

Professor Elaine Farmer

**CHALLENGING PRACTICE: WORKING PROACTIVELY WITH NEGLECTED CHILDREN AND THEIR FAMILIES**

A 5 year follow-up study of neglected children who have been looked after and reunified



2

**Aims**

- 1. To examine the case management and outcomes of a sample of 138 neglected children from the point of first referral to children's services until five years from their study return home in 2001.
- 2. To investigate which factors are related to outcomes for children at the five-year follow-up point.
- 3. To explore through in-depth interviews with social workers the issues and dilemmas in working with cases of neglect

3

**Methods**

- **Case file review** of 138 neglected children [from 104 families] in 7 local authorities returned to a parent from care during 2001 and followed up for another 5 years by which time they were aged 5-19.
- **Semi-structured interviews** with a sub-group of social workers where cases were current or recent and a small number of children and parents.

4

**Characteristics of the case file sample**

No. of children	138 from 104 families
Gender	82 boys (59%) 56 girls (41%)
Age at the start of the study return in 2001	26% aged 0-4 years; 28% aged 5-9 years and 46% aged 10-14 years. Range 0-14 years, Mean 8.07 years (4.56 s.d.)
Age at five-year follow-up point	26% aged 5-9 years; 28% aged 10-14 years and 46% aged 15-19 years. Range 5-9 years, Mean 13.07 years (4.56 s.d.)
Ethnicity	112 White (81%) 19 Mixed Ethnicity (14%) 7 Black African/Black Caribbean/Asian/South American (5%)
Disability	17 children had a physical disability (12%)

5

**Types of neglect**

Type of neglect	No.	%
Supervisory neglect (n=131)	106	86%
Physical neglect (including nutritional & pre-natal neglect) n=133	107	81%
Emotional neglect (n=130)	101	78%
Educational or cognitive neglect (n=122)	60	49%
Medical neglect (including neglect of mental health needs) n=123	42	34%

The sample sizes vary in this table due to missing data in some cases

6

**The Children's Early Experiences**

- **84% of the children had also been abused: emotional abuse (65%), physical abuse (61%) and sexual abuse (27%).**
- **In the children's families there had been:-**
- **Parental mental health problems in 44%**
- **Domestic violence in 74%**
- **Parental alcohol or drugs misuse in 66%**
- **Prostitution/open use of pornography in 19%**
- **56% of the children had been referred to children's services before age 2 (incl 1/3 before birth) and 3/4 by time of school start**

7

### **Services for PARENTS During The Final 3 Year Follow-up Period**

- Parents Received Help with:
- Mental health problems 50%; Financial difficulties 45%
- Drugs misuse 38%; Alcohol misuse 16%
- But 23% of parents received no services - and more help needed by 62% of parents esp with children's behaviour, parenting skills, parental substance misuse and DV
- Lack of specialist help linked to unstable outcomes and less good wellbeing for children
- Parents of older children received significantly less support than those of younger children, in spite of teenagers' serious emotional and behavioural problems

8

### **Services for CHILDREN AND YOUNG PEOPLE During The Final 3 Year Follow-up Period**

- Children and Young People Received Help with
- Drugs misuse 47%
- Independent living skills 28%
- Counselling or mental health difficulties 26%
- Alcohol misuse 8% / School supportive to 34%
- But 31% of children/young people received no services and more help needed by 58% of children esp with alcohol and drugs misuse
- Older children received more types of help than younger ones but were more likely to have insufficient support

9

### **Length and Intensity of Services During The Final 3 Year Follow-up Period**

- Most of the support/services for parents (70%) and children (77%) was short-term and lasted less than 6 months
- Overall- there were gaps in services for children and parents, esp for parents of teenagers
- When services were provided, they were often not at a sufficiently intensive level to meet the severity of the needs in order to make and sustain change

10

### **Safeguarding**

- During the whole follow-up period (from referral to 5 years from study return to parents) - 72% of the children were made subject to a Child Protection Plan (CPP) and 67% to Care Proceedings
- In  $\frac{1}{2}$  the families, children were not effectively protected at some point (ie children experienced further neglect or abuse). Only 29% of these children were not subject to CPP or Care Order or Supervision Order at the time.

11

### **Issues in Case Management 1**

- 1 Assessments infrequent
- 2 Inadequate response to referrals about risks to children (3/5 of families) and children not kept safe
- 3 Neglect marginalised and important parental problems not addressed
- 4 Lack of therapeutic help
- 5 Need for consistent monitoring which is recorded
- 6 Inaction if conditions for parents not complied with
- 7 Giving parents too many chances

12

### **Issues in Case Management 2**

- 8 Lack of knowledge of children's histories
- 9 Entry to care awaited a trigger incident of PA, CSA or severe domestic violence and rarely took place because of an accumulation of concerns about children
- 10 Difficulties in engaging 69% of mothers, 54% of father/figures and 35% of young people & parents actively resisted work in 39% of cases
- 11 Closure of cases when clear evidence of persisting difficulties (40%)

13

**Child Protection Procedures**

- Child Protection Plans (CPPs)
- Major Local Authority variations in the proportion of children at risk who were not made subject to a CPP. Thresholds set too high in some LAs.
- Children in 20% of families were abused and/or neglected over long periods before a CPP was made.
- When children were made subject to a CPP (72% were) - this usually helped case management, but in 42% of cases in spite of CPP children were not protected (continuing abuse/neglect).

14

**Non-Use or Late Use of Care Proceedings**

- Non-Use and Late Use of Care Proceedings
- In a few families (14%) care proceedings not initiated in spite of the very unsatisfactory situations of children - sometimes because of a view that there was insufficient evidence for care proceedings
- Some children (28%) left too long with parents in adverse circumstances before care proceedings started: patterns of non-response could become entrenched

15

**Outcomes of Care Proceedings**

- Supervision Orders were made on 34 children but in 62% of these cases, the situation at home broke down -sometimes children's guardians and expert assessors had been too anxious to give parents yet another chance ('start again')
- Care Orders with return to parent/s made on 32 children but most (87%, 28) broke down, yet care orders rarely initiated again or permanence plans outside the family made
- Care Orders with plans for permanence outside the family made on 21 children and only 24% not achieved
- Overall the plans made in care proceedings did not work out in 62% of cases

16

**Four Patterns of Case Management:**

- **Proactive throughout** (25%) - once concerns about the children's welfare had been recognised children's social care services moved to protect children and plan for their future.
- **Initially proactive but later became passive** (25%) - appropriate action early on to safeguard the child and plan for the future but over time management became passive and little further action taken.
- **Passively managed initially but management later became proactive** (26%) - often long managed as family support in spite of risks but action taken later on
- **Passive throughout** (24%) - children were left to suffer harm without adequate intervention; lack of direction and little planning

17

**Local Authority Variation in Case Management**

- **There were major local authority variations in how proactively cases were managed (36% of cases in one LA and 11% in two others), leading to very much better outcomes in some authorities than others, in terms of children's stability and well-being.**

18

**Example of proactive case management - Adam**

- An initial child protection conference was held before Adam was born. He was made subject to a CPP and care proceedings were started soon after birth - he left hospital to go to a residential mother and baby unit. His mother who had learning difficulties was engaged with professionals and committed to caring for him. After a positive assessment, Adam and his mother moved to a flat with an excellent support package & a supervision order was made. However, a year later mother was hospitalised because of mental health problems. Adam went into foster care & at the age of 2 ½ care proceedings were initiated when his mother threatened to remove him from voluntary care. The psychiatric assessment of his mother during the care proceedings gave a very poor prognosis and so a plan was made for adoption.

19

**Example of passive case management - Frank**

- Frank's mother misused alcohol and her first 2 children were placed for adoption. After Frank was born - many referrals about his mother's drinking, leaving him unsupervised, neglect and sexual abuse by a neighbour. At the age of 7 Frank was seriously injured in a fall and from 8 showed sexualised behaviour. The HV requested a case conference – not agreed. Frank was accommodated at the age of 11 – and had 10 placements with a brief return to his mother, who was overdosing and misusing drugs. At 14 he returned to his mother yet again. The Service Manager expressed reservations on file about this return. It was not until Frank was aged 15 that care proceedings and permanence planning was discussed in a review meeting - but no action was taken.

20

**PROCESSES that are Likely to Affect Case Management over Time**

- Becoming de-sensitised to children's difficulties through habituation when undertaking medium- to long-term work
- Normalising and minimising abuse and neglect
- Downgrading the importance of referrals about abuse or neglect from neighbours or relatives
- Over-identification with parents
- Developing a fixed view of cases which discounts contrary information.
- Viewing each incident of neglect or abuse in isolation and not recognising their cumulative impact

21

**CONTEXT in which These Processes Operate includes:**

- Lack of awareness of children's histories,
- Drift and delay
- Threshold for action set too high
- Avoidance of care
- Parents deny allegations

22

**Return Breakdown and Re-Abuse at 5 year follow-up**

- By 5 year follow-up 65% of the returns home had ended
- At the 2 year follow-up 59% of the children had been abused or neglected after reunification
  - in the next 3 years 48% of the children with open cases were abused or neglected

23

**Outcomes at 5 Year Follow-up - Stability**

	No.	%
At home	55	43%
Stability away from home	36	29%
Unstable	35	28%

n=126 In 12 cases either the outcome of the original return was unknown or the child's placement(s) after that return were unknown.

24

**Outcomes at 5 Year Follow-up - Children's Well-being**

	No.	%
Good	37	29%
Satisfactory	43	33%
Poor/very poor	50	38%

n=130

25

### Child's overall well-being in relation to their stability outcomes

Children's well-being	At home	Stability away from home	Unstable
Good	29%	<u>58%</u>	3%
Satisfactory	38%	31%	27%
Poor/very poor	<u>33%</u>	11%	<u>70%</u>
Total	100%	100%	100%

26

### **Factors that were Statistically Related to Stability Outcomes at 5 year follow-up (1)**

- Younger age at return - stably placed away from home (av 5.7 yrs), stably at home (av 7.2 yrs) and unstable (av 11.5 yrs)
- Unstable group- children had most often experienced very severe neglect, emotional abuse or rejection
- Proactive case management associated with stable away from home and the stable at home groups, and passive case management with the unstable group.

27

### **Factors that were Related to Stability Outcomes at 5 year follow-up - Further statistical analysis (2)**

- For every year of increase in the child's age at the start of the original return, the odds of not being in a stable placement five years later increased by a factor of 1.5
- But, if the child was returned to a changed household (changes in the parent's partner or return to the other parent), then the odds of being in a stable placement increased by 3.5.
- If a child was not looked after in the poorest performing local authority they were 10 times more likely to be in a stable placement – suggests LA differences in practice make a difference

28

### **Factors that were Related to Stability Outcomes at 5 year follow-up - CHAID statistical analysis (3)**

- Children who were under the age of 6 at return were most likely to find stability in an alternative placement if this return was not successful.
- For children who returned home over the age of 6 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.

29

### **Factors that were Statistically Related to Wellbeing Outcomes at 5 year follow-up**

- Children with poor well-being were the oldest at return to parent/s, had more often experienced very severe neglect and the highest number of different types of neglect incidents and more often than other children had been exposed to parental alcohol misuse prior to return.
- The children in the poor well-being group had also had the highest number of returns to a parent during the five year follow-up period.
- In addition there were major local authority differences: in one authority 57% of the children ended up with poor well-being as compared with only 20% in another.

30

### **WORKING WITH NEGLECT – Building up a Case & Working with Non-Compliant Parents**

- Most severely neglected children had the poorest outcomes – impact of sustained maltreatment on children's life chances – sufficient awareness?
- A need for 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.

31

### **WORKING WITH NEGLECT – Assessment**

- Clear assessments are needed which clarify the key difficulties for the parent/s and child/ren
- Services need to address the underlying problems revealed by the assessment
- Parental engagement often an issue - more training for social workers in working with non-compliant parents.

32

### **WORKING WITH NEGLECT – Services**

- **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.
- More tailored services for adolescents and their parents are also needed.
- 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.

33

### **WORKING WITH NEGLECT – Parental alcohol and drugs misuse**

- Significant gaps in services for parents with drugs misuse and esp alcohol misuse problems. Children with poor well-being & those subjected to most severe neglect often living with parents with alcohol misuse problems.
- Practice - include clear expectations that parents address their substance misuse before children returned & close monitoring during return.
- More access to treatment for parental substance misuse problems is needed
- More training for practitioners on working with substance misusing parents.

34

### **GENERAL POLICY AND PRACTICE ISSUES: Returning Children to their Parents**

- **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 plus intensive packages of assistance - & also a clear contingency plan, which is actioned, if changes are not made.
- **Oscillation** In 49% of the families, children had had 2 or more failed returns home. 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

35

### **WORKING WITH NEGLECT - Decisiveness**

- **Regular review of parenting standards needed during return**
- **Decisiveness** - swift action is needed when children's quality of life with parents becomes unsatisfactory and/or when children oscillate between home and care

36

### **WORKING WITH NEGLECT – Counteracting 'inescapable errors'**

- A range of processes are always likely to affect case management over time leading to 'inevitable errors' which need to be deliberately interrupted .
- eg by 2nd social worker (eg a senior practitioner) doing a joint visit in all child protection cases every 4 - 6 months to provide a second pair of eyes to review thresholds for intervention and advise on case management.

37

### **Monitoring by LAs and the Courts Reviews**

- Full record of all referrals about the child & about actual/suspected child maltreatment + the follow-up action taken, to be presented at every CP and LAC review so that review members can consider parental progress in light of full information.
- CP conference chairs and Independent Reviewing Officers need to use the mechanisms they have for getting case management decisions reviewed if they are not satisfied
- A similar review mechanism should apply to cases being dealt with as family support.

38

### **Monitoring by LAs and the Courts Post-order reviews of cases by the courts**

- The poor outcomes for children returned to their parents on SOs or COs calls into question the decision-making 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.
- The medium-term outcomes of decisions made on the basis of expert assessments and guardians' recommendations should be fed back to them

39

### **GENERAL POLICY AND PRACTICE ISSUES – Local Authority Variation**

- There were major local authority variations in how proactively cases were managed (36% of cases in one LA and 11% in two others), leading to very much better outcomes in some authorities than others, 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.

40

### **WORKING WITH NEGLECT – Age & Need for Early Intervention**

- Recognising and intervening early enough – esp neglect
- The age cut-off related to more frequent unstable outcomes and rare achievement of permanence outside the family (L-T fostering, kin or adoptive placements) was 6 at return - so policy/practice changes needed to protect and plan for children aged 6+
- Most (3/4) of the children known to children's social services before they started school so there are opportunities to intervene decisively early on
- Also, practice with older children and adolescents needs to be more proactive.

41

### **Conclusions**

- Working with neglected children and their families is challenging and case management has a considerable influence on children's outcomes
- Earlier effective and proactive intervention are needed
- Barriers to effective management of cases therefore need to be addressed
- Executive Summary of the study can be found at
- <http://publications.education.gov.uk/eOrderingDownload/DCSF-RB214.pdf>

42

### **Publications**

- Book: Elaine Farmer and Eleanor Lutman (2012) 'Working with neglected children and their families: Linking Interventions to Long-term Outcomes', London, Jessica Kingsley.
- Article: Eleanor Lutman and Elaine Farmer 'What Contributes to Outcomes for Neglected Children Who Are Reunited with Their Parents? Findings from a Five-Year Follow-Up Study' *British Journal of Social Work* (2012)1–20  
doi:10.1093/bjsw/bcr184 [Advance Access]