

<u>Aims</u>

- 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
- 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

Methods

- Case file review of 138 neglected children
 [from 104 families] in 7 local authorities
 returned to a parent from care during a set year
 and followed up for another 5 years by which
 time they were aged 5-19.
- Semi-structured interviews with a sub-group of 36 social workers where cases were current or recent and a small number of children and parents

Characteristics of the case file sample

- 138 children from 104 families
- 82 boys (59%), 56 girls (41%)
- 81% white, 19% black or minority ethnic backgrounds
- Age at five year follow-up point: 26% aged 5-9 years
 28% aged 10-14 years
 46% aged 15-19 years

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

The Children's Early Experiences

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

Services for PARENTS & CHILDREN During The Final 3 Year Follow-up Period

- Parents
- 62% of parents needed more help esp with children's behaviour, parenting skills, parental alchol & drugs misuse and DV
- <u>Lack of specialist help</u> for parents linked to <u>unstable outcomes</u> and <u>less good wellbeing</u> for children
- · Children
- 58% of the children & young people needed more help

Re-abuse and Stability

 <u>Re-abuse</u> At the 2 year follow-up 59% of the children had been abused/neglected after return - in the next 3 years 48% were abused/neglected

<u>Stability</u> By the 5 year follow-up 65% of the returns home had broken down

- in half of the families, children had had 2 or more failed returns home. Children with a high number of returns ended up with the poorest well-being

Issues in Case Management 1

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

<u>Issues in Case Management 2</u>

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

Four Patterns of Case Management:

- <u>Proactive throughout</u> (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
- <u>Passive throughout</u> (24%) children were left to suffer harm without adequate intervention; lack of direction and little planning

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 for children in some authorities than others (in terms of children's stability and well-being)

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Example of proactive case management - Suzie

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

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.

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

<u>CONTEXT in which These Processes</u> Operate includes:

- · Lack of awareness of children's histories
- Threshold for action set too high incl for making CPPs and initiating care proceedings - so some children <u>left too long</u> before CPP made or care proceedings started
- Avoidance of care
- Drift and delay

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Child Protection Procedures

- · Child Protection Plans (CPPs)
- Major Local Authority variations in the proportion of children at risk who were <u>not</u> made subject to a CPP. Thresholds set too high in some LAs.
- 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).

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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

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Outcomes of Care Proceedings

- <u>Supervision Orders</u> 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')
- <u>Care Orders with return to parent/s</u> 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

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Stability Outcomes at 5 Year Follow-up

• At home 43%

• Stably away from home 29%

• Unstable 28%

 But a third of the children stably at home had poor/very poor well-being 21

Factors that were Statistically Related to Stability Outcomes at 5 year follow-up

- Proactive case management associated with the stable away from home and the stable at home groups, and <u>passive case management with the</u> <u>unstable group</u>
- Major LA differences in stability if a child was not looked after in the poorest performing <u>local</u> <u>authority</u> they were 10 times more likely to be in a stable placement

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Relationship between children's ages and Stability Outcomes at 5 year follow-up - CHAID statistical analysis

- Children who were <u>under the age of 6</u> 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 later unstable outcome,
 much less chance of ever achieving permanence in care
 and their cases were less well managed
- The majority of children who were <u>over 12</u> at return had unstable outcomes

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Implications for WORKING WITH NEGLECT—early intervention, proactive practice and services

- Many of the factors associated with children's outcomes
 were related to how their cases were managed need for
 earlier and more effective intervention and more proactive
 practice esp with children aged 6+
- <u>Intensive services</u> are required if changes are to be made by parents, esp re parental alcohol and drugs problems, managing children's/teenagers' behaviour, parenting skills and domestic violence.

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<u>implications for WORKING WITH NEGLECT</u>—clear expectations and consequences

 Work with parents in relation to return needs to be focused and authoritative

There needs to be more clarity with parents about what changes need to be made (incl re substance misuse), 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

 Repeated returns should be avoided, since these children ended up with very poor well-being

WORKING WITH NEGLECT – Parental alcohol and drugs misuse

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

WORKING WITH NEGLECT - Court-informed Practice

- Most severely neglected children had the poorest outcomes
- There needs to be clarity about how to make a
 case in care proceedings for neglect cases and
 this should be used to develop a way of working
 which <u>from the start</u> builds up evidence of
 children's progress or lack of it, including
 charting children's weight gains and
 developmental and other progress use legal
 advice.

Implications for WORKING WITH NEGLECT— Counteracting 'inescapable errors'

- A range of processes are always likely to affect case management over time leading to 'inescapable errors' which need to be <u>deliberately interrupted</u>
- 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
- In addition, regular case audits by senior managers might be useful to ensure that LA practice remains proactive.

Monitoring by the Courts

- The poor outcomes for children returned to their parents on SOs or COs calls into question the decision-making in court
- The medium-term outcomes of court decisions should be fed back to to magistrates and the judiciary and also to expert assessors and guardians

Conclusions

- Working with neglected children and their families is challenging and how cases are managed and worked with has a considerable influence on children's outcomes
- 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/eOrderingDow nload/DCSF-RB214.pdf

• Referenc

- Book: Elaine Farmer and Eleanor Lutman (2012)
 Working with neglected children and their
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 Outcomes', London, Jessica Kingsley
- <u>Article</u>: Eleanor Lutman and Elaine Farmer (2013)
 'What Contributes to Outcomes for Neglected
 Children Who Are Reunified with Their Parents?
 Findings from a Five-Year Follow-Up Study' *British Journal of Social Work*, 43(3), pp. 559-578