CAPVA: Parents and Carers Findings

2026 Consultation

1. Background

This survey explored the experiences of parents and carers whose child or young person displays repeated aggressive or harmful behaviour.

It examined the impact on individuals and their families, their views on the support available, how easy it is to access, and where gaps in provision exist.

Respondents were assured that all responses would remain anonymous and confidential.

During the four-week consultation period in June 2026, **56 responses** were received**.**

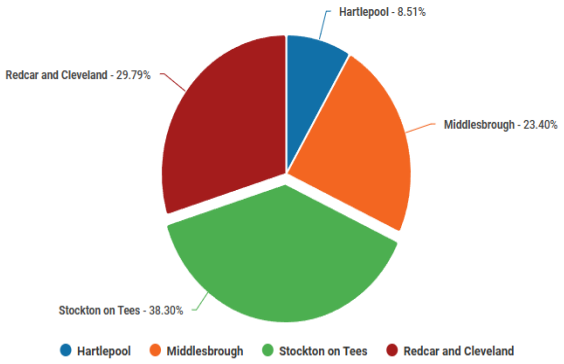
Nine respondents **(16.1%)** reported that they had not experienced repeated aggressive or harmful behaviour from a child or young person in their care. Therefore, they were not required to complete the survey.

The remaining **47 respondents (83.9%)** reported having such experiences and completed the full survey. The following provides further insight into their responses.

2. Respondents Demographics

All 47 respondents told us about their background.

Which area do you currently live in Cleveland?



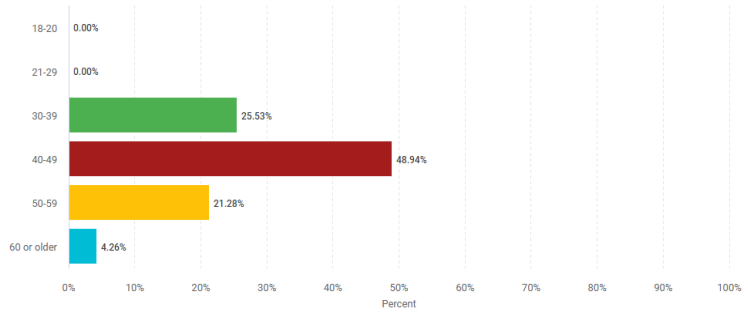
What is your gender identity?

Answer Choices	Responses		
Male		4.26%	2
Female		93.62%	44
Non binary		2.13%	1

Do you consider yourself to have a disability?

Answer Choices	Responses	
Yes	36.17%	17
No	63.83%	30
Answered: 47 Skipped: 9	Response Total:	47

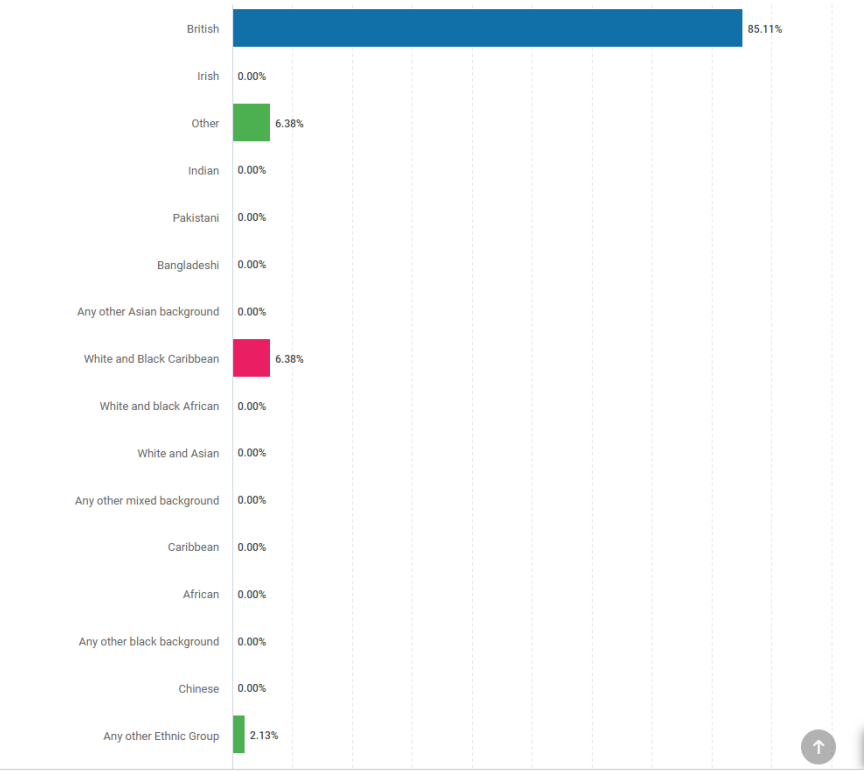
What is your age group?



Do you consider yourself to have a disability?

Answer Choices	Responses	
Yes	36.17%	17
No	63.83%	30
Answered: 47 Skipped: 0	Response Total:	47

What is your ethnicity?

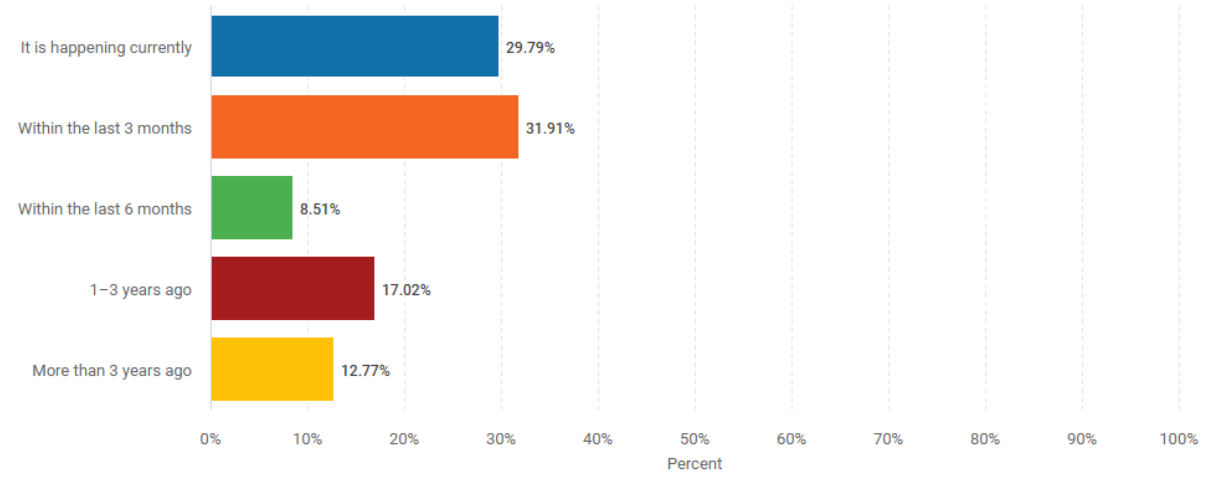


3. Respondents' Experiences

To gain further insight, respondents were asked about the length of time they had experienced aggressive or harmful behaviour from their child or young person.

The most common response, shown in the graph below, was within the **last three months (31.9%.)** This was followed closely by **currently occurring (29.8%).** The least common response was within the **last six months (8.5%.)**

When did you last experience this behaviour?



Of the respondents, **97.8%** noted this was while living in **Cleveland**. **2.1%** of respondents were not.

Living Arrangements & Safety

Do you currently live with the child or young person?

Answer Choices	Responses	
Yes	78.72%	37
No	21.28%	10
Answered: 47 Skipped: 0	Response Total:	47

Did you or the child/young person ever need to leave the home to make things safer?

Answer Choices	Responses	
Yes	51.06%	24
No	48.94%	23
Answered: 47 Skipped: 0	Response Total:	47

Respondents were given the opportunity to expand on the above. The key themes emerging from the 26 responses were:

Neurodiversity and difficulties with emotional regulation: The most common theme was that aggressive or harmful behaviour was linked to neurodivergence. Many parents described children and young people with autism, ADHD, learning disabilities, communication difficulties or emotional dysregulation as struggling to manage emotions. This led to verbal and physical aggression, property damage and meltdowns.

Physical violence and threats towards family members: Many respondents reported experiencing physical assault including hitting, kicking, punching, spitting, strangulation attempts and threats involving knives or other weapons. Several parents described living with ongoing fear for their own safety and the safety of other family members.

Impact on siblings and wider family: Aggressive behaviour frequently affected the wider family, particularly siblings. Parents described removing other children from the home during incidents, having safeguarding concerns, suffering significant stress, emotional distress and disruption to family life.

Parents using avoidance and de-escalation strategies: A common coping mechanism was for parents or carers to remove themselves from situations. They did this by leaving the home or room, retreating to the garden or relying on another adult to manage incidents. Many respondents prioritised de-escalation and safety rather than confrontation.

Escalation leading to care, residential placements, or alternative living arrangements: Several cases resulted in children or young people moving into residential placements, psychiatric settings, foster care, care arrangements under Section 20 or living with another parent. Respondents often described these decisions as a last resort when behaviour became unmanageable or unsafe.

Perceived lack of support from services: Many respondents reported feeling unsupported by statutory services, including social care, education, and policing. Parents described difficulties accessing help, not meeting service thresholds, being dismissed when reporting abuse or feeling that they were expected to manage significant risks without adequate support.

Challenges within education settings: A number of responses highlighted school-related factors, including unmet special educational needs, masking at school, difficulties following the school day, perceived victimisation, exam pressure and inadequate support. Parents often reported behaviours escalating after children returned home.

Significant emotional and mental health impact on parents: Respondents described feelings of exhaustion, isolation, helplessness, and hopelessness. Some

reported experiencing severe psychological impacts, including suicidal thoughts, while managing prolonged periods of abuse with limited support.

Police and social care involvement during crises: Several families reported involvement from police, social workers, mental health services or psychiatric hospitals following serious incidents. However, experiences were mixed. Some respondents felt supported while others felt their concerns were minimised or poorly managed.

Recognition that behaviour is often linked to unmet needs: A recurring theme was that respondents viewed the behaviour as a response to dysregulation, feeling overwhelmed, trauma, communication difficulties or unmet support needs rather than deliberate misconduct. Parents frequently emphasised the importance of calm, therapeutic and trauma-informed approaches rather than punitive responses.

Overall, responses indicate that aggressive or harmful behaviour is frequently associated with neurodivergence and emotional dysregulation. This results in significant impacts on family safety, wellbeing and relationships. Many parents relied on de-escalation strategies and reported feeling unsupported by services. Some situations escalated to police involvement, care placements or family separation.

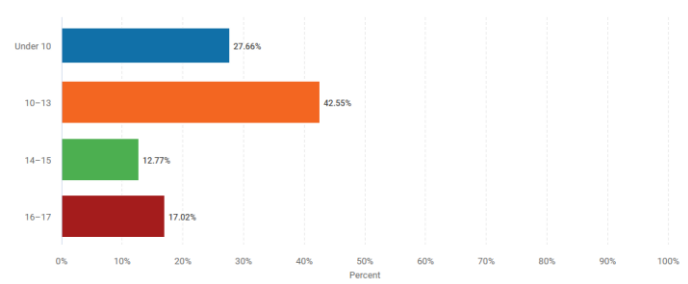
A strong theme throughout was the need for earlier, more accessible and specialist support for both children and families.

4. Relationships & Age

What is your relationship to the child or young person?

Answer Choices	Responses		
Parent	80.85%	38	
Step-parent	0.00%	0	
Foster carer	4.26%	2	
Grandparent	6.38%	3	
Guardian	2.13%	1	
Other (please specify): Hide	6.38%	3	
3 1:1 tutor			20 Jun 2026, 22:50 ID: 299772599
2 Carer			07 Jun 2026, 08:49 ID: 29841769
1 Adoptive parent			05 Jun 2026, 17: ID: 29836720

What is the age of the child/young person at the time?



5. Behaviours experienced

As shown in the bar chart, below, respondents could select multiple response options.

Physical aggression was the most commonly reported behaviour (87.2%), followed by **damage to property** (83.0%) and **verbal aggression** (74.5%).

Over three-fifths of respondents (61.7%) also reported aggression towards siblings.

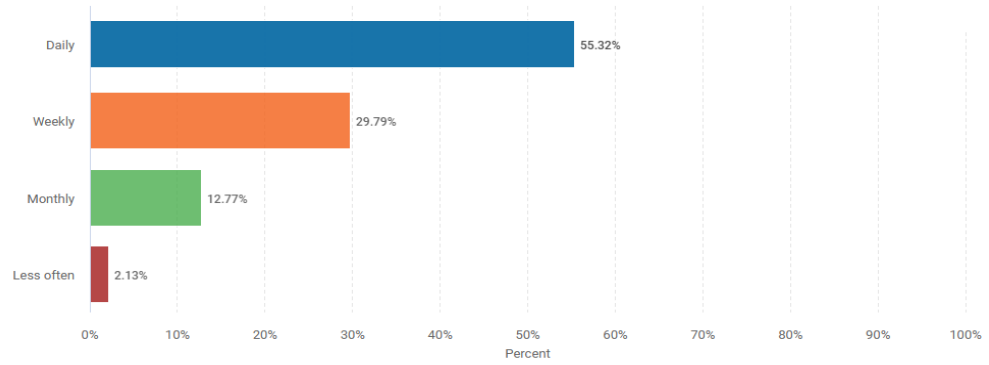
Online or digital abuse was the least reported form of behaviour, identified by 12.8% of respondents.

Which behaviours have you experienced?

Answer Choices	Responses		
Verbal aggression		74.47%	35
Threats or intimidation		55.32%	26
Physical aggression		87.23%	41
Damage to property		82.98%	39
Financial harm		14.89%	7
Controlling or manipulative behaviour		44.68%	21
Online/digital abuse		12.77%	6
Behaviour towards siblings		61.70%	29
Other (please specify): Hide		8.51%	4

4	Mental abuse.	23 Jun 2026, 22:25 ID: 300029222
3	Physical aggression (from an individual I believe a court / CPS would assess (likely for the rest of their life) as not having the mental capacity.	20 Jun 2026, 22:50 ID: 299772599
2	Sexual	06 Jun 2026, 18:37 ID: 298406078
1	Attempting to argue deliberately in order to stay out all night without saying where he is.	03 Jun 2026, 14:22 ID: 298161564

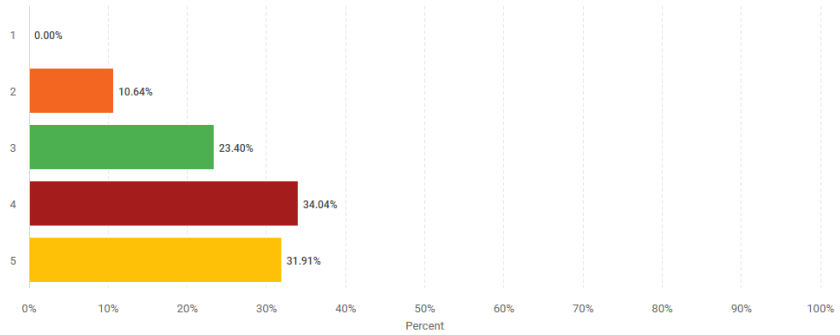
How often did this behaviour occur?



As shown above, 55.3% of respondents experienced these behaviours **daily**, while 29.8% reported **weekly** occurrences.

Less frequent incidents were reported by just 2.1% of respondents, making this the least common response.

How severe would you rate the behaviour? (1 = Not severe, 5 = Very severe)



The severity of these experiences is evident, with **two-thirds of respondents (66.0%)** reporting their child or young person's behaviour as **severe** or **very severe.**

Significantly, no respondents considered the behaviour to be not severe, underlining the considerable impact on parents, carers, and families.

6. Family Stressors & Who Is Affected

This question allowed respondents to select multiple contributing factors affecting their child or young person's behaviour.

Neurodiversity and difficulties with emotional regulation were by far the most commonly identified factors (83.0%), highlighting their significant role in behavioural challenges.

This was followed by **mental health difficulties** (43.0%), while **offending behaviour** was identified by only 2.1% of respondents, making it the least reported factor.

Are there any contributing factors affecting your child's behaviours?

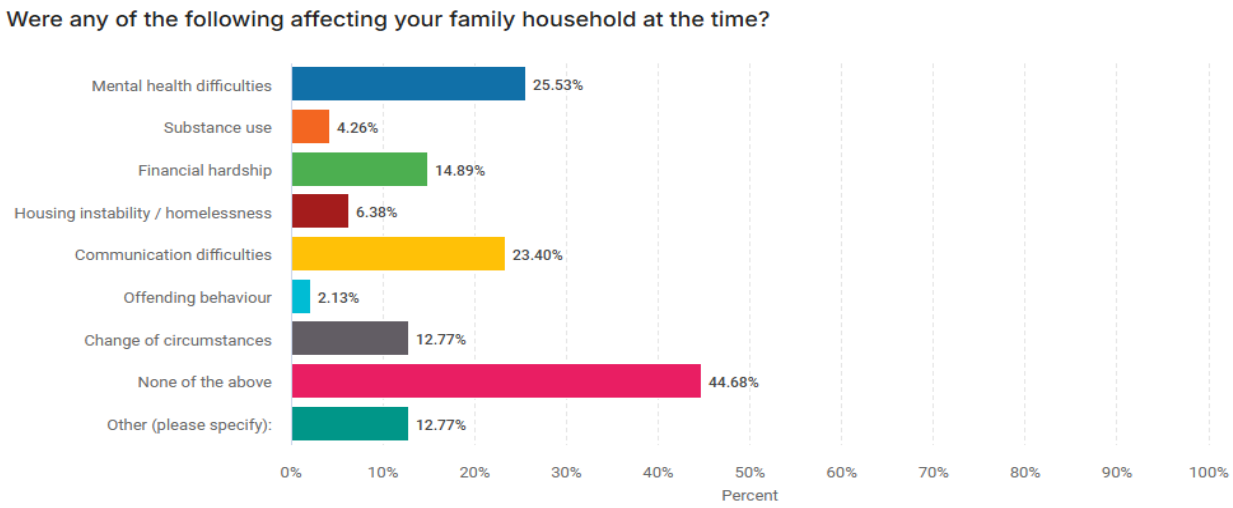
Answer Choices	Responses		
Mental health difficulties		42.55%	20
Substance use		8.51%	4
Offending behaviour		2.13%	1
Not in education, employment or training (NEET)		14.89%	7
Change of circumstances		8.51%	4
School exclusion or non-attendance		23.40%	11
Neurodiversity, specifically difficulties with emotional regulation		82.98%	39
Loss of a parent or close family relative		4.26%	2
Change in primary carer		4.26%	2
None of the above		2.13%	1
Other (please specify): Show		25.53%	12

The 26.0% respondents, who gave the ‘other’ response, identified overall neurodevelopmental conditions.

They included, trauma, family circumstances, health needs, limited access to support services, social influences and emotional regulation difficulties as key factors contributing to aggressive or harmful behaviour. Responses suggest that behaviour is often driven by a combination of complex underlying needs rather than a single cause.

Results to this multiple-response question are presented in the bar chart, below. Almost **half of respondents (44.7%)** reported that none of the listed factors were affecting their household at the time.

The most commonly identified factor was **mental health difficulties (25.5%)**, while **offending behaviour** was the least reported, selected by just **2.1% of respondents**.



The additional comments for ‘other’ noted that, alongside the factors listed above, families were affected by a lack of professional support, disability-related challenges, domestic abuse, housing instability and difficulties occurring across separate parental households.

These responses highlight the complex and interconnected circumstances that can influence family wellbeing and children’s behaviour.

7. Who is affected by the behaviour?

The chart, below, presents responses to a multiple choice question.

Respondents most commonly identified **themselves** (72.3%), followed by **their child or young person** (53.2%) and **siblings** (44.7%) as affected. **Another parent or carer** was the least selected option, reported by just 25.5% of respondents.

Who in the family was affected by these issues?

Answer Choices	Responses		
The child/young person		53.19%	25
Me		72.34%	34
Another parent/carer		25.53%	12
Siblings		44.68%	21
Whole family		34.04%	16
Not applicable		4.26%	2
Answered: 47 Skipped: 0		Response Total:	47

8. Impact

The bar chart, below, shows responses to a multiple choice question, where respondents could select all applicable options.

Almost all respondents **(97.9%)** reported **experiencing stress or anxiety. Physical injury** and **impact on relationships** were each reported by **63.8%** of respondents, closely followed by **fear within their own home (61.7%).**

The least reported impact was on **work or finances**, although this still affected nearly half of the respondents **(46.8%).**

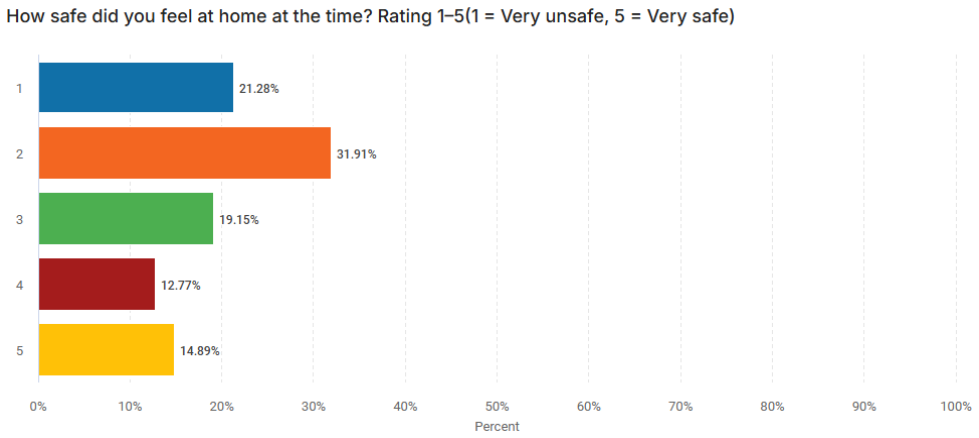
How did this situation affect you?

Answer Choices	Responses		
Stress or anxiety		97.87%	46
Fear in my own home		61.70%	29
Physical injury		63.83%	30
Sleep problems		53.19%	25
Impact on work or finances		46.81%	22
Isolation		55.32%	26
Impact on relationships		63.83%	30
Other (please specify): Hide		6.38%	3

3	Fear of My son committing suicide.	23 Jun 2026, 22:25 ID: 300029222
2	For the following Q17, I answer as though I was part of the household. Due to difficulties in the educational setting, his 'education' was for a number of months moved to his family home. It was a very unusual case, with a very challenging young person.	20 Jun 2026, 22:50 ID: 299772599
1	General unease at being able to express what was happening, was it bad parenting and being spoilt, guilt at not being able to place further boundaries in place unsure of where the behaviour came from, Sought support from social care but was unable to receive any and didnt want to destroy the relationship with child and other family.	03 Jun 2026, 14:22 ID: 298161564

9. How Safe do you feel?

The findings reflect a significant impact on respondents' sense of safety, with **53.2%** reporting that they felt **unsafe** or **very unsafe at home**, compared with **12.8%** who reported feeling **safe**.



10. Asking for Help

Family and friends were the first source of support for **40.4%** of respondents, followed by **social care (17.0%).**

Schools and no-one were each selected by **12.8%** of respondents, while the **police** was the least selected option **(2.1%).**

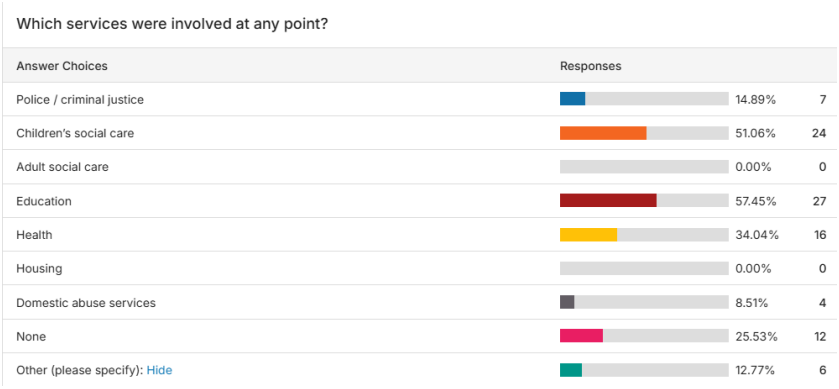
Who did you first tell about what was happening?

Answer Choices	Responses		
Family/friends		40.43%	19
School		12.77%	6
Health professional		6.38%	3
Early help/family support		4.26%	2
Police		2.13%	1
Social care		17.02%	8
No one		12.77%	6
Other (please specify): Hide		4.26%	2

2	I worked for a private social care Co. with direct liaison to LA's social care (possibly education too) team/s.
1	All of the above!! I even wrote to my MP and head of children and young people's committee!!

The bar chart, below, shows responses to a multiple choice question, where respondents could select all applicable options to identify which services had been involved.

Education was the most commonly reported service (**57.4%**), followed by **children's social care** (**51.1%**). **adult social care** and **housing** were not selected by any respondents (**0%**).



Which services were involved at any point?

Answer Choices	Responses		
Police / criminal justice		14.89%	7
Children's social care		51.06%	24
Adult social care		0.00%	0
Education		57.45%	27
Health		34.04%	16
Housing		0.00%	0
Domestic abuse services		8.51%	4
None		25.53%	12
Other (please specify): Hide		12.77%	6

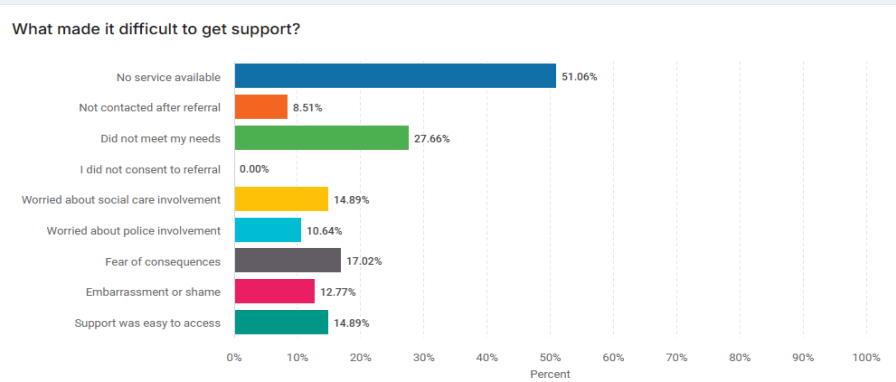
Respondents, who selected 'other,' reported seeking help from the following:

6	Early help
5	Substance misuse services.
4	Disability Social Worker
3	Special Educational Needs department of the Local Authority
2	Camhs, early help, change direction youth worker, therapist, after adoption
1	Adoption Tees Valley

Respondents could select more than one option from the options in the bar chart, below.

The findings highlight significant gaps in support, with **over half of respondents (51.1%)** reporting that **no service was available**.

A further **27.7% felt services did not meet their needs**, while **17.0% cited fear of consequences** as a barrier to accessing support. No respondents selected **"I did not consent to referral"**.



11. What Is Needed

Findings highlight a clear demand for specialist services, with **72.3%** of respondents identifying **specialist support** as what would have helped most.

Parents and carers also highlighted the need for **whole family support (42.6%), counselling/therapy (40.4%), and crisis support (40.4%),** demonstrating a need for both preventative and intensive interventions.

What support would have helped most?

Answer Choices	Responses
Parenting support	21.28%
Whole-family support	42.55%
Crisis support	40.43%
Counselling/therapy	40.43%
Peer support	19.15%
Advice/information	31.91%
Specialist support	72.34%

Key Themes: Changes Respondents would like to see in Cleveland Services

All 47 respondents gave feedback through this open text question, offering an important insight into their experiences and the improvements, which they would like to see.

Earlier Access to Support and Intervention

The most common theme was the need for **earlier intervention**, faster access to support and reduced waiting times for assessments, diagnoses, therapies and specialist services. Many respondents felt support was only available when families had reached crisis point.

Greater Understanding of Neurodiversity and SEND

Respondents frequently called for **improved understanding of autism, ADHD, neurodiversity and special educational needs** across services. This included earlier diagnosis, better support following diagnosis, specialist provision and staff training to recognise and respond appropriately to children's needs.

More Support for Parents, Carers and Families
Many respondents requested **practical and emotional support for parents and carers**, including respite care, peer support groups, family support, counselling, sibling support and training to help manage challenging behaviour safely.

Parents Being Listened To and Taken Seriously
A strong theme was the desire for professionals to **listen to, believe and take parents' concerns seriously**, particularly when reporting child-on-parent abuse, safeguarding concerns, behavioural changes or difficulties in coping at home.

Increased Availability of Specialist Services
Respondents highlighted the need for **specialist services tailored to individual circumstances**, including support for neurodivergent children, child-on-parent abuse, mental health needs, trauma, adoption-related issues and post-separation abuse.

Improved Mental Health Support
Many respondents called for greater investment in **CAMHS and children's mental health services**, including shorter waiting lists, improved access to assessments and treatment and support delivered before problems escalate.

Better Information, Navigation and Awareness
Several respondents reported difficulty identifying available support and requested **clearer information,** greater awareness of services, defined support pathways and easier access to referral routes.

Improved Multi-Agency Working
Respondents wanted services to **work more effectively together**, with better communication, information sharing and coordinated support between education, health, social care, and police services.

Education and School-Based Improvements
There were calls for schools to provide **greater support for children with SEND,** address bullying more effectively, reduce exclusions, increase specialist provision and ensure staff are appropriately trained to understand neurodivergent needs.

Better Police and Professional Understanding
Some respondents felt there was a need for improved **police awareness, specialist training, and professional understanding** of child-on-parent abuse, domestic abuse, neurodiversity and complex family circumstances.

Overall, respondents called for **earlier intervention, faster access to support, improved understanding of neurodiversity, greater support for parents and carers and professionals who listen to and believe families.** Many highlighted the need for increased specialist provision, improved mental health services, better multi-agency working, and clearer pathways to support before situations reach crisis point.

12. Key Themes: Additional Comments (optional)

Need for Earlier and More Effective Support
Many respondents felt support was difficult to access until families reached crisis point, with some reporting being passed between services, long delays or being left to manage alone despite significant concerns.

Greater Understanding of Neurodiversity and Emotional Regulation
Respondents highlighted the need for better awareness, training and support around autism, neurodiversity, anger and emotional dysregulation. Several felt earlier diagnosis and intervention could have prevented difficulties from escalating.

Improved Support for Parents and Carers
A common theme was the importance of peer support, parent support groups, respite opportunities and practical guidance to help families feel less isolated and better equipped to cope.

Parents Being Listened to and Believed
Some respondents said they felt as if they were being blamed for their child's behaviour - or that their concerns were not taken seriously by professionals. They emphasised the importance of services listening to and trusting parents' experiences.

Better Support in Schools
Respondents called for greater support within schools, particularly around emotional regulation, coping strategies, behaviour management and reducing practices that may inadvertently reinforce negative behaviour.

Positive Experiences of Support
While many comments focused on areas for improvement, some respondents described positive experiences of coordinated support from schools, early help, and social services, highlighting the value of collaborative working.

Improved Professional Responses and Service Coordination
Several respondents felt services lacked understanding of their circumstances or failed to work together effectively. There were calls for more responsive, joined-up, and community-informed approaches.

Overall, respondents highlighted the need for **earlier intervention, greater understanding of neurodiversity, stronger support for parents and carers, improved school-based support and professionals who listen to and believe families.**

While some families reported positive experiences of coordinated support, many felt services were difficult to access, poorly coordinated or only available when issues had escalated significantly.

13. Summary

This survey highlights the significant challenges faced by parents and carers experiencing repeated aggressive or harmful behaviour from a child or young person in their care.

Of the 56 responses received, **47 respondents (83.9%)** reported direct experience of these behaviours and completed the full survey.

The findings demonstrate a substantial impact on families. Most respondents reported experiencing **physical aggression, property damage and verbal abuse**, with **more than half** stating these behaviours occurred **daily**.

Two thirds of respondents rated behaviour as **severe** or **very severe**, while no-one considered it not to be severe.

The impact on parents and carers was profound. Almost all respondents (**97.9%**) reported experiencing **stress or anxiety**, with many also reporting **physical injury, damaged family relationships, fear within their own home and impact on work and finances**.

Over half of respondents reported feeling **unsafe or very unsafe at home**, demonstrating the significant emotional and physical toll these experiences have on families.

The survey identified **neurodiversity and difficulties with emotional regulation** as the most significant contributing factors to aggressive behaviour, followed by mental health difficulties, trauma, communication challenges and unmet support needs.

Open text responses highlighted that many children and young people were experiencing complex needs that families felt were not adequately understood or supported.

A consistent theme throughout the survey was the perception of **insufficient** or **inaccessible support services**.

Over half of respondents reported that **no suitable service was available**, while others felt existing services did not meet their family's needs or were difficult to access. Respondents frequently described long waiting times, high thresholds for support, limited specialist provision and a lack of coordinated response from services.

Parents and carers repeatedly called for:

- Earlier intervention and preventative support.
- Faster access to assessments, diagnoses, and specialist services.
- Greater understanding of neurodiversity and emotional regulation across all services.
- More support for parents, carers, siblings, and the wider family.
- Improved access to mental health services.
- Professionals who listen to, believe and work collaboratively with families.
- Better coordination between education, health, social care and police services.

14. Recommendations

Based on the survey findings, the following recommendations should be considered:

- **Develop earlier intervention pathways** to provide support before families reach crisis point.
- **Increase access to specialist support** for children and young people with neurodevelopmental, emotional and behavioural needs.
- **Improve support for parents, carers, and siblings**, including respite, peer support and practical training.
- **Reduce waiting times** for assessments, diagnosis and mental health services.
- **Strengthen professional understanding of child-to-parent abuse, neurodiversity and emotional dysregulation** through workforce training.
- **Improve multi-agency working and information sharing** to ensure families receive coordinated support.
- **Enhance communication about available services and referral pathways** so families know where to seek help.
- **Ensure family experiences inform future service development**, recognising parents and carers as experts in their child's needs.

Overall, the survey demonstrates a clear need for more accessible, coordinated and specialist support to reduce the significant impact of aggressive and harmful behaviours on children, young people, parents, carers and the wider family.