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## CASE MANAGEMENT AND OUTCOMES FOR NEGLECTED CHILDREN RETURNED TO THEIR PARENTS: A FIVE YEAR FOLLOW-UP STUDY

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### Introduction

Practitioners have very little research to inform them about which kinds of case management or combinations of services keep neglected children safe and contribute to improved outcomes. Given that cases of neglect often need long-term interventions, the aim of this study was to help to fill gaps in our knowledge about how children are assessed and managed over time when there are concerns about harm to them and to identify predictors of child outcomes when cases were followed up over a five year period.

### Key findings

- Working with neglected children and their families is challenging and there is a tendency over time for abuse and neglect to be minimised so that referrals about harm to children do not lead to sufficient action to protect them. Local authorities need to find ways to interrupt the processes which lie behind this minimisation.
- Outcomes for younger children were much better than for older children. The cut-off age was six at the time of reunification, after which action to safeguard children and plan for their future reduced. Practice with older children and adolescents needs to be more proactive.
- In two fifths of cases children who were the subject of child protection plans were not adequately safeguarded. In addition, the plans made during care proceedings did not work out in three fifths of cases, often when children were returned to parents because of an over-optimistic view of the possibility of parental change by guardians and expert assessors, in the face of long histories suggesting the contrary.
- Four broad patterns of case management were identified: case management that was proactive throughout (25% of families), proactive case management that later became passive (25%), passive case management that later became more proactive (26%) and case management that was passive throughout (24%).
- There were major local authority variations in how proactively cases were managed, leading to better outcomes in some authorities than others.

### Background

Given the lack of research on how to work effectively with neglected children and their families, this study is a longitudinal examination of case management and predictors of outcome for neglected children over a five year follow-up period.

This study followed up a cohort of neglected children who had been looked after and reunified with a parent and had three broad aims:

1. To examine the case management, interventions and outcomes of a consecutive sample of neglected children (who had been looked after and then returned home), from the point of first referral to children's social care services until five years from this study return home.
2. To investigate which factors (e.g. child or family factors, services or case management, informal supports or life events) are related to outcomes for children at the five year follow-up point.

3. To explore through in-depth interviews with social workers how far parents and children engage with professional interventions and whether there are particular issues in cases of neglect which make the work more complex or demanding.

## **Methodology**

The research in seven local authorities focused on 138 neglected children (from 104 families) who were returned to their parents during a one year period. The sample was composed of the neglected children from our previous study on reunification (110), supplemented by an additional sample drawn in the same way (28). All the children had been followed up for two years. This study followed them up for another three years by means of reviews of the case files and interviews with 36 social workers, team managers and leaving care workers who talked about 50 children in the sample. A very small number of interviews were conducted with parents (6) and children (6). Since all the neglected children in the sample had been returned home after entering care, they are likely to be at the more severe end of the spectrum.

## **FINDINGS**

### **The children's early experiences**

Most (84%) of the neglected children had also experienced other forms of maltreatment, in particular emotional (65%) and physical abuse (61%) and more rarely sexual abuse (27%).

### **Services and interventions during the final three year period**

The parents of the older children received significantly *less* support than those with younger children, even though many were struggling with their adolescent children's serious emotional and behavioural problems. The older children received *more* types of help than younger ones but were also more likely to be receiving *insufficient* support. Lack of specialist help for parents was linked to poorer outcomes for children. In a fifth of cases little or no support was provided. Even when some services were delivered, they were often not at a sufficiently intensive level to meet the severity of parents' and children's needs in order to make and sustain change.

### **The outcomes of return home and re-abuse**

By the five year follow-up, 65% of the returns home of 138 children in the study had ended. In addition, at the two year follow-up, 59% of the children had been abused or neglected after reunification and during the next three years, half of the children (48%) whose cases were open were abused or neglected.

### **Case management**

The way in which cases had been managed was examined, looking back to the first referral and following through until five years after the children returned to a parent in 2001. Almost three quarters of the children were subject to a child protection plan (72%) and two thirds (67%) to care proceedings at some stage during this period. A range of issues affected case management with parents and children.

### **Practice issues**

After the children were returned to their parents, children's social care services received referrals expressing concern about the safety and welfare of almost three quarters (73%) of them. After such referrals, insufficient action was taken to make children safe in three-fifths of the families.

At times the number and range of child and family problems made working with the families difficult and sometimes neglect was marginalised. In half (51%) of the cases a clear focus on important issues in the case had not been maintained at times by children's social care services and in a considerable number of families key problems had not been addressed, in particular parental alcohol and drugs misuse, domestic violence, mental health problems and lack of parenting skills. Decisive action in cases of neglect often awaited a trigger incident of physical or sexual abuse or severe domestic violence. Assessments were infrequent overall except in care proceedings, where specialist assessments could be helpful in making decisions as to whether or not children should be returned to their parents. In addition, many of the workers lacked knowledge about the history of the case and were sometimes unaware of key events in the past.

Working with neglected children and their parents is challenging. There were difficulties in engaging over two thirds of the mothers and half of the father figures, with some cases being closed as a result. The cases of 40% of the families were closed in spite of clear evidence of continuing difficulties.

### **Securing children's safety and making plans for the future**

**Safeguarding** In half of the families children had not been effectively safeguarded, even in many cases when children had been subject to a child protection plan or care or supervision order. In half of the families, children had experienced two or more failed returns home, with some children repeatedly returned home to circumstances that remained unchanged and about which social workers had concerns.

**Children subject to child protection plans** Some children experienced abuse and/or neglect over long periods before a child protection plan was made. This varied by local authority, suggesting that the threshold for children being made subject of a plan was too high in some authorities. In two fifths of the cases where children had been made subject of a child protection plan they had not been adequately safeguarded whilst the plan was in place.

**The use of care proceedings** In at least fifteen families (14%) care proceedings were not initiated in spite of children living in unsatisfactory situations which would have justified proceedings. In some of these cases it was thought that there was insufficient evidence for care proceedings, with some local authority legal departments providing excessively cautious advice. The researchers judged that 28% of the children had been left too long with their parents in adverse circumstances before care proceedings were initiated.

Supervision orders were made on 34 children, but in over three fifths (62%) the situation at home broke down. Sometimes guardians and expert assessors had been too anxious to give parents the benefit of having another chance, even though a deeper reading of the history might have shown that this was not advisable. The return home to a parent of children on care orders broke down in most cases (87%, 28 of 32). In spite of this, care proceedings were rarely initiated on a second occasion or plans for permanence outside the family then made. Taken together the plans made during care proceedings did not work out in 62% of the cases.

### **The effectiveness of case management**

Four broad patterns of case management emerged. Encouragingly, case management was *proactive throughout* in a quarter (25%) of the cases. In all of these cases, once concerns about the children's welfare had been recognised children's social care services moved to protect children and plan for their future. The parents were still given the chance to show that they could care for their children safely but action was taken if they could not. In many of these cases care proceedings or child protection plans were used effectively either to safeguard children, bring about increased cooperation from the parents or if this was not forthcoming to plan for permanence outside the family. The case management for 25% of the families was *initially proactive but later became passive* where children's social care services took appropriate action early on to safeguard the child and plan for the future but, as time wore on, management became passive. Cases that were *passively managed initially but management later became proactive* included those which were managed as family support cases for too long in spite of a build up of concerns that would have made earlier child protection intervention more appropriate (26%). When case management was *passive throughout* (24%) children were left to suffer harm without adequate intervention, sometimes over long periods. The cases were treated as family support when they were open, and abuse, neglect and parental rejection of the children were minimized. Parental problems such as alcohol and drugs misuse or mental health difficulties received little attention. Overall there was a lack of direction in these cases and little permanence planning.

### **Children's outcomes**

#### **Stability outcomes**

By the end of the five year follow-up, 43% of the children had achieved stability at home (in either a continuing study or subsequent return). A further 29% of children had achieved permanence in adoption, foster care or a family and friends placement, whilst the remaining 28% had had unstable experiences in care or in a mix of care and returns home following the end of their study return, sometimes including

attempts at independent living.

### ***Well-being outcomes***

A researcher rating of the children's overall well-being at the 5-year follow-up point showed that 29% of the children had good well-being at that point, for a third it was satisfactory, whilst 38% had poor well-being. Children who were living stably away from home at follow-up were more likely to have good overall well-being (58% did so), whilst for those with unstable outcomes it was most often poor (70%). Children who were stably at home had a fairly equal spread of good, satisfactory and poor well-being, with a worrying third having poor well-being. This latter group require attention if their outcomes are to be improved.

### ***The factors that were related to outcomes***

The researchers investigated which factors were statistically related to these two types of outcomes for children.

### ***Stability outcomes***

The child's age at return was significantly related to outcome, with the stable away from home group being youngest (mean 5.7 years), followed by children stably at home (mean 7.2 years) with the unstable group the oldest (mean 11.5 years). Children in the unstable group had most often experienced very severe neglect, emotional abuse or rejection. Proactive case management was most often a feature of the stable away from home and the stable at home groups and had least often occurred in the unstable group, where passive case management predominated.

Further statistical analysis revealed that for every year of increase in the child's age at the start of the study return, the odds of not being in a stable placement five years later increase by a factor of nearly 1.5. However, if the child was returned to a changed household (changes in the parent's partner or return to the other parents), then the odds of being in a stable placement increased by a factor of nearly 3.5. In addition, if a child was not looked after in the poorest performing authority they were 10 times more likely to be in a stable placement.

CHAID (Chi-Squared Automatic Interaction Detector) analysis was used to explore further the differences between our three stability outcome groups. This analysis suggested that children who were *under the age of six* at return were most likely to find stability in an alternative placement if the study return was not successful. For children who returned home *over the age of six* there was a heightened risk of having a subsequent unstable placement outcome, much less chance of ever achieving permanence in care and their cases were less well managed. The majority of children who were over 12 at return had unstable outcomes.

### ***Well-being outcomes***

Children who were younger at the start of the study return had the best well-being (mean 5.5 years), followed by those with satisfactory well-being (mean 7.4 years), whilst the children with poor well-being had been the oldest at that point (mean 10.2 years). In addition, children with poor well-being had more often experienced very severe neglect, been accommodated when they entered care, returned most often to a parent and been exposed to parental alcohol misuse prior to the study return - a problem for which few services were provided, yet which was related to the most severe neglect.

Whilst some of the factors which were associated with outcomes were related to the children's characteristics (for example age and behaviour problems prior to the study return), many of them related to how their cases were managed.

### **Implications for Policy and Practice**

**Age** It was sobering to find that the age cut-off after which children more often ended up with unstable outcomes and more rarely achieved permanence outside the family (in long-term fostering, kin or adoptive placements) was as low as **six** at the time of the study return. It is important that when children are of school age, action to safeguard them and plan for their futures is taken. The fact that most (3/4) of the children in the study had been known to children's social care services before they started school underlines the opportunities to intervene decisively early on. In addition, it was clear that practice with

older children and adolescents needs to be more proactive.

**Services** Intensive services are required if changes are to be made by parents, especially assistance in managing children's behaviour, parental alcohol and drugs problems, with parenting skills and domestic violence. In addition, the potential for foster carers to take an extended role in supporting children and parents into and during returns could usefully be developed, since this was related to children having good well-being at follow-up. More tailored services for adolescents and their parents are also needed.

**Working with neglect.** The children who had experienced the most severe neglect had the poorest outcomes. However, working effectively with neglected children and their parents is far from easy. There needs to be more clarity about how to make a case in care proceedings for neglect cases and a way of working which builds up evidence of children's progress or lack of it, including charting children's weight gains and developmental and other progress. There is also a need for more training for social workers in working with non-compliant parents.

**Counteracting inevitable 'errors'** A range of processes are always likely to affect case management over time and need to be deliberately interrupted. These include normalising and minimising abuse and neglect, downgrading the importance of referrals from neighbours or relatives, viewing each incident of neglect or abuse in isolation and not recognising their cumulative impact, lack of awareness of children's histories, not being able to maintain an accurate perspective on the extent of children's difficulties and developing a fixed view of cases which is not affected by contrary information. Interrupting these processes might be achieved by a second social worker (for example a senior practitioner) doing a joint visit in all ongoing cases where there are child protection issues every 4 to 6 months to provide a second pair of eyes to review the thresholds for intervention and advise on case management. In addition, regular case audits by senior managers would appear to be essential to ensure that practice remains proactive.

**Returning children to their parents.** There needs to be more clarity with parents about what changes need to be made, over what timescales *before* children are returned to them, with a clear contingency plan which is actioned if changes are not forthcoming, together with intensive packages of assistance. Since children who had been accommodated before return home often had poor well-being by follow-up, there is a need for more rigour in the way these cases are managed and reviewed, and clearer policies on reunification for all children.

**Parental alcohol and drugs misuse.** There were significant gaps in the services for parents with drugs misuse and particularly alcohol misuse problems. Children whose well-being at follow-up was poor and those subjected to the most severe neglect were especially likely to have been living with parents with alcohol misuse problems. Practice in cases where parents misuse alcohol or drugs needs to include clear expectations that parents will be required to address their substance misuse before children are returned to them and that their use of substances will be closely monitored and reviewed before and during return. In addition, more access to treatment for parental substance misuse problems is required alongside more training for practitioners on working with substance misusing parents.

**Oscillation.** More decisive action needs to be taken when children oscillate between home and care, since children with the highest number of returns home to parents ended up with the poorest well-being. It would be useful if local authorities could identify such children and ensure satisfactory permanence plans are made and implemented for them.

**Reviews.** A full record of all referrals about the child and about actual or suspected child maltreatment plus the follow-up action taken, should be presented at every child protection and looked after children review so that review members can form an opinion about parental progress in the light of full information about continuing concerns about their parenting and the child's progress. Child protection conference chairs and Independent Reviewing Officers also need to have a robust mechanism for getting case management decisions reviewed if they are not satisfied with the actions of the team manager or social worker. A similar review mechanism should apply to cases being dealt with as family support.

**Permanence planning.** In view of the lack of sustained permanence planning for many children, more action and authority is needed for Independent Reviewing Officers so that permanence plans for all looked

after children are vigorously pursued with permanence outside the birth family being sought when necessary. In addition, there needs to be a stronger mechanism in place so that if a decision to return children in care proceedings does not work out, proactive planning then takes place which re-considers whether care proceedings should be initiated again and ensures that permanence plans in care are made and implemented.

**Post-order reviews of cases by the courts.** The poor outcomes for children returned to their parents on supervision orders or care orders calls into question the decision-making in these cases in court. Post-order reviews of cases by the courts would be useful to ensure that action is taken when court orders fail and so that decision-makers can review the effectiveness of their decisions. It would also be helpful if the medium-term outcomes of decisions made on the basis of expert assessments and guardians' recommendations could be fed back to them to enable these professionals to get feedback on the efficacy of their recommendations.

**Local authority variation** There were major local authority variations in how proactively cases were managed, leading to very much better outcomes in some authorities than others, both in terms of children's stability and well-being. These differences in local authority practice would benefit from action so that all can come up to the standard of the best.

### **Additional Information**

Further information about this research can be obtained from Isabella Craig, Analysis and Research Division, 4FL-ARD, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT  
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The views expressed are the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.

Information about other studies which are part of the Safeguarding Children Research Initiative can be found at <http://tcru.ioe.ac.uk/scri/>