say this is a neighbourhood where local people help and support each other?", 2 responded "Yes", 9 said "No" and 3 replied "Not Sure".

In the subsequent group discussion three main points emerged:
(a) The mothers agreed by and large that "you might get help from people in your street but beyond that unless you have family who will help you out, there's little help".

(b) There are a few community events which promote some sense of neighbourhood but these are limited. As one mother remarked: "The local carnival used to be a big event but its been run down over the years."

(c) The Women's Group at the Family Centre is seen as a major reservoir of support by those who use it, lending further weight to the earlier observations by the group members alluding to its value. However, the mothers believed that access to it should be widened to other mothers living in the neighbourhood. The unique status of these mothers relative to others in the neighbourhood and the possible implications of this for these findings has already been highlighted.

Perceptions of the Neighbourhood I - General Environmental Issues

The purpose of this section is to explore the mothers' overall perceptions of the neighbourhood as a safe and healthy place in which to bring up children.

In response to the question: "Do you see the neighbourhood as being a safe and healthy place in which to bring up children?", None of the mothers replied "Yes", all 14 replied "No" and none were "Not Sure".
During the ensuing discussion a number of reasons emerged for this overwhelmingly poor assessment.

(a) The housing estate is situated near a motorway with strong fumes coming from the traffic. This is seen as unhealthy for children by the mothers.

(b) There are not enough zebra crossings on the roads. The underpasses which do exist are particularly unsafe for women. Attacks have taken place. Some of the subways have been filled in but left with large poles sticking out of the concrete. Roads in the neighbourhood are generally seen as dangerous, but having more "lollipop ladies" would help.

(c) The local police are not seen as either helpful or friendly. The women would prefer to see more community policemen and women.

(d) Street lighting is inadequate.

(e) Property is often vandalised. More than one of the women spoke of having their front door kicked and damaged by local youths.

(f) The neighbourhood is generally dirty with rubbish lying around the streets. The council do not leave sufficient binbags for residents complained a number of the mothers.

(g) When building work is undertaken on the estate, the builders often leave rubbish and debris lying around which is both unsightly and dangerous;
(h) Many mothers expressed a strongly held view that better access to public telephones in the neighbourhood would enhance the quality of life for residents. The likelihood of those available being vandalised and also relatively expensive to use if they are in operation was cited as having important implications for families with children who do not enjoy access to private lines. The example described was when the need arises to seek urgent medical attention.

(i) There are not enough public toilets and refuse bins sited on the estate. This view was also strongly expressed by group members who felt that the lack of such basic amenities contributes to a poorer and dirtier environment in which to care for children;

(j) Many women in the group raised concerns over "drunks" said to loiter around shops as well as parks, which they described as contributing to a lack of feeling safe and secure when out with the children.

**Perceptions of the Neighbourhood II - General Environmental Issues.**

The purpose of this section is to explore further perceptions of the neighbourhood, this time asking the mothers to comment upon how they believe the neighbourhood is seen by "outsiders".

In response to the question: "Do you think people from outside the area have a positive view of the neighbourhood?", all 14 mothers replied "No".
At this point in the group interview a decision was made not to pursue the issue further since group members, having identified the issues which they believed made for an unsafe and unhealthy environment in which to raise children, had resolved to take these up on their own behalf with a series of speakers who were due to address the group in the following weeks. A representative from the Community Health Council and a local councillor were due to attend. It was judged that to move back into a set of fairly negative issues when as a consequence of this discussion the group had decided to take some positive action for itself, could possibly be quite disabling and therefore inappropriate. The strength of feeling on this topic had in any event already been established, with a powerful picture emerging of parents having to raise their children in an impoverished, harsh, even brutal social environment.

Summary of Other Findings

- All 14 mothers expressed dissatisfaction with the availability of day care provision in the neighbourhood. The consensus view was that this should be provided on an accessible and affordable basis.

- 13 of the mothers reported that getting out and about in the neighbourhood is a problem given the problems in directing pushchairs, children and shopping bags out of the home, onto buses and around shops. But as in the individual interviews the majority of mothers (12) felt that public transport services were of a good standard.

- 13 mothers expressed satisfaction with the quality of service provided by local health clinics.

- 12 mothers expressed dissatisfaction with what was described as the unsympathetic and poorly organised service provided by local G.Ps.
In the next chapter the significance of all these findings and those presented in the previous chapter, will be fully assessed.
CHAPTER 8

DISCUSSION

The findings presented in the previous two chapters convey a powerful and disturbing picture. They confirm that families living in social disadvantage are likely to encounter a range of adversities and hindrances which have serious implications for the health and welfare of children and parents. The "lived experiences" of these mothers indicate that each of the problems they face are likely to have a strong adverse effect on families. However, it is their combined, cumulative impact that appears to be so potentially destructive.

They are destructive in the sense that as these problems enmesh, they come to act as major constraints on the possibilities open to parents as they endeavour to raise their children safely and in good health. They are also destructive in the sense that as their effects are potentiated they may contribute to high levels of psychosocial stress in families which in some circumstances may lead some parents to physically injure or neglect their children.

The findings of this study therefore indicate support for the proposition that social deprivation may constitute both primary and secondary sources of harm and these sources are connected: the one may feed into the other to generate, in some circumstances, a downward spiral of stress, inability to cope and despair that may have particularly serious consequences for children.

In this respect the findings also shed light on some of the complex processes that may link social deprivation and harm to children, as described in the cognitive-social constructionist model developed in the theoretical discussion.
In the analysis which follows I shall begin by reflecting further on the case studies set out in Chapter 6 as these provide the most concrete evidence to support these broad conclusions. I shall then analyse on a thematic basis the issues that were explored in the individual and group interviews.

The Case Studies.

The case studies confirm that the material constraints experienced by socially disadvantaged parents are likely to prevent them from achieving what they and society at large would see as good standards of parenting. This is an important finding because as discussed in Chapter 2, an assumption that is often made about low-income parents is that they lack the knowledge and skills necessary to be good parents. Deficiencies in the quality of child care which they provide are therefore seen as attributable to a deficiency in the attitudes of these parents. In this section I shall describe precisely how the mothers in the case studies saw themselves as being prevented from achieving good standards of parenting and reflect upon the possible consequences. However, before doing so I shall recap the theoretical arguments within which these findings need to be interpreted.

Mayall (1990,1986) has pointed out that in reality low income parents are likely to share the same goals and aspirations for their children's health and development as other parents. However, they are prevented from achieving these not through personal inadequacy but as a consequence of the material limitations placed around them. She found that the mothers in her study had high standards of health for their children and there was little difference in their views of what they thought promoted good health. All her mothers emphasised that it was their care that affected their child's health status and they accepted personal
responsibility for their children's health. But they also described how material constraints affected their ability to carry out this care.

The discussion in Chapter 2 on the effects of parenting in poverty was also illuminated by drawing on the work of Wilson and Herbert (1978) which has shown that social deprivation may force parents into styles of child rearing with which they are not happy, and that they adapt to failure by lowering their expectations. In accounting for why parents might care for children in ways with which they are dissatisfied, Wilson and Herbert propose an "adaptational model" of society where the effects of deprivation are explained partly in terms of adaptations of behaviour and norms which people make in response to stressful circumstances. Hence the behaviour and lifestyle of socially disadvantaged families is viewed partly as an adaptation to particular situations of deprivation and such adaptations may have a marked impact on child development. (See also Elizabeth Elmer's study cited in Chapter 2).

However, as Mayall demonstrates, it is still important to distinguish between parent's child care approaches and their child care practices. Studies that look at child care practices will inevitably find differences between social groups. However, when the focus of studies is extended beyond individual behaviour and includes not simply practices but goals and attitudes, then as Blackburn (1991) has argued, we are likely to find more similarities than differences in outlook across social groups.

This is not to argue that some individuals may not be capable of behaving in deeply insensitive, even harsh and brutal ways towards children, nor that the characteristics of individuals should be rejected as important contributory factors in pathways leading to harm...
to children. But the evidence of my study and others is that parents generally want the best for their children but may be prevented from achieving this by social deprivation.

Attitudes towards schools and education can be seen as just one powerful illustration of this. A common stereotypical image of working class families is that they attach less importance to educational attainment than middle class families. However, none of the mothers in my study indicated anything other than a desire to see their children do well at school, regarding this as a gate-way to a better life. As such they could be seen as accepting the messages conveyed by dominant ideologies about the care and education of children. What they were deeply concerned about was that opportunities to achieve a good education for their children may be limited by the family's material circumstances.

All of the findings in relation to the themes explored with the mothers convey their desire to do what is best for their children but of having their aspirations thwarted. I shall now combine concrete examples of this with an attempt to take the analysis a step further by showing how parents facing social disadvantage are called upon to constantly make painful, perhaps impossible choices and compromises regarding their children's needs if the family is to survive in the face of severe adversity. As discussed in Chapter 2, Blackburn (1991) identifies this as a major feature of parenting in poverty given its association with restricted opportunities for families. The need to make such compromises will be seen as contributing to the barriers to good parenting encountered by these mothers.

Ms Rogers and Ms Phillips, in describing their housing situations, state how they would like their children to be able to go outside to play. However, with good reason they see the neighbourhood as being unsafe for children. This means they have to choose between the children's need for safety and their need to play, exercise and "let off steam". In Ms Rogers
case, in deciding that their safety should come first and mindful that there are few amenities in the neighbourhood to which she can take the children as an alternative to "playing out", the parent must manage the demands of two children whom she describes as "hyperactive" within cramped living conditions. Seen in this context it is not surprising that she describes herself as "completely fed up". Ms Rogers also describes how these circumstances contribute to stress and tension within the home and she says that this can have a negative effect on the way she responds to her children.

In Ms Mitchell's case, the sense of being shut away with the children, having nowhere to take them and consequently feeling lonely, isolated and depressed was regarded by her as the key factor in leading her to harm her daughter. It was only when she injured her daughter and came to official attention that the options available to her increased - a place for her youngest child at the Family Centre and participation in the Women's Group. The same applies to Ms Phillips whose children were placed on the child protection register after an incident of physical abuse.

Mrs Spicer finds herself in a similar position even though her family have experienced an improvement in their financial circumstances. She too would like her children to be able to play in the garden but because this is not safely fenced she does not feel able to permit this. The consequence of having no respite from the children is that like Ms Rogers and Ms Phillips, she says there are times when she feels weary, isolated and depressed and this, as she also says, makes it harder to cope with the children. There are other examples of these hard choices and compromises and how these may prevent the mothers from doing what they would like for their children.
Ms Rogers describes how all members of the family suffer from asthma. This is exacerbated by damp conditions and mould growths in her flat. However, in choosing to heat the home so that it can be made as healthy as possible Ms Rogers incurs fuel bills that she cannot afford. This too can be seen as a source of potential stress.

Ms Phillips would like to go out to work in order that she can provide a better life for her children than social benefits will allow. However, to do so might mean having to make use of day care provision, if this can be found, which is unlikely to fit in with the routines of her school-age children. In fact the lack of day care provision of any description and suitable job opportunities means that she is likely to have no choice in this matter.

Ms Mitchell has in fact taken steps to secure employment by attending a training scheme, but she too recognises that lack of access to suitable day care will restrict her opportunities to take up a job should she find one.

Ms Phillips is keen that her children should benefit from a good education and to this end would like them to attend a local Catholic school which has a good reputation in the neighbourhood. But this is an aspiration on which she may need to compromise because the family income, particularly if its source remains the Department of Social Security, is unlikely to stretch to covering the cost of school uniforms. The sense of having to settle for "second best" despite having very clearly articulated goals for one's children must also contribute to personal and familial stress.

Both Ms Rogers and Ms Phillips describe other serious health problems on top of the depression and isolation which they experience. Ms Rogers has been ill with shingles, Ms Phillips with bronchitis - both serious conditions. However, if these ailments are to be
treated then they must run the risk of experiencing a hostile response from their G.P. The "choice" which both have made is to suffer these illnesses without medical attention. This is likely to significantly deplete parents both physically and psychologically still further.

Ms Rogers and Ms Phillips speak of their desire to get out of the home either with the children or for a "night out". Lack of money places restrictions on this, but choice is further inhibited by the realisation that if they decide to go out they run the risk of being burgled and they also have to grapple with a host of physical obstacles - getting the children ready, wrestling with shopping bags and pushchairs, and negotiating steps and buses while the children become increasingly fractious. Staying at home may diminish the risk of burglary and eliminate the arduous tasks associated with going out with the children, but it is likely to heighten the sense of depression, isolation and weariness they associate with being "cooped up" with the children in cramped conditions. Ms Mitchell's experiences testify to the ultimate effect of this situation - possible injury to children by frustrated parents. At a less dramatic but very practical level, a decision to avoid these hassles may mean that the family shopping simply does not get done.

The Blunts describe how because they have chosen to try and take up employment as the best means of meeting their financial commitments they must miss out on social benefits such as free school meals for their children. Moreover, in deciding to pursue the greater sense of autonomy which they had hoped home ownership would bring, they have incurred serious debts. This has in turn meant that they must make difficult choices each week about which bills to pay.

The Blunt family also cite concerns about what they see as an unhealthy environment in the neighbourhood which contributes to a high incidence of coughs and colds in their children.
In attempting to promote better health the family have chosen to use a G.P outside the locality. This may mean they have a better service but it could cause them greater inconvenience in terms of access to the surgery.

As argued in Chapter 2, such choices and compromises have to be seen in the context of the heavy demands which child care is likely to make on most parents. Child rearing is invariably hard work and is always likely to involve give and take so far as meeting the needs of children is concerned. However, as the case studies indicate, for socially disadvantaged parents these demands are made more acute by the cumulative, destructive and chronic nature of the choices and compromises that have to be made day in and day out. For more affluent parents the main choice they face may be how best to meet their children’s' needs by selecting from a range of largely healthy options. For low income parents the choice is more likely to be about which of their children’s' needs (and their own) will be met and which will simply have to go unmet.

These insights can shed more light on the social and psychological processes that may link social deprivation and harm to children which were explored in Chapter 2.

The depression, isolation and weariness described by the mothers in this study would seem to be at least partly related to the need for them to make this series of potentially painful and debilitating choices. The pressure to do so appears to be unrelenting given the range and depth of the adversities and hindrances which they face on a daily basis. At any time the build up of psychosocial stress which is likely to accompany this experience may easily compromise the ability of parents to mobilise coping capacities and the adaptive behaviours necessary to the survival of themselves and their families. That they are able to do so for much of the time in the face of the most severe adversity as these mothers demonstrate, is
perhaps the most remarkable finding of all, testifying to the quality of resilience that Michael
Rutter and others have identified in studies of psychosocial development.

But for some individuals the accumulation of these adversities and stresses, and the sheer,
grinding effects of having to continually make tough choices and compromises, may be
experienced and perceived as so debilitating and so undermining of their efforts to cope that
a generalised sense of helplessness may eventually set in. It becomes increasingly difficult
for the parent to see any positive relationship between their actions and the achievement of
valued outcomes. Consequently, their feelings of failure and loss of control are exacerbated.
The sense of resignation and despair associated with this state may contribute to even
greater levels of psychosocial stress in families. This may in turn further weaken the
individual's self-esteem and self-efficacy. As this cycle escalates so the risk of harmful
reactions to children by their parents may be heightened.

These reactions may take the form of harsh and violent responses to the behaviour of
children. They make take a more insidious, cumulative form where parents act with
indifference or neglect towards the emotional and physical needs of their children. Whatever
the manifestation of harmful behaviour, and there are likely to be many variations, it is
necessary to see it as the outcome of a process whereby many sequences of events,
experiences and cognitions interact to produce increasingly high levels of psychosocial
stress in families. By considering again the experiences of some of the women in the case
studies, evidence can be found to indicate these processes.

Ms Rogers describes how she must cope with what she regards as the hyperactivity of her
children because she is unwilling to allow her children to play outside in what she regards as
an unsafe neighbourhood. She makes the connection between this state of affairs and the
fact that she feels "completely fed up". Ms Rogers describes how these circumstances, allied to the other adversities she faces, contribute to stress and tension within the home - "things boil up" - and she acknowledges that this can have a negative effect on the way she responds to the children.

Ms Mitchell directly relates her frustration at being shut away in the home with the children and having no-where to take them, to the feelings of loneliness, isolation and depression she describes. Again, she herself makes a connection between these material constraints and their psychological effects, describing how this state of affairs led her to injure her daughter.

Mrs Spicer, the mother who described her circumstances as having improved once the family's economic fortunes took an upturn, also makes a connection between not being able to let the children play outside for fear of the lack of security caused by inadequate fencing around the garden, and the feelings of weariness, isolation and depression that she says she still experiences from time to time. She says that at these times she finds it harder to cope with the children.

It has to be restated at this point, as argued in the theoretical discussion, that it may never be possible to predict what level of stress will be counteracted by which personal resources and as such to identify which parents will "tip over" into producing a harmful outcome for their children by physically injuring or neglecting them. The data emerging from this study cannot tell us for sure why Ms Mitchell and Ms Phillips injured their children while Ms Rogers in apparently very similar circumstances and Mrs Spicer, in circumstances which retain some of the features shared by these first two mothers, have not. The influence of other factors need also to be taken into account. For example the specific attributions of meanings which different individuals assign to their experiences and actions, and the
behavioural configurations that follow. The degree of social support on which families can
draw, particularly at times of extreme stress, is also likely to be important. Nevertheless, on
the basis of these findings and the insights they provide, we can develop some sense of the
general processes of accumulation or potentiation of stress factors that may be at work.

The case studies also underline the importance to these processes of the "external
attributions" that are assigned to low income parents living in socially disadvantaged
neighbourhoods. That is, the perceptions which parents have of their area of residence; how
they believe they are viewed by outsiders and the impact of these processes of social
labelling and stigmatisation on parents living in the neighbourhood.

Ms Rogers describes how people from outside the neighbourhood view it as a "low class
area" where cars are stolen and petrol-bombed. Mrs Blunt confirms that this is seen as a
very poor neighbourhood in which to bring up children where "problem families" have been
rehoused. Ms Phillips believes that residents are seen by outsiders as "roughnecks" and
"slags". She thinks that there is little that can be done to improve the image of the place.
Mrs Spicer believes that outsiders view the neighbourhood as full of criminals and vandals.
Ms Mitchell thinks that it is seen as "rough area" where people get stabbed.

As already highlighted in this chapter, such perceptions are likely to contribute to the
negative self-image which parents living in socially disadvantaged neighbourhoods might
have. These perceptions may feed the sense of helplessness felt by some. However, as the
discussion in Chapter 2 acknowledged, people who experience social labelling do not
necessarily passively accept these labels. They may well resist and "fight back" by refusing
to see themselves as part of the neighbourhood and by attaching their own meanings and
interpretations to their social reality.
There was evidence of this in the responses of the mothers, particularly when questioned about what would help to improve their situations. One of them remarked: "It is important that politicians know what we really want rather than giving us the things we don't need. Either that or they ignore us altogether."

Another said: "People need to listen more to the parents and what they have to say about their own needs. And they ought to ask the youngsters around here what it is they need too."

Resistance and fight-back were evident in the more specific and practical proposals the mothers made with regard to the problems they face. They were very clear that what they need are better play, leisure and day-care facilities for families; more garden space; decent housing; realistic incomes for families; accessible advice and support services; good schools, health and transport services, and effective policing of the neighbourhood to help reduce crime. Recognition of the exasperation, and for many of the mothers desperation, felt about their circumstances needs therefore to be tempered by acknowledgement that these mothers had very sharp perceptions of the problems they face and equally sharp perceptions of what might make their families and neighbourhoods safer and healthier places in which to raise children.

As indicated in the introduction to this thesis, the Children Act 1989 places great emphasis on the notion of promoting "partnership with parents" as the basis for service-delivery (cf. D.O.H 1995). The responses of these mothers indicate that there is likely to be a receptive audience should government and social agencies choose to translate the rhetoric of partnership into a reality. These issues will be explored in more depth in the Conclusions Chapter which immediately follows this chapter.
The Thematic Presentation of Findings

What of the findings from the individual and group interviews which were presented according to each of the themes explored with the mothers? How do these contribute to our understanding of the issues and processes indicated in the case studies?

Many of the mothers observed that their housing has important implications for the quality of their lives and those of their children. Those mothers who cited cramped home conditions and/or lack of safe play and garden space seemed to believe that this contributes to tension within households. As one mother put it:

"The children haven't got any room to move around and let off steam. They can really get on your nerves."

For the mothers there was the feeling that in these conditions they have little respite from the demands of their children:

"You don't feel as though you've got any space to yourself"

as one said.

"You just feel cooped up together"

was a common refrain. This links with the mothers' observations about the lack of amenities for children and families in the neighbourhood. Again a widely held view was:

"There is nowhere to go where the children can let off steam"
These findings confirm Blackburn's observation that it is women and children who bear the brunt of poor housing standards. It is they who are likely to experience the worst housing (Morris 1988) and spend longer periods at home than men. Women and children are therefore more likely to be exposed to the hazards of poor housing (Blackburn 1991).

However, while poor housing can make parenting an even more arduous task through the direct physiological effects it can have upon individuals and through its influence on psychological and behavioural processes (ibid.), it is difficult to disentangle its effects from other factors (Smith and Jacobson 1988). The evidence confirms that housing inequalities may be:

"a vehicle for transmission of other inequalities such as those in education and leisure and, in particular, inequalities in the ability to accumulate wealth and gain access to credit." (Blackburn, 1991, p. 96).

It was therefore not surprising that lack of access to amenities for children and young people, services providing help and advice to families and low income were described by the mothers as major sources of difficulty. The lack of adequate safe, accessible and affordable amenities for families with children, in particular those that allow children to run around and expend energy, was seen as a major contributory factor to stress in families as the tensions associated with close proximity of family members in the home remains unrelieved.

In this regard the findings from the interviews confirm the presence of "environmental poverty" described in Chapter 2 and first identified by Townsend (1979). Blackburn (1991) has defined this as lack or lack of access to gardens, parks, play-space, shopping facilities
and health centres as well as taking account of exposure to pollution such as dirt and noise.

This dimension of deprivation has major implications for families:

"Poor access to community provision such as playgroups and nurseries, social and recreational facilities, shops that sell healthy foods, safe play areas and health services and transport systems that inhibit movement out of the area make child care a (more) difficult task for parents who are already coping with the burden of living on the breadline." (Blackburn, 1991, P.94, My brackets).

These difficulties are compounded by insufficient availability of services offering help and advice to families. This was identified most strongly by those mothers participating in the individual interviews, who indicated a more negative set of responses when questioned on this matter in their own homes than was evident from responses in the large group. Given the high levels of social need described by the women, the absence of such services may have very serious implications for the care of children. As one mother remarked:

"The pressures on parents do affect the care you give to your children. You need help and support to take off some of the pressure. Its lots of little things which boil up."

Yet as already remarked upon in the findings chapters, these mothers were probably in a more "advantaged" position than most families living in the neighbourhood given that they had been given the relatively rare opportunity to join the Women's Group at the Family Centre and make use of its child care facilities. To achieve this "advantaged" status it seems it is necessary for parents to present themselves to service-providers as a "problem family" - a view expressed by some of the mothers - or to harm their children. One can speculate as
to how far such a perception, even if only implicitly held, becomes part of the belief system(s) of those living in socially deprived neighbourhoods.

This theme connects with the responses given by the mothers in relation to the quality of neighbourhood support they receive. Here again there appeared to be a divergence of view expressed by members of the large group and those participating in the individual interviews - bearing in mind that these mothers were present in the group. Whereas members of the large group were by and large negative about the potential for help and support within the neighbourhood, the individual interviews with its more detailed questions revealed a slightly more positive view with a majority of the mothers giving a "Quite a lot" or "All the time" rating when asked if this is a neighbourhood where people tend to help and support each other. Nevertheless, just less than half the mothers commented "Not at all" or "Only Sometimes". (Chart 7)

Neighbours, friends (often the same person) and relatives, particularly their own mothers, were cited most often by the mothers as the providers of help. (See Chart 8) Partners were cited the least often even though four of the mothers had one, suggesting that proximity of a relationship is no guarantee of help and support. It also suggests that the women do not necessarily see their men as particularly valuable confidantes and have to look elsewhere for support.

In terms of what sort of help is received, Instrumental or practical forms of help such as baby-sitting, temporary substitute child-care, transport and perhaps financial assistance were the most commonly mentioned. Emotional help mainly takes the form of having someone to talk to and to share problems with.
Social help was seen in similar terms to emotional support but also cited most often were going out with friends and relatives, attending the Family Centre or the local Gingerbread group.

The clear majority of mothers were satisfied with the level of support they receive and did not feel they needed more (See Chart 9). In view of the many disadvantages they face living in the neighbourhood, including what they perceive to be the poor availability of services providing help and advice to families, this might appear to be a surprising finding. However, what is revealed is in fact a more complex situation. Whilst at one level the mothers might see the neighbourhood as one where people tend not to help and support each other and indeed one where there is cause to be wary of other people given the high levels of theft and burglary, and the negative attitudes to children held by some neighbours, most have managed to construct small and intimate networks of friends, neighbours and relatives, and to a lesser extent professionals.

Whilst they might value the bridge into the wider community provided by for example, the Family Centre and Gingerbread group, the mothers are cautious and selective about whom they confide in and seek help from on a day to day basis. It is possible to shed light on the possible meaning of these particular findings by applying insights on social support and its relationship with harm to children which were considered in Chapter 2.

Garbarino and Sherman (1980) have drawn attention to the correlation between socially deprived neighbourhoods and high rates of child abuse referrals, a trend confirmed in this study. Garbarino (1981) argues that these neighbourhoods are characterised by a lack of supportive networks. He accounts for this in terms of the prevalence of individuals who are insufficiently "free from drain" to construct these networks. This is because the demands of
living in poverty are such that the most urgent priority is to meet one's own needs. Individuals feel they have too few personal resources left to devote to developing helping networks and to be supportive to neighbours once this priority has been achieved. Considerable evidence of the demands which social disadvantage makes on parents is provided by this study.

Moreover, people living in "high risk" neighbourhoods like Copseley Forest where the mothers in my study reside, may feel their own security to be threatened by the neediness of others (Garbarino 1986). This may cause them to be ambivalent if not hostile about "neighbourly exchanges" of goods and services and unable to share because they feel themselves to be vulnerable to exploitation. When this analysis is applied to my findings then the womens' expressions of wariness about opening up their lives to more people in the neighbourhood can be better understood. It helps to account for why the mothers tend for the most part to construct small and intimate support networks drawing largely on close friends, a few neighbours and some relatives.

However, Garbarino (1986) implies that this approach carries dangers. Social support networks depend upon mutual exchanges and require that everyone has something to give in return for what they receive:

"People solve personal problems, accomplish tasks, develop social competencies and address collective issues through an ongoing exchange of resources with members of their personal community. This exchange of resources, whether tangible goods like information or money or intangible resources like emotional nurturance can be viewed broadly as social support." (Gottlieb and Todd 1979).
Where people are heavily in debt to their network or cannot muster resources to exchange (even emotional ones) they may cut themselves off from future transactions or be cut off (Garbarino 1986). Garbarino and Sherman (1980) found that in poor neighbourhoods with accompanying high levels of child abuse referrals, this risk of social isolation is likely to be at its most acute. Support for the argument that parents may become locked into a cycle of isolation - stress - increased isolation, which makes it difficult to focus on problems other than one's own, was provided when the mothers' views on whether they saw themselves as being socially isolated were investigated.

Social isolation was an issue for most of the mothers and this should be viewed in the context of the feelings of depression and weariness which most of the mothers identified when questioned about their personal health. This could be seen as evidence of "drain" arising from the demands of living in poverty. These feelings of isolation, depression and weariness appeared to be felt most acutely when the mothers perceived themselves to be confined to the home with their children. As one mother put it:

"I often feel suffocated: that all I'm doing is looking at four walls. There is nothing to do once the children have gone to bed and it makes me feel depressed. Its at times like that that I regret having them."

And another:

"I get to feel isolated when I can't get out of the home with the kids."
A third said,

"The worst time is when I'm stuck in the flat with the children. That makes me feel isolated and depressed."

The mothers' responses also revealed that a number of very practical difficulties contribute to these feelings.

Lack of material resources such as inadequate access to transport, the high cost of public transport, difficulties in getting out of the home with children, lack of play space and amenities for families, poor health and depression, fear of crime - familiar themes in this study - were all cited as factors which contribute to a sense of social isolation. It did not seem that the mothers' support networks, about which most had initially expressed satisfaction, were sufficiently strong to prevent this sense of isolation.

The factors which were regarded by these mothers as contributing to social isolation confirm many of the barriers to social support which were considered in the Chapter 3. Willmot (1987) has demonstrated that social class differences in patterns of social support are a consequence of differences in access to material resources. His study of friendship and social support networks discovered that on every index applied, social status and affluence were associated with larger social networks. Material resources influenced whether families could afford to entertain and meet with friends and relatives and whether they had housing conditions which enabled them to receive other people in their homes. Car ownership
affected peoples' ability to mix as did having sufficient money to make use of public transport and telephones. Willmot's conclusion that consequently working class people tend to have support systems based on smaller networks of friends who are seen relatively often resonates with the findings in my study, though other reasons have also been advanced to partly account for this. By contrast Willmot found that middle class people with access to more material resources tend to have larger networks of friends.

The consequences of this for socially disadvantaged children and parents may be severe. Blackburn (1991) has argued that families and individuals have different levels of social integration and different requirements for support at different life-stages. Families with dependent children, such as the mothers in this study, are likely to have high social support needs (Willmot 1987). This is necessary to help reduce the stress that accompanies child-rearing (Blackburn 1991) and enable parents to mobilise coping strategies and adaptive behaviours (Schorr 1988).

However, my study confirms that while socially disadvantaged families are likely to encounter very unfavourable conditions for constructing social support networks and combating isolation, they are also the families most likely to face a wide range of potentially very severe psychosocial risk factors linked to low income, poor housing, inadequate amenities, and poor access to health, education and advice services - all the themes investigated in this study.

There may of course be many more factors to consider. But this relative lack of protective or buffering influences is likely to make it more difficult for parents to reduce the stresses associated with child-rearing and to offset the impact of those multiple, interacting stress factors which have been identified in this study. As such it may become more difficult for
parents to mobilise coping strategies and adaptive behaviours and so maintain within their domestic situations some balance between stress on the one hand and coping capacities/support on the other. If this inability to maintain a balance between these factors contributes to perceptions that nothing one does seems to make any difference to the adversities and hindrances one faces on a daily basis - in fact one's efforts may be seen as making things worse - then in some circumstances this could lead to a more generalised sense of helplessness with the possible consequences already described in this chapter.

In Chapter 2, when considering three strands that may link the problems faced by parents living in social disadvantage, it was described how "child maltreatment has been identified as possible marker of the strength of the social fabric (Melton and Flood 1994). A high rate of child abuse and neglect may be a signal of "negative social momentum" (Garbarino and Kostelney 1992b), persistent economic decline (Pelton 1992) and community disintegration (Garbarino and Kostelney 1992a, Melton 1992). As such child maltreatment can be seen as an indicator of the overall quality of life for children and families and its incidence will vary directly as a function of other indicators of the material and psychological quality of family and community life (Garbarino and Crouter 1978).

The findings that relate to the mothers' perceptions of the neighbourhood as a good or bad place in which to raise children would seem to be consistent with these observations, indicating that the high rates of child protection registrations exhibited by the Copseley Forest neighbourhood (W3, W4 and W5 on the map of the borough) coincides with a poor quality social environment within the neighbourhood. These findings also tend to confirm the conclusions reached by Garbarino and Sherman (1980). On the basis of their study of "high risk" neighbourhoods they argued that the higher the "risk score" (measured according to a range of socio-economic and demographic information) the less positive the
evaluation of the neighbourhood as a context for child and family development by the families living there. This is because the problems that individual families face are seen by them as being compounded rather than ameliorated by the neighbourhood context (Garbarino and Sherman 1980).

Moreover, the findings seem to confirm that while these mothers function under circumstances which would seem to require strong support systems to help them cope with the many adversities and hindrances they face, these systems are not likely to be available to them (Garbarino and Sherman 1980) unless they are fortunate enough to attend a resource such as the Family Centre.

Instead they must contend with a harsh and brutal social environment in which they feel themselves to be abandoned, condemned and excluded by/from the outside world. Not only must they carry the full weight of multiple social disadvantage and the range of psychosocial stresses linked to this, but they must also bear the stigmatisation which accompanies living in a poor neighbourhood:

"We're the bottom of the pile"

as one mother described the situation.

"It embarrasses me to say I'm from here"

commented another and:

"We're all seen as a bunch of roughnecks and slags."
The cumulative impact of these perceptions on the self-esteem and self-efficacy of individuals and families, as evidenced in the sense of resignation and hopelessness expressed by many of the mothers who felt that little could be done to improve their lives, may be severe. As parents are worn down by these pressures then their feelings of "helplessness" could be amplified by negative feed-back received from outsiders.

A major theme explored in the individual and group interview was the impact of low income on families and its powerful contribution to the matrix of disadvantage which the findings from this study describe. The importance of this problem is underlined by the fact that 7 of the 9 mothers in the individual interviews identified family income as presenting problems. Its significance was also highlighted by the fact that although I did not set out to address this theme in the group interview, it was nonetheless raised by these mothers.

The responses of these mothers demonstrate that the families who fare worst financially are those on benefit, particularly those headed by a lone parent, and those where there is a "breadwinner" in low paid employment. Those families which perceive themselves as faring relatively well are couples where at least one of the partners is in what is seen as well paid employment. None of the lone parents were in any form of employment, and this links with the concern expressed by mothers at the lack of day care facilities for young children and the barriers this poses for a mother wishing to take up paid employment.

The precise impact of having to manage on low levels of financial resources was conveyed by the mothers' comments. Neither benefits nor low pay provide families with sufficient wherewithal to meet more than their basic needs, and the evidence is that even this is a struggle. Indeed, the failure of standard rates of benefit to cover fuel, food, clothing and
essential consumer durables like cookers and washing machines accounts for the frustration felt at the inadequacies of the Social Fund.

The impact of this on parents and children can be far-reaching. Referring to life on social benefits one mother remarked:

"I don't know how they expect you to live on the money they give you. It's the bare minimum."

And another:

"I'm on income support and I can't get grants for essential things. I've got no cooker at the moment."

A third mother said:

"I just don't have enough to live on. I can't even afford the kid's clothes"

The evidence in this remark of exclusion from many of those aspects of life which more affluent families can take for granted was echoed by other mothers:

"I'd like to send my children to a local Catholic School but I can't afford the uniforms" and: "It's a real struggle at Christmas and birthdays...you don't want your children to miss out and it's so hard to explain to them that they can't have what other children are having."

This awareness of the implications of having to manage on low income may only compound the sense of being labelled as a poor, inadequate parent.
The feelings behind the words expressed by these mothers, as exemplified in the quotations which are repeated above, conveyed their sense of anguish at having to negotiate the day to day struggle of stretching resources to the limit, and gave hints of the psychologically debilitating effects of this. It is in this context and in the face of these obstacles that they must perform the parenting task and meet the needs of their children.

Viewed in this light, the items identified by the mothers as Rely to improve their situation are far from outrageous. The pleas for realistic levels of benefits to support family life and a living wage where jobs can be found, are rooted in a realistic assessment by the mothers of the needs of their children. In the absence of adequate resources not only are families denied the means to a decent life but a further source of potentially serious stress is generated within families.

The importance of income as a major influence in the care of children can be taken a step further by relating these findings and observations to the review of links between poverty and health undertaken by Blackburn (1991) which was considered in the theoretical discussion. She identifies income as the greatest determinant of the living standards of families. Its linkage with the other themes addressed in this study is therefore crucial:

"It (household income) touches every part of family life. It influences where a family lives (and hence the family's degree of exposure to environmental hazards), access to space, leisure, work, educational facilities and health-care resources. Income influences the quality of housing and hence the family's degree of exposure to the diseases associated with damp and cold. It influences how much money is available for food, fuel and clothing and thus the body's capacity to regenerate and resist infection. The total of these determine a family's degree of domestic comfort and contributes to their sense of physical, social and emotional well-being. In this way, a focus on income shows how the exposure to one health hazard, low income, increases
the chance of exposure to other health hazards such as inadequate diet, poor housing and lack of social and recreational facilities. (Blackburn, 1991, Pp 41-42).

If low household income can therefore be seen as a major defining element of the social circumstances of families, then the importance of income in shaping the possibilities open to families as they endeavour to raise their children safely and in good health becomes even more apparent. It can be identified as a crucial factor in influencing whether the basic needs of children can be met by parents and ultimately whether some children experience harmful outcomes at the hands of their parents. This is not to underestimate the complexities of links between social deprivation and harm to children, the acknowledgement of which has been a feature of this thesis. However, it is suggested that the potentially severe physical and psychological consequences of coping with low household income and all its ramifications (as indicated in the comments of the mothers) is such that it may in itself represent a particularly potent "vulnerability factor" for children and families.

As previous chapters have indicated, particularly Chapter 5 which presented data on the circumstances of individual families with children on the child protection register, for the full impact of social deprivation to be "triggered" a range of "provoking agents" may also need to come into play. But to expect children and parents to manage, probably for long periods of time and in increasing numbers (Kumar 1993), on low household income may be to expose them to a potentially dangerous level of psychosocial stress.

This concludes the discussion of the findings of the study. In the final chapter I shall set out the conclusions to this thesis.
CHAPTER 9

CONCLUSIONS

It has been the aim of this thesis to shed light upon the nature of links that may exist between social deprivation and harm to children. This has been achieved by drawing upon a study of parents' perceptions of the problems faced by them in bringing up children in neighbourhoods characterised by high scores on indices of social deprivation and high levels of child protection registrations.

This has provided an opportunity to look beyond statistics which point to a strong geographical correlation between social deprivation and harm to children and which indicate that families with children on child protection registers are likely to live in poverty, to glimpse the "lived experiences" of mothers living in the midst of these statistics. By listening to the "stories" told by these mothers, the study has indicated support for the proposition that parents facing social disadvantage encounter a range of adversities and hindrances which have a cumulative adverse effect upon the care of children. The evidence bears out the argument that the problems to which these adversities lead appear to be linked by three main strands:

- social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children

- by creating material, social, interpersonal and intrapersonal barriers in families, social deprivation can prevent parents from achieving the
standards of parenting to which they might aspire and which society expects of them

- in interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children.

These findings have made it possible to test the validity of models that view links between social deprivation and harm to children as being mediated through the practical resources available to parents, their social relationships and neighbourhood support networks. The evidence has shown these components to be among the many factors that parents perceive as shaping the possibilities open to them as they strive to raise their children safely and in good health. They are likely to influence whether parents are able to meet the basic needs of their children. They are also likely to contribute to high levels of stress within families that may in some situations lead parents to injure or neglect their children. These twin but strongly connected arguments have run through the thesis.

Although not directly investigated in the study, it has been argued in this thesis that the personal characteristics and histories of parents are also likely to be important dimensions in these multi-layered, multi-dimensional models. While the study has focused on the material constraints experienced by socially disadvantaged parents and the possible consequences of these, this does not mean that the possible significance of factors associated with the backgrounds and personalities of individuals has been rejected.

In these ways the theoretical discussion presented in Chapters 1 and 2, and the study described in Chapters 3 to 8, have made it possible to develop the argument that processes leading to harm to children are likely to be linked to deficits in material resources and
complex, psychosocial stress factors. Insights applied from theories on psychosocial
development, stress, "learned helplessness", and social labelling have been integrated with
perspectives on the experience of parenting in social disadvantage to shed light on these
possible processes. The influence of dominant ideologies or "ruling ideas" about parenting
and family life has also been touched upon. Underpinning both the interpretative
frameworks and research methodologies in the thesis is a cognitive-social constructionist
approach which has emphasised the importance of engaging not just with the "lived
experiences" of individuals but also the "meanings" and interpretations that they attribute to
those experiences and the actions they take in response to the problems they face. It has
been argued that this is essential to an understanding of the multifarious causative pathways
that may lead to harm to children.

As such, this thesis and the study on which it draws has sought to contribute to a
paradigmatic shift in the discourses which surround what is commonly referred to as child
abuse but which I believe is more accurately referred to as "harm to children", given the
tendency of the former to be associated with definitions and modes of service-delivery that
view the problem as essentially one that arises from individual and family pathology. In
contrast to this, there is a need to view family experiences in context, and this requires that
the effects of social disadvantage on individuals, families and communities should now
assume a more prominent place in any serious consideration of the aetiology of harm to
children.

As emphasised throughout this thesis, this is not to argue that there are not likely to be
many other components, strands and processes at work in addition to those considered
here. For example, the emphasis which has been placed upon social class status as a key
element in influencing outcomes for children should not negate the importance of race,
culture or disability as major mediating factors in these processes. And while this thesis and
the study on which it draws has underscored the importance of gender issues to an
understanding of links between social deprivation and harm to children (insofar as any
consideration of parenting must inevitably focus upon the experiences of women) this is a
dimension which warrants further exploration.

Moreover, the relationship between the personal histories and characteristics of parents,
children and families such as those that have figured in this study, and social deprivation,
would benefit from closer scrutiny to assess the influence of these factors in the models that
have been proposed. A deeper evaluation of these and other themes, issues and processes
that have been indicated in this study may shed further light on their significance, making it
possible to reassess and refine the interpretative frameworks that have informed this thesis.
It would also be useful to explore whether the models developed in this thesis have
relevance as explanatory frameworks for other social problems such as mental ill-health,
alcohol and substance abuse and crime.

Nevertheless, this thesis and the study on which it draws, in seeking to lend this area of
study a greater degree of precision, can lay some claim to having brought the possible
nature of links between social deprivation and harm to children and their significance into
much sharper focus. This is essential if the practice, policy and organisational implications
of these links are to be fully understood and addressed. It is to these applied aspects of the
thesis, first outlined in the introduction, to which I now return.

In the introduction it was argued that official definitions of harm to children, as set out in
the "Working Together" document, tend to encourage a narrow focus on "crisis
management" in child protection work. The services to which these definitions give rise are
largely those concerned with the detection and investigation of allegations of abuse - what Wolfe (1993) has described as "aversive contingencies". As such these official definitions and the reasons used for placing children on child protection registers, do not adequately reflect interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks. This study has shown that these are likely to be important factors in causative pathways leading to harm to children.

However, as the introduction also acknowledged, there are elements within the current child care legislative and policy framework in the U.K which are very much in tune with the concerns of this thesis. The Children Act 1989, through its identification of "children in need", requires local authorities to provide services to counteract the impact of social deprivation (Baldwin and Spencer 1993). In addition, the U.K is a signatory of the U.N Convention on the Rights of the Child which sets out detailed and specific rights for children. These include protection from violence, exploitation and deprivation (ibid.).

The problem is the findings presented in my study indicate that when the day to day experiences of socially disadvantaged children and parents are investigated, there is little evidence to suggest that the U.K is complying with the U.N Convention. Neither is there evidence that family support services on the scale envisaged by the Children Act are yet in place. This means that the prospects for ameliorating the adversities and hindrances identified by low income parents living in socially deprived neighbourhoods, which should be the cornerstone of a family support strategy, remain poor. This picture has been confirmed nationally in a recent study by the Joseph Rowntree Foundation (1995a).

In fact, despite its paper commitment to the U.N Convention and its sponsorship of the Children Act 1989, over the last 16 years governments in the U.K have presided over a
massive increase in social inequalities. The share of income of the bottom half of the population has declined from nearly a third (32 per cent) in 1979 to a quarter by 1990/91. And while the real income of the bottom 10 per cent of the population has declined by 14 per cent over this period, the real income of the top 20 per cent of the population has risen by 40 per cent (Kumar 1993). This has led to a situation where, as indicated in the introduction to this thesis, 1 in 3 children now live in poverty with many more on the margins of poverty (Kumar 1993, Joseph Rowntree Foundation 1995b). Evidence of these inequalities is graphically illustrated in my study where profiles and comparisons of different neighbourhoods in one metropolitan borough revealed huge disparities between the poorest and most affluent areas (see Chapter 4).

It is likely that this trend towards greater social inequality has hindered low-income parents in their efforts to raise their children safely and in good health. Moreover, the severe financial constraints imposed upon local authorities by central government has made it less likely that services for "children in need", that is, children who have borne the brunt of the growth in inequality, will be provided.

The first major policy implication of this thesis is therefore, the need for government to turn its commitment to the U.N Convention and the Children Act into a reality. To do this it is necessary to reverse the trends of recent years by launching an assault on poverty and inequality in the U.K. Such an assault will need to include a commitment to social and economic policies that make it possible for individuals, particularly women who wish to work outside the home, to take up adequately remunerated employment, so assisting them to lift their families out of poverty. This will make it necessary to provide access to good quality, affordable day care for children.
These policies will need to be accompanied by a return to a more progressive and fairer tax system where those on the highest incomes make the greatest contribution. This also means shifting the burden of taxation away from indirect taxes on consumption which tend to hit hardest those on low and fixed incomes, and back towards direct taxation on income. This would help to make it possible to raise revenues that can be used to pay families not in work or receiving low pay, levels of social benefits that enable them to provide adequate standards of material care for their children.

In my study, good standards of material and emotional care were found to be strongly related to the quality of housing enjoyed by families. In order to improve the social environment of children and families, it will be necessary for central government to free up the capital receipts held by local authorities as consequence of council house sales, and allow them to embark upon a major programme of house building and renovation.

This needs to be accompanied by proper investment in social amenities and family support services in local areas, recognised in the level of grant allocated by central government to local authorities. Social agencies must be able to meet their obligations to children, families and communities under the Children Act. Simply expecting local authorities to direct existing, fully stretched resources away from child protection services as apparently advocated by the Department of Health (see Introduction), is not in itself an adequate strategy.

Such a shift is unlikely to be achieved until new family support services have become established and are bearing fruit. If poorly managed and inadequately resourced then any attempt to "rebalance" services in this way could in the short term lead to the worst of all
worlds where existing child protection systems are undermined to the detriment of some children, without there being any significant improvement in family support services.

All of these policies are essential if we are as a country to make the necessary social investment in the next generation. The social and economic costs of not doing so could be astronomical in terms of increased levels of family breakdown as parents and children come under increased stress. The impact of this on an already frayed social fabric, and on health, social and police services which will have to continue to "pick up the pieces" of this social dislocation could be severe.

However, these policies are only likely to be part of the solution. Major changes in policy and practice are needed at a local level if the notion of family support as envisaged under the Children Act is to be effectively implemented. To achieve this it will be necessary to address two major institutional and bureaucratic barriers. The first of these concerns the organisation of local authority services for children, families and communities in the U.K. The second relates to a possible perceived lack of effective models of family support which local policy-makers and managers believe they can draw upon in planning such services. This may have led to some scepticism that family support services are viable.

Schorr (1988) has reviewed the characteristics of "successful" family support programmes in the U.S.A. She defines as "successful" those programmes that have able to reach and help the most disadvantaged children and families. Some caution is necessary in accepting this definition of success because the methods she uses for evaluating these programmes may be judged to be insufficiently rigorous. Nevertheless, Schorr identifies a number a qualities in these programmes which helps to account for why local authorities in the U.K may have found it difficult to establish similar programmes. These "service
qualities" coincide with those which the mothers in my study seemed to indicate as being valued by them.

The programmes which Schorr describes offer a broad spectrum of services. They recognise that social and emotional support and concrete help (with food, housing, income, employment, or anything else that is perceived by a family as a major problem) may have to be provided before a family can make use of other interventions that may be needed e.g. advice on parenting.

Moreover, as confirmed in my study:

"human misery is generally the result of, or accompanied by a great untidy basketful of intertwined and interconnected circumstances and happenings that often all need attention if a problem is to be overcome. Successful programmes recognise that they cannot respond to these untidy basketfuls of needs without crossing traditional professional and bureaucratic boundaries." (Schorr 1988,P.257,Her emphasis).

Most successful programmes find that interventions cannot be routinised or applied uniformly. Staff members and programme structures need to be fundamentally flexible. Professionals need to be able to exercise discretion about meeting individual needs and families need to be able to decide what services to utilise and how they want to participate.

Successful programmes see the child in the context of the family, and the family in the context of its surroundings. As such successful programmes are able to offer services and support to parents who need help with their lives as adults before they can make good use of services for their children.
Successful programmes are those where professionals are not only skilled and committed. *They are perceived by those they help as people who care about them and respect them, people they can trust.*

Successful programmes with a large number of families facing multiple problems emphasise the provision of services that are *coherent and easy to use.* They maintain *continuity* in relationships where this is necessary.

Above all, what Schorr finds most striking about programmes that work for children and families is that all of them find ways to *adapt or circumvent traditional professional and bureaucratic limitations* when necessary to meet the needs of those they serve. Professionals move outside familiar surroundings to provide services in non-traditional settings and to respond to severe but often inarticulated need. As such the programmes do not ask families to overcome formidable barriers before they can get the help they need. Programmes make sure that payment arrangements and eligibility criteria do not pose insuperable problems. They do not set preconditions such as keeping a series of fixed appointments in distant locations or displaying adequate "motivation" that may screen out those most in need:

"On the contrary, successful programmes try to reduce the barriers of money, time, fragmentation, geographic and psychological remoteness that make heavy demands on those with limited energy and organisational skills. Rather than wait passively to serve only those who make it through the daunting maze (or those who come to attention only when they have harmed or are at serious risk of harming their children) these programmes persevere to reach the perplexed, discouraged and ambivalent, the hardest to reach,
who are often the one's who would benefit most." (Schorr, 1988, P.259, My brackets).

The difficulty is that in the U.K, services for children and families have traditionally been organised and delivered within local government and health service bureaucracies characterised by strong demarcation lines between the different agencies and professions. This has made it difficult to develop the intensive, comprehensive and flexible programmes needed by socially disadvantaged children and families. Forging such interagency and interdisciplinary co-operation in child protection as now exists in many areas has been a long and difficult process, prompted largely by the findings of inquiries into the deaths of children which have highlighted the consequences of poor interagency working. (cf. D.o.E. 1991d).

However, the relatively large-scale family support programmes described by Schorr would seem to require a level of interagency and professional co-operation that remains exceptional on this side of the Atlantic, where the emphasis continues to be on coordinating work in individual cases rather than on planning whole sets of services.

Moreover, there are indications that current policy trends affecting health, social services, education and other local government departments such as housing and leisure are likely to lead to an even greater fragmentation of services for children and families. The movement towards "trust" status of many health and social services; the establishment of the "purchaser-provider split" in the planning and delivery of these services; local management of schools and the opting out of some schools from the local government framework; compulsory competitive tendering in local government where public services are transferred
to the private sector, may all contribute to an even less favourable climate for the development of family support services.

However, if these services are to be promoted then the major organisational and interdisciplinary issues identified in these conclusions will need to be confronted on a coordinated basis by all the agencies that carry responsibilities for the health, welfare and safety of children and families. It is difficult to see how this will be achieved in the absence of a strong, unequivocal lead from central government.

I have suggested that a further problem in developing family support services may be the perceived absence by local policy-makers and managers of effective models on which they can draw in constructing local strategies. In drawing on the observations made by Schorr (1988) of the features of "successful" family support programmes I have already indicated that such models do exist. There is an increasing body of evidence to support this. In considering the strategic planning implications for children's services of links between social deprivation and child abuse, Baldwin and Spencer (1993) have reviewed a range of projects in the U.S.A and the U.K. Their descriptions of these projects are set out in Appendix 9.

An important feature of many of these programmes and projects is that they are "population-based" strategies, or as Chamberlin (1988) has described them: "community-wide approaches". They focus on the needs and problems of localities where children and parents face a range of adversities and hindrances that can block safe and healthy social functioning. As argued throughout this thesis and as demonstrated in the study, an exploration of links between social deprivation and harm to children is valuable precisely because it draws attention to populations of families living in the most socially and economically impoverished neighbourhoods where exposure to the psychosocial stress that
may contribute to harm to children is greatest. Chamberlin confirms this as a key design element in approaches which seek to promote healthy children and families. There needs to be:

"A defined geographic basic area large enough in size to provide an adequate population base for efficient services, yet small enough to maintain a sense of community and local control." (Chamberlin, 1988, P.302).

He also argues that experience of community-wide approaches demonstrates the necessity for a data-base that can be used for needs assessment and to monitor programme effects over time. Studies of the kind undertaken as part of this thesis would be one way of compiling such a data-base.

A feature that is confirmed by these examples of family support programmes is the need for flexibility, continuity and comprehensiveness in service provision. They point to the need for services in local areas to be capable of responding to a "continuum of need", a point made by Schorr writing from a U.S perspective and Gibbons (1990) from a U.K standpoint.

While the need for health care, child care, family support and schooling are universal, families are likely to fall along different points of the continuum. At one end of this scale are children and families whose financial, social and psychological resources are such that they can get help "on whatever terms it is offered" (Schorr, 1988, P.258). Next come families who require more help such as better access to services through reduced financial barriers, simplified eligibility procedures, and better information to put them in touch with the services they need. At the far end of the continuum are the children who will not be helped with minor adjustments to prevailing arrangements. These will be families where energy and
tolerance of frustration is low, where there are multiple problems, and who have been
discouraged from using the services on offer. For these families, equal access is unlikely to
be enough: the services will have to be appropriate to their many needs and properly
resourced (Schorr 1988). Some of these children and families may be experiencing
interpersonal, intrapersonal and behavioural problems of such severity that highly
specialised and highly intensive services might be needed in addition to more broadly based
services and resources.

This notion of a continuum of need seems to rest well with the model of prevention in child
care proposed by Hardiker, Exton and Barker (1991). They identify 4 levels of prevention:

1. Primary - action is taken to prevent problems from arising and reduce the
need for the formal intervention of the Social Services

   Intervention is aimed at early restoration of "non-client" status

3. Tertiary - action to prevent the worst effects of chronic well established
   problems, and to prevent clients from being drawn into increasingly
   intrusive and damaging interventions

4. Quaternary - action to prevent damage arising from long term substitute
   care: i.e. "permanency" planning.

A comprehensive approach to promoting child and family welfare needs to encompass all
these levels. The problem is that the emphasis in the U.K has been mainly on the last three
to the detriment of primary prevention. It is this first level that population-based,
community-wide approaches seek to develop.
It should be plain from this detailed discussion that models of family support from which local policy-makers can draw in planning local strategies do exist. But do these models provide adequate pointers to ways in which the institutional, professional and bureaucratic barriers to family support identified earlier in this discussion, may be overcome?

Chamberlin (1988) confirms that a further crucial design element in community-wide approaches to promoting child welfare is the need to construct a framework to develop, resource and co-ordinate programmes. An essential element in this framework is a broad based constituency involving public and private collaboration. He argues that evidence in the U.S.A shows that a mix of public and private initiatives is the best way to tap local energy sources, co-ordinate resources that are available, and avoid creating dependency on bureaucracies.

There is empirical evidence available in the U.K to demonstrate that the "mixed economy of care" that Chamberlin appears to advocate and which the government is keen to promote in services for children and adults, may have some potential as the basis for developing family support. In one of the local authorities studied by Gibbons (1990) in her investigation of family support initiatives, the social services department co-operated with other statutory agencies, voluntary organisations and informal groups within the community to set up a large number of projects providing family support. In this way the local authority succeeded in making provision available to children and families in an area of "high need".

As the projects developed and became more established within the neighbourhood, more and more disadvantaged families were attracted to making use of the services provided. Gibbons also describes how large numbers of volunteers were drawn in in ways she does not believe would have been possible if the local authority had been direct providers of the
services. Gibbons contends that these findings demonstrate one model of how local authority social services departments might fulfil some of their duties towards children and families in need under the Children Act: *indirectly* by supporting broadly based, community provision. Like Schorr she argues that statutory agencies moving in this direction will have to rethink the roles of its staff and be prepared to restructure its own work.

However, for this model to be achieved it is necessary for the partner agencies to recognise that communities are "a dynamic, independent system characterised by norms, rules and established methods of resource allocation. These must be understood to see how best to fit in a new programme" (Chamberlin, 1988, P.305).

As such, Chamberlin argues for the establishment of a Community Advisory Board as the vehicle for collaboration, involving in the process influential members of the community who can provide access to important organisations and individuals. This co-ordinating body should define the catchment area, build the data-base to identify problems and gaps in existing service provision. Subsequently, it should set priorities and develop specific objectives. It should also establish a community co-ordinator to help facilitate interagency co-operation and programme development.

Chamberlin argues that these initiatives should be supported at a national level by the establishment of a Resource Centre which can provide technical assistance and training in primary prevention, community development and interagency collaboration. As already argued, this would require a strong commitment from central government including recognition of the long-term funding implications of community-wide approaches to promoting child and family welfare.
This strategy would include the development of a more rigorous approach to the evaluation of family support services. Which of these appears to work best in meeting the needs of families and keeping children safe from harm? However, I believe the argument about effective evaluation of these projects and services needs to be kept in perspective.

Firstly, the evidence is that once established it takes anything between 3 to 5 years before the full benefits of community-wide approaches come through (Chamberlin 1988). Exercises in evaluation need to take this into account.

Secondly, it needs to be acknowledged that approaches to child protection which currently hold sway - the "aversive contingencies" described by Wolfe (1993) - have been subjected to very little evaluation as to their effectiveness. In fact such evidence as is now emerging seems to indicate that the application of narrow definitions of harm to children and the services which derive from these i.e. the detection and investigation of allegations of child abuse, can have very serious negative effects on children and families. As discussed in the Introduction and Chapter 1, there is evidence that more and more children are being pulled - often inappropriately - into the child protection system and that this may have a very damaging impact upon families. (Gibbons 1993, Giller 1992, Prosser 1992, Dartington Social Research Unit, Forthcoming).

Yet it could be argued that an entire edifice of practice and policy, including risk assessment of individual families (D.o.H. 1988) and family casework, has been constructed upon these increasingly contested and poorly evaluated approaches. Those who advocate community-wide approaches to the protection of children and the promotion of their welfare should first of all challenge the notion that a higher evidential test is required for these, and secondly question the agenda which lies behind this notion.
Gross (1978) provides clues as to the nature of this agenda. He has argued that while concrete services might be the kind most attractive to prospective consumers, particularly the poor, these have least appeal to middle class helping professionals immersed in the "psychological society". This tends to emphasise the pathology of users and the advocacy of new methods of psychotherapy which can be directed at them.

However, as Schorr (1988) asserts, the mix of professional skills needed to provide practical as well as emotional support means rethinking what we mean by "professional". It is this dimension and the implications raised by this thesis and the study on which it draws that I finally wish to consider. To do this I shall consider one aspect of the social work task: assessment in child protection.

Despite the criticisms that may be made of some current practices in child protection work, the need for social workers in particular to conduct assessments of both risk and need in individual families will remain an important aspect of their day to day role and responsibilities. I want to argue that the interpretative frameworks developed in this thesis can assist social workers in this task. In so doing they can also contribute to this process of redefining what we mean by "professional". Firstly, it is necessary to highlight two connected strands: social work practice as an exercise in engagement with the subjective realities of individuals, and social constructionism as a framework for understanding and working with the intentional states and behaviours of individuals.

Social work is a unique enterprise. It is unique because as Horne (1990) has argued, more than any other professional activity it is based upon a relationship between the worker and the individual (client) that revolves around the need to relate to individuals as "subjects" with "subjective characteristics":
"If social workers do not relate to individuals as 'subjects' then it is debatable whether the activity being engaged in is social work at all, or that the problem (individual) is the concern of social work." (Horne 1990, P.93).

Of course, this does not diminish the need to recognise that the subjective realities of individuals are influenced by the wider cultural, ideological, social and economic contexts in which they operate.

The second of these two strands concerns the social constructionist or "humanistic" perspective that lies at the heart of this thesis. This has been used to argue that to understand people's behaviour we need to make sense of how they interpret and make sense of their social worlds. To do this it is necessary to understand their intentional states: their beliefs, desires and crucially the meanings that they attribute to their social relationships, experiences and the actions they take. It is necessary to understand how individuals respond to the ways that others perceive and treat them. All of these factors are likely to interact in complex ways that profoundly influence the self-esteem and self-efficacy of the individual. There may be circumstances in which these qualities are felt to be so undermined and depleted by circumstances and external attributions that individuals feel helpless and struggle to cope. In these situations they may come to the attention of social workers.

Let us attempt to bring these two strands together. Parton (1991) points out that social work assessments in child protection work are guided by the Department of Health document: "Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment. (D.o.H. 1988). By codifying the basic principles that should underpin assessment work and setting out a scheme for organising and classifying information to facilitate decision-making, Parton argues that this document attempts
"to provide a framework for objectifying the subjective realities of children and families but mediated through the subjective realities of the social worker." (Parton, 1991, P.140).

As such it is the social worker's perception of the situation which carries the greatest weight in determining the significance that is to be attached to information gathered in the course of an assessment. However, a social constructionist approach to assessment encourages the social worker to go much further in seeking out the meanings which family members attribute to their circumstances and experiences, and exploring the implications of this for the health and safety of the child.

It requires that the social worker strives to understand the worlds of the family as its members perceive them, and the weight that they attach to the many different factors that may be at work. How do parents see the configuration of social, material interpersonal and intrapersonal issues in their situation contributing to the problems they face and the potential for harm to their children? The significance which individuals place upon different factors and events need to be fully explored with them by the social worker to establish what bearing this may have had on parental behaviour towards the children. Of course, social workers will need to form their own views on these matters and make recommendations as to future action, but these need to be shared and checked out with parents rather than being imposed upon the family. If there are disagreements then these need to be openly and honestly acknowledged and worked with.

On this basis, it should be possible in most situations where a comprehensive assessment is being compiled to identify and agree with parents what "stress factors" are faced by the family and what "protective factors" may also exist. Having identified both these sets of
factors, a plan may be discussed as to how a balance between stress factors on the one hand, and coping capacities/social support on the other may be established. This means that a holistic view of the family's circumstances needs to be taken rather than focusing on incidents of harm in isolation from everything else, and agreement reached as to what resources and services are needed to help the family maintain an environment that is safe and healthy for the children.

To assist this planning process the three strands which have been at the centre of the arguments developed in this thesis could be applied to assessments. These could provide further frameworks for analysis of information and decision-making. Questions that might be asked during an assessment are: What factors associated with the quality of the neighbourhood in which the family lives are contributing to the difficulties it is experiencing? What action may be needed to counteract these factors and are there any "protective" factors within the neighbourhood which may be mobilised to create a safer and healthier environment for the children? How do the parents feel they are being prevented from providing for their children the care which they would like to provide? What can be done to help make this more possible? How might these and other factors be contributing to psychosocial stress within the family? What is the nature of these stresses and what might be done to ameliorate them?

By considering the impact on families of the interaction between the practical resources available to them, their social relationships and neighbourhood support networks which were investigated in my study, it may be possible to assess their cumulative effects on the care of the children and reach some agreement on how these effects can be managed. This is not to say that many other elements will not also need to be considered, including information about the personal characteristics and backgrounds of individual family
members and issues relating to family relationships and dynamics. Issues of race, culture, disability and gender will also need to be taken into account as required by the Children Act and guidance issued under its auspices. However, it can be seen how the models developed in this thesis may contribute positively to direct work with individual families as well as having important implications for service-provision in local areas.

Essential to the processes I have described is recognition that in families where harm to children has occurred, parents are likely to be experiencing a sense of helplessness about their situation and the problems they face. The social worker and others involved with the family will therefore need to be prepared to continually encourage and support the individual in mobilising coping capacities and adaptive behaviours, recognising that an unwillingness on the part of the parent to act should not necessarily be interpreted as a lack of desire to participate in the assessment process or an attempt at manipulation. Rather, these initial behaviours may be a manifestation of this sense of helplessness and hopelessness which needs to be worked with before change is likely.

Ensuring that adequate "environmental nutrients" are available to the parents in the form of family support services is likely to be vital to this process in terms of rebuilding the individual's stock of resilience. The experiences and observations of the mothers in my study who were able to participate in a women's discussion group and make use of the practical resources made available to them at the Family Centre, would seem to confirm the importance of this dimension.

Thus assessment in child protection becomes a process of exchange and negotiation. It is a vehicle for achieving change where the knowledge, techniques and skills applied by the
social worker and the support services invested in the family are geared to achieving this objective, in partnership with parents.

By drawing on a range of theoretical perspectives, Morrison (1991, 1994) has defined the specific skills and knowledge which may be most usefully applied by social workers to these assessments.

He suggests that the comprehensive model of change advocated by Prochaska and DiClemente (1986) which is based upon core components of the change process identified in a review of 18 major therapies, provides a knowledge base for working with families. This model makes it possible for the worker and parents to appraise the process and progress of an assessment, and it is described diagrammatically in Figure 11.
Figure 11. The Comprehensive Model of Change.

THE COMPREHENSIVE MODEL OF CHANGE

EXIT
End of problem

MAINTENANCE
Staying changed. Sustaining new behaviour

ACTION
Decision to change. Involvement in action and help to change.

EXIT
Drop out of treatment

EXIT
Give up or try again

RELAPSE
Return to some/all of original problems

CONTEMPLATION
Thinking seriously about change. Feeling strongly the need to change

EXIT
Decide not to

BEGINNING OF CHANGE

PRE-CONTEMPLATION: Defensive and avoiding towards change

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The model is characterised by 5 main stages through which individuals are likely to pass if change is to be achieved. Recognition of the likelihood of "relapse" and the need for workers to work sympathetically with this, is a strong feature of the model. Relapse can be viewed in this context as the legacy of the sense of helplessness initially felt by the parent.

The specific skills that Morrison believes can be utilised to help families to achieve change are those identified by Miller and Rollnick (1991) in their description of "motivational interviewing". These techniques have been used in preparing people to change addictive behaviours and they derive from the belief that client ambivalence is a key stumbling block towards constructive change. Motivational interviewing is a non-authoritarian approach to helping people free up their own motivations and resources. It is based upon persuasion rather than coercion, support rather than argument, where the worker seeks to create a positive atmosphere that is conducive to change. Ultimately it is the client who is enabled to present the arguments for change rather than the worker.

Again, such approaches would seem to rest well with the need to work on the sense of helplessness which parents who have harmed their children are likely to experience. However, it needs to be understood that within these processes the skills and knowledge of the individual worker while very important might not in themselves be sufficient. The provision of practical as well as emotional and psychological support may be even more crucial in both motivating parents to change and in helping them to sustain the changes they make in caring for their children.

Nevertheless, the pre-condition for the application of these skills and knowledge remains a willingness on the part of the worker to engage with the perceptions and experiences of
parents, and to understand the meanings and interpretations which they attach to their social realities.

What emerges from these conclusions is that whether we are thinking about the planning of community-wide family support services or direct work with individual families where children have experienced harm at the hands of their parents, the foundation on which these interventions are built is "partnership with parents". This concept was emphasised in the Introduction to this thesis as the lynch-pin of the Children Act 1989. The Department of Health has sought to define more fully the principles and practices associated with the concept (D.o.E. 1995). However, I believe the Family Rights Group has come up with a definition of partnership that rests well with the concerns of this thesis and the study on which it draws. The F.R.G asserts:

"Partnership can be defined as working together towards a mutually agreed goal. Partners may have different amounts of power but partnership will involve a genuine commitment to open negotiation with clients about how best to promote and safeguard the welfare of children. Clients need to be empowered to engage in this negotiation by having easy access to clear information about services and about ways in which services can be delivered." (Family Rights Group 1991).

The refinement which I would make to this definition is that parents living in neighbourhoods of high social need should be actively involved by social agencies in identifying the adversities and hindrances to good parenting which they face, and in planning the family support services needed by them to raise their children safely and in good health.
The application of this revised definition and the framework for assessment practice which I have outlined in this chapter should make it possible for local authorities and child care professionals to translate into action the 15 essential principles for working in partnership set out by the Department of Health (See appendix 2).

This is not to argue that there are not limitations to working in partnership with parents. In those situations where the risk of harm to children is particularly severe then the protection of the child may have to outweigh all other considerations. There may also be parents whose experiences of deprivation have been so damaging that they remain "unreachable" despite the best efforts of professionals and high levels of family support. Yet even in these situations, parents are at all times entitled to be treated with openness and respect.

We also have to recognise that even with better co-ordinated and better resourced family support services it is unlikely that all the needs that may be identified in local areas can be met. The need for long-term strategies may cause frustration to parents who perceive that their needs are continuing to go unmet, at least in the short-term.

But the theoretical perspectives which I have developed, and the findings of my study may be seen as laying the foundations for further development of this notion of "partnership with parents". For this to be translated into action however, it is essential that practitioners and policy-makers fully recognise the links which exist between social deprivation and harm to children as demonstrated in this thesis. They need to show greater awareness of the considerable adversities and hindrances which socially disadvantaged parents encounter, and be prepared to accept that these are likely to have a serious adverse cumulative impact on the care and safety of children. There needs to be a recognition that professional interventions, whether this be on an individual basis with families or in the promotion of
family support services, are likely to be enhanced by awareness of the interplay of the three strands which link the problems associated with the adversities to which social deprivation gives rise. It is my belief that if those who carry responsibilities towards children and families are prepared to acknowledge and act on the realisation that harm to children is strongly linked to deficits in material resources and complex, interacting psychosocial stress factors then we have it in our grasp to truly realise the philosophy and intentions of the Children Act 1989.
APPENDIX 1

OFFICIAL DEFINITIONS OF CHILD ABUSE

Department of Health 1991

Neglect: The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

Physical Injury: Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.

Sexual Abuse: Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature.

Emotional Abuse: Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment. This category should be used where it is the main or sole form of abuse.

APPENDIX 2

FIFTEEN ESSENTIAL PRINCIPLES FOR WORKING IN PARTNERSHIP

TREAT ALL FAMILY MEMBERS AS YOU WOULD WISH TO BE TREATED, WITH DIGNITY AND RESPECT.

ENSURE THAT FAMILY MEMBERS KNOW THAT THE CHILD’S SAFETY AND WELFARE MUST BE GIVEN FIRST PRIORITY, but that each of them has a right to a courteous, caring and professionally competent service

TAKE CARE NOT TO INFRINGE PRIVACY any more than is necessary to safeguard the welfare of the child

BE CLEAR WITH YOURSELF AND WITH FAMILY MEMBERS ABOUT YOUR POWER TO INTERVENE, and the purpose of your professional involvement at each stage

BE AWARE OF THE EFFECTS ON FAMILY MEMBERS OF THE POWER YOU HAVE AS A PROFESSIONAL, and the impact and implications of what you say and do

RESPECT CONFIDENTIALITY of family members and your observations about them, unless they give permission for information to be passed to others or it is essential to do so to protect the child
LISTEN TO THE CONCERNS OF THE CHILDREN AND THEIR FAMILIES, and take care to learn about their understanding, fears and wishes before arriving at your own explanations and plans.

LEARN ABOUT AND CONSIDER CHILDREN WITHIN THEIR FAMILY RELATIONSHIPS AND COMMUNITIES, including their cultural and religious contexts, and their place within their own families.

CONSIDER THE STRENGTHS AND POTENTIAL OF FAMILY MEMBERS, as well as their weaknesses, problems and limitations.

ENSURE THAT CHILDREN, FAMILIES AND OTHER CARERS KNOW THEIR RESPONSIBILITIES AND RIGHTS, including the right to services, and their right to refuse services and any consequences of doing so.

USE PLAIN, JARGON-FREE, LANGUAGE APPROPRIATE TO THE AGE AND CULTURE OF EACH PERSON. Explain unavoidable technical and professional terms.

BE OPEN AND HONEST ABOUT YOUR CONCERNS AND RESPONSIBILITIES, plans and limitations, without being defensive.

ALLOW CHILDREN AND FAMILIES TIME TO TAKE IN AND UNDERSTAND CONCERNS AND PROCESSES. A balance needs to be found between appropriate speed and the needs of people who may need extra time in which to communicate.

TAKE CARE TO DISTINGUISH BETWEEN PERSONAL FEELINGS, VALUES, PREJUDICES AND BELIEFS, AND PROFESSIONAL ROLES AND
RESPONSIBILITIES, and ensure that you have good supervision to check that you are
doing so

IF A MISTAKE OR MISINTERPRETATION HAS BEEN MADE, OR YOU ARE
UNABLE TO KEEP TO AN AGREEMENT, PROVIDE AN EXPLANATION. Always
acknowledge the distress experienced by adults and children and do all you can to keep it to
a minimum.

Protection: Practice Guide. (London: H.M.S.O.)
APPENDIX 3

PROFORMA FOR COLLATION OF DATA FROM COMPUTER AND FILE SEARCH

File Searched (YES/NO)                  District:

Name of Family:

Address:

Category of Abuse:

Marital Status of Carer(s):

Ethnic Origin of Carers and Child(ren):

Socio-economic Status:

Number of Children Registered and Ages:

Key-worker:

Whether "Active" or "Deregistered":

Other Information about Family Circumstances:
APPENDIX 4

LETTER OF INTRODUCTION TO PARENTS WITH CHILDREN ON THE CHILD PROTECTION REGISTER

Confidential

Dear

I am writing to introduce Mr Vic Tuck, a researcher, whom we are assisting with a project he is undertaking with the Open University.

We believe Mr Tuck's work will be helpful to this department in enabling us to develop better services.

He has asked us to help him contact families who have had some experience of Solihull Services Department. We wish to ask if you would be prepared to help with this project on a confidential basis.

If you are willing to take part, a stamped addressed envelope is enclosed to allow you to respond to Mr Tuck. A letter is enclosed which explains what the project is about and what it would involve for you.

If you feel able to take part it would be much appreciated. Simply return the reply slip to Mr Tuck. If you do not wish to be contacted, that will be the end of the matter. Whatever you decide, may I thank you for taking the trouble to consider this request.

Yours sincerely,

Principal Officer

Children's Services.
I am writing to ask for your help.

My name is Vic Tuck and I am undertaking research with the Open University.

I am doing a Project in your neighbourhood about the problems and stresses which parents living here might face.

I am trying to find out which services can help families in the area to bring up their children safely and in good health.

For example, you might have views about your housing or the places parents can take children to play. You might feel strongly about the health and education of your children or whether there is enough practical help and advice available for families in the area.

What is important to me and my project is what you think. I want to hear your views about what you think could make life better for you and your family.

It is entirely up to you if you want to be a part of this project. If you decide that you would be able to speak to me, and I very much hope that you will, your views will be treated in the strictest confidence. You would certainly not be named in the project findings.

If you are happy to see me, please fill in the slip on the next page.

Send it back to me as soon as you can in the Stamped Addressed Envelope which I have enclosed.

If I hear from you I will then contact you directly and arrange a time when it would be convenient for you, for me to visit to hear your views.

I am really grateful to you for taking the time to read this letter, and I look forward to hearing from you.

Yours Faithfully

Vic Tuck
REPLY SLIP

I/WE WOULD BE ABLE TO MEET WITH YOU TO DISCUSS MY/VIEWS

NAME:

ADDRESS:

TELEPHONE NUMBER (IF AVAILABLE)

SIGNATURE(S):

PLEASE RETURN REPLY SLIP IN THE STAMPED ADDRESSED ENVELOPE

THANK YOU
APPENDIX 6

QUESTIONNAIRE FOR THE WOMEN'S GROUP

Please Circle Your Answer To Each Question

Question 1

Would you say you are satisfied with your housing?

Yes No Not Sure

Question 2

Would you say you are satisfied with play and leisure facilities available to families with young children in the neighbourhood?

Yes No Not Sure

Question 3

Would you say you are satisfied with play and leisure facilities available for teenagers in the neighbourhood?

Yes No Not Sure

Question 4

Would you say you are satisfied with day care provision available to families with children in the neighbourhood?

Yes No Not Sure

Question 5

Would you say you are satisfied with the availability of services providing help and advice for families in the neighbourhood?

Yes No Not Sure
**Question 6**

Would you say that getting out and about with children in the neighbourhood is a problem?

Yes  No  Not Sure

**Question 7**

Would you say you are satisfied local public transport services?

Yes  No  Not Sure

**Question 8.**

Would you say you are satisfied with availability of job opportunities for women in the neighbourhood who wish to go out to work?

Yes  No  Not Sure

**Question 9**

Would you say you are satisfied with the local Health Clinics?

Yes  No  Not Sure

**Question 10**

Would you say that you are satisfied with the service provided by local G.Ps?

Yes  No  Not Sure

**Question 11**

Would you say you are satisfied with local schools?

Yes  No  Not Sure
Question 12
Would you say this is a neighbourhood where local people help and support each other?
Yes  No  Not Sure

Question 13
Do you see the neighbourhood as being a safe and healthy place in which to bring up children?
Yes  No  Not Sure

Question 14
Do you think people from outside the area have a positive view of the neighbourhood?
Yes  No  Not Sure

Thank You For Completing This Questionnaire.
APPENDIX 7

THE INTERVIEW SCHEDULE

Question 1 - Housing

How far would you say your housing is a problem?

On a scale of 1 to 5 how would you rate it?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Severe problem</td>
<td>A problem</td>
<td>Not sure</td>
<td>No problem really</td>
<td>No problem at all - Advantage</td>
</tr>
</tbody>
</table>

Would you like to talk to me about how you see your housing situation?
Would you like to tell me what you think would help to improve the situation?
Question 2 - Amenities For Families With Children And Young People

How would you rate play and leisure facilities for children and teenagers living in the neighbourhood?

On a scale of 1 to 5 what would be your rating?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>Poor</td>
<td>Not sure</td>
<td>Not sure</td>
<td>Very good</td>
</tr>
</tbody>
</table>

Would you like to tell me about how you see these amenities?
Would you like to tell me what you think would help to improve the situation?
Question 3 - Day Care Facilities

How would you rate the availability of day care places for children in the neighbourhood?

On a scale of 1 to 5 what would be your rating?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
</tr>
<tr>
<td>Very poor</td>
<td>Poor</td>
<td>Not sure</td>
<td>Good</td>
<td>Very Good</td>
</tr>
</tbody>
</table>

Would you like to tell me about how you see the provision of these sorts of facilities?
Would you like to tell me what you think would help to improve this situation?
Question 4 - Services Providing Help And Advice For Families With Children

Do you know what services are available in the neighbourhood which provide help and advice to families with children?

Please List Them.
In the light of this, how would you rate the availability of services providing help and advice to families with children in the neighbourhood?

On a scale of 1 to 5 what would be your rating?

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A severe problem</td>
<td>A problem</td>
<td>Not sure</td>
<td>Not really a problem</td>
<td>No problem at all</td>
<td></td>
</tr>
</tbody>
</table>

Would you like to tell me more about this?
**Question 5 - Transport and Access**

How far would you say that getting out and about with the children is a problem for you?

On a scale of 1 to 5 what would be your rating?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A severe problem</td>
<td>A problem</td>
<td>Not sure</td>
<td>Not really a problem</td>
<td>No problem at all</td>
</tr>
</tbody>
</table>

Would you like to tell me more about this?
What would help to improve this situation for you?
How would you rate public transport services in the neighbourhood for families?

|--------------|--------|-------------|--------|-------------|

Would you like to tell me about how you see these services?
**Question 6 - Income**

How far would you say income is a problem?

On a scale of 1 to 5 how would you rate it?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A severe problem</td>
<td>A problem</td>
<td>Not sure</td>
<td>Not really a problem</td>
<td>No problem at all - Advantage</td>
</tr>
</tbody>
</table>

Would you like to tell me how you see your financial situation?
Would you like to tell me what you think would help to improve the situation?
**Question 7 - Job Opportunities**

How far would you say the availability of local job opportunities is a problem for you?

On a scale of 1 to 5 how would you rate this?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
</tr>
<tr>
<td>Major problem</td>
<td>A problem</td>
<td>Not sure</td>
<td>Not really a problem</td>
<td>No problem at all - Advantage</td>
</tr>
</tbody>
</table>

Would you like to tell me why you see the situation this way?
Would you like to tell me what you think would help to improve the situation?
Question 8 - Primary Health Services

(a) Health Clinics

How would you rate the local health clinics?


Would you like to tell me what you think would help to improve the situation?
Would you like to tell me what you think would help to improve the situation?
(b) The General Practitioner Service

How would you rate the service provided by local G.P.s to families with children in the neighbourhood?

|--------------|--------|-------------|--------|-------------|

Would you like to tell me what you think would help to improve the situation?
Would you like to tell me what you think would help to improve the situation?
Question 9 - Personal Health

(a) Children

How far would you say your children’s health is a problem?

On a scale of 1 to 5 how would you rate this?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A severe</td>
<td>A problem</td>
<td>Not sure</td>
<td>Not really a problem</td>
<td>No problem at all</td>
</tr>
<tr>
<td>problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you like to tell me more about how you see your children’s health?
Would you like to tell me about what you think would help to improve the situation?
(b) Mothers

How far would you say your own health is a problem?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A severe problem</td>
<td>A problem</td>
<td>Not sure</td>
<td>Not really a problem</td>
<td>No problem at all</td>
</tr>
</tbody>
</table>

Would you like to tell me more about how you see your own health?
Would you like to tell me what you think would help to improve the situation?
**Question 10 - Schools and Education**

(a) Local Schools

How would you rate your children's schools?

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very poor</td>
<td>Poor</td>
<td>Not sure</td>
<td>Good</td>
<td>Very good</td>
</tr>
</tbody>
</table>

Would you like to tell me more about how you see your children's schools?
What do you think would help to improve the situation?
(b) Education Prospects

How optimistic do you feel about your child's education prospects?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very pessimistic</td>
<td>Pessimistic</td>
<td>Not sure</td>
<td>Optimistic</td>
<td>Very optimistic</td>
</tr>
</tbody>
</table>

Would you like to tell me why you view your children's prospects in this way?
Would you like to tell me what you think would help to improve the situation?
Question 11 - Neighbourhood Support

How far would you say that this is a neighbourhood where people help and support each other?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Only sometimes</td>
<td>Not sure</td>
<td>Quite a lot</td>
<td>All the time</td>
</tr>
</tbody>
</table>

Would you like to tell me more about why you see the neighbourhood this way?
Would you like to tell me what you think would help to improve the situation?
Who tends to help you out?

- partner
- friends
- neighbours
- relatives
- others

- e.g. professional people

In what ways do they help you out?

- *Instrumental* - e.g. financially; practical help; transport.
- *Emotional* - e.g. confiding; positive feedback; advice; company.
- *Social* - going out together; having a good time in company.
How far do you feel satisfied with the level of support you receive?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfied</td>
<td>Not very satisfied</td>
<td>Not sure</td>
<td>Satisfied</td>
<td>Very satisfied</td>
</tr>
</tbody>
</table>

Would it be helpful to have more support, and if so what kind?
**Question 12 - Social Isolation**

Would you say you ever felt isolated?

<table>
<thead>
<tr>
<th>1. All the time</th>
<th>2. Often</th>
<th>3. Not sure</th>
<th>4. Occasionally</th>
<th>5. Never</th>
</tr>
</thead>
</table>

Would you like to tell me more about this?
**Question 13 - Perceptions Of The Neighbourhood I**

How far do you see this as being a safe and healthy place in which to bring up children?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>Poor</td>
<td>Not sure</td>
<td>Good</td>
<td>Very good</td>
</tr>
</tbody>
</table>

Would you like to tell me more about why you see the neighbourhood this way?
Would you like to tell me what you think would help to improve the situation?
**Question 14 - Perceptions Of The Neighbourhood II**

What sort of view do you think people from outside the neighbourhood have of it?

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very negative</td>
<td>Negative</td>
<td>Not sure</td>
<td>Positive</td>
<td>Very positive</td>
</tr>
</tbody>
</table>

Would you like to tell me more about why you think this?
Would you like to tell me what you think would help to improve the situation?
Question 15 - Covering Other Ground

Are there any other issues you would like to talk about and which I have not raised?
Question 16 - Personal Circumstances Of Informants

Before I finish I wonder if you could give me some information about yourself which will help my project?

(a) How many children do you have?

(b) What are their ages?

c) Can you tell me what type of housing you have?
   - Owner-Occupied
   - Council Tenant
   - Private Rented
   - Housing Association

(d) How many rooms do you have?

c) Can you tell me what amenities you have?

   Yes        No

   T.V

   Fridge

   Washing Machine

   Car

(e) Are you/Is one of you a wage earner?

(f) Is this full or part-time?
### Table A - Tabular presentation of Chart 2

**Numbers of Households on the Child Protection Register by Main Categories of Abuse. The Whole Borough. (1988-1990).**

<table>
<thead>
<tr>
<th>Category of Abuse</th>
<th>Number of Households</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Injury</td>
<td>49</td>
<td>34.02</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>44</td>
<td>30.55</td>
</tr>
<tr>
<td>Combinations of Abuse</td>
<td>24</td>
<td>16.66</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>13</td>
<td>9.02</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>9</td>
<td>6.25</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>3</td>
<td>2.08</td>
</tr>
<tr>
<td>“Serious Professional Concern”</td>
<td>2</td>
<td>1.38</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Table B - Detailed calculations of Figure 7


<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>No. Of Households With Children</th>
<th>Households With Child on Register</th>
<th>Dif. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rundleside (W2)</td>
<td>1232</td>
<td>21</td>
<td>17.04</td>
</tr>
<tr>
<td>Copseley Forest (W4)</td>
<td>1690</td>
<td>20</td>
<td>11.83</td>
</tr>
<tr>
<td>Swallowfields (W5)</td>
<td>1266</td>
<td>9</td>
<td>7.10</td>
</tr>
<tr>
<td>Burnt Rise (W3)</td>
<td>1755</td>
<td>12</td>
<td>6.83</td>
</tr>
<tr>
<td>Bromley Beck (W1)</td>
<td>1592</td>
<td>4</td>
<td>2.51</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7535</strong></td>
<td><strong>66</strong></td>
<td><strong>8.99</strong></td>
</tr>
</tbody>
</table>

Source of data on households: 1991 Local Census.
Table C - Detailed calculations of Figure 7 cont.


<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>No. Of Households With Children</th>
<th>Households With Child on Register</th>
<th>Diff. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashby South (E10)</td>
<td>2161</td>
<td>7</td>
<td>3.23</td>
</tr>
<tr>
<td>Seldon (E15)</td>
<td>1003</td>
<td>3</td>
<td>2.99</td>
</tr>
<tr>
<td>Ashby East (E9)</td>
<td>1280</td>
<td>3</td>
<td>2.34</td>
</tr>
<tr>
<td>Killenhall (E13)</td>
<td>1503</td>
<td>3</td>
<td>1.99</td>
</tr>
<tr>
<td>Bindon (E11)</td>
<td>1247</td>
<td>2</td>
<td>1.60</td>
</tr>
<tr>
<td>Ashby West (E8)</td>
<td>1349</td>
<td>2</td>
<td>1.48</td>
</tr>
<tr>
<td>Fontwell (E7)</td>
<td>1071</td>
<td>1</td>
<td>0.93</td>
</tr>
<tr>
<td>Felbury (E17)</td>
<td>1257</td>
<td>1</td>
<td>0.79</td>
</tr>
<tr>
<td>Hillflats (E12)</td>
<td>1301</td>
<td>1</td>
<td>0.76</td>
</tr>
<tr>
<td>Wordsby (E16)</td>
<td>1413</td>
<td>1</td>
<td>0.70</td>
</tr>
<tr>
<td>Flinthill (E6)</td>
<td>1670</td>
<td>1</td>
<td>0.59</td>
</tr>
<tr>
<td>Paddlefields (E14)</td>
<td>1515</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16770</strong></td>
<td><strong>25</strong></td>
<td><strong>1.49</strong></td>
</tr>
</tbody>
</table>

Source of data on households: 1991 Local Census.

<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>No. Of Households With Children</th>
<th>Households With Child on Register</th>
<th>Dif. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rundleside (W2)</td>
<td>1232</td>
<td>27</td>
<td>21.91</td>
</tr>
<tr>
<td>Copseley Forest (W4)</td>
<td>1690</td>
<td>37</td>
<td>21.89</td>
</tr>
<tr>
<td>Swallowfields (W5)</td>
<td>1266</td>
<td>16</td>
<td>12.63</td>
</tr>
<tr>
<td>Burnt Rise (W3)</td>
<td>1755</td>
<td>19</td>
<td>10.82</td>
</tr>
<tr>
<td>Bromley Beck (W1)</td>
<td>1592</td>
<td>4</td>
<td>2.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7535</strong></td>
<td><strong>103</strong></td>
<td><strong>13.66</strong></td>
</tr>
</tbody>
</table>

Source of data on households: 1991 Local Census.
### Table E - Detailed calculations of Figure 8 cont.


<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>No. Of Households With Children</th>
<th>Households With Child on Register</th>
<th>Dif. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seldon (E12)</td>
<td>1003</td>
<td>5</td>
<td>4.98</td>
</tr>
<tr>
<td>Hillflats (E15)</td>
<td>1301</td>
<td>6</td>
<td>4.61</td>
</tr>
<tr>
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<td>2161</td>
<td>8</td>
<td>3.70</td>
</tr>
<tr>
<td>Bindon (E11)</td>
<td>1247</td>
<td>3</td>
<td>2.40</td>
</tr>
<tr>
<td>Ashby West (E8)</td>
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<td>2.22</td>
</tr>
<tr>
<td>Killenhall (E13)</td>
<td>1503</td>
<td>3</td>
<td>1.99</td>
</tr>
<tr>
<td>Fontwell (E7)</td>
<td>1071</td>
<td>2</td>
<td>1.86</td>
</tr>
<tr>
<td>Flinthill (E6)</td>
<td>1670</td>
<td>3</td>
<td>1.79</td>
</tr>
<tr>
<td>Felbury (E17)</td>
<td>1257</td>
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<td>1.59</td>
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<tr>
<td>Wordsby (E16)</td>
<td>1413</td>
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<td>0.70</td>
</tr>
<tr>
<td>Paddlefields (E14)</td>
<td>1515</td>
<td>0</td>
<td>0.00</td>
</tr>
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<td><strong>Total</strong></td>
<td><strong>16770</strong></td>
<td><strong>41</strong></td>
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</tbody>
</table>

Source of data on households: 1991 Local Census.
Table F - Detailed calculations of Figure 9


<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>No. Of Children Aged 0 - 15 years</th>
<th>No. Of Children on Register</th>
<th>Dif. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnt Rise (W3)</td>
<td>3075</td>
<td>34</td>
<td>11.05</td>
</tr>
<tr>
<td>Copseley Forest (W4)</td>
<td>2893</td>
<td>21</td>
<td>7.25</td>
</tr>
<tr>
<td>Rundleside (W2)</td>
<td>2384</td>
<td>16</td>
<td>6.71</td>
</tr>
<tr>
<td>Swallowfields (W5)</td>
<td>2181</td>
<td>8</td>
<td>3.66</td>
</tr>
<tr>
<td>Bromley Beck (W1)</td>
<td>2609</td>
<td>5</td>
<td>1.91</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13142</strong></td>
<td><strong>84</strong></td>
<td><strong>6.39</strong></td>
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</table>

Sources of data on children: 1991 Local Census And Warbury A.C.P.C.
Table G - Detailed calculation of Figure 9 cont.


<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>No. Of Children Aged 0 - 15 years</th>
<th>No. Of Children On the Register</th>
<th>Diff. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillflats (E12)</td>
<td>2053</td>
<td>6</td>
<td>2.93</td>
</tr>
<tr>
<td>Bindon (E11)</td>
<td>2027</td>
<td>5</td>
<td>2.46</td>
</tr>
<tr>
<td>Ashby East (E9)</td>
<td>2102</td>
<td>5</td>
<td>2.37</td>
</tr>
<tr>
<td>Ashby South (E10)</td>
<td>3466</td>
<td>8</td>
<td>2.30</td>
</tr>
<tr>
<td>Seldon (E15)</td>
<td>2722</td>
<td>5</td>
<td>1.83</td>
</tr>
<tr>
<td>Ashby West (E8)</td>
<td>2256</td>
<td>3</td>
<td>1.32</td>
</tr>
<tr>
<td>Killenhall (E13)</td>
<td>2401</td>
<td>3</td>
<td>1.24</td>
</tr>
<tr>
<td>Fontwell (E7)</td>
<td>1767</td>
<td>2</td>
<td>1.13</td>
</tr>
<tr>
<td>Flinthill (E6)</td>
<td>2722</td>
<td>3</td>
<td>1.10</td>
</tr>
<tr>
<td>Felbury (E17)</td>
<td>2073</td>
<td>2</td>
<td>0.96</td>
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<tr>
<td>Wordsby (E16)</td>
<td>2205</td>
<td>1</td>
<td>0.45</td>
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<td>Paddlefields (E14)</td>
<td>2444</td>
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<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28238</strong></td>
<td><strong>43</strong></td>
<td><strong>1.52</strong></td>
</tr>
</tbody>
</table>

Sources of data on children: 1991 Local Census and Warbury A.C.P.C.
Table H - Detailed Figures of Charts 3 - 6.

Neighbourhood Profiles - 3 'Best' and 3 'Worst' Electoral Wards

<table>
<thead>
<tr>
<th>Wards</th>
<th>Randside (W2)</th>
<th>Copseley Forest (W4)</th>
<th>Swallowfield (W3)</th>
<th>Killeshall (X12)</th>
<th>Padefield (X14)</th>
<th>Wordsley (X14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dif. Rate of Registration Per 1000 Households with Children (Excluding C.S.A.)</td>
<td>17.04</td>
<td>11.83</td>
<td>7.10</td>
<td>1.99</td>
<td>0</td>
<td>0.70</td>
</tr>
</tbody>
</table>

INDICES OF DEPRIVATION

<table>
<thead>
<tr>
<th>a) Unemployment</th>
<th>14%</th>
<th>16.6%</th>
<th>16.1%</th>
<th>3.5%</th>
<th>4.10%</th>
<th>3.5%</th>
</tr>
</thead>
</table>

b) Social Class:

| I, II, III (N), | 30% | 23.5% | 24.1% | 87.7% | 88% | 79% |
| III(m), (IV), (V) | 63% | 72.1% | 68.6% | 11.7% | 10% | 20% |

(By head of household)

c) Households in Owner Occupation

<table>
<thead>
<tr>
<th>Households Council-rented</th>
<th>53%</th>
<th>40.3%</th>
<th>40.9%</th>
<th>94%</th>
<th>89%</th>
<th>91%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households Council-rented</td>
<td>44%</td>
<td>54.7%</td>
<td>55.4%</td>
<td>0.5%</td>
<td>2.9%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

d) Lone Parenthood (as a proportion of all households with children).

<table>
<thead>
<tr>
<th>Lone Parenthood</th>
<th>26%</th>
<th>28%</th>
<th>23%</th>
<th>1.8%</th>
<th>3.9%</th>
<th>4.3%</th>
</tr>
</thead>
</table>

e) Car Ownership:

| Households no car | 41.8% | 50% | 49% | 9.4% | 12.2% | 10.8% |
| Households 1 car | 41.7% | 37.4% | 38% | 35.2% | 33.9% | 36.3% |
| Households 2 cars | 13.7% | 10.3% | 10% | 45% | 43.5% | 42.8% |
| Households 3 cars | 2.8% | 2.2% | 2% | 9.9% | 10.3% | 10.2% |

f) Percentage of Primary School Aged Children in Receipt of Free School Meals.

| Percentage of Primary School Aged Children in Receipt of Free School Meals | 54% | 44% | 44% | 1.9% | 1.7% | 2.2% |
Table I - Detailed Calculations of Figure 10


<table>
<thead>
<tr>
<th>Ward</th>
<th>No. Of Children</th>
<th>No. Of Children in Care</th>
<th>Dif. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aged 0 - 15 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bromley Beck (W1)</td>
<td>2609</td>
<td>11 (5%)</td>
<td>4.2</td>
</tr>
<tr>
<td>Rundleside (W2)</td>
<td>2384</td>
<td>27 (13%)</td>
<td>11.3</td>
</tr>
<tr>
<td>Copseley Forest (W4)</td>
<td>2893</td>
<td>55 (25%)</td>
<td>19.0</td>
</tr>
<tr>
<td>Burnt Rise (W3)</td>
<td>3075</td>
<td>32 (15%)</td>
<td>10.4</td>
</tr>
<tr>
<td>Swallowfields (W5)</td>
<td>2181</td>
<td>32 (15%)</td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>13142</td>
<td>157 (72.7%)</td>
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</table>

Source of data: 1991 Local Census and Research Section Warbury Social Services Department.
Table J - Detailed Calculations of Figure 10. Cont.


<table>
<thead>
<tr>
<th>Ward</th>
<th>No. Of Children Aged 0 - 15 years</th>
<th>No. Of Children in Care</th>
<th>Dif. Rate Per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashby South (E10)</td>
<td>3466</td>
<td>9 (4.25%)</td>
<td>2.59</td>
</tr>
<tr>
<td>Seldon (E15)</td>
<td>2722</td>
<td>8 (4.0%)</td>
<td>2.93</td>
</tr>
<tr>
<td>Felbury (E17)</td>
<td>2073</td>
<td>7 (3.2%)</td>
<td>3.37</td>
</tr>
<tr>
<td>Paddlefields (E14)</td>
<td>2444</td>
<td>5 (2.3%)</td>
<td>2.04</td>
</tr>
<tr>
<td>Ashby East (E9)</td>
<td>2102</td>
<td>5 (2.3%)</td>
<td>2.37</td>
</tr>
<tr>
<td>Flinthill (E6)</td>
<td>2722</td>
<td>5 (2.3%)</td>
<td>1.83</td>
</tr>
<tr>
<td>Ashby West (E8)</td>
<td>2256</td>
<td>5 (2.3%)</td>
<td>2.21</td>
</tr>
<tr>
<td>Fontwell (E7)</td>
<td>1767</td>
<td>4 (2.0%)</td>
<td>2.26</td>
</tr>
<tr>
<td>Bindon (E11)</td>
<td>2027</td>
<td>4 (2.0%)</td>
<td>1.97</td>
</tr>
<tr>
<td>Hillflats (E12)</td>
<td>2053</td>
<td>3 (1.0%)</td>
<td>1.46</td>
</tr>
<tr>
<td>Killenhall (E13)</td>
<td>2401</td>
<td>3 (1.0%)</td>
<td>1.24</td>
</tr>
<tr>
<td>Wordsby (E16)</td>
<td>2205</td>
<td>1 (0.5%)</td>
<td>.45</td>
</tr>
<tr>
<td>Total</td>
<td>28238</td>
<td>59 (27.3%)</td>
<td>2.08</td>
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</table>

Source of data: 1991 Local Census and Research Section Warbury Social Services Department.
APPENDIX 9

SOME EXAMPLES OF FAMILY SUPPORT PROGRAMMES AS REVIEWED BY BALDWIN AND SPENCER (1993)

The "Ounce of Prevention" Programme

The "Ounce" has developed local programmes for working, single and teenage parents, preteens at risk of early pregnancy and their parents, and stressed low income parents in over forty communities across Illinois in the U.S (See also Rubino 1988, Gershenson and Musik 1984). This programme has been developed on the basis of a partnership between public and private interests and it operates on the principles of community involvement, shared funding and community-wide services as opposed to the targeting of "risk" groups.

Its objectives are the:

(a) empowerment of low-income communities through the development of comprehensive family support programmes;

(b) prevention of family dysfunction;

(c) promotion of healthy coping strategies;

(d) promotion of the optimal development of children and families.

The philosophy of "Ounce" is based upon a belief in the value of primary prevention: that in preventing family dysfunction through community services it becomes possible to reduce those problems most closely correlated to it such as child abuse and neglect, teenage pregnancy and parenting, infant mortality and morbidity, unemployment and family violence.
To achieve its objectives, the programme has established a network of "non-deficit" services which are agreed and partly administered by the communities themselves. These are:

- parent groups which provide emotional and peer-group support to young parents

- home visiting by volunteers and community workers which link isolated families to community resources and provide a home-based information and support service

- mother and child groups which provide day care, education on mother-child interaction, and recreation activities for parents and young children.

Additionally, the programme has sought to address the issue of primary prevention of unwanted pregnancy by providing contraceptive advice and by trying to reduce the social pressures underpinning unwanted pregnancy.

The Addison County Parent Child Centre

Addison is a rural county in Vermont, U.S, with a high level of poverty and isolated families headed by young, single parents. The Centre was established 10 years ago in the largest town with the broad aim of increasing the self-esteem and communication skills of both children and parents, and to develop a sense of community in the area. The services provided are:

- communal facilities for education, entertainment and "household chores" such as laundry
• child care programmes and support groups to help people through stressful life situations (divorce, first-time parenting, single parenting).

The Centre co-ordinates various state agencies to achieve these.

• outreach activities.

Community participation in the running and management of the Centre is regarded as an essential element of the approach. The Centre is supported by joint public-private funding and the community is actively involved in fund-raising activities.

Though no formal evaluation has been undertaken changes in adverse outcomes have been attributed to the activities of the Centre.

• a reduction in teenage pregnancies. In 1979 there were 70/1000. By 1986, 45/1000.

• of those teenagers becoming pregnant in 1986, 90 per cent received ante-natal care compared with 49 per cent in the rest of the State. Less than 1 per cent had infants weighing less than 2,500 grams compared with 8.9 per cent in the rest of the State. The infant mortality rate was 5.6/1000 compared with 11.6/1000 in the rest of the State.

Amongst families served by the Centre:
• welfare dependency fell from 40 per cent in 1983 to 17 per cent in 1987

• the incidence of child abuse fell from 21 per cent to 2 per cent

• only 4 families had a child placed in permanent substitute care

• adolescent parents receiving high school diplomas increased from 30 per cent to 71 per cent.

F.A.S.T Programme, Madison, Wisconsin

This programme offers school based family support which comprises of a preventive programme for children aged 6-9 years assessed to be at risk of future problems because of their behaviour, attainments, apathy, depression etc. (McDonald and Billingham 1990). Families referred to the programme are under stress and socially isolated and living on benefits. Most are headed by single mothers, some of whom suffer from depression and many are abusing substances or alcohol.

Whole families were invited to join the programme and participate on a voluntary basis. They agreed to attend eight weeks of family group meetings which were accompanied by out-reach work.

The programme attempts to provide intensive support for families and for individual children while taking account of immediate and future practical demands such as child care. Trained workers work with parents - usually mothers - both as individuals and in their parental role to try to increase the quality of parent-child interactions and the rewards for positive parenting.
Families are "recruited" in their own homes (often by a F.A.S.T "graduate"), picked up from their homes and transported to meetings. A free meal is provided for the whole family at the meeting and child care is also available there. There are monthly meetings for the whole family who have "graduated" for the next two years and again these include a meal, a "curriculum review" and an outing. Free baby-sitting is provided to families who attend.

The programme seeks to avoid stigmatisation by promoting active, voluntary participation at all levels by the parents. This includes deciding future work, recruiting new families, running meetings and fund raising. Some parents have gone on to become paid staff. This partnership model also involves collaboration with other health and welfare agencies. Parent support networks are developed through individual "buddies" and groups.

Programme evaluations have shown increases in self esteem, family closeness and support networks and improvements in the attention span of the children in school. Class-room behaviour has also improved as has the quality of parent-child interactions. Parents attribute this to the fact that the programme has helped them to enjoy their time with the children more; get closer to them; understand them better and deal with school problems more effectively. Crucial to this process is the programme philosophy which stresses that anyone training with it agrees that parents want the best for their children.

Newpin

This U.K based project shares the same aims as the F.A.S.T and Ounce programmes but adapted to circumstances in this country. The Newpin Project started at a centre in South London in 1980 and has grown to 4 centres nation-wide.
Newpin seeks to break the cyclical effect of destructive family behaviour by raising the self-esteem of individual parents who are suffering from depression and loss of identity. It aims to inspire parents to recognise the value of consistent good practice in caring for children.

The focus is on individual parents rather than the community-wide approach developed in the U.S. but there is the same emphasis on developing the resources of families for the benefit of the whole community. To this end Newpin develops a network of befrienders, women from the neighbourhood who have themselves experienced child care difficulties and have been assisted by Newpin. These people are assigned to newly referred mothers. Moreover, Newpin has developed a training programme for mothers enabling them to become co-ordinators within the project. The crucial difference between this form of home visiting and much of that undertaken by professionals, who nevertheless refer families to the project, is Newpin mothers are seen as a positive resource rather than "risky" adults whom the services must police. They are seen as the vehicle for building an effective community network.

Evaluation of the projects has been limited though some relatively short term evaluation of Newpin has been conducted with the assistance of the Department of Health (Cox, Pound and Pickering 1992). The aim of this evaluation has been to examine changes in mother-child relationships as well as changes in the mothers themselves. Mothers "well involved" in Newpin have described improvements in their self esteem and mental states, and a greater sense of control over their lives. Improvements have also been recorded in the ability of many mothers to anticipate their children’s' needs.

Changes in other aspects have not been judged to be statistically significant, and while some mother-child relationships have changed dramatically others have been found to
demonstrate no improvement on follow-up assessment. Nevertheless, Cox et al (1992) feel justified in assessing the projects as having been successful in keeping families together and protecting children. However, it has not yet been possible to assess the full effects of Newpin on the communities served (Baldwin and Spencer 1993).

**Other Programmes**

(1.) Barker (1987, 1989) describes a similar programme to Newpin developed by the Bristol Child Development project, where a number of health authorities have trained health visitors and volunteers to offer supportive visiting to first time parents in areas of high risk. Evaluations suggest that referrals for child abuse has been reduced in those areas. Moreover, greater satisfaction in parent-child relationships has been reported with children becoming more alert and co-operative. The level of co-operation between families and professionals has increased and there have been fewer cot deaths and hospitalisations.

(2.) A study in the Appalachian region of New York State shows that a blend of informal and formal helping offered to young, single, poor mothers, by nurse, home visitors on a similar basis to the "First Parenting" Schemes in the U.K provides similar benefits. (Olds 1987). The subsequent strengthening of local community support and the use of community health and social services has led to:

- fewer instances of verified child abuse and neglect
- fewer visits to hospital emergency services
• less frequent restrictions and punishments imposed by parents on children.

• provision of more appropriate play materials

(3) Millar and Whittaker (1988) have assessed comparable programmes which show improvements linked to social support in local communities.

(4) Gibbons (1990) in a study of family support services in two local authorities in the U.K provides further evidence that it is the existence of a range of accessible services which are most likely to be successful in supporting families. Family relationships and coping mechanisms appeared to be enhanced by the community support programmes that were in place. Gibbons describes how the parents in her study who reported most improvements in family circumstances were not the ones receiving most help from social services departments but those who could draw on a variety of help in an area where there were many local sources of family help. Day care for children was seen as particularly important. Gibbons concludes:

"..the results of the research lend support to the hypothesis that parents under stress more easily overcome family problems.. when there are many sources of family support available in local communities."

(Gibbons,1990,P.162).

(5) As already discussed, Schorr (1988) describes a large-scale evaluation of U.S based preventative programmes. She concludes that
comprehensive, co-ordinated caring services have been successful in reducing:

- numbers of low birth weight children
- abused children
- pregnant adolescents
- school dropout rates

Programmes in California, Baltimore and Maryland have developed services which provide accessible prenatal care. In Michigan, Massachusetts and New York intensive family support programmes, including early childhood education and home visiting, have helped families to function better.

(6) Wolfe (1991) has evaluated 15 preventative programmes based on community and family support in North America. These programmes are described as action-orientated and aim to provide parents with what they themselves identify as needing. Work has been undertaken with new and expectant mothers, adolescent parents and young people who have been abused. The programmes are located in disadvantaged areas and provide family support, improved access to medical services, parental education groups and consciousness raising activities around managing aggression, sexual abuse and rape. Those parents involved with the programmes report feeling less stressed. Their home environments are said to have improved and child abuse referrals fallen in number. Parent-child interactions have become more positive. Parents
have expressed satisfaction with the quality of the assistance and support they have received and the fact that it is provided in non-stigmatising ways.
BIBLIOGRAPHY


Townsend, P., Phillimore, P and Beattie, A. (1986). Inequalities in Health in the Northern Region: an interim report. Northern Regional Health Authority.


1. Since submission of this thesis the Dartington draft report has been published as:


   This publication comprises summaries of twenty research projects commissioned by the Department of Health, and an ‘Overview’ of the main findings of these projects and the implications.

2. Since submission of this thesis Gibbon’s research has been published as:


   It is summarised in the ‘Messages From Research’ publication.