Child-parent Relationship and Potential Problems

Children's physical and emotional status, as well as their social and cognitive development, greatly depend on their family dynamics. The rising incidence of behavioural problems among children could suggest that some families are struggling to cope with the increasing stresses they are experiencing.

Family dynamics

Many characteristics of families have changed during a period of three to five decades.

- In England and Wales, 53% of live births were born within marriage in 2013, compared to 59% in 2003 and 93% in 1963[1].
- The average age at marriage has increased and more children are born to women older than 30 years.
- In the UK, there were 2.0 million lone parents with dependent children in 2015. This figure has grown steadily from 1.9 million in 2005. Lone parents with dependent children represented 25% of all families with dependent children in 2015 - a similar level to 2005[2].
- It is estimated that the proportion of marriages ending in divorce is 42%. Nearly half (48%) of couples divorcing in 2013 had at least one child aged under 16 living in the family[3].
- The percentage of women working has increased and there has been an increase in paternal involvement in childcare[4].

Potential problems

- Social problems including withdrawal, loneliness, loss of confidence, school problems, learning disorders, anxiety and depression[5], alcohol and drug abuse (particularly associated with mental illness), suicide or self-harming, theft and criminal behaviour.
- Discipline problems including selfishness, defiance, unstable behaviour, recklessness, deceitfulness, violent behaviour and disruptive behaviour.
- Educational problems including disruptive behaviour, bullying and decreased learning ability and academic achievements.

Epidemiology

Prevalence

According to the 2004 report from the Office for National Statistics[6]:

- 10% of children aged 5-16 in Great Britain had a clinically diagnosed mental disorder: 4% had an emotional disorder, 6% had a conduct disorder, 2% had a hyperkinetic disorder and 1% had a less common disorder such as an autistic spectrum disorders, tics, etc. Some children had more than one type of disorder.
- 16% of children from single-parent families experienced a mental health problem compared with 8% from two-parent families.
- Mental disorders were more common in reconstituted families (14%) compared to families containing no stepchildren (9%).
- Mental disorders were also more common in families where neither parent worked (20%), in families where someone received disability benefit (24%) and in families with lower levels of educational attainment.

Possible risk factors

Parental factors

- Family conflict and discord: lack of structure and discipline, disagreement about child rearing.
- Parental control that is too tight.
- Overprotection is a risk factor for childhood anxiety[7].
- Maternal conflict, divorce or separation: most of the negative effects are caused by disruption of parenting. The parents’ ability to cope with the changes may be reflected in the child’s ability to cope.
- Involvement of the father: the emotional and social outcomes are significantly improved for children whose fathers play a visible and nurturing role in their upbringing. Father involvement is associated with positive cognitive, developmental and socio-behavioural child outcomes, such as improved weight gain in preterm infants, improved breast-feeding rates, higher receptive language skills and higher academic achievement[4].
- Maternal depression, including postpartum depression[8]. Young children of depressed mothers have an elevated risk of behavioural, developmental and emotional problems.
- One study found that depressed individuals who are offspring of depressed parents may be at particular risk for the secondary deficits of depression. Such deficits may include physical dysfunction, pain and disability; anxiety, smoking, drinking-related problems and poorer social resources[9].
- Parental mental illness[10].
- Parental physical illness[11].
- Parental alcohol and substance abuse.
- Re-marriage/stepfamilies[12].
Social/environmental factors

- Poverty: mental disorders are more common in households with a low gross weekly income and in families where the parent was in a routine occupational group compared with those in a higher professional group. They were also more common in those living in the social sector (17%) compared with those who owned their accommodation (4%) [6].
- Neglect and/or abandonment; adopted children or children from foster homes.
- Residential instability.

Child factors

- A chronically ill or disabled child [13].
- Undiagnosed psychological or developmental problem - eg, attention deficit hyperactivity disorder (ADHD), autistic spectrum disorders [14].
- Difficult temperament of a child and a clash in parenting style.
- Fragile emotional temperament of a child.
- Peer pressures.

Family factors

- Large families.
- Family stress: working parents, job dissatisfaction, fatigue, stress and time, household chores.
- Violence within the home.
- Child sex abuse.
- Trauma.

Diagnosis

Getting to the bottom of parent-child relationship problems can be difficult because there can be many different underlying issues.

The possible outcomes may also vary depending upon individual families, religion, culture, attitudes, ethnicity and resources available.
Management

- A family-focused approach is helpful in many clinical scenarios - eg, autistic spectrum disorders[15], drug dependence[16].
- Counselling: family counselling and therapy, parental education[17,18] and training[19].
- Self-help.
- Referral.
- Marriage guidance.
- Social support.
- Medication to treat specific health problems.
- Police/law enforcement.
- Change schooling - eg, different school, boarding or private education.
- Paediatric healthcare.

Prevention

One study found that a prevention programme implemented through childbirth education programmes enhanced the co-parental relationship, parental mental health, the parent-child relationship and infant emotional and physiological regulation[20]. The programme had a positive effect on co-parental support, maternal depression and anxiety, distress in the parent-child relationship and several indicators of infant regulation. It was particularly helpful to lower-educated parents and families with a father who reported higher levels of insecure attachment in close relationships.

Sure Start is a government-led initiative which encompasses a number of different projects aimed at giving every child the best possible start. In 2014 there were over 3,000 children's centres providing integrated services[21]. These have been put on a legal footing and are subject to regular Ofsted inspection. The Early Education initiative guarantees all 3- to 4-year-olds a free, part-time, early-education start. In 2014 there were over 3,000 children's centres providing integrated services[22].

Further reading & references

- Relate

1. Live Births in England and Wales by Characteristics of Mother 1: 2013; Office for National Statistics
2. Families and Households: 2015; Office for National Statistics
6. Mental health of children and young people in Great Britain, 2004; Office for National Statistics
21. Sure Start Children's Census Report 2014 - a national overview
22. Numbers of Sure Start children's centres - April 2010; Department for Education

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