

# **Young children suffering, or likely to suffer, significant harm: Experiences on entering education**

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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## **Acknowledgments**

This report is based on the findings from a study funded by the Department for Education. The project has greatly benefited by the wise counsel and expertise of our advisory group: Jane Barlow, Isabella Craig, Teresa Downing, Jenny Gray, Rose Griffiths, Helen Jones, Marjorie Smith, Patrick Towgood and Julie Wilkinson.

We would also like to thank Jenny Blackmore for her invaluable work on data collection. Her perseverance, persistence and patience have been the driving force behind our ability to maintain the interest of birth parents and carers often amidst difficult circumstances. We would also like to acknowledge the advice and assistance of our colleagues at the Centre for Child and Family Research, in particular Lisa Holmes and Emily Munro for commenting on early drafts of the report and Harriet Lowe and Susan Knight for formatting and producing the final version.

The authors are particularly grateful to the ten local authorities which took part in the study, and all of the teachers who found the time to participate, despite heavy workloads. We would especially like to thank the birth parents, relatives and carers who allowed us access to information and agreed to be interviewed over the five years of this longitudinal study. We recognise that recounting often difficult and emotional experiences was not easy, and we greatly appreciate their involvement, which has substantially enhanced the value of the research.

Lastly, and perhaps most importantly we would like to thank the children whose life pathways we have been fortunate enough to observe. Their resilience is an inspiration to us all.

## Chapter One: Background, aims and methodology

Since 2005, the Centre for Child and Family Research, Loughborough University has been tracing the decision-making process influencing the life pathways of a cohort of very young children who were identified as suffering, or likely to suffer, significant harm before they reached their first birthdays. The overall objective of the research is to collect evidence which supports decisions concerning which children require permanent out of home placements (such as adoption) and which can safely remain with birth parents.

At the outset a sample of 57 children from ten local authorities were recruited to the study: 43 of them were traced from birth until their third birthdays. Data from children's social care records and interviews with birth parents, carers and key professionals were analysed to explore issues such as: how professional decisions that influence children's life pathways are made; how far the different participants, including parents, are involved in the process; what services are provided to address difficulties in family functioning; how far decisions made by parents and professionals promote or inhibit children's subsequent opportunities for achieving satisfactory outcomes; how, and in what circumstances, parents come to terms with painful decisions such as placement for adoption. The findings revealed that, for the 43 children, at age three:

- sixteen (37% of the sample) were living with birth parents who had managed to make sufficient changes to look after them satisfactorily;
- twelve (28% of the sample and nearly half (43%) of those who remained at home) were considered to be at continuing risk of being harmed by parents whose situation had remained unchanged or had deteriorated;
- fifteen (35%) were permanently separated - however the wellbeing of nine (60%) of these children had been doubly jeopardised, by late separation from abusive birth families followed by the disruption of a close attachment with an interim carer when they entered a permanent placement;
- several long-term kinship placements were on the verge of breakdown;



- over half of those children (57%) who did not have a recognised medical condition were displaying developmental problems or showing signs of significant behavioural difficulties;
- the aggression, frustration and delayed speech displayed by some of these children were likely to cause significant problems as they entered school (see Ward, Brown and Westlake, 2012 for the full findings from this stage of the study).

Funding was made available to follow up the cohort for a further two years, until they were aged five. This report presents the findings on the progress of the sample children between their third and fifth birthdays, with particular emphasis on their experiences on entering education. These are of importance given that from about the time of their third birthdays, professionals had increasingly begun to express the expectation that social workers would be able to withdraw their support on the grounds that these children would be adequately safeguarded once they were in school (Foundation Stage); and that, within this environment, indicators of ongoing abuse and neglect would be easily identified. In view of the findings from studies in the Safeguarding Children Research Initiative (Davies and Ward, 2012), which highlighted a lack of engagement by schools with the safeguarding agenda, this seemed over-optimistic. Furthermore, by their third birthdays there were already indications that some children in the sample were showing signs of significant behavioural disturbance and delayed development which would impact on their experiences and performance at school.

### **Aims and objectives**

The primary objectives of this phase of the study are twofold:

- to explore schools and early years providers' perceptions of their role in safeguarding children, and what factors are most likely to facilitate closer inter-agency working between education and social care staff in this area;
- to monitor the children's progress through the Foundation Stage to facilitate further exploration of how far decisions made in the early years impact on their subsequent life chances;

- to explore the need for, and the availability of, enrichment programmes, designed to help children overcome the consequences of abuse and neglect at this early stage in their school careers.

## **Methodology**

### *Overview*

In the first stage of the study (from birth to three) data were collected on 57 infants at the point of identification by children's social care (before their first birthdays). Data were collected from:

- case files to explore life experiences, reasons for referral and evidence of need.

These were supplemented with:

- extensive in-depth interviews with birth parents, carers (where relevant), social workers and social work team leaders.

Data collections were repeated annually until the children's third birthdays wherever possible; because of the challenges associated with maintaining the sample, in-depth data were obtained on 43 children<sup>1</sup>. Case specific interviews were complemented by generic interviews with judges, magistrates, senior managers in children's social care, local authority solicitors and health visitors, which were carried out towards the end of the original study. This allowed for a comprehensive analysis of factors and decisions influencing the children's life pathways from birth until age three (see Ward *et al.* 2012).

### *Data collection: the fifth year follow-up sample*

At the start of the current stage of the study efforts were made to maximise the sample by tracing some of the children who had been lost between the first round of data collection and their third birthdays. The research team contacted all parents who had originally expressed the wish to participate but had not pursued this further or had dropped out at some stage. It proved possible to re-introduce seven children to the sample; parents were interviewed and, where possible, case files were scrutinised and data concerning children's circumstances, experiences, progress

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<sup>1</sup> See Appendix One for further information about efforts made to maximise and sustain the sample.

and professional decisions were added to the data base. However, there was further attrition from the third year follow-up sample of 43, and 13 of these children were inaccessible at this stage. Therefore this report presents data on 37 children at age five: 30 whose parents have participated throughout the study and seven who have opted in and out of the research programme over the last five years. This group is referred to throughout the report as the fifth year follow-up sample. All the children's names have been changed along with minor identifying details in order to ensure anonymity and confidentiality.

The current phase of research traces 37 of the original cohort of children up to their fifth birthdays and as they proceed through the Foundation Stages of education. The table below provides further details.

**Table 1.1: Summary of methodology**

Source of data	Sample	Data collected
Children's social care files	Where cases were open or where cases have since been re-referred. Most <sup>2</sup> of the children's case files were checked for activity and new data	Recent case activity including: details of referrals, decision-making, assessments, services, court involvement.
In-depth case specific interviews with birth parents or current carers <sup>3</sup>	24 children (4 <sup>th</sup> birthday) 28 children (5 <sup>th</sup> birthday)	The children's home environments and any changes, new or re-emerging risk and/or protective factors, and parents'/carers' perceptions of children's progress.
Case specific interviews with children's primary school class teachers or their pre-school key workers <sup>4</sup>	11 class teachers 5 pre-school key workers	Children's readiness for school and their progress through the Foundation Stage.
Non case specific interviews with child protection liaison staff and/or head teachers in schools or nurseries	23 schools <sup>5</sup>	The role of schools in the safeguarding agenda.
Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997) completed by parents/carers and teachers	31 completed by parent/carer <sup>6</sup> 17 completed by teachers <sup>7</sup>	Completion to gain an indication of any emerging behaviour problems, including parents'/carers' and teachers' perceptions of the child's positive qualities and any difficulties.

<sup>2</sup> The researchers were unable to check for activity and collect new data from five files (from two local authorities) as the local authorities denied access, despite parents having given written consent.

<sup>3</sup> 27 birth parents, five kinship carers, one foster carer and two adoptive parents.

<sup>4</sup> 23 parents gave permission but not all these teachers participated.

<sup>5</sup> 17 schools and nurseries attended by sample children where parents had given permission for case specific interviews to be held. Six interviews were held in 'neighbouring' schools where parents did not want researchers to approach their child's school.

<sup>6</sup> 23 with parents, one with a foster carer, two with adoptive parents and five with kinship carers.

<sup>7</sup> 16 children had SDQs completed by both their parent/carer and their teacher. In these cases it has been possible to compare scores given by the different adults who know the children well and see them in different contexts (see Chapter Three). The SDQ data presented in this report were collected as near as possible to children's fifth birthdays.

## Samples

### *Sample bias*

There are considerable challenges in accessing, securing and maintaining the engagement of parents whose children have been identified as suffering, or likely to suffer, significant harm (see Munro, 2008; Ward *et al.* 2012 for further details). Despite heavy investment in the recruitment process and in the design of materials to publicise the study, only 84 families from ten local authorities responded to the original call for participants. The rate of uptake was about 4% of those eligible, and was similar across all authorities. Anonymised management information system data provided at the start of the study by four participating authorities concerning *all children meeting the sample criteria*<sup>8</sup> for the study including parents who did not participate in the research indicate that *sample children* were: significantly more likely to be referred before birth; to have received services following a core assessment; and to have become looked after before their first birthdays than other children in similar circumstances (see Ward *et al.* 2012, p.222).

As the study has progressed, attrition has affected certain groups of children more than others. Adoptive parents have chosen, by and large, not to take part: of the seven children placed for adoption by the age of three, only two adoptive parents agreed to participate in subsequent interviews. The other five children placed with adoptive parents will remain inaccessible unless their placements subsequently break down and they re-enter care. However, five out of six of the children originally placed in long-term kinship care were, at age five, in special guardianship and have been retained in the study.

### *The fifth year follow-up*

The small numbers involved in the study mean that findings should be approached with caution: more evidence is needed concerning their reliability and generalisability to a wider population.

In the fifth year follow-up, the nature of the sample has been affected by four sets of circumstances:

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<sup>8</sup> All children for whom a core assessment or section 47 enquiry had been carried out before their first birthday in each of the ten local authorities during 2006.

- firstly, the dynamic whereby parents have dropped out of the study when their personal difficulties have overwhelmed them;
- secondly, some parents whose circumstances had deteriorated have taken a keener interest in participating in the study than they had done previously, because the level of intervention and surveillance from children's social care has increased, and thus these parents have particularly wanted to voice their opinions;
- thirdly, on the other hand some of the parents whose children had remained at home, but were not adequately safeguarded at age three, were no longer accessible at this stage of the study - this is where the bulk of the attrition lies: it means that some of the more challenging parents and children have not been included at this stage of the study; and
- fourthly, throughout the five years of this study there has been a group of kin carers and parents (who have mostly all overcome their previous difficulties) who have taken an active interest in the study and its findings.

The fifth year follow-up sample is comprised of three groups of approximately similar size including:

- one third of children living at home whose parents have seemingly overcome difficulties;
- one third of children living at home whose parents have not overcome difficulties, or whose difficulties have since re-emerged; and
- one third of children who have been permanently separated and have been mostly placed in kinship care.

The proportionate size of these groups will have been affected by the factors which led parents to continue their participation or to drop out of the study. The research team have been mindful of this potential bias, and have indicated to the reader where it may have affected the findings.

#### *Sample of schools and teachers*

All the parents of children in the fifth year follow-up sample were asked to give formal, informed consent for researchers to approach their child's school to arrange

an interview with a teacher. The parents of fourteen children refused consent. Seven of these parents were from the group who had overcome extensive difficulties and they, somewhat understandably, did not want their child's teacher to become aware of previous social work involvement in their families – a point that might have been inadvertently revealed through the subject matter of the interviews. They were also concerned that, if staff in schools drew the conclusion that abuse or neglect had been an issue, their children might be labelled or their families ostracised by their communities. Ongoing concerns about parenting capacity and/or continued risk factors were present for three other children whose parents did not give consent for the researchers to approach their school. Interview data from these three families revealed that these parents may have been trying to portray a positive image to the researcher which could have been contradicted by their child's school. In addition, the parents of one child declined to give consent because one of them was a member of staff at the school. In three further cases, the research team felt that it was inappropriate to ask for consent, given the sensitivity of the case and the vulnerability of the parents.

Difficulties encountered in arranging appointments in schools also need to be considered in assessing the generalisability of the research findings. Although senior managers in the local authorities had expressed their support for the study and helped identify and contact relevant schools, the research team were unable to gain access to 14 of the 37 schools they approached. In seven, the researchers were unable to gain direct access to the head teacher to speak about the study and arrange an appointment to visit; in three, the head teacher declined the invitation to participate; and in four, the child had moved on before the research team were able to visit. In the course of collecting the data it became evident that schools were unfamiliar with being asked to participate in research, particularly research concerning safeguarding children. This resonates with the findings from Daniel and colleagues' (2011) literature review of ways to recognise and help neglected children, which concluded that, 'the lack of empirical research into the views and practice of education staff is striking' (Daniel, Taylor and Scott, 2011, p.93). There were indications that those teachers who agreed to participate tended to come from schools with higher truancy rates and more children receiving free school meals.

## **Policy developments: a year of change**

National changes in policy and practice had a considerable impact on the children's experiences as they began to enter school. Before exploring the findings and their implications, it is worth considering some of these changes in education as they had a particular impact on the resources available to support very vulnerable children such as these, both within and outside the school setting.

At the time data collection began, in early 2011, the schools White Paper: *The Importance of Teaching* (Department for Education, 2010) had recently been published. This increased 'freedom and autonomy for all schools', by allowing them extended control over their resources, extending the Academies programme, and ensuring support for teachers and parents to set up Free Schools to meet parental demand, especially in areas of deprivation. The Pupil Premium was also introduced in April 2011<sup>9</sup>. This aims to target further resources for deprived pupils by providing additional funding for schools, based on the numbers of children in receipt of free school meals. All looked after children are eligible for the Pupil Premium, which replaced their Personal Education Allowance. In addition, the White Paper increased the authority of teachers and head teachers to discipline pupils, to improve exclusion processes and change the independent exclusion panels.

However, there are continuing concerns from children's charities such as Barnardo's that allowing schools more autonomy, particularly over exclusions and admissions, could be to the detriment of looked after children, many of whom have emotional and behavioural difficulties and are already more likely to be permanently excluded from school (Guardian online, 2011). Recent statistics show that 0.2% of looked after children who attend primary schools are permanently excluded compared with 0.02% of their peers (Department for Education, 2011a).

In 2011, in addition to the White Paper, the Green Paper: *Support and Aspiration: A new approach to special educational needs and disability* (Department for Education, 2011b) was published for consultation. The Green Paper outlines the Government's intentions to improve the current system for assessing and supporting disabled

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<sup>9</sup> For further information see : <http://www.education.gov.uk/schools/pupilsupport/premium>

children and those with special educational needs and their families. The proposals made in the Green Paper aim to support better outcomes by improving the approach to identifying SEN and the support and services provided to meet those needs.

These changes to education policy were made within the context of the strict austerity measures introduced by the coalition Government, which have affected all areas of public service. Whilst the extra funding brought by some changes was welcomed, at a time when deficit reduction was constantly put forward as an urgent national priority, head teachers in participating schools were nervous about how long resources would be made available, and, despite assurances in the White Paper, were not convinced that their own budget would, in fact, be protected in the longer term. In the words of one head teacher:

*I know resources are always going to be...well, to be honest a difficulty. This year we had... with the Pupil Premium, we were very well resourced. I'm not sure how long that's going to continue for, but this year I've been very well resourced, through that Pupil Premium. We've also this year, I think it was called the Disadvantage Subsidy<sup>10</sup> from the Government because I've got lots of children on free school meals, we really benefited from that last year, and so we were able to provide all of our after-school clubs free of charge.*

During this period, children's social care services were also experiencing change and disruption as a consequence of austerity measures and reductions in public spending. Furthermore, during the same period a study published by the Association of Directors of Children's Services identified that there had been a 24.6% increase in the number of initial contacts, a 20.3% increase in the number of section 47 enquiries and a 32.9% increase in the number of children who became the subject of a child protection plan (Brookes, 2010). There had also been an increase in the

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<sup>10</sup> Dedicated funding provided to local authorities and schools through the Department for Education's Standards Fund to enable schools to subsidise the participation of economically disadvantaged children in extended services activities. From April 2011, funding for the disadvantage subsidy has formed part of the overall schools revenue baseline. Schools may spend their budgets to support their pupils in the ways they judge best. See <http://www.education.gov.uk/popularquestions/schools/typesofschools/extendedschools/a005585/what-are-extended-services>



number of practitioners and managers leaving the social work profession, and during 2010 the average UK vacancy rate for social workers was 10.4% (Community Care, 2010). Concerns had also been raised that children's social care assessments and processes had become too bureaucratic and that an increasing administrative burden had been placed on the children's workforce, deflecting them from working directly with children and families (Burton and van den Broek, 2008; Holmes *et al.* 2009; Munro, 2004). *The Munro Review of Child Protection* (Cm 8062, 2011) aimed to redress this balance. While this initiative may well, in the long-term, bring about improvements, the ensuing reorganisation and reconfiguration of services has reinforced the impression of a service constantly beset by change.

The pace of change and disruption in both education and children's social care has undoubtedly had an impact on the continuity and accessibility of services available to children in need and their families. It is too early to know whether any of these changes have improved outcomes for the most vulnerable children, and whether the resources that have been invested will be sustained in the long-term.

### **Summary points from Chapter One**

- The research team has been tracing the decision-making process influencing the life pathways of a cohort of children who were identified before their first birthdays as suffering, or likely to suffer, significant harm. An earlier report discussed their experiences and progress from pre-birth until age three; the current report presents findings concerning their experiences and progress from ages three to five.
- The report focuses specifically on the children's experiences on entering education, and schools and early years providers' perceptions of their role in safeguarding them.
- The report presents data on 37 of the original 57 children: 30 are children whose parents have participated throughout the study and seven are children whose parents have opted in and out of the research programme since identification.
- Data were collected from children's social care case files; in depth, case-specific interviews with birth parents, current carers and school teachers; non

case-specific interviews with child protection liaison staff and/or head teachers in schools and nurseries; Strengths and Difficulties Questionnaires completed by parents/carers and teachers.

- Some of the more challenging parents and children could not be accessed or refused to participate at this stage of the study. Over a third (14/37: 38%) of schools could not be accessed within an appropriate timeframe. Difficulties in accessing both parents and schools have resulted in some bias in the data, and this is taken into account in reporting the findings.
- The findings also reflect the policy context within which these children entered school. While extra funding in some areas was welcomed, there were concerns about the sustainability of new initiatives and the impact of austerity measures on the delivery of services in both education and children's social care.

## **Chapter Two: The children's experiences and progress from the ages of three to five**

### **Introduction**

All the 37 children in this fifth year follow-up sample had been the subjects of a core assessment or section 47 enquiry and identified before their first birthdays as suffering, or likely to suffer, significant harm. Our previous report (Ward *et al.* 2012) traced professional decisions and their impact on the children's experiences and progress from birth until they were three. This chapter explores the children's circumstances at age five and discusses how they had changed in the previous two years. It also considers how the children's experiences appeared to have affected their developmental progress at around their fifth birthdays, when they had begun to engage in formal education.

### **The children and their families**

The characteristics of the children in this fifth year follow-up sample differ from those in the original full sample (Ward *et al.* 2012). In the fifth year group, 28 (76%) children were boys and nine (24%) were girls, an imbalance that was evident in the original full sample but was also replicated in the summary data from the wider population who met the study criteria but did not participate. The majority (28/37: 76%) of the children were White British, although nine (24%) were from Black and Minority Ethnic groups. The table below shows the composition of the fifth year follow-up sample compared with the original sample of 57 children.

**Table 2.1: Comparison of original full sample with the fifth year follow-up sample**

	Original full sample (n=57)**	Fifth year follow-up sample (n=37)
<b>Gender:</b>		
Male	36 (63%)	28 (76%)
Female	20 (35%)	9 (24%)
<b>Ethnicity:</b>		
African – Black/Black British	3 (6%)	3 (8%)
Any other Black – Black/Black British	1 (2%)	--
Any other mixed – Mixed	3 (6%)	--
British – White	35 (69%)	28 (76%)
Not stated – Other ethnic groups	1 (2%)	--
White and Asian Mixed	5 (10%)	3 (8%)
White and Black African – Mixed	3 (6%)	3 (8%)

Percentages are rounded figures

\*\* The gender of one child from the original full sample was unknown as his/her parents took part in the study before the birth and withdrew after the initial round of data collection. The ethnicity of six children from the original full sample was unknown.

### *Siblings*

By the time of their birth/identification of harm one third (11/37: 30%) of the children in this fifth year follow-up sample had one or more older siblings who had already been permanently separated from their mother's care. In the third year follow-up sample this proportion was greater (47%), a finding that further indicates that attrition had focused on families with the highest needs at this stage (see Chapter One). During the course of this phase of research, when the children were between the ages of three and five, 13 mothers gave birth to another baby. The fifth year follow-up sample comprises 33 lone children and two sibling pairs.

### **Classifying families where children are suffering, or likely to suffer, significant harm**

The earlier report showed the prevalence of factors displayed by the children's parents such as substance misuse, mental health problems and domestic violence

that are known to increase the likelihood of maltreatment. Some parents had succeeded in overcoming such difficulties, usually around the time of the birth of the child, and maintaining these changes up to the third birthday. However, others had shown no evidence of capacity to change, or had not succeeded in maintaining progress for this relatively lengthy period (see below).

At identification all sample children were allocated by the research team to one of four groups, according to the presence of factors known to be associated with increased or decreased likelihood of suffering significant harm or its recurrence (Jones, Hindley and Ramchandani, 2006<sup>11</sup>). These factors relate to a number of domains: the nature of the initial abuse, characteristics of the child and the parent, parenting and parent/child interaction, family characteristics, professional intervention and social factors. Families were allocated to one of four groups as follows:

**severe** risk of harm: risk factors, no protective factors, no evidence of parents' capacity to change;

**high** risk of harm: risk factors, at least one protective factor but no evidence of parents' capacity to change;

**medium** risk of harm: risk factors, at least one protective factor including evidence of parents' capacity to change;

**low** risk of harm: no or few risk factors (or where previous risk factors had been successfully addressed) and protective factors including evidence of parents' capacity to change.

This classification was then repeated at age three. Where children had re-entered the study, and thus were not part of the third year follow-up sample, the classification was determined retrospectively using children's social care case file data.

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<sup>11</sup> see Appendix Two for further information about these risk and protective factors

## The children's position at identification/birth and at age three

**Table 2.2: Risk classification of fifth year follow-up sample at identification (birth) and at age three**

Risk of future harm	At identification (n=37)	At age 3 (n=37)
Severe	7	1
High	6	4
Medium	19	3
Low	1	18
Separated	--	7
Outlier - separated	1	1
Outlier - at home	1	1
<b>Total</b>	<b>35</b>	<b>35</b>
Missing	2	2

Table 2.2 shows the children's positions at identification and at age three. At identification, 32 (32/35: 91%) appeared to be at severe, high or medium risk of suffering future harm. There were only three children for whom the risk appeared to be low: one who was thought to be satisfactorily safeguarded immediately following the core assessment; and two outliers, including one child whose learning disabled mother placed him voluntarily with a relative at birth under shared care arrangements and did not really fit the classification, and a second child whose core assessment was carried out because of his severe disabilities and where there were no concerns in relation to parenting capacity or harm.

By the age of three, the children's positions had substantially changed. Eight (23%) were considered to be at continuing risk of future harm – one child at severe risk, four at high risk and three at medium risk - while 25 (71%) children no longer appeared to be in such a position. In this latter group were 17 children whose parents had seemingly overcome their difficulties sufficiently to safeguard them adequately. Twelve of these children were now living with a non-abusive parent who had removed them from an abusive partner and five were living with parents who had apparently overcome problems such as substance misuse or who had mental

health problems that were now under control. The case which had begun as a low risk one remained so; in one of the outlier cases the child was still placed voluntarily with a relative, in the other the child remained at home where there were no further concerns. Additionally, seven children had been permanently separated from abusive parents who had not shown sufficient capacity to parent them. It was assumed at this stage that these children were also at low risk of future harm; however concerns later emerged for some of them.

The majority of parents whose children remained in their care at age three had shown evidence of substantial, positive change; of these parents, whose children were now regarded as adequately safeguarded and at low risk of future harm, three had originally been classified as posing a high risk of harm, and 14 a medium risk at the start of the study<sup>12</sup>. This high proportion of parents who showed positive change reflects the nature of the sample (see Chapter One) and is not generalisable to all parents whose children are likely to suffer significant harm.

On the other hand, even within this sample, by the children's third birthdays almost half of the parents (15/35: 43%), including all those seven parents whose children had been removed and eight of those whose children remained living with them, had not shown the capacity to overcome problems that jeopardised their children's welfare. The children of five of these eight parents were considered to be at severe or high risk of suffering future harm, while three were thought to be at medium risk, with parents having shown some, but insufficient capacity for positive change.

Although about three quarters of the sample appeared to be adequately safeguarded through separation or parental change at age three, one in four children were not. Moreover, 22 (59%) children had experienced abuse before they were three, ten of them before their circumstances had changed. Two of the seven permanently removed children had experienced the 'double jeopardy' of being subject to lengthy periods of abuse and neglect before removal, followed by at least one potentially traumatic disrupted attachment with a temporary carer before they eventually moved into a permanent home.

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<sup>12</sup> Seventeen out of 18 children in the low risk category at age three. One child had remained low risk throughout; therefore their parents did not need to overcome substantial difficulties to safeguard them adequately.

At age three, nine (38%<sup>13</sup>) children in this sample were already showing evidence of substantial emotional or behavioural problems and/or developmental delay. This was more evident amongst those children who had remained with birth parents who had been unable or unwilling to make major changes to potentially abusive or neglectful lifestyles or who had remained in families where they experienced maltreatment for lengthy periods prior to separation. Delayed speech, and the frustration that went with an inability to communicate, as well as very aggressive behaviour were particularly evident amongst these children and thought likely to become a source of increasing concern as they entered school (see Ward *et al.* 2012).

### The children's position at age five

Table 2.3 shows how the children were classified according to the risk of future harm at around the time of their fifth birthdays, as well as at the other two time points: the picture no longer looks quite as positive as it did two years previously. By the time they were five, the proportion of children living in families where they were adequately safeguarded and the risk of future harm was low had reduced, from 18 (51%) to 12 (32%), while the number of those living with parents at medium, high or severe risk of suffering future harm had increased, from eight (23%) to 14 (38%).

**Table 2.3: Risk classification of fifth year follow-up at identification (birth), at age three and at age five**

Risk of future harm	At identification (n=37)	At age 3 (n=37)	At age 5 (n=37)
Severe	7	1	2
High	6	4	6
Medium	19	3	6
Low	1	18	12
Separated	--	9	9
Outlier - separated	1	1	1
Outlier - at home	1	1	1
<b>Total</b>	<b>35</b>	<b>37</b>	<b>37</b>
Missing	2	0	0

<sup>13</sup> n=24: children without special health care needs/disabilities and where data is available. The percentage of children showing emotional or behavioural difficulties at age three is smaller in this fifth year follow up sample than in the original three year follow-up because of biased attrition (see p.11 above).



A closer exploration of the data shows that at age five the sample fell into four groups:

- children who were permanently separated from birth parents (n=10<sup>14</sup>: 27%);
- children who remained safeguarded at home (low risk of suffering future harm): those living with parents who had overcome adverse behaviour patterns and sustained this positive change throughout their first five years (n=13<sup>15</sup>: 35%);
- children who continued to be inadequately safeguarded at home with ongoing concerns (medium, high, or severe risk of suffering future harm): those whose parents had made insufficient or no positive changes to adverse behaviour patterns throughout their first five years (n=8: 22%);
- children who were no longer safeguarded at home (moved from low risk to medium, high or severe risk of suffering future harm): those whose parents had been able to make positive changes to adverse behaviour and sustain these up until their third birthdays, but whose circumstances had deteriorated by the time they were five (n=6: 16%).

No child experienced sufficient improvements to their circumstances to move into the low risk of harm category while remaining at home during this period.

### *Separated children*

The ten children who were permanently separated from their parents at age five had all been removed before they were three years old. There were no decisions to permanently separate any other children between the ages of three and five. As outlined in Chapter One, adopters were reluctant to participate in the study, and only two of the seven adopted children were accessible at this stage. The two adopted children appeared to be faring relatively well. One such example is that of James:

James was removed from his parents' care within a few days of his birth; from the time he was a couple of months old the plan for him became adoption. He remained with the same foster carer until he was 13 months old and was then

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<sup>14</sup> Including one outlier who was permanently separated from birth parents.

<sup>15</sup> Including one outlier who remained at home.

placed with first-time adopters. This process had been so difficult for James' adoptive parents that they wrote to children's social care suggesting ways in which they felt it could have been improved. One of their recommendations was to give adoptive parents a break of a day or so half way through the introductions, to reflect and recoup their energy as the process had been:

*...like a steam train...absolutely horrendous, exhausting... suddenly, there's this little person running around everywhere, it was just ... so intensive, it was just too much... no matter how much someone tells you it's going to be difficult, I don't think it actually, it never quite sinks in just how difficult it's going to be until it actually starts to happen.*

These initial difficulties were further compounded by an inexperienced social worker, who James' adopters felt was unable to support them through the emotional or practical complexities of the adoption process. In contrast however, James' own social worker was very thorough, easy to relate to and very experienced. She continued to visit James with his adopters every week or fortnight for the first four months of his placement. The adopters felt that this support had been fundamental to the stability and success of the placement. The adopters had received a great deal of reading material, particularly about attachment, during their assessment. This had provided them with insight, they felt, into relevant issues, although in some ways their knowledge had backfired. For instance, although their health visitor was very experienced in other areas and they had established a good relationship with her, James' parents thought she had little understanding of the impact of early experiences of abuse and neglect on the developing child's ability to form secure attachments. They felt that she was judging them as being 'paranoid' when they discussed the impact, or potential impact, of attachment issues which they considered were evident in their son's behaviour.

James' adopters had been interviewed when he was two and a half. Reflecting on their experiences of caring for James they had been very positive: *'Despite the difficulties, it has been very good'*. In their view, James had *'latched on'* to his new father very quickly. The same level of attachment

had taken longer to develop with his mother, even though she was spending more time with him. *'He would bite me ... he would only settle in bed for [his father]. I couldn't settle him in the night'*. However, about seven months into the placement she had experienced a 'click' in their relationship, and caring for James had become easier.

Interviewed when James was four, his mother described him as, *'lovely and an absolute joy and we wouldn't be without him'*. Likewise, his keyworker at nursery described James as a happy and contented little boy, who was reaching all of his developmental milestones and socialised well with other children.

(James: severe risk of suffering harm at identification – separated at age three – separated at age five)

There are insufficient data to show how representative James' experiences were of the other children placed for adoption. However, the evidence indicates that not all the children in kinship care were faring so well. By their fifth birthdays it could no longer be assumed that all these children were safeguarded through separation. Out of seven children in kinship care, four were showing signs of increasing difficulties. These included:

- Edward, who was being cared for by his grandparents in such an overcrowded household that his grandmother was unable to name all of the 12-15 children<sup>16</sup> living with her;
- Craig, whose kinship placement was on the verge of breakdown because of child protection concerns in relation to his carer's partner<sup>17</sup>; and
- Dabir and Liam, who had been physically abused and neglected as babies, and whose severe behavioural difficulties were causing strain and anxiety for their carers.

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<sup>16</sup> Including both birth children and grandchildren.

<sup>17</sup> We are unsure whether Craig's placement has since disrupted as we were denied access to this case file.

One of the advantages of kinship placements noted in the previous report was that they can provide permanence more quickly than other care pathways (see Ward *et al*, 2012, p.110). However, the data presented above indicate that, by the children's fifth birthdays some of these placements were raising concerns about whether sufficiently robust assessments of kin carers are routinely carried out to determine whether they have the capacity to meet the children's needs in the long-term, and not just as an emergency or temporary measure. In other cases, the data also raise questions about the adequacy of support for kinship carers, especially those who are looking after children who have been maltreated in their past, and who may subsequently display extensive emotional and behavioural problems. There was little evidence of professionals acknowledging that such problems might occur even in children who had been removed from abusive situations at a very early age.

One additional child, Ranjit, had been abandoned by his birth mother at age two, and a placement order granted: however, on his fifth birthday he was still in temporary foster care pending an adoption match. Ranjit's experiences illustrate the 'double jeopardy' effect of late separation followed by the disruption of an attachment to an interim carer.

Ranjit was moved, at the age of one year, to his second mother and baby foster placement. When he was two his mother decided to leave the placement and relinquished her responsibility for him. At this point the care plan for Ranjit became adoption, and his behaviour became a concern – he was aggressive, would 'lash out' and needed one to one care at nursery so that the risk of him harming other children could be monitored. At around the time of his third birthday, Ranjit's foster carer noted that he had become more settled, following the departure of his mother from the placement. The carer said that Ranjit was making good progress in all areas; he was becoming less aggressive towards his peers, he was less solitary and was making friends; his personality and sense of humour were developing. She was also optimistic that the life story work which was due to commence imminently would further help Ranjit to make sense of his past.

By Ranjit's fourth birthday however, the picture the foster carer presented was very different. According to her, Ranjit had gone 'backwards' emotionally, and had become very unsettled. Six months prior to this, he had been told by his social worker that he would be moving to a new family. He had subsequently become very aggressive: hitting, kicking, scratching and biting his carer.

These changes in behaviour were also noted by Ranjit's keyworker in nursery, where he had again become aggressive towards other children. This behaviour was particularly pronounced after contact with his birth family. His keyworker described Ranjit as 'needy,' 'emotional' and 'volatile.' Ranjit's carer noted that the life story work which had been promised had not taken place, and that he had had very infrequent visits from his social worker. The task of preparing Ranjit for his move to a new family had fallen mainly to the foster carer and the nursery worker. Ranjit's carer was visibly upset during the fourth year interview: she had never expected the process of adoption to take so long. Not offering to adopt Ranjit herself was one of the '*hardest decisions of my life*'. Although a match had been found for Ranjit by the time he was four, this was two years after the initial plan to adopt and his foster carer felt that his life chances had been dramatically affected by the delays of his late separation from his mother, and then from her.

(Ranjit: Medium risk of suffering harm at identification – separated at age three – separated at age five)

*Safeguarded at home: sustained change between the ages of three and five*

Eleven of the 13 parents (or sets of parents) who were safeguarding their children adequately at their fifth birthdays had overcome considerable difficulties to do so. There were two key ways in which these parents succeeded in making changes and in ensuring the welfare of their children: the first was to overcome addiction and the second was to extricate themselves from an abusive relationship or, as was the case with many of these families with complex needs, a combination of the two.

Four parents (or sets of parents) overcame substance misuse and made major changes to their lifestyles. All of these parents have been actively participating in

this study for the entire five years. It has therefore been possible to trace the progress of these families in great detail. These parents had all begun to address their addiction during pregnancy for the index child and had all succeeded in becoming abstinent within six months of the birth. There is no evidence to suggest that any of these parents relapsed between then and their child's fifth birthday, although it should be noted that two other parents who met these criteria at age three have since withdrawn from the study and could not be accessed by the research team at the fifth year follow up. One example of the extraordinary progress made by this particular group of parents is the case of Jaz:

Jaz's mother had experienced an abusive upbringing. She had been sexually abused by her grandfather as a child, and had also witnessed her father sexually abusing her younger siblings; her failure to report this had left her feeling permanently guilty. At 14, she was engaged in prostitution, had been kidnapped and repeatedly raped, smoked heroin and was pregnant with her first child. Both this baby and her second child were subsequently removed from her care on a permanent basis. Jaz's mother was interviewed most recently in her late twenties, and she recognised that she had been 'just a kid' at the ages of 14 and 17 years when her first two children had been removed.

*He changed, he changed my life, he did [talking about index child]. I was twenty three when I had him, I think. It made me realise I'm not that little girl no more, I've got to be grown up, I'm pregnant, I've got to prove to social services that I can bring my children up, so they won't take them off me. So I proved it to myself and proved to social services I can do it. I proved it to everybody I could do it, and I was, I actually, I shouldn't use... I'm proud of myself.*

Jaz's mother had fully co-operated with children's social care, both when she was pregnant, and in the months after his birth. She was pro-active in her contact with her social worker, choosing to telephone once a week to give an update. Her social worker visited regularly, and Jaz's mother attended all meetings. When children's social care told her that they were happy to remove Jaz's name from what was the child protection register at three

months old, his mother asked for them to remain involved for a further three months, for reassurance.

There has been no further involvement from children's social care since. At his fifth birthday interview, Jaz's mother talked about the joy she feels in caring for him and his younger brothers. When interviewed, his teacher described Jaz's behaviour and progress as exemplary.

(Jaz: High risk of suffering harm at identification – low risk at age three – low risk at age five)

The second way in which parents succeeded in addressing the risks of their child being maltreated was by extricating themselves from an abusive relationship. Seven parents overcame their difficulties in this way: these include four who ended a relationship with a partner who was violent towards them and three who ended their relationship with the other parent who was physically abusive and neglectful towards their children. This group also includes four fathers who had extricated themselves and their children from abusive mothers, and three mothers who had ended relationships with violent fathers. It is not known why there was a relatively high proportion of single fathers who had overcome such difficulties in this sample, but this will be the feature of a subsequent paper (see Brown and Ward, forthcoming). However, where parents had extricated themselves from abusive partners, it was not always clear, even after five years, that these relationships had completely ended or that the non-abusive parent would not replicate this pattern with a subsequent partner.

These are the success stories, but as the children reached five, there were fewer of them, and some parents were finding it difficult to sustain changes, especially those for whom domestic violence had been a previous concern. The experiences of the following group of children – those whose circumstances deteriorated between the ages of three and five – can provide some useful indicators as to why parents who have initially succeeded in overcoming adversities can later falter.

*No longer safeguarded at home: children whose circumstances deteriorated between the ages of three and five*

The circumstances of six children who had been classified as being at low risk of suffering future harm at age three, had deteriorated by the time they were five. These children had all now entered the medium (three children) or the high risk of harm (three children) categories. In all of these cases the major concern was related to the presence of an abusive father figure. The children's mothers had been able to extricate themselves temporarily from relationships with these men, but had either been unable to sustain these separations in the longer term or had gone on to form new abusive relationships. These cases illustrate the difficulties experienced by very vulnerable women in removing themselves and their children from abusive relationships, either with one man with whom they find it impossible to terminate contact, or with a series of men with whom the pattern is repeated.

Two factors made it particularly difficult for these parents to maintain positive changes. Firstly, social isolation was becoming an increasing issue in many of these women's lives. In order to prove their commitment to the courts and children's social care by extricating themselves from violent relationships, they had to remove themselves from their past communities and support networks. For many of these very vulnerable women, building new support networks in new areas or in the same areas but with different people, was a daunting task and far too overwhelming to deal with. As time passed and as the children grew older, firstly the mothers became lonely, a factor further compounded by their low self-esteem, and secondly the fear that children's social care would remove their child substantially decreased. They consequentially became, again, very susceptible to reforming or forming new violent and abusive intimate relationships.

Secondly long-term poverty, poor housing and social deprivation appeared to have a negative impact on parental capacity, and this exacerbated the vulnerability of these mothers. After five years it was becoming increasingly difficult for them to maintain family life amidst these very adverse material circumstances, even after they had made changes when their child was younger. Although some mothers had moved away from a violent partner, they were still living in violent or hostile neighbourhoods and the anxiety that this engendered further compounded the difficulties these



women were facing. Brendon's mother describes such difficulties below. At around the same time that Brendon and his mother moved in to their neighbourhood, the risks of harm increased for Brendon because of his mother's new relationship with a violent partner. Brendon subsequently moved from low risk of future harm (at age three) to medium risk (at age five).

*Not long after I moved into here I got a lot of hassle from local youths, which is still ongoing. So that's not helping things. I've had things thrown at my window. I get a load of abuse from them, they kept kicking footballs at my window and [the Council] said they won't move me. So basically until I actually move out of here I've just got to live miserable and unhappy because no-one will actually do anything to help me. I'm not sleeping, 'cos not only am I getting crap from them, it's also the kids are getting stuff from them as well. Brendon just stuck his head out to look at [the cat] on numerous occasions and they've just turned round, told him to fuck off which I think is basically wrong. When I've just put [baby daughter] down and she's gone to sleep they've been out there drinking and they've been banging on my bedroom windows to wake her up and she's woke up screaming her head off, and I try and settle her down, get her back to sleep, and as soon as I've done that they've done it again.*

(Brendon's mother: medium risk of harm at identification – low risk at age three – medium risk at age five)

Support for these women was often not forthcoming: they no longer had a health visitor and were unlikely to seek help from children's social care, a factor which was particularly significant for parents who had been able to make positive changes (Ward *at al.* 2012). It is perhaps unsurprising that, without appropriate support, women whose self-esteem was low and who were isolated and fearful would enter into ill-advised relationships. As is evident below, often the children's family circumstances would deteriorate for quite some time before reaching a crisis point which led to children's social care re-opening the case.

*Not safeguarded at home: no or insufficient change between the ages of three and five*

Eight children from this sample continued to be identified as suffering, or likely to suffer, significant harm throughout their first five years of life. Concerns about their parents' ability to meet their physical and emotional needs and to protect them from harm have persisted. This group includes three children classified as at medium risk of future harm, and five as at high or severe risk. Of those children now in the *medium risk* category, two had remained at medium risk without deterioration between the ages of three and five. One of these was Lily: her older siblings had previously been adopted, but since then her parents had made substantial changes to improve their parenting capacities. However, two risk factors remained, related to her mother's ongoing mental illness and Lily's own severe disabilities.

One additional child, Jordan, moved in a positive direction, from high risk of harm to medium risk because his mother had begun to address the persisting risk factors.

Children's social care had initially become involved with Jordan shortly before his birth as his mother was living with his grandmother and there were concerns about the level of friction in their relationship. Jordan's mother had also experienced depression and had self-harmed. There were also concerns about Jordan's maternal grandfather who was a Schedule One offender who had recently been released from prison after being convicted of assaulting teenage girls. At this time Jordan was classified as being at high risk of future harm.

Jordan's mother cooperated fully with children's social care; his social worker observed, in an interview at around his first birthday, that she was very caring and loving towards him. The social worker felt that the mother was able to prioritise his needs and said that she felt confident that Jordan would not be involved with children's social care again. Shortly before Jordan's third birthday however, an anonymous caller told children's social care that they had concerns about Jordan's step father; the police investigated and found child pornography on his computer. Jordan's mother later admitted that she had known that in the past her partner had used pornography to masturbate,

with Jordan on his knee. Jordan was made the subject of a child protection plan, and at his third birthday he continued to be classified as being at high risk of future harm. Jordan's mother then found out that her partner had masturbated with her child present again. This time she told him to leave the family home and the couple separated. The couple were still separated at the time of Jordan's fifth birthday, and he was classified as now being at medium risk of harm because of the changes his mother had made.

Jordan's mother felt that a psychological assessment had helped her to take on board fully the risk of harm her ex-partner posed to her children and the extent to which she had been 'groomed' by him. Although she expressed ambivalent feelings about her past involvement with children's social care, she said that she was relieved that they had become involved in relation to her ex-partner. She stated that because of the interventions, *'I'm no longer blinded by a man who was using and abusing me'*.

(Jordan: high risk of harm at identification – high risk at age three – medium risk at age five)

On the other hand, circumstances had not improved or had deteriorated for the five children who were not being safeguarded and living at home and were classified as at high or severe risk of suffering harm at the age of five. These included two children who remained at high risk of harm, one child who remained at severe risk of harm, one child who moved from high to severe risk of harm and one who moved from medium to high risk of harm. Four of these five children were considered to have been living at home at severe or high risk of harm throughout their first five years.

Neglect and emotional abuse had been a concern since birth for all of these five children. Indeed their circumstances had remained largely unchanged since then and as far as we are aware, they still continue. These children include:

- Madeleine, whose parents' heroin use has escalated from her birth to her fifth birthday, and whose home is used by her mother for prostitution;

- Nathan, who has experienced domestic violence throughout his first five years. As a baby he was used as a defensive shield during these conflicts, as a toddler he was left in his pushchair in the middle of a road as a threat from one parent to the other, and as a two year old he was left alone overnight whilst his mother visited her (new) partner;
- Lester, whose mother continually threatens to abandon him;
- Janis who often arrives at school dirty and hungry; and
- Karl who experienced domestic violence during infancy and whose older teenage brother physically abuses him in the presence of his mother.

The chances that these children will achieve permanence outside their immediate birth families are decreasing as they grow older, whilst the effects of long-term abuse and neglect continue as a major concern. Findings from Farmer and Lutman's (2012) study of neglected children who are reunified with their parents showed that outcomes were better for younger children. The cut-off age for children in that study was six, after which time action to safeguard them and plan for permanence outside their birth families was rarely achieved. The five year olds in the current study are exceptionally vulnerable children whose life chances are becoming increasingly jeopardised as time goes by.

### **Access to services including children's social care**

Few if any families received intensive, evidence based interventions to help them overcome their difficulties when their children were aged between three and five. Health visitor support was also less available as the children grew older. The birth of a new baby might reactivate such support; while this could raise concerns about the family as a whole, the focus of attention tended to be on the more vulnerable infant rather than on the sample child.

When the children were aged between three and five, social work interventions also tended to be short-term and reactive. Ten of the sample children who were living at home at around the time of their fifth birthdays had their cases open to children's

social care<sup>18</sup>. These open cases included: three children who were the subjects of children in need plans; six who were the subjects of child protection plans; and one child who was the subject of a care order under placement with parent regulations. However, only three of these children's cases had remained open throughout the period between their third and fifth birthdays; the cases of seven children had been closed when they were three and had since been re-opened. A referral had been made for one additional child between his third and fourth birthday, but had, however, resulted in no further action<sup>19</sup>. As with health visitor involvement, social care support was also stepped up following the birth of a new baby. However, no new legal orders were made for any of the sample children between the ages of three and five and only one child remained the subject of a care order throughout this period.

In their overview of findings from studies in the Safeguarding Children Research Initiative, Davies and Ward (2012) identified three factors which can prevent prompt action being taken when maltreatment is identified. Firstly, gaps in social worker knowledge and understanding can lead to evidence of maltreatment, particularly neglect, being overlooked or given too little attention; secondly, some practitioners do not appreciate the importance of reading case files and gaining an historical understanding of a child's previous experience; and thirdly, some families (much like those in this sample) can face such multi-faceted problems that practitioners can find themselves overwhelmed in the face of so much adversity, to the point where they are unable to take decisive action. These three aspects of practice can be found also in social work decision-making for the families in this sample.

Janis's case exemplifies how evidence of neglect can be overlooked. At the age of five, he was the subject of his third child protection plan.

Janis was born with a severe visual impairment: his mother also had sight difficulties. Concerns had been raised by the school because of Janis' siblings' poor attendance, poor personal hygiene and behavioural difficulties.

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<sup>18</sup> Two were considered to be at medium risk of suffering harm, six at high risk, and two children were considered to be at severe risk.

<sup>19</sup> This child was considered to be at medium risk of suffering harm at the time of his fifth birthday.

Janis' mother used drugs in the home and there were concerns that as a baby he was accidentally inhaling crack cocaine. His mother was also suspected of using the house for prostitution and having an 'inappropriate relationship' with her father, a known drugs dealer. Janis was often observed by professionals to be unkempt and he was not taken to health care checks, including appointments relating to his visual impairment. His poor attendance at nursery meant that he could not make use of the special needs programme that had been devised for him. On several occasions his mother failed to order him the much needed glasses that would significantly help his sight. Janis' experiences of neglect and emotional abuse continued with no evidence of improvement throughout his first three years. He remained at severe risk of suffering harm during this time.

Following his third birthday Janis' circumstances remained much the same. The pattern of poor attendance at nursery persisted into his reception year at school. He remained the subject of a child protection plan between the ages of three and four. However, the chronic neglect he experienced continued. A core assessment completed shortly after his fourth birthday concluded that his mother found it difficult to maintain good enough care for Janis and his older siblings. She recognised that improvements were required but she lacked the motivation to make them. However, the core assessment also highlighted that she had made some positive changes in that she had begun to cooperate with children's social care, albeit on a superficial level. Although Janis' mother stated that she no longer used drugs there were concerns that she was associating with drug users. Her attendance at a drugs project was irregular and she was inviting a male who was known to pose a risk of harm to children into their home. A legal planning meeting concluded that there were no grounds to instigate care proceedings, and the core assessment recommended the case should step down to the category of family support. A further core assessment was completed around the time of Janis's fifth birthday and the birth of his younger sibling to provide an overview of all of the work which had been completed with the family during the past ten years. This core assessment concluded that his mother could not care for her children consistently and that neglect and emotional abuse had been evident

throughout. The home circumstances had deteriorated since the birth of a new baby, as had the behaviour of Janis and his older siblings. Janis’s school continued to express concerns about his poor attendance, poor personal hygiene and the frequent occasions on which he was hungry on arrival at school. The core assessment recommended making Janis the subject of his third child protection plan and taking steps to instigate care proceedings. The outcome of this was not known at the conclusion of this phase of the data collection.

(Janis: Severe risk of harm at identification – Severe risk at age three – Severe risk at age five)

The figure below shows the decisions made for Janis between his birth and his fifth birthday.

**Figure 2.1: Decisions made for Janis between birth and age five**

<b>0-6 months</b>	<b>Birth:</b> Child protection plan – neglect <b>5 months:</b> Child in need plan
<b>6 months – 1 year</b>	Child in need plan continues
<b>1 -2 years</b>	<b>1 year 6 months:</b> Child protection plan – neglect
<b>2-3 years</b>	Janis remains the subject of a child protection plan – neglect
<b>3-4 years</b>	Janis remains the subject of a child protection plan – neglect
<b>4-5 years</b>	<b>4 years 3 months:</b> Child in need plan <b>5 years:</b> Core assessment <b>5 years:</b> Child protection plan – neglect

The case of Janis illustrates how social work practitioners can become fatigued with cases where neglect and emotional abuse have been long-term concerns. Practitioners find it very difficult to be proactive in such cases and to build a concise and coherent evidence base which can be used to inform statutory interventions. Routine measurements using growth charts and emotional and behavioural scales such as the Strengths and Difficulties Questionnaire might have provided evidence of the impact of neglect and emotional abuse on Janis’ long-term development, but

there was no evidence on the case file that these had been undertaken, or that he had been referred for specialist paediatric assessment.

The case of Janis demonstrates:

- the importance of practitioners developing an understanding of the child and family's previous history;
- the difficulties of identifying a threshold at which an issue that may initially appear to be of relatively minor concern becomes severe maltreatment with long-term consequences for the child;
- the challenges involved in taking proactive action where there is no obvious crisis;
- the difficulties of assessing parents' capacity to change within the child's timeframe;
- the problems practitioners have in focusing on the child's developmental needs when the whole family is very vulnerable; and
- the importance of measuring children's developmental progress over time, and ensuring that evidence of the impact of abuse and neglect leads to appropriate and timely action.

All these issues have been identified in the first phase of this research and in other studies (Ward *et al.* 2012 and see, for instance, Daniel, Taylor and Scott, 2011; Farmer and Lutman, 2012).

The complexity of some cases can also lead to indecisive action, particularly where there are concerns about numerous risk factors and multiple types of abuse. One such example is the case of Nathan. At the age of five Nathan was the subject of his second child protection plan.

Nathan's parents had a volatile relationship, with numerous incidents of intimate partner violence both before and after his birth. The violence was exacerbated by his parents' misuse of alcohol and rendered Nathan at risk of suffering both physical and emotional harm. His home was neglected and dirty and he and his mother frequently moved from one relative to another: by



the age of three he had lived in 12 places. His mother threatened to punish his father by leaving Nathan in his pushchair in the road and was eventually arrested when the police found that she had left him alone overnight in the home while she went to visit her boyfriend. As a consequence an interim care order was made and Nathan was temporarily cared for by his extended family: he was made the subject of a supervision order and returned to his mother's care shortly before his third birthday.

Between Nathan's third and fifth birthdays the supervision order lapsed, although many of the same issues continued. Intimate partner violence persisted, this time between his mother and her new partner, and his mother also allowed Nathan to have contact with his birth father who was deemed to pose a risk of physical abuse to him. Nathan's younger sibling was born, and a core assessment concluded that he and the new baby should be made the subjects of child protection plans. Between Nathan's fourth and fifth birthdays, there were three referrals to children's social care on file from three separate agencies, all raising concerns about the adequacy of care for him and his sibling.

(Nathan: High risk of harm at identification – high risk at age three – high risk at age five)

The figure below demonstrates the decisions made for Nathan between his birth and his fifth birthday.

**Figure 2.2: Decisions made for Nathan between birth and the age of five**

<p><b>0-6 months</b></p>	<p><b>Birth:</b> Child protection plan - risk of physical abuse due to domestic violence between mother and father.</p> <p><b>2 months:</b> Written agreement signed stating that Nathan and his mother must not have contact with his father.</p> <p><b>4 months:</b> Terms of written agreement broken.</p>
<p><b>6 months – 1 year</b></p>	<p><b>9 months:</b> Legal planning meeting outcome - grounds to apply for a care order. No application was made; instead there was a plan to do further work with mother regarding domestic violence.</p>
<p><b>1 -2 years</b></p>	<p><b>1 year 2 months:</b> Second written agreement signed stating that mother and Nathan must not have contact with father.</p> <p><b>1 year 4 months:</b> Terms of written agreement broken and monitoring increased.</p>
<p><b>2-3 years</b></p>	<p><b>2 years 5 months:</b> Police protection order – Nathan is found home alone whilst his mother visits her boyfriend overnight. Nathan placed with kin carers.</p> <p><b>2 years 11 months:</b> Interim care order with placement with parent regulations. Nathan reunited with mother following a positive psychological assessment.</p>
<p><b>3-4 years</b></p>	<p><b>3 years:</b> Supervision order.</p> <p><b>3 years 11 months:</b> referral from health - mother given birth to a new baby (with new partner).</p>
<p><b>4-5 years</b></p>	<p><b>4 years:</b> Supervision order lapses.</p> <p><b>4 years 1 month:</b> Initial assessment.</p> <p><b>4 years 1 month:</b> Core assessment.</p> <p><b>4 years 1 month:</b> Written agreement signed stating that mother must not consume alcohol whilst caring for Nathan and new baby and must not expose Nathan and new baby to domestic violence (between her and new partner).</p> <p><b>4 years 1 month:</b> Written agreement signed by birth father stating that he must not visit Nathan’s home.</p> <p><b>4 years 2 months:</b> Referral from probation – mother allowing Nathan to have contact with his father who poses a risk of harm to him.</p> <p><b>4 years 2 months:</b> Section 47 enquiry.</p> <p><b>4 years 3 months:</b> Initial assessment.</p> <p><b>4 years 3 months:</b> Core assessment.</p> <p><b>4 years 4 months:</b> Nathan and new baby made subjects of a child protection plan – emotional and physical abuse.</p> <p><b>4 years 5 months:</b> Referral from police – domestic violence between mother and new partner, Nathan and baby present.</p> <p><b>4 years 7 months:</b> Referral from Nathan’s school: nobody arrived to collect Nathan after school.</p>

The case of Nathan illustrates:

- how practitioners may become overwhelmed by families with multi-faceted problems, to the point where they are unable to take decisive action (Davies and Ward, 2012);
- how thresholds for action are set too high, with practitioners giving too many chances to parents to demonstrate that they can care for their children, often in the face of substantial evidence to the contrary and regardless of the child's timescale (Davies and Ward, 2012; Ward *et al.* 2012).

The previous report from this study recommended that cases where parents have made substantial improvements should not be closed abruptly, but should be monitored in the longer term (see Ward *et al.* 2012). It also highlighted that children's social care can be slow to intervene in neglect and emotional abuse cases, unless a specific crisis occurs, and this can often happen too late, after children have spent lengthy periods in abusive situations. The experiences of twins, Gareth and Bethany, illustrate that ongoing monitoring of such cases after improvements have been made is necessary if these changes are to be sustained in the longer term. At the age of five, Bethany and Gareth were the subjects of child protection plans following a substantial deterioration of their circumstances:

Gareth and Bethany were born prematurely and Bethany has cerebral palsy. At five months old Gareth was presented at hospital with a severe head injury which was confirmed to have been consistent with 'shaking'. This injury was inflicted by his father. Both Gareth and Bethany were placed in foster care under voluntary arrangements until assessments were completed with their mother. These assessments were positive and at 11 months old the twins were reunited with their mother and shortly afterwards their cases were closed. Almost 18 months after case closure there were two referrals from the hospital, the first because Gareth had been injured when he had fallen out of his pushchair whilst his mother was drinking, and the second because the twins' step father had taken an overdose whilst caring for them when their mother had gone out for the evening. However, no further action was taken on these occasions and the cases remained closed. Then, at around the time of

their fourth birthdays, further referrals were received from the police and a member of the public. The twins' circumstances had greatly deteriorated and a section 47 enquiry confirmed that there were serious concerns about their welfare. Their house was reported as being 'filthy', and Gareth and Bethany were being kept locked in their bedroom, where there was nothing but a mattress, for long periods of time. Neither child was able to speak, and Bethany was found covered in urine. Their school also confirmed that they had concerns for their welfare and that their attendance was poor. Gareth, in particular, was being severely emotionally abused: he was blamed and punished for many of the families' difficulties and was never allowed to use the furniture in the home. Both twins were made the subjects of child protection plans. Shortly before their fifth birthday, and following threats by children's social care that legal proceedings would be instigated, their mother ended her relationship with their step father and stated that she wanted to prioritise the needs of the children. The outcome of this was not known at the conclusion of this phase of the data collection.

(Gareth and Bethany: Medium risk of harm at identification – low risk at age three – high risk at age five)

**Figure 2.3: Decisions made for Gareth and Bethany between birth and the age of five**

<b>0-6 months</b>	<p><b>5 months:</b> Gareth has serious head injury, inflicted by father, consistent with 'shaking'.</p> <p><b>5 months:</b> Gareth and Bethany are accommodated under section 20. Twin track adoption or rehabilitation to mother.</p>
<b>6 months – 1 year</b>	<p><b>7 months:</b> Interim care order</p>
<b>1 -2 years</b>	<p><b>11 months:</b> Gareth and Bethany reunited with mother. Interim care order rescinded.</p> <p><b>1 year 1 month:</b> Case closed.</p>
<b>2-3 years</b>	<p><b>2 years 6 months:</b> Referral from hospital. Gareth presented at hospital with bump on head due to falling out of pushchair.</p> <p><b>2 years 6 months:</b> Initial assessment – no further action.</p> <p><b>2 years 9 months:</b> Referral from hospital. Mother's partner took overdose and presented to hospital whilst in sole care of Gareth and Bethany.</p>
<b>3-4 years</b>	<p>No children's social care involvement.</p>
<b>4-5 years</b>	<p><b>4 years:</b> Referral from police. Domestic dispute.</p> <p><b>4 years:</b> Initial assessment.</p> <p><b>4 years:</b> Referral from member of public. Concerned for welfare of Gareth and Bethany as they are often shouted at and sent to their bedroom. Referrer described feeling 'sick' at the way in which the twins are shouted at.</p> <p><b>4 years:</b> Section 47 enquiry – found extensive concerns for welfare of Gareth and Bethany.</p> <p><b>4 years 1 month:</b> Child protection plan.</p> <p><b>4 years 3 months:</b> Core assessment – recommends Gareth and Bethany to remain the subjects of a child protection plan.</p>

### **Conclusion**

Although some children remained adequately safeguarded by their fifth birthdays, it was evident that others were living in families that would require substantial support to ensure their welfare. These were either children who were living with birth parents or kinship carers who lacked the capacity to meet their needs, or they were children whose carers received insufficient support to cope with the emerging emotional and

behavioural problems that were the consequences of earlier maltreatment. These families required intensive specialist interventions to meet their own and their children's needs, as well as long-term generic support to ensure that changes were maintained. However, recent research (Holmes and McDermid, 2012) has identified a reduction in ongoing activity and support from children's social care as children enter middle childhood, around the time they reach the age of six. This study, which examined the levels of ongoing support provided to children in need, identified that children under the age of two received the highest level of support and those aged between two and five receive more support than older children (those aged six or more). These findings reiterate messages from previous research by Cleaver and colleagues (2004) and Farmer and Lutman (2012). As the sample children grow older, a reduction in support may have severely detrimental consequences for their welfare.

### **Summary points from Chapter Two**

- As in the previous report, the children were classified according to the presence of factors known to be associated with increased or decreased likelihood of suffering significant harm, and allocated to one of four groups: severe, high, medium or low risk of future harm.
- At identification (before their first birthdays) 91% (32/35) of the children were classified as being at severe, high or medium risk of suffering future harm. By the time they were three, their position had substantially changed: while eight (23%) children appeared to be at continuing risk of future harm, 25 (71%) were now thought to be adequately safeguarded, almost all either through permanent separation from abusive parents (7/35: 20%) or through parental change (17/35:49%) children.
- Parents had changed either through dissociating themselves from an abusive partner (12/17: 71%) or through overcoming problems such as substance misuse or mental ill health (5/17:29%).
- By the time the children were five, the picture was less positive. The children now fell into four groups:
  - permanently separated from birth parents (10/37: 27%);
  - safeguarded at home (13/37: 35%);

- inadequately safeguarded at home (ongoing concerns) (8/37: 22%);
  - no longer safeguarded at home (6/37: 16%).
- At age five, some children in the permanently separated group were in kinship placements that were raising concerns about the carers' capacity to meet their long-term needs. Other placements were approaching disruption as carers struggled to cope with their children's emotional or behavioural problems with insufficient support.
- By the fifth year, there was more evidence of sustained change amongst parents who had overcome mental health or substance misuse problems than those whose children were exposed to domestic violence. All parents of children in the *no longer safeguarded at home* group were mothers who had either re-established a relationship with an abusive partner or repeated the pattern with someone else.
- Social isolation and the impact of long-term poverty, poor housing and deprivation were factors that, together with low self-esteem, increased mothers' vulnerability to forming or reforming relationships with abusive men.
- Four children in the inadequately safeguarded at home group had been subjected to emotional abuse and neglect throughout their lives, with no significant evidence of their parents' capacity to change. Their chances of achieving permanence outside their birth families were now diminishing.
- Social work interventions continued to be short-term and reactive with little evidence of sustained support to help parents maintain positive changes.
- Gaps in social work knowledge; inadequate appreciation of the importance of understanding children's previous experience and the sense of being overwhelmed by the complexity of parents' problems all prevented prompt action being taken to address evidence of maltreatment.

## **Chapter Three: Readiness for school: evidence of emotional and behavioural difficulties and/or delayed development at age five**

### **Introduction**

As the previous chapter has shown, by the time the children were five many of them had experienced abuse or neglect at some time in their lives, a few of them continually since birth. About half the children living with their birth parents were considered to be inadequately safeguarded, and a number of those permanently placed with relatives were in kinship placements that could not meet their needs. Around the time they were entering primary school, many of the children were exhibiting emotional and behavioural difficulties that were likely to be attributable to these adverse experiences in early childhood: such issues may continue to have an impact on their development and jeopardise their educational outcomes. This chapter explores the evidence concerning the impact of the children's experiences to date on their life chances and examines how prepared they were to begin their journey through formal education.

### **The Strengths and Difficulties Questionnaire (SDQ)**

The Strengths and Difficulties Questionnaire (Goodman, 1997) is widely used to assess children's emotional and behavioural difficulties and the extent to which these are of concern to their carers and themselves. It was chosen as a means of assessing the emotional and behavioural development of the sample children partly because it is short and easily administered during the course of a more extensive interview, and also because the data can be compared with scores for a normative population (see Meltzer *et al.* 2000).

The SDQ asks parents and carers to respond to a total of 25 statements in relation to their child. The scale covers five domains. Four of these capture difficulties in the child's behaviour and relationships, emotional symptoms or difficulties, conduct problems, hyperactivity and peer problems. The fifth domain captures the positive attributes and strengths of the child: the prosocial score. The four difficulties scores



are added together to make a total score with a maximum of 40. The prosocial score has a maximum of ten and is reported separately from the difficulties scores.

The SDQ was completed by primary carers during the course of in-depth interviews carried out around the time of the sample children's fourth and fifth birthdays. At least one SDQ was completed by the primary carers of 31<sup>20</sup> children. It was not considered appropriate to ask three children's parents/carers to complete the SDQ because the in-depth interviews in which it was embedded were particularly difficult or sensitive to conduct. In three other cases a non-resident parent was interviewed because the primary carer was unavailable. As it was unclear how much time these parents regularly spent with their children, a decision was later made to exclude their SDQ responses from the analysis. Finally, some of the parents whose SDQ responses have been included are known to have abused their children, and this is likely to have affected the scores they gave.

Meltzer and colleagues (2000) obtained SDQ information from a normative sample of nearly 6,000 5-10 year olds. The mean total difficulties scores was 8.6. The mean difficulties score for the fifth year follow-up sample in the current study was 14.0 (range 5-32). The mean strengths (prosocial) score was 7.0 (range 3-10) for the children in this study, compared with a normative score of 8.6. On both these dimensions the scores for the fifth year follow-up sample differ substantially from those of a normative population. Some differences may, of course, be accounted for by disparities in the age groups studied: the study by Meltzer and colleagues appears to be the best match available, but it covers a much wider age range. However, the abuse and neglect suffered by a high proportion of children in the fifth year follow-up sample is likely to be a more powerful factor.

When completed by parents or carers, total SDQ scores of 14 or more are considered to indicate borderline concerns and those of 17 or more are regarded as being in the abnormal range and would warrant referral for clinical support (Goodman, 1997). About 82% of five to ten year olds in the general population score

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<sup>20</sup> The SDQ data presented in this report are from the children's fifth birthday interviews, or completed as closely as possible to these dates.

within the normal range, about 8% score within the borderline range and 10% within the abnormal range (Meltzer *et al.* 2000).

Within the fifth year follow-up sample, 16 (16/31: 52%) children fell within the normative range; five (5/31: 16%) within the borderline range and ten (10/31: 32%) within the abnormal range. It should be noted that this is a very small sample and cannot be regarded as representative. Nevertheless, the finding that, at age five, compared with a normative population, three times as many of these children showed emotional or behavioural difficulties that would warrant referral for clinical support is of concern. The following sections explore these findings in the context of what is known about the children's experiences and circumstances.

#### *Children in the borderline and abnormal ranges*

Half (15/31: 48%) of the children fell within the borderline or abnormal ranges and were therefore likely to need further support to help them overcome these early signs of emotional and behavioural difficulties which could severely jeopardise their progress through school. Nine of these children had experienced maltreatment at some stage in their lives so far. Four of these nine children experienced severe physical abuse (combined, in two cases, with neglect and emotional abuse). These children include:

- Gareth, whose father inflicted a serious head injury when he was five months old, and whose mother's new partner was violent towards her and emotionally abused Gareth and his twin sister;
- Dabir, who was a classic case of non-accidental injury. He spent his first five months living with his parents, with numerous concerns about bruising and other injuries. Finally an incident prompted a full skeletal x-ray which showed several previously undetected fractures and Dabir was placed permanently with his grandparents;
- Karl whose father had been violent towards him and his mother whilst he was a baby, and who between the ages of three and five had been the victim of further physical abuse perpetrated by his older teenage brother; and
- Liam who spent at least 18 months being physically and emotionally abused and neglected before he was moved to foster care and later kinship care.

The total SDQ scores for all four of these boys lie within the more severe abnormal range. Physical abuse had ceased for two of them (Dabir and Liam), as they had since been separated from their abusers, yet their ongoing difficulties indicate that they had not been able to overcome their earlier traumatic experiences. These children are likely to require specialist clinical interventions to enable them to progress and to support their carers.

Other types of abuse experienced by children in the borderline/abnormal group include: extensive *in utero* exposure to drugs (Mikey); witnessing domestic violence (Noah, Bethany and Marcus); and chronic neglect (Bella) – when she was a baby Bella's parents forgot to feed her to the extent that she ceased to cry when she was hungry.

These findings indicate that the sample children who experienced maltreatment, particularly physical abuse, as infants had the most unsatisfactory outcomes at age five. They needed intensive, effective and timely interventions to overcome the *sequelae* of abuse and neglect, but there is little evidence that these interventions were made available.

By their fifth birthdays, five of the 15 children in the borderline/abnormal group had been permanently separated from birth parents: three were in kinship placements, one child had been adopted; and one child was in temporary foster care pending an adoption match. Four of these five children had also been identified as displaying behavioural difficulties and/or developmental delay at age three.

Kinship placements for Liam and Dabir in particular were showing signs of strain. Their carers were struggling to cope with these boys' challenging behaviour and felt that they had not received the support that they needed or that it had not been provided in a timely manner. Both these boys were aggressive towards adults and other children, and Dabir had begun to self-harm. His carers had managed to see a psychiatrist who had agreed there were problems with his behaviour. They were told *'he'll need a lot of counselling when he's older'*, and that they should return when he was an adolescent as then they would be able to access help. Dabir's carers had also approached children's social care for help, but had again been refused extra

support. The consequences of these decisions for Dabir and his carers were ominous: in the fourth year interview they told the researcher that if the situation did not improve and/or support services were not forthcoming within the next six months then they would be unable to maintain the placement and Dabir would have to re-enter the care system:

*We'd have to do something. Otherwise we'd have to consider not having [Dabir] here, putting him back in care...I don't really want to do that, he's a lovely little boy, but I have to think about [own children] at the end of the day...If he went it would be like a bereavement, a last resort...and I'd blame [children's social care] for not giving us the help we needed.*

(Kinship carer with special guardianship order for Dabir)

Dabir's carers were special guardians and he was not receiving the support to which he might have been entitled had he remained looked after. However, soon after this interview the family were given a CAF assessment and received some help. By his fifth birthday, circumstances for Dabir had gradually improved:

*So they're doing a CAF and that goes to the board next week. I've never had anyone ring up from social services or fostering and adoption agency, nothing at all. I'm getting a brick wall all the time. That's why I'm hoping this CAF will actually bring some agencies. Even if they only come two or three times, they'll just give me something to read or, you know, just ideas. How to manage his behaviour. And to help him when he's getting frustrated.*

(Kinship carer with special guardianship order for Dabir)

Liam's carers experienced two years of anxiety and strain trying to deal with his emotional and behavioural difficulties before he was diagnosed with an attachment disorder. This diagnosis enabled Liam and his carers to access relevant treatment, and his circumstances also gradually improved between the ages of four and five.

*As far as the paediatrician was concerned it wasn't ADHD, it was attachment, and it wasn't our parenting skills, and we shouldn't be feeling that it was our fault. We had eight weeks attachment training we did. It explained a lot. It just backed up what we had researched and it's explained everything really as to how and why Liam's like he is. And I've taken it into school as well so, because obviously he's having difficulties there too, and they're using some of [the strategies] as well, but they've now involved another group of people to help him who know an awful lot about attachment. So the school now are accepting that it's not a behaviour issue which is what they kept saying it was, it's not behaviour, its attachment, behaviour connected to his attachment.*

(Kinship carer with special guardianship order for Liam)

Ten children who scored within the borderline/abnormal range had remained with their birth parents<sup>21</sup>. These children include: three for whom there had been concerns since before their third birthdays and who had never been considered adequately safeguarded at home; four whose circumstances had deteriorated between the ages of three and five and who were no longer considered to be safeguarded at home; and three children who were seemingly adequately safeguarded at home.

At age five, therefore, seven of these ten children were not considered to be adequately safeguarded based on the research criteria<sup>22</sup>. The four whose circumstances had deteriorated had been showing evidence of emotional and behavioural difficulties at the age of three. This suggests that these earlier signs of difficulties could have been indicative of an increased likelihood of suffering harm.

These four children include:

- twins, Gareth and Bethany, whose deteriorating home circumstances have been described in detail above;

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<sup>21</sup> Four cases were open to children social care at the children's fifth birthdays. One child had been referred between his third and fourth birthday but no further action had been taken.

<sup>22</sup> Four cases were open to children's social care (three children were the subject of a child protection plan and one child was the subject of a child in need plan).

- Noah who had been subjected to domestic violence within his home as a baby, and whose older brother had more recently been physically injured by his father, resulting in further children's social care involvement with the family at around the time of his fourth birthday; and
- Brendon whose mother had formed a new violent relationship, and whose hostile neighbours were causing additional strain.

Counter-intuitively, three children living with birth parents whose scores were within the borderline/abnormal range have been classified as being at low risk of harm at both the ages of three and five. The SDQ scores might be indicators that the circumstances of these children had also deteriorated, like those of the four children discussed above, but it is too early to know whether this is so. If questionnaires and scales such as the SDQ are used in practice, such scores would indicate a need to make further enquiries to ensure that children were being adequately safeguarded.

The evidence of gradually deteriorating circumstances and their impact on the children's emotional and behavioural development raises questions about the extent to which children in similar situations can be protected in the long-term. It underlines the point that families in which the risk of harm to children has substantially diminished may remain fragile – without further support and monitoring over long periods their progress may not be sustained.

#### *Children in the normative range*

Half (16/31: 52%) of the children involved in the fifth year follow-up had SDQ scores within the normative range. Thirteen of these children were living with birth parents at the age of five and three were permanently separated, of whom two were in kinship care and one had been adopted. The group can be split into two sub-groups: those who had been classified as being at low risk of harm when they were three because they were either living at home with no ongoing concerns (seven children), or because they had been permanently separated (three children), and those for whom the risk of suffering harm had appeared to be medium, high or severe (six children). The SDQ scores indicate that there were no concerns about these children's

behaviour that warranted intervention. Further examination of this group, however, reveals some counter-intuitive findings.

The seven children living at home who scored within the normative range and had been classified as being at low risk of harm all had parents who had succeeded in maintaining positive changes to earlier lifestyles and providing a nurturing home. All of these parents had made substantial changes before their children were six months old. The normative scores may indicate that some parents can make significant changes within an appropriate timeframe for infants and sustain these over long periods.

For example, Richard's parents had previously had two older children placed for adoption because of physical abuse and neglect. Risk factors for these parents included domestic violence, substance misuse and mental illness. However, before Richard's birth, they had addressed all of these issues. Five years later there was no evidence that any of these parental problems had re-emerged. Richard was not identified as having emotional or behavioural difficulties at age three and his SDQ at age five was normal.

However, another of these seven children, Simon, was identified as having emotional and behavioural difficulties at age four. His fourth year SDQ would have placed him in the abnormal group. When Simon was between the ages of four and five, his mother had sought professional intervention through 'positive play sessions' which were accessed via his local Sure Start Children's Centre. This help appears to have been successful in addressing his earlier difficulties as his fifth year SDQ was normal. We noted in the earlier (2010) report that parents who were able to make and sustain changes to previously destructive lifestyles were also more likely to seek help when problems occurred.

*A lady came to our house, a really nice lady, she was teaching positive play. They assessed him [Simon] and they didn't feel like he needed anything more than that.*

(Simon's mother: Medium risk of harm at identification – low risk at age three – low risk at age five)

In addition to these seven children living at home with normative SDQ scores and in the low risk of harm category were three children with similar scores who had been permanently separated. None of these separated children had experienced the 'double jeopardy' of late separation followed by the disruption of an attachment with an interim carer before achieving permanency.

The other six children who were within the normal SDQ range at age five had been classified as either at medium, high or severe risk of suffering significant harm<sup>23</sup>. There is evidence that four of these children had experienced maltreatment between birth and three years, and that three of them continued to be abused and/or neglected at least until they were five years old. In all these three cases, chronic neglect continued to be a major concern. Their experiences of neglect included: being fed and clothed inadequately; missed health appointments; being left alone or with inappropriate people such as 'youths'; and unmet basic needs, such as being left in dirty nappies resulting in severe nappy rash. SDQ scores within the normal range for these children are counter-intuitive and warrant further exploration. There are a number of possible explanations.

Firstly, it is possible that the risks of harm that were identified for these children when they were three had begun to be addressed by the time they were five. Scrutiny of fourth and fifth birthday interviews with birth parents suggests that this may have been the case for one of these children, Jordan.

At age three Jordan was identified as having emotional and behavioural difficulties and was classified as being at high risk of suffering significant harm. It will be remembered that Jordan's mother had a history of abusive

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<sup>23</sup> Five cases were open to children's social care.



relationships and that one of these partners had sexually abused Jordan. However, by his fifth birthday his mother had extricated herself from one such relationship and had not established another. Jordan's case had been closed by children's social care shortly before his birthday, and there was no further formal monitoring of the situation by a social worker. However, at this time his mother was accessing support from the local Sure Start Children's Centre<sup>24</sup>. This non-intensive, informal support was accessible to all parents living in her area and appeared to have been instrumental in helping her remain free from abusive relationships and improve her parenting. The children's centre was on the same site as the school, and Jordan's mother took his younger sibling there every day after she had taken Jordan to school. She describes:

*They're very supportive. Technically you're supposed to go to the group but I just go there to talk. I'm always in the children's centre, the school or the cafe [attached to the children's centre].*

(Jordan's mother: high risk of harm at identification - high risk at age three – medium risk at age five)

Jordan's mother also accessed parenting sessions and these had helped her improve how she responded to her children and their behaviour, '*I really enjoyed the sessions and they made a difference, now we eat together not in front of the TV, I spend time with both boys each evening*'.

It is possible that this mother will be able to sustain these changes and support Jordan satisfactorily in future but her previous history would suggest that she will need considerable long-term support to do so, and that at times this might need to be more intensive than that which she was accessing at the time of the most recent interview.

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<sup>24</sup> Sure Start Children's Centres provide integrated services for young children (aged 0-5 years) and their families. For further information see : <http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/surestart>

The original study found that cases such as that of Jordan were often closed too early and without any further monitoring of the situation. Frequently these cases were re-referred as the home circumstances deteriorated and risk factors re-emerged. One key message from the Safeguarding Children Research Initiative was that more thought should be given to ensuring that less intensive services are provided to families when children's social care closes the case (see Davies and Ward, 2012). Jordan's mother was able to access such support through her local Sure Start Children's Centre. Children's centres, working in partnership with other agencies, can help to ensure that families receive this type of support and have access to a range of services including health visitors and family support workers; there is also an expectation that all children's centres will have access to a named social worker (Department for Education and Department of Health, 2011). However, as the previous report from this study indicates, without proactive encouragement many parents with histories similar to that of Jordan's mother lack the confidence to access the resources available in children's centres, because they are frightened that other parents will sneer at them or criticise them – a factor that needs to be taken into account in making arrangements for ongoing, less intensive support.

There was also a group of five children who were given a normal SDQ score on the questionnaire completed by their parents, yet who had not been protected from suffering maltreatment, either because their parents' circumstances had deteriorated since their third birthdays, or because their family situations had remained largely unimproved. For all of these children there were concerns about their ongoing experiences of chronic neglect and emotional abuse<sup>25</sup>.

These five children are:

- Janis, Madeleine and Nathan, whose ongoing chronic neglect and emotional abuse have been discussed in the previous chapter<sup>26</sup>;
- May, whose mother had temporarily been able to extricate herself from a partner who posed a risk of sexual abuse to his children but had since re-established the relationship<sup>27</sup>; and

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<sup>25</sup> Four cases were open to children's social care at around these children's fifth birthdays.

<sup>26</sup> Janis and Nathan were the subjects of child protection plans and Madeleine was the subject of a child in need plan.

- Blair, whose mother had left one violent man; however her low self-esteem had led her to engage in subsequent abusive relationships and to start to drink heavily<sup>28</sup>.

There are several possible reasons for these normal SDQ scores. Firstly, Janis, Madeleine, Nathan, May and Blair may be five particularly resilient children and the normal range SDQ scores given by their parents could show that their wellbeing had not been compromised by their experiences of neglect and emotional abuse. Secondly, our interpretation of the evidence could over-estimate the extent of maltreatment these children received. Thirdly, children who have experienced abuse and neglect may become introverted, rather than exhibit behaviour of a higher impact, such as aggression, and this may be less easily identified as a cause of concern. For instance, Madeleine was described by her father as a 'deep thinker' and constantly sought reassurance (she was always asking her parents if she was 'good').

However, it might also be that these parents significantly underestimated their children's difficulties and that is why their scores were lower. This could indicate that they were unable to recognise and respond to their children's emotional and psychological needs, or they could have suppressed evidence of their children's difficulties in order to avoid further, unwelcome attention from children's social care. Whatever the reason, such a finding underlines the importance of ensuring that, where there are concerns about possible maltreatment, SDQs are completed by teachers or other independent adults as well as by parents, and that discrepancies are fully explored. It also reinforces the point that scores from formal questionnaires and scales should be explored and contrasted with data from a range of sources in order to develop a deeper and more balanced understanding of a family situation, for 'assessment does not take place in a vacuum' (Department of Health, Cox, and Bentovim, 2000).

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<sup>27</sup> May was the subject of a care order under placement with parent regulations.

<sup>28</sup> Blair's case was closed to children's social care.

## **Conclusion**

The children's SDQ scores at age five confirm evidence of extensive emotional and behavioural difficulties; almost a third of them (10/31:32%) were in the abnormal range and would warrant referral for clinical support. However, help was not always forthcoming for these children. Schools were not always aware of the likelihood of their suffering abuse and neglect nor were they equipped with ways to work with children who have had such experiences. The following chapter explores these issues as highlighted by the children's experiences and progress at the beginning of their journey through formal education.

## **Summary points from Chapter Three**

- At the age of five, almost one in three of the sample children (10/31:32%) had SDQ scores that fell within the abnormal range and warranted referral for clinical support. This is over three times the proportion found in a normative sample.
- A third of the 15 children with borderline/abnormal SDQ scores were permanently separated and two thirds had remained living with their birth parents.
- Sample children who had experienced maltreatment, and in particular physical abuse, as infants had the most unsatisfactory outcomes at age five.
- Some kinship carers had struggled to access professional support to help them cope with their children's challenging behaviour patterns. The lack of such support had threatened to jeopardise some placements.
- Both children and carers appear to have benefited from support where it was provided. Giving carers a clinical diagnosis appears to have relieved their anxiety that children's behaviour problems were related to their poor parenting skills, and reduced the tensions in the placement.
- Seven of the ten children who had remained with birth parents and who had SDQ scores in the borderline/abnormal range had not been considered adequately safeguarded at age five according to the research criteria<sup>29</sup>.

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<sup>29</sup> Four of these cases were open to children's social care.

- Children whose circumstances had deteriorated between the ages of three and five had been showing evidence of emotional and behavioural difficulties at age three. Abnormal SDQ scores for children who appear to be at low risk of significant harm could indicate that family circumstances are deteriorating and warrant further investigation.
- The majority (10/16: 63%) of the children with normative SDQ scores showed no evidence of having experienced maltreatment. Seven of these children had remained with birth parents who had succeeded in making and maintaining positive changes to earlier life styles, and three had been separated and achieved permanence at an early age.
- Six children had normative IQ scores despite being classified as likely to suffer significant harm and in most cases extensive evidence of maltreatment. Counter-intuitive normative scores could be explained by improvements in parenting, children's resilience, and/or parents' underestimation of children's difficulties.
- The SDQ scores provide useful indicators of the prevalence of emotional and behavioural difficulties at entry to school, but they need to be interpreted within an assessment that includes data from a range of sources.

## Chapter Four: The children's progress and experience as they enter school

### Introduction

The previous chapters explored the progress made by the 37 children in the fifth year follow-up sample and the changes to their family circumstances between the ages of three and five. At around the time the children were starting school, they could be split into three groups of roughly similar size.

- One third (13/37: 35%) were safeguarded at home by parents who had succeeded in making and maintaining substantial changes to their lifestyles.
- One third (10/37: 27%) had been separated from abusive families. While many of these children were now securely placed in nurturing environments, not all of these separations were successful – some placements with kinship carers were of poor quality and others were finding children's problem behaviours, often the *sequelae* of previous abuse, increasingly difficult to deal with.
  - One third (14/37: 38%) continued to live with parents at severe, high or medium risk of future harm according to the research criteria<sup>30</sup>.
  - Six of this group of 14 children had appeared to be adequately cared for in their early years, but their circumstances had deteriorated since they were three, mainly because their mothers had begun or renewed a relationship with a violent partner<sup>31</sup>. For the other eight children in this group experiences of neglect and emotional abuse had remained largely unchanged since infancy<sup>32</sup>.

During this phase of the research the children had all begun their journey through formal education. This chapter explores how they responded to the demands of entering pre-school and school. It also considers how far the nurseries and primary schools were equipped to work with children and families such as those from this sample in order to:

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<sup>30</sup> Ten of these cases were open to children's social care at around the children's fifth birthdays.

<sup>31</sup> Four of these cases were open to children's social care.

<sup>32</sup> Six of these cases were open to children's social care.

- help them overcome past experiences of abuse and neglect;
- identify when past safeguarding concerns returned, or new concerns emerged;
- link with children's social care and effectively share information; and
- work alongside social workers to protect and promote the welfare of this very vulnerable population.

### **The children in school**

The previous chapter shows that while half of the children were progressing well, with no signs of emotional or behavioural difficulties, an unusually high proportion (10/31: 32%), were showing problems of sufficient concern to warrant referral for clinical support. Many of these problem behaviours were probably associated with abuse and neglect in early childhood (see Gerhardt, 2004) and could be particularly detrimental to a smooth transition from home to school.

So far, however, we have only explored the data concerning the children at home. Much of the information concerning emotional and behavioural difficulties (including the SDQ scores analysed so far) came from parents and carers, some of whom were abusive or neglectful and/or had poor relationships with their children.

#### *Teacher completed Strengths and Difficulties Questionnaire (SDQ)*

Where parents gave consent, the children's pre-school keyworkers or primary school class teachers also completed the SDQ for the sample children to give an indication of their strengths and difficulties in school and as they proceeded through their Foundation Stage.

Teachers tend to assess children's behaviour less severely than parents (Goodman, 1997). This may partly be because they have a more objective, professional perspective, but also because school can appear as a sanctuary to some maltreated children, and emotional and behavioural difficulties may not always present themselves there. When SDQs are completed by teachers, scores of 12 or more are considered to be of borderline concern (14 or more for parent completed SDQs) and 16 or more are considered abnormal and would warrant clinical intervention (17 or

more for those completed by parents). Teachers completed the SDQ for 17 of the sample children: 11 (65%) of these were scored within the normal range and six (35%) were scored within the borderline/abnormal ranges.

Both parents and teachers completed SDQs for 16 children, ten of which correlated with one another – four children were scored in the borderline/abnormal group and six in the normal group by both parents and teachers. However, they did not correlate for six children. These include: four SDQs where the parent's score had placed children in the borderline/abnormal range whereas the teacher's score had been normal and two SDQs where the teachers had scored children in the borderline/abnormal range compared with a normal score being given by their parents.

Although teachers' scores tended to be lower than those of the parents, teacher completed SDQs did nevertheless pick up many of the same – and in some cases more - concerns than parents. The important question is whether, having noted such concerns, staff within the schools were adequately equipped to identify the abuse and neglect that often had contributed to delayed development and/or problematic behaviours and whether they were able to provide the necessary nurturing environment and access the support required to help children overcome these difficulties and succeed at school.

### **The schools and the communities they serve**

Nationally, 19.2% of pupils in maintained nursery and state-funded primary schools are known to be eligible for and claiming free school meals (Department for Education, 2011c). In 17 (74%) of the 23 primary and pre-schools visited by the research team the proportion of children claiming free school meals was higher than this, including at least eight schools where it was over 50%. The number of children with SEN and English as an additional language was also above the national average in 10/23 (43%) and 8/23 (35%) schools respectively.

The statistical data shown above indicate that the sample children would have been by no means the only children in their schools to have had adverse life experiences. The majority of these schools were in areas of high economic and social deprivation.



Many of their communities were described by their head teachers as 'changing', with higher numbers of children from different ethnic and cultural backgrounds starting school than in the past. High levels of mobility in some of the schools were also a concern: many children starting the school in year one would not remain there to year six. High staff turnover was also a worry in some of the schools. Interviews with head teachers confirmed that local communities were often facing issues such as crime, vandalism, substance misuse, gangs, street prostitution and domestic violence, many of which are known to be closely related to child maltreatment.

Head teachers were also concerned about parents' lack of understanding of the importance of school. They cited poor attendance as a major frustration and many of them had instigated and funded from their own budgets innovative ways to bring children into the school to increase their attendance records. These included introducing dedicated attendance workers, rewards and prizes for children with high attendance records and home visits for persistent absentees. All of these efforts had gone some way towards increasing attendance; however for many of the schools in the study it remained below 95%. The main reasons for poor attendance identified by the head teachers included: the celebration of Eid which, although an unauthorised holiday, could mean that over half the children were absent; parents taking children on holidays to the Indian sub-continent during term time; children continually arriving at school late; and parents' inability to organise themselves to get their children to school. One deputy head teacher described his frustration with attendance:

*We went to Special Measures as a school round about three years ago. One of the things that was pinpointed was poor attendance and it's something that we've been battling against. At the minute there's quite a lot of aggravation with parents because the governors quite rightly decided that we were no longer going to authorise holidays in school term time, so that of course has... well we've gone out and said to parents, 'If you do go on holiday you realise there'll be a fine.' The parents have said, 'Yes,' they've said, 'Well, it's still cheaper to go on holiday and accept the fine'. We're going round to doors knocking on doors, you know, saying, 'Where's your child?' We're looking at using a walking bus at the minute which basically will involve two members of*

*staff going around the community on a walk looking for any children that haven't actually turned up for school. One of our issues is trying to get the message through to parents that going to town shopping for a pair of shoes doesn't warrant a day off.*

(Deputy Head Teacher)

Poor attendance in primary school is particularly problematic because it sets a pattern for later truancy and failure at school. Even at the age of five, at least five of the sample children were not attending school regularly and their attendance was below 70%. These children include:

- Madeleine, Janis, Gareth and Bethany whose circumstances have been discussed in the previous chapter; and
- Karl, who at the age of four had been excluded from school because of his aggressive behaviour. At the age of five this child was only allowed to be in school part time and when there was one to one support available to him to reduce the risks of harm he posed to other children. His school were unaware that, at the same time he was excluded from school, he was being physically and emotionally abused at home.

In educating children such as those in the sample, who were displaying the experiences and consequences of abuse and neglect, the schools had a range of complex issues to address. From the safeguarding perspective, staff needed to be able to identify maltreatment and its consequences and take appropriate action. From the educational perspective, they needed to make sure children came to school and that they achieved appropriate academic standards when they got there. These two requirements could be complementary, but they sometimes conflicted. Interviews with head teachers showed that they could lead to two very different approaches to education, depending on which received the most emphasis: a *child and family welfare* approach or an *educational attainment* approach.

The *child and family welfare* approach was adopted by the majority (19/23: 83%) of schools in this sample. This approach prioritised the welfare of pupils both at school and at home. Schools that adopted it endeavoured to engage families with services

they offered, to identify additional needs including factors associated with abuse and neglect, and to work with families, children's social care and other agencies to respond to those needs. The educational attainment of pupils was secondary to ensuring their welfare in and out of school. The majority of schools in this sample adopted this approach, which can be seen as a response to the high levels of social and economic deprivation faced by many of their pupils, and the additional support needs they required in consequence. The quotes from head teachers below are representative of this approach:

*Child protection in the school is crucial. I keep telling my staff, we are the people who have the closest relationship with the children, the most contact. We're the ones most likely to see changes in behaviour, marks on bodies. We're one of the principal agencies; it's the most important part of my job and the one area I cancel everything for. I expect all of my staff to do the same.*

(Head Teacher)

*Well I think [child protection] is a really big role because we see the children every single day. So we have a really good knowledge of that child. We will be the first ones who will notice if there's a change in behaviour or if there's a problem, we will notice straight away. So I think we need to be central to everything, and really our views should be listened to more than they are. Well the impression I've tended to have is that social care and health feel that they are a higher authority, and if they've gone into the home and they say there isn't a problem, then that's it. There's kind of nowhere else we can go. We need to be working with social care and health closely, and sharing information about the child, so that we know someone is working with the parents, so that from a home point of view it is a good experience for the child.*

(Head Teacher)

In contrast to the *child and family welfare* approach demonstrated above, a minority of the schools from the sample (4/23:17%) had adopted an *educational attainment*

approach. In these schools children’s educational attainment took precedence over their wider social and emotional support needs. Whilst these schools viewed their role in identifying additional needs including signs of abuse and neglect to be of importance, they were less likely to engage with the families and other agencies, including children’s social care, to respond to those needs. They tended to give particular emphasis to safeguarding children from harm that might occur while they were in school and prioritised their welfare during, but not necessarily, after school hours. The quote below is representative of this approach:

*Well [the school’s role in safeguarding children] is keeping children safe in every element of their time here. It goes from their emotional wellbeing, their physical safety in terms of the dangers that might be on the site, the dangers that adults or other children might present to them, and things like health and safety procedures and regulations we have to follow, and also in terms of children’s engagement with their learning in that the more engaged they are the more likely they are to be on task.*

(Head Teacher)

The table below summarises the differences between the *child and family welfare* and the *educational attainment* approaches adopted by the schools.

**Table 4.1: Comparison of the *Child and Family Welfare* and the *Educational Attainment* approaches adopted by schools**

Educational attainment approach	Child and family welfare approach
Educational attainment paramount to children’s welfare.	Being safe and secure paramount to children’s welfare.
Important to identify abuse and neglect and to refer to other agencies. The role of the school is to concentrate on teaching and learning.	Important to identify abuse and neglect and to refer to other agencies, and work with other agencies to safeguard and promote the welfare of children. Teaching and learning secondary to this.
Wellbeing promoted through learning and attainment - <b>knowledge</b> .	Wellbeing promoted through care and support - <b>nurture</b> .

The high levels of economic and social deprivation faced by the communities of the majority of these schools meant that the headships were likely to attract a certain type of candidate: those who were more likely to adopt a *child and family welfare* approach. The majority of head teachers we spoke to were highly passionate and dedicated to providing for their pupils' emotional and social needs, as well as their educational needs. For instance one head teacher asserted that: '*I like to think the school provides nurture and normality. We pride ourselves on being very nurturing*', while another stated: '*If a teacher says they don't want to be a social worker, I know they're in the wrong school.*'

### **The role of the school in identifying additional needs including abuse and neglect**

School based staff in various roles see children for a significant part of the day and are particularly well placed – provided they have necessary skills, confidence and support – to recognise when children are anxious or distressed and to see worrying changes in behaviour that may indicate they are being abused or bullied (Hendry and Baginsky, 2008, p.151).

Schools are in a unique position in that almost all children come into contact with them daily: teachers and staff therefore have the opportunity to build close relationships with their pupils. They are therefore well placed to identify early warnings that children and families require additional support and to have a clear understanding of whether children are suffering, or likely to suffer, significant harm. This section explores how well equipped the schools were in being able to identify additional needs including signs of abuse and neglect amongst the sample children, and to take appropriate action.

#### *Training on safeguarding children*

*Working Together to Safeguard Children* (HM Government, 2010) sets out that all agencies have a duty to collaborate in safeguarding and protecting the welfare of children. Single and multi-agency training is necessary to make each agency aware of its own responsibilities and those of others (Baginsky, 2007). *Safeguarding Children and Safer Recruitment in Education* (Department for Education and Skills,

2007) outlines the training which is considered necessary to ensure children and young people are protected from harm. Local Safeguarding Children Boards (LSCBs) have a responsibility 'to ensure that single agency and inter-agency training on safeguarding and promoting welfare is provided in order to meet local needs' (HM Government, 2010, p.91)<sup>33</sup>. All schools:

should have a senior member of staff who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the authority, and working with other organisations as necessary (HM Government, 2010, p.78).

In all of the schools which participated in this study, this person was the head teacher, the deputy head or the special educational needs co-ordinator (SENCO). Designated staff should receive training on inter-agency procedures; this should be up-dated every two years, and all other staff and governors should receive training every three years (Department for Education and Skills, 2007). All 23 schools which participated in this study were aware of these responsibilities and made efforts to ensure that the requirements were met. However, there were differences in perspectives on how valuable training was deemed to be, depending upon whether head teachers adopted a *child and family welfare* or *educational attainment* approach. For instance, one head teacher who had adopted the *educational attainment* approach could not remember the details of the training he had received and did not speak particularly enthusiastically about it:

*I can't remember all of the details of it [LSCB training]. I think I am on a two yearly cycle because I'm the senior designated professional. [Looking towards the wall displaying certificates] I'm looking over there because I've got the certificate over there, so I guess that is the one.*

(Head Teacher)

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<sup>33</sup> The NSPCC provides a range of courses and training materials to facilitate this. See [http://www.nspcc.org.uk/Inform/lscbs/local\\_safeguarding\\_children\\_boards\\_wda66472.html](http://www.nspcc.org.uk/Inform/lscbs/local_safeguarding_children_boards_wda66472.html)

This is in contrast to the views of another head teacher, who had adopted a *child and family welfare* approach:

*I'm the designated senior person, but I have other people who are trained, to do that role as well, so there's obviously my deputy, I have a learning mentor, I have family workers in the children's centre. I have lots of people who are trained to that level, and all of the staff also have annual child protection training. This is our school policy rather than the Authority's. I think that child protection is a big issue and being alert to the signs of children needing extra support from a very early age is something we all need to be really highly skilled in.*

(Head Teacher)

Unlike the head teacher cited above, Baginsky (2007) found that significantly more attention had been given to training designated teachers than other staff members in schools, although '...unless all those working in schools feel confident about their role and responsibilities in protecting and safeguarding children the system will not work' (Baginsky, 2007, p.124).

The majority of head teachers who were consulted for this study were also the designated child protection member of staff. Most were very positive about the training they had received from their LSCB and felt confident about their knowledge and skills in being able to identify abuse and neglect amongst their pupils. From their perspective the LSCB training had been accessible, pitched at an appropriate level for their understanding and was delivered to a high standard. They also believed that the resources they had received from the training, such as CD ROMs, training packs and access to a website had all been beneficial. Baginsky (2007) found that some teachers failed to show up to multi-agency training. She attributed this to the three days required being too long a period out of the classroom for many teachers to accommodate. However, many of the teachers who participated in the current study found the training to be valuable and insightful and a good opportunity for reflective practice.

### *Referrals to children's social care*

Teachers found it difficult to navigate their way through some children's social care processes and procedures and, in particular, the referral process. Indeed, the referral process was an area of confusion and frustration for at least three quarters (17) of the head teachers who were interviewed. Firstly, they believed they were not given adequate feedback about a referral; secondly, they were dissatisfied with the small proportion of referrals which proceeded to further action; thirdly, they believed that referrals in relation to neglect were given low priority; and fourthly, head teachers believed that adequate advice about individual children and families from children's social care duty teams was not always forthcoming. Many of these issues mirror concerns raised by health visitors who attended focus groups in an earlier stage of the study (see Ward *et al.* 2012).

The number of referrals made by the participating schools varied, ranging from one per week to one per year (and more during some weeks, particularly leading up to school holidays). Schools which adopted a *child and family welfare* approach tended to make more referrals to children's social care than those which adopted an *educational attainment* approach. This is likely to relate to the higher levels of need of pupils attending the *child and family welfare* approach schools coupled with a higher priority afforded to such issues within these schools. Despite their varying degrees of experience, almost all head teachers considered that the level of feedback they received from children's social care was inadequate (and in many instances non-existent). For instance:

Interviewer: *When you make a referral, how well do you think you're kept informed of how things have progressed?*

Head teacher: *Terribly, and sometimes when you make a referral they'll ask me to deal with it. I had a parent who was asleep and couldn't be woken because she'd had a lot to drink, and they asked me to go round and sort it.*

Feedback to referrers is important because it mitigates the risk that professionals feel ineffectual and powerless, clarifies the decisions taken and offers scope for these to be challenged (Cleaver, Walker with Meadows, 2004; Broadhurst *et al.* 2010). There is also evidence that decisions to refer to children's social care are



influenced by previous responses from social workers and that inadequate feedback discourages referral (Horwath, 2007). Head teachers agreed that feedback would be beneficial and that they would be able to work better with their pupils if they had a greater understanding of their home lives. One school had formed a close working relationship with the local police force, which routinely informed them when they had been called out to domestic disputes in any of their pupils' homes. We do not know whether parents gave informed consent for information to be shared in this way, and it could be argued that confidentiality was being breached. Nevertheless, in the school's view, this added information about children's home lives improved the ways in which class teachers were able to deal with behavioural difficulties that may have been exhibited in the classroom:

*It can give us an insight because it can affect a child's behaviour, because there are times when you get it [information from the police], and you go, 'Ah, that's why they were off the wall.' Mum and Dad had split up temporarily or they'd had a big ding-dong. And you can piece things together but we're always doing it retrospectively. But if we could get something quicker it would be brilliant.*

(Head Teacher)

Not only were head teachers dissatisfied about inadequate feedback from children's social care, they were also concerned that their referrals were not taken seriously and that very few would lead to further action.

*I have never known it [a referral] lead to further action. And that's not just in this school, that's any referrals I've made haven't resulted in further action.*

(Head Teacher)

Research evidence demonstrates different perspectives concerning 'appropriate' thresholds for statutory intervention by children's social care. While referring agencies may complain that thresholds are too high, children's social care professionals may argue that referring agencies have unrealistic expectations about

the services and support that can be offered within the constraints of finite resources (Datta and Hart, 2008; Wilkin *et al.* 2008; Ward, Holmes and Soper, 2008). Such differences are not new; expectations need to be managed, however, and shared understandings reached, so that time is invested in responding to those cases which require social work expertise and intervention.

### *Neglect*

A high proportion of the sample children (8/37: 22%) who had remained in the care of parents who had been unable to overcome problems such as substance misuse had experienced long-term, entrenched neglect that had had a corrosive impact on their development<sup>34</sup>. Head teachers were particularly concerned that referrals in relation to neglect were not given the priority they believed they should have. As one head teacher said:

*If it's not life threatening...the child's life isn't particularly at risk, but their whole development, health and wellbeing is, sometimes you feel that there is nothing we can do.*

(Head Teacher)

Such findings add to a wealth of evidence showing that, despite a growing body of knowledge of the adverse consequences of neglect on early development and its long-term negative impact through childhood and into adulthood, children are often left with inadequate support in grossly neglectful homes (Ward *et al.* 2012; Daniel *et al.* 2011; Wade *et al.* 2011; Farmer and Lutman, 2012). One such case is that of Madeleine, described by her head teacher:

*We're very concerned about [Madeleine], these are the ones you lose sleep over, and not enough is done. [Madeleine and younger sibling] are the*

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<sup>34</sup> Seven of these cases were open to children's social care at around these children's fifth birthdays (six children were the subject of child protection plans and one child was the subject of a child in need plan). However, the implementation of these plans had done little to address the deep-seated nature of corrosive neglect within these households.

*children we're most worried about out of all families: we've told the [child's] guardian that. They said they were new in the case and were trying to learn about the family - sometimes the threat of court proceedings may help to get the family to act – but I don't think so in this case. It's been very frustrating, everything's just assumptions, we know there have been lots of inappropriate adults there visiting the house and lots of changes - the children are saying in school that they don't like all the visitors. But there's no evidence as such. It's a vicious circle, from mum's own childhood: we need to break the whole cycle, for the whole family.*

(Head Teacher)

Madeleine's head teacher had become very involved with the case and as a precaution she saw Madeleine face to face at least once a week in her attempts to ensure her safety.

There is considerable evidence that constant exposure can inure social work practitioners to evidence of neglect. This may be one reason why they can be slow to act. Health visitors, nursery nurses and school teachers tend to see children from a wider range of circumstances, making it more likely that neglectful families will be identified. Nursery nurses and school teachers also see children on a daily basis, and therefore are in a good position to notice when family circumstances deteriorate. This is a strong argument for close collaboration between these professional groups although, in some communities, even professionals working in universal services can become desensitised through over exposure:

*We refer a child on most Fridays. Children get especially anxious about the weekend and holidays; you always know you'll have children's behaviour [problems] escalating in the run up to holidays. There are lots of neglect signs and symptoms in this school. You have to keep asking yourself, 'Is this normal?' Because neglect is so common in this school you have to check yourself to make sure you have not normalised it in your head. It can become easily normalised in this area, and we have to ensure that all staff remember*

*what is actually normal in most areas, and what is acceptable. Lots of children here don't get enough food.*

(Head Teacher)

When teachers have concerns about a particular child, they should be able to discuss them with a senior colleague in children's social care. *Working Together to Safeguard Children* states that:

Irrespective of whether a common assessment has been undertaken, where there are concerns that a child may be a possible child in need, and in particular where there are concerns about a child being harmed, relevant information about the child and family should be discussed with a manager, or a named or designated health professional or a designated member of staff depending on the organisational setting. Concerns can also be discussed, without necessarily identifying the child in question, with senior colleagues in another agency, (for example, children's social care services) in order to develop an understanding of the child's needs and circumstances.

(HM Government, 2010, p. 84).

However, the experiences of some of the head teachers who were interviewed were somewhat different. Qualified social workers were not always available for advice about a child, nor was the advice offered always adequate:

*If we are not sure if [a case] needs to go to social services, we can telephone the duty social worker and ask for advice. That hasn't always been good quality advice at times, and that's often been an area where it... the system has fallen down, because that person on duty is sometimes not a qualified social worker. So they will try and get us to deal with situations that sometimes we're not sure we can deal with and we think it might need a higher level.*

(Head Teacher)

When cases were open to children's social care, head teachers often felt that social workers did not take sufficient action when there were major concerns. For instance, Janis' head teacher was concerned that the level of intervention provided by children's social care was unsatisfactory:

*It was reduced to child in need and the following meeting [the decision] was to reduce it to CAF, with us as the lead. The answer was no. And what I actually said was, 'If you reduce it to CAF I will push for child protection.' Because it's not, they're not a family in need. There are protection issues there. But they need, they are a family, in my opinion, that need full-time support to function. Now whether that can be sustained through a child in need plan, I don't know. But they [children's social care] do. Absolutely they do.*

(Head Teacher)

It was evident from the interviews with head teachers that the issues highlighted above had sometimes led education professionals to mistrust children's social care. Schools, especially those which had adopted a *child and family welfare* approach, felt disillusioned with the response they received from children's social care and as a consequence were developing ways of working with children and families themselves to respond to their additional needs, particularly where neglect was an issue. If schools are to adopt a major role in safeguarding the welfare of the most vulnerable children, they need to be part of a strategic, well planned and well informed approach, developed at local authority level, and they need adequate resources to implement it. The following section explores the initiatives which the schools had developed to work with children and families in attempts to mitigate the consequences of abuse and neglect.

### **The role of the school in responding to abuse and neglect**

The evidence of widespread neglect within their catchment areas, together with the perceived lack of support from children's social care, had led many schools to develop their own ways of addressing this issue:

*We refer concerns to social services about 5 per cent of the time. Last year we had 320 plus internal referrals, we referred [to children's social care] about 20 to 25. We have good support mechanisms around neglect and families, like family support workers. We have an advantage over other schools in that we have the family support worker to hand. If concerns continue on, we can refer to social services.*

(Head Teacher)

This section first explores the ways in which the schools were working with children and families with additional needs and then considers the issues outlined by the schools in relation to the link between themselves and children's social care.

#### *Working with children and families*

Many of the schools in this study were located in areas of high economic and social deprivation. The majority had adopted an approach where they prioritised the welfare of their pupils both during and after school. These schools also aimed to combat the children's disadvantage, particularly their experiences of neglect, by providing them with a nurturing environment in school which would compensate for what was lacking at home and was a prerequisite for their educational attainment. Indeed, the school had become a sanctuary for many children, including several of those from this study:

*We give them all toast in the morning, so the school pays for that. We do wholemeal toast, so we know they've eaten something when they come in. It makes it very welcoming...the smell of toast in the morning.*

(Head Teacher)

Some schools also tried to ensure that class teachers developed a relationship with parents. For instance, they made sure that they spoke to parents at the end of each school day by taking the children out into the playground to meet them. This gave teachers a good indication of any changes to parents' behaviour or circumstances. On an individual child level, the schools were also attempting to supplement

children's home life experiences. Janis's head teacher, for example, took a keen interest in his welfare and had been involved with his family for many years as she had also been his older siblings' teacher. As was indicated in the previous section, she was not satisfied with the level of intervention the family were receiving from children's social care. She therefore made attempts to combat Janis's disadvantage herself:

*We have lots of conversations with Mum, 'regardless of whether you think he needs it, he goes in the bath every other day and you wash his hair every other day and his uniform every other day'...But, no, we change his uniform, we have done in the past, and we do quite regularly. Put him in a clean one, take home his other one. Or send his other one home to be cleaned. We replace his jumper. He has his wash bag and his own towel that we provide in the hygiene suite so if we need to we take him and he scrubs himself, and we do toothbrush cleaning as a programme for all Reception children so he cleans his teeth daily here anyway. So in terms of how he's perceived by other children it's not too bad. We work very hard as staff to make sure that doesn't happen. But, yes, if we didn't do what we do, he'd stand out badly. You know, we have five sweatshirts, one for every day, so I know every day he's clean. He's a gorgeous little boy. He's absolutely gorgeous.*

(Head Teacher)

Other schools also monitored the welfare of individual children, especially those for whom they had concerns, but where thresholds had not been met for children's social care involvement. For instance, Chloe's nursery keyworker stated that: '*She is one that I keep a close eye on*'. Schools also adopted more formal ways of monitoring individual children. All of the 23 schools took this responsibility, and kept a record or a 'log book' of all concerns they had about children, so that they could present this as evidence should they decide to make a referral to children's social care.

Approximately one third of the schools provided a nurture room/space so that children could have time out of class for small group or one to one work. This

provision was especially aimed at children with emotional or behavioural difficulties, and was provided for at least five of the sample children. Madeleine, for example, had benefitted from her school's nurture breakfast club.

*We do two breakfast clubs here, including one nurture group breakfast club, which has a learning mentor and staff offering emotional support which is in school time, not before; even children who arrive late come straight to the club to make sure that they have food and time with the worker before class. Madeleine doesn't have a statement but is on the SEN register and we do lots of intervention with her. Like small group work for literacy, and the learning mentor is very involved with her. She comes to the breakfast nurture club. We're on the ball with meeting her needs. Although her attendance last year was only 60 to 70 per cent.*

(Class Teacher)

Some schools had employed specialist staff to work with children and families; this was more common in those which had adopted the *child and family welfare* approach. Specialist staff included: attendance workers, learning mentors, welfare workers, family support workers, and one school had bought in additional educational psychologist hours. This provision was funded out of their own budgets, largely from their Pupil Premium allowances. However, the head teachers were concerned that this funding might not be made available in the long-term and that they were unable to give the staff who had been employed to carry out this work permanent contracts. Current policies to allow schools the freedom to buy in specific services may prove valuable, providing they are maintained in the long-term. Schools which introduce such initiatives also need greater recognition of the contribution they can make not only to children's welfare but also to their readiness to learn and therefore, eventually, to their educational attainment.

There is evidence (see Holmes and McDermid, 2012) that around the time children reach middle childhood, social work support diminishes. Therefore the support provided by schools to the children from this sample and those in similar



circumstances is likely to be extremely beneficial. This support, however, tended not to be part of an integrated, multi-agency plan for an individual child or part of an overall strategic plan for the delivery of services, developed and implemented at local authority level, and was therefore unlikely to continue as children grew older and/or moved on to another class or school. It might also have meant that in cases such as those of Madeleine and Janis, social workers were less likely to take urgent action during the critical period before these children's chances of finding permanent placements outside the family began to diminish (Farmer and Lutman, 2012).

### *Specialist interventions*

Interviews with the head teachers also revealed a need for more effective specialist interventions. There was little evidence that these were available. Each school had an annual allowance of between six and eight hours of an educational psychologist's time provided by their local authority. This was widely thought to be insufficient and their inability to fund any extra provision of this type was a major concern:

*We are linked in with an educational psychologist and we've had some good outcomes for children from their involvement, but they don't have enough time with us. Often their time is out of school, like, driving, doing paperwork. The system makes it very difficult to get the best value. So there's a limited impact... there are good outcomes for maybe one or two children. The services they offer include meetings with parents to try and promote consistent messages with the child, diagnostic tests, providing strategies for teachers; they do tailor to what's needed, but they're so limited in terms of time.*

(Head Teacher)

The head teachers identified the need for:

- better links with children's social care;
- children's social care to share more information about individual children in need and their families, particularly when children were looked after away from home; and

- for social workers to become better integrated into schools and the services they provide.

These issues were of particular concern to those head teachers who had adopted the *child and family welfare* approach, and are explored in the section below.

*Working together? Schools and children's social care: looked after children*

The importance of all agencies working together to safeguard children is well documented (HM Government, 2010), as are the difficulties faced by various agencies in doing so (see for example Sinclair and Bullock, 2002; Brandon *et al.* 2008; 2009; Davies and Ward, 2012). The teachers in this study described their own challenges of working with and alongside other agencies, and in particular expressed their concerns about the low level of inter-agency working for looked after children. These teachers were mainly those based in schools which had adopted the *child and family welfare* approach, often in response to their relatively higher numbers of looked after children.

The teachers expressed concerns that they were not always adequately informed about the previous experiences of their looked after children, particularly if a child had moved to the school during the school year; they also felt that necessary information was often not handed over in a timely or appropriate manner. For instance, some of the schools tended to receive information about their looked after children from foster carers on an informal basis and after the child had arrived at their school, rather than as part of a planned process.

*It's often our foster carers who keep us informed. I think that could be better. Sometimes where there's been a change, maybe where the child has seen a parent, or where there's a possible change of where they'll be placed. If we could know sooner... Because often we'll notice a change in the child's behaviour and we're not sure why, and then we realise that maybe, they saw their parents last night, or every Tuesday they see Mum and Dad, and so we know then to expect there might be a problem on a Wednesday morning.*

(Head Teacher)

Head teachers also expressed concerns that, whilst they attended all formal reviews for their looked after children, events that occurred between these meetings were not routinely shared. For instance:

*There are points where you meet up for reviews and so forth, but in the intervening time sometimes major incidents can happen, or major decisions are made and we're not kept in the loop.*

(Head Teacher)

One head teacher was concerned not only about the lack of information-sharing between reviews, but also as part of the review process itself, which was not always open for the school to attend: *'We sometimes attend reviews, but we're not always invited'*. Another head teacher expressed concern that reviews often occurred during school holidays when a representative from the school would be unable to attend. It was also not always possible for teachers and foster carers to share information informally and on a day to day basis because many looked after children arrived at school in a taxi. Whilst the head teacher acknowledged that this was often because local foster carers were unavailable, it meant that both the foster carers and the schools missed out on this opportunity.

*Some children are brought to school and taken home by taxi, so we have little contact with the foster carer. If the foster carer lives locally, that's much better. We can have more of an informal chat with the foster carer when they come to collect the children, and we can feed information to the foster carer, and back the other way more easily.*

(Head Teacher)

Specialist interventions for looked after children were not always readily available, especially to help them overcome their past experiences of abuse and neglect. Schools also felt ill equipped to deal with such children:

*The looked after plan is appalling, and the looked after children we've got at the moment, we haven't had any support or funding for. I would say that everybody had been let down, the children and the foster parents. It would be a start if they had a social worker who knew their name. These are children who have been in a seriously abusive and deprived home, they require extra funding to allow us to fund support, and that's been rejected.*

(Head Teacher)

#### *Linking social workers more closely with schools*

Many of the teachers believed that the challenges faced by inter-agency working between schools and children's social care, such as those outlined above in relation to looked after children, could be overcome if social workers were more closely linked with schools. The head teachers believed that this could be achieved by schools having their own assigned social work practitioner.

*Our core function is education, and sometimes I think that people forget that. There is a huge push of responsibility for social care that's gone into schools, through the Every Child Matters agenda, which is right; it is what we're here for, to ensure that children are safe. But our principal purpose is supposed to be making sure they get a good education. And that's why I say a social worker to lead on that side of things in school and to take the burden from school would be beneficial, because that's their core purpose. That is what they're about. I'm not saying that I would abdicate all responsibility to them, because you can't, and my wellbeing worker serves a very valuable function within the school, but it's convoluted now, the process. She comes to us, we refer, and social services may or may not take up the case. If there was someone on site she'd go directly to them and get an answer.*

(Head Teacher)

## Conclusion

Many of the schools in this sample, particularly those adopting *the child and family welfare* approach, were heavily engaged in the safeguarding agenda. However, these activities tended not to be part of a strategic delivery plan developed at local authority level and were perceived by education professionals to be too little acknowledged by children's social care. Schools were in a position to provide social workers with ample evidence of children arriving dirty, hungry or otherwise neglected, yet concerns were raised that children's social care failed to share sufficient information about individual children and families with teachers. There were also concerns that if school interventions proved to be insufficient children's social care would not always intervene and offer more specialist support. The *child and family welfare* approach was vital in safeguarding and promoting the welfare of some of the most vulnerable children, yet there was a danger that, where an inter-agency approach was lacking, the efforts made by schools might unintentionally prevent children's social care from intervening in a timely manner when children needed to be removed from abusive and neglectful situations.

The findings raise further questions concerning how to ensure that children's educational attainment does not fall behind in those primary schools where mitigating the consequences of abuse and neglect is as much a priority as promoting children's cognitive development. As more Academies and Free Schools are set up, it is possible that the *child and family welfare* approach will be replaced by more schools adopting an *educational attainment* approach; if so, this may adversely impact on the development of these very vulnerable children. Many primary schools provide a place of sanctuary for abused and neglected children: the fundamental question is how to ensure that this role can be sustained through better integration with other agencies such as those providing psychological services and children's social care.

## Summary points from Chapter Four

- As anticipated, teachers' SDQ scores tended to be lower than those of the parents, but they nevertheless picked up many of the same concerns and in some cases identified new ones.

- The schools were in high areas of social and economic deprivation. Poverty and poor attendance were major problems. At least five of the sample children were not attending school regularly when they were five years old.
- Most schools (19/23: 83%) adopted a *child welfare* approach that prioritised the welfare of pupils both at school and at home. The few schools which adopted an *educational attainment* approach prioritised children's cognitive development and welfare at school, but not necessarily at home. They were less likely to engage with families and other agencies in responding to evidence of abuse and neglect.
- Most teachers were positive about the levels of training they had received from their LSCB. However, although most were confident about how to identify neglect and abuse, they were less certain about how to deal with it.
- Head teachers were dissatisfied about the level of feedback when they made referrals to children's social care. They also complained that their referrals were not taken seriously and very rarely led to further action.
- Head teachers also identified a need for better links with children's social care and improved information sharing, particularly when children were looked after, and for social workers to become better integrated into schools.
- Head teachers were particularly concerned about the poor response from children's social care to evidence that children were being seriously neglected. As a result of these concerns they had developed their own strategies for supporting children who were being neglected or otherwise abused.
- Such strategies included actively promoting relationships between staff and parents; provision of a nurture room where children could work in small groups or one to one with staff; free breakfast clubs; and employment of specialist staff to work with children and families. These initiatives were funded from schools' own budgets, largely through the Pupil Premium. There were concerns about the insecurity of such funding.
- Some children who showed evidence of gross neglect received intensive support from individual teachers.
- The initiatives developed by schools are likely to have done much to fill the gap left by the diminishing involvement of children's social care as children

grew older. However, this support was largely delivered outside a strategic plan for the delivery of services, developed and implemented at local authority level and risked being discontinued when children moved on to other schools or other classes. Intensive support to specific children provided by individual teachers may have masked the evidence of extensive abuse and neglect so that social workers were less likely to take decisive action during the short period when children might realistically find permanent placements outside their birth families.

## **Chapter Five: Key findings and their implications for policy and practice**

### **Introduction**

This longitudinal study has traced the life pathways of a cohort of young children who were identified as suffering, or likely to suffer, significant harm before their first birthdays. Their experiences from birth to age three have been charted elsewhere (Ward *et al.* 2012): this report has explored their progress between the ages of three and five.

### **Key findings**

The small number of children involved in the study, and the potential for bias in the sample, indicate that the following findings should be tested out with a larger group of children and parents to assess their reliability and generalisability to a wider population.

At identification, almost all the 37 children (91%)<sup>35</sup> appeared to be at severe, high or medium risk of suffering future harm because of a combination of factors, largely relating to parents' problems with alcohol and substance misuse, domestic violence and poor mental health. By the time they were three, almost three quarters (25:71%) of the sample had appeared to be adequately safeguarded, either because they were permanently separated (seven children) or because they were living with parents who had successfully overcome their difficulties and were now able to offer a nurturing home (18 children). Nevertheless, just under a quarter of them (8: 23%) had remained with parents who appeared unable or unwilling to address their children's needs; these children were considered to be inadequately safeguarded.

By the time the children were five, the picture was not so positive. There was still a substantial group of 12 children (12/37: 35%) who were living with parents who had been able to make significant changes to adverse behaviour patterns and had

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<sup>35</sup> These figures differ from those in the earlier report because of the fluid nature of the sample (see pp. 14-15).



sustained them now for five years. These children were considered to have been adequately safeguarded throughout all, or almost all, of their lives: their parents had all made substantial changes before their children were six months old. However, it was no longer possible to assume that those children who had been permanently separated were adequately safeguarded: four of the seven kinship placements were showing signs of increasing difficulties, either because relatives were unable to provide an adequate standard of care, or because they were struggling to manage children's considerable behavioural problems with insufficient (or sometimes non-existent) support from children's social care, CAMHS, or other agencies. Moreover, over a third of the sample (14: 38%) were now living at home and considered at medium, high or severe risk of future harm; these children had either never been adequately safeguarded (eight children) or were no longer safeguarded while living with birth parents (six children). This latter group of six children were all living with mothers who had either returned to violent partners, or had moved on from one abusive relationship to another one.

Circumstances had either not improved or had deteriorated for 14 children living with birth parents at the age of five, by which time eight were classified as at high or severe risk of future harm<sup>36</sup>. Given that attrition disproportionately affected children in this group, the incidence of such cases may well be higher in a less biased sample. Some were living in very damaging circumstances, including Madeleine, whose parents' heroin use had escalated; Nathan, who had experienced domestic violence throughout his life; Karl, whose older teenage brother was now physically abusing him; and Gareth, who spent long hours locked in his bedroom in a 'filthy' house, where he was singled out for emotional abuse by his step father.

At the age of five, almost half of the children (15/31: 48%) were showing evidence of emotional and behavioural difficulties, ten (10/31:32%) of them of sufficient severity to warrant referral for clinical support. The prevalence is three times that which one would expect in a normative population, and is closely related to these children's experience of abuse and neglect. Emotional and behavioural problems included

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<sup>36</sup> All these eight cases were open to children's social care.

extremely aggressive behaviour towards adults and other children, a constant need for reassurance and self-harming behaviours.

Although there was evidence of deteriorating home circumstances in a number of cases and of the growing impact of abuse and neglect on children's life chances, there was little evidence of corresponding, proactive social work intervention. Ten of the 14 children living at home and inadequately safeguarded had open social care case files on their fifth birthdays, but the majority had been closed when they were three. No children were permanently separated during this period, and no new legal orders were made. Other studies have shown that social work involvement reduces as children grow older, with those under two receiving the highest levels of support (Holmes and McDermid, 2012). While some families benefited through accessing Sure Start Children's Centre services when their needs were less intensive, there was no evidence of attempts to provide planned programmes that co-ordinated the efforts of a range of agencies.

From about the time the sample children were three, professionals had expressed the view that social workers would be able to withdraw their support once children entered nursery and primary school. Given the evidence of ongoing abuse and neglect, it was particularly important to explore the role that schools and teachers played in safeguarding these children and promoting their welfare.

The majority of nurseries and primary schools participating in this study adopted a *child and family welfare* approach and recognised that they had an important role to play in safeguarding children from harm while they were at home and school. A smaller number had adopted an *educational attainment* approach, focusing greater attention on achieving high academic standards. Schools which had adopted the *child and family welfare* approach were more likely to have developed ways of working with children and families with additional needs, including those where there were concerns relating to abuse and neglect. Teachers in these schools were also passionate about doing so. Consequently, school had often become a place of sanctuary for the children in the sample, and for many of their peers in similar circumstances: a safe haven away from their experiences of abuse and neglect at home. However, interviews with teachers highlight a number of issues concerning a

lack of support and collaboration with other agencies, especially children's social care, to help them sustain this role. The schools indicated that:

- there was insufficient acknowledgment of the role they play in safeguarding children;
- their concerns about the children's safety and welfare were not given enough consideration by children's social care;
- thresholds for social care intervention were too high, particularly in neglect and emotional abuse cases;
- feedback and advice about referrals was inadequate;
- children's social care provided schools with insufficient, timely information about individual families, particularly when children were looked after away from home.

These issues were found to have led some schools to mistrust children's social care and influenced referral practices. Some teachers reported that they were less likely to refer concerns regarding emotional abuse and neglect to children's social care, because they anticipated that services and support would not be forthcoming. Instead, many schools had developed their own ways of working with children and families with additional needs.

The study identified many ways in which budgets were used imaginatively to make school a welcoming place for very vulnerable children. There were also numerous instances where children who had been identified as at high or severe risk of suffering significant harm according to the research criteria received exceptional levels of support from individual teachers. Undoubtedly these arrangements served to safeguard these children, and were likely to have lasting benefit for their future wellbeing.

However, there was no evidence that intensive support provided by a school or individual teacher was part of a strategic plan at local authority level for the delivery of services that could be sustained once a child moved to another school. The study raises concerns that, in the absence of effective channels of communication between schools and other agencies, and without the support of the coherent strategic plan

for the delivery of services at a local authority level, the nurturing environment provided at the foundation stage may not be sustained when children enter key stage one. Five years after they were first identified, there were a number of children who were living in homes where parents had still not developed the capacity to meet their needs. A wealth of research evidence indicates that delays in decisions to remove children from abusive families can compromise their wellbeing and result in costly care experiences with very poor outcomes (see Ward *et al.* 2008; Wade *et al.* 2011). However, nurturing they may be, when undertaken in isolation from the work of other agencies, temporary and informal support programmes in schools may also mask a deterioration in children's home circumstances and therefore delay decisions concerning removal to the point at which children are increasingly unlikely to benefit from placement in local authority care and are no longer likely to find an adoptive home. Such issues warrant further exploration.

### **Messages for policy and practice**

The messages from this study carry a number of implications for the development of policy and practice.

#### *Planning, delivery and co-ordination of interventions*

Firstly, the findings provide further evidence of the importance of early, decisive and effective interventions when children are likely to suffer significant harm. The children in this study were all identified before their first birthdays. Four of them (4/37: 11%) have now suffered ongoing abuse and neglect throughout the first five years of their lives. Their development may well have been compromised by early decisions to leave them in very damaging circumstances in the unrealistic hope that parents would be able to overcome adverse behaviour patterns sufficiently to provide a nurturing home. Our previous report (Ward *et al.* 2012) explored the reasoning behind such decisions; this five year follow-up stage of the study provides more compelling evidence of their impact.

However, although permanent separation might have been the most appropriate course of action for a small number of children, in other families the risk of harm might have been substantially reduced had appropriate, effective interventions been available for both parents and children; these might have included evidence based

programmes such as Parents Under Pressure and the Enhanced Triple P-Positive Parenting Programme, both currently being trialled in the UK (see Davies and Ward, 2012, pp154-156). Where families have entrenched and complex needs, the findings emphasise the importance of providing long-term packages of support, with clear arrangements for stepping up to intensive levels of intervention from social workers and other professionals in areas such as mental health and substance misuse at certain periods, and stepping down to less intensive, targeted or universal interventions when problems are less evident. Such packages of support need to be well co-ordinated and planned on a multi-agency basis, and parents need to be carefully introduced to them.

At the time of writing there is evidence of increasing demands on children's social care, greater numbers of children entering the care system and an intense shortage of foster and adoptive placements. This will inevitably result in increasing pressures to keep children within their birth families or return them from care. However, neglected and abused children will not be adequately safeguarded at home unless more effective services are provided and better coordinated between agencies.

Poverty is not a cause of maltreatment, but exposure can exacerbate the risk factors that render abuse and neglect more likely. A number of parents in this study were struggling with the consequences of living on a long-term basis on inadequate incomes in impoverished and often dangerous neighbourhoods. As the current challenging economic situation continues, policy makers need to be mindful that these factors are likely to increase the pressures on safeguarding services.

One in three of those parents who appeared to have overcome entrenched problems and to have adequately safeguarded their children for the first three years were no longer doing so two years later. Some children's circumstances had substantially deteriorated before they were re-referred and/or their social care case files were re-opened. These findings emphasise the importance of following up and evaluating progress to check it is being sustained and where necessary providing low levels of support for parents who have apparently overcome entrenched problems.

Such support is particularly necessary for women who have extricated themselves from violent and abusive relationships. These were the parents whose circumstances deteriorated when their children were aged between three and five. Poor self-esteem and loneliness made them vulnerable to re-establishing a relationship with a perpetrator or moving on to another, equally abusive partner. The adverse impact that exposure to domestic violence has on the development of children needs to be better understood and acknowledged. There is an urgent need to develop evidence based programmes to address the needs of both victims and perpetrators.

There is evidence that exposure to abuse and neglect had an adverse impact on the emotional and behavioural development of at least half the children from a very early age. Yet both parents and carers found it extremely difficult to access appropriate specialist support from CAMHS and other agencies. The lack of accessible, effective support for children in such circumstances needs to be urgently addressed, as delays are likely to further compromise their development.

#### *The role of schools*

The role of schools in the safeguarding agenda needs to be better acknowledged. Children's social care should give more weight to their concerns, particularly in cases of neglect and emotional abuse where social workers can become inured to its signs. This evidence should be used when children's social care is deciding whether referrals should proceed to further action and setting the level of intervention where services are provided.

Nursery and primary schools can and do provide very valuable, intensive nurturing to extremely vulnerable children. However, at present these initiatives can often be short-term and informal. There is a danger of them ending abruptly when a child or staff member moves on. Moreover, poor co-ordination with the work of other agencies, including children's social care, at both an individual and a strategic level can undermine the value of such programmes. There is a danger that they will temporarily mask the level of abuse and neglect present in a family so that parents' needs are not fully addressed and opportunities for children's social care to intervene (including through timely separation) are lost.

Better co-ordination between education and children's social care might be achieved by embedding social workers within the services offered by schools to vulnerable children and families and by ensuring that schools have a qualified social worker as their named point of contact from whom to seek advice about safeguarding issues. This is particularly relevant for children who do not have an allocated social worker but where their school identify that they have additional support needs. Where children have a social worker, it is crucial that they and the school work closely together according to the agreed plan in order to improve the child's outcomes. Initiatives by the police to alert primary schools to incidents of domestic violence could also be valuable, although protocols concerning confidentiality need to be clarified and observed.

Wider discussion needs to be held concerning the most appropriate role for schools in safeguarding children. At present the *child and family welfare* approach (which recognises that schools have an important role to play in safeguarding children from harm while they were at home and school) and the *educational attainment* approach (which focuses greater attention on achieving high academic standards), appear to be mutually exclusive alternatives, whereas optimal results might be achieved if they were brought more closely together and were seen to overlap comprehensively.

#### *Looked after children*

Primary schools and nurseries need up to date information about their children in order to respond appropriately to their needs. Failure on the part of children's social care to notify a school that a child has become looked after makes it harder for teachers to understand and respond appropriately to their needs.

More rigorous assessment of kinship carers is necessary, as was also evident in our earlier report from this study (Ward *et al.* 2012) and from our previous study of babies and very young children in care (Ward, Munro and Dearden, 2006). Where kinship carers can meet children's needs they may well provide the best option for children who cannot live at home (Farmer and Moyers, 2008; Hunt, Waterhouse and Lutman, 2008); however inadequate levels of both financial and emotional support, and insufficient help in addressing children's often extensive emotional and

behavioural difficulties risk damaging the stability of these placements. This is an issue that needs to be urgently addressed.

## **Conclusion**

At the time of writing, most of the sample children are approaching their sixth birthdays. They are not babies any longer; nor are they any more the youngest and most vulnerable members of their families, for 13 now have younger siblings. They are no longer the youngest children in school, for they have left the Foundation Years and moved on to Key Stage One. They are becoming more independent and monitored less at home, and at school. There is already some evidence of less intensive social work activity. It would be valuable to explore whether, as they grow older, the intensive support provided by some schools shifts to other, younger children and if so, whether other interventions become more accessible. It would also be valuable to explore their cognitive development, an issue for which insufficient data were available in the current phase of the study.

If funding is made available, we hope to explore these issues, by tracing the same cohort of children until they are aged seven. At this stage, for the first time, we hope to include interviews with the children themselves. We have now traced their life pathways for five years, and have built up an in-depth knowledge about each of them. It would be worthwhile and insightful to hear about their lives, experiences and hopes from their own perspectives as they grow and develop into middle childhood.



## Appendix One: Methodological issues

### *Maximising the sample*

Difficulties in accessing parents whose children might be eligible for inclusion in the sample, compounded by problems in gaining their informed consent to participate, have been discussed in detail elsewhere (Munro, 2008; Ward *et al.* 2012). Despite heavy investment in the recruitment process and the design of materials to publicise the study, only 84 families from ten local authorities responded to the original call for participants. The rate of uptake was about 4% of those eligible and was similar across all authorities. There were further difficulties following initial contact: 25% of the original respondents could not be recruited because they had given incorrect or incomplete contact details, often because they were living in temporary accommodation or mobile phone contracts had been terminated. In the event, 57 children, 68% of those whose parents initially expressed an interest, were recruited to the study and 43 of them were followed for the full three years.

The small numbers involved in this study mean that the findings should be approached with caution: more evidence is required concerning their reliability and generalisability to a wider population. More attrition will further weaken their reliability and validity. At the start of the current stage of the study we therefore attempted to maximise the sample by tracing some of those children who had initially been lost. We contacted all the parents who had originally expressed a wish to participate but had not pursued this further or had dropped out at some stage. Seven of those who had previously been lost responded: they were interviewed and, where possible, case files were scrutinised and data concerning children's circumstances, experiences and progress and professional decisions made about them were added to the database. The re-introduction of these children mitigated some of the effects of attrition in the current sample, but did not materially increase its size. Thirteen children from the sample of 43 at the three year follow-up could not be accessed when they were five. The re-introduction of seven children at the fifth year follow-up resulted in a sample of 37.

### *Sustaining the sample*

As the data show, many of the children's parents led extremely transient lives, moving frequently between partners and constantly changing their address. Attrition is to be expected in such a sample, particularly when parents' already disorganised lifestyles may be compounded by difficulties such as poor mental health and/or substance or alcohol misuse that obstruct their best intentions to attend appointments or keep in touch. Throughout the study we have made extensive efforts to keep attrition to the minimum. One major advantage has been the longevity of the research team: the two key fieldworkers have been interviewing the same parents for five years, and have established good relationships with them. The researchers are able to knock on many doors without making detailed previous arrangements which are liable to fall through, and this has maximised the availability of the sample. Routine feedback, payment for their time and Christmas and birthday cards have all helped parents feel valued members of the study and retained their interest. Where parents have moved to a new address between research interviews it has often been possible to contact them through friends and relatives, whose details they have provided to the researchers, or through the electoral roll. Nevertheless, in each year of the study a number of parents have felt that their own difficulties were too overwhelming for them to participate in research interviews; some of these parents have returned in subsequent years, when their lives have become more stable.

### *Research governance, access issues and potential bias*

Throughout this study, the research team has been mindful of its responsibility to ensure that ethical and research governance issues are properly addressed. At the start of the current phase, all ten local authorities were formally approached and agreed to continuing participation. All 35<sup>37</sup> parents were also asked to give formal, informed consent for researchers to interview them, to approach their child's teacher and to scrutinise their child's social care case files.

Difficulties in gaining access are likely to have had an impact on the quality of the data. Despite obtaining approval from directors of children's services and written

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<sup>37</sup> Of 37 children in the sample including two sets of sibling pairs.

consent from parents, the researchers have never been able to access four case files (from one local authority); a further case file had been scrutinised in previous years, but, despite parental consent, the authority withheld it from the research team on this occasion.

At an earlier stage in the study, plans to interview health visitors had to be abandoned because it proved impossible to access them. Social workers were interviewed between 2006 and 2009, for the first three years of the children's lives, but again there were difficulties in gaining access and arranging interviews in sufficient numbers (see Ward *et al.* 2012). In the current phase of the study we found similar difficulties in arranging appointments and interviewing teachers. It also became evident that schools were unfamiliar with being asked to participate in research, particularly research concerning safeguarding children (see Chapter One for further details). The need to maintain confidentiality regarding the highly sensitive issues raised by some of the children's cases also meant that, on occasion, teachers and researchers felt unable to reveal to one another how much they knew of children's previous history and current circumstances; as a result interviews were sometimes less than satisfactory.

All the issues outlined above are likely to have had an impact on the comprehensiveness and quality of the data. The data indicate that one of the most complex case files was one of those we could not access. There are also indications that those teachers who agreed to be interviewed had a particular interest in child abuse and neglect and their consequences and that those schools that refused to participate tended to have lower truancy rates and fewer children receiving free school meals. If funding becomes available to continue to follow this cohort of children, we may be able to rectify this bias by recruiting more 'neighbouring' schools that appear, from their published indicators, to have a less vulnerable population and therefore, perhaps, have a different perspective and understanding of these issues.

## **Appendix Two: Factors associated with an increased or decreased likelihood of significant harm**

This report has made extensive use of Hindley, Ramchandani and Jones' (2006) systematic review of studies of outcome following identification of child abuse and neglect. The researchers advocate the use of such evidence in social work decision-making, though they are careful to stress the limitations of actuarial approaches and the importance of giving due weight to qualitative assessment of individual factors when real world decisions have to be made that can have lasting consequences for children and their families (Jones *et al.* 2006). The table below sets out a number of factors that have been found to be associated with an increased likelihood of significant harm, contrasted with those protective factors that have been found to be associated with a decreased likelihood of its occurrence. Those items in italics met the inclusion criteria of the systematic review; the other factors have been identified by other studies that may not have been so rigorous (see Jones *et al.* 2006).

This framework has been used to classify families in the current study: at the point of identification, when the children reached their third birthdays and again when they were five. There were a number of difficulties. Not all the items were appropriate to such very young children; for instance mental health problems had not yet revealed themselves, and at the start of the study none had had an opportunity to develop 'one good corrective relationship'; for many of the infants, it was also too early at identification for developmental delay and special needs to have been diagnosed. Moreover the data were patchy (particularly those concerning professional competence and resources) and we were reliant on what was written down or revealed at interview: inevitably there were gaps in our information. Data were readily available on parental substance misuse, mental ill-health, intimate partner violence and childhood abuse. However, evidence of protective factors concerning the parents, such as 'responsiveness of mental ill-health to treatment' or 'adaptation to childhood abuse' was less consistently available.

Notwithstanding these difficulties, it was possible to utilise evidence concerning those risk and protective factors shown in the table below to distinguish between those families where the likelihood of children suffering harm in the future appeared to be higher or lower than in others. Because one of the aims of the study was to explore whether it might be possible to identify parents who were able to make sufficient changes to meet their babies' needs within an appropriate timescale, particular weight was given to any evidence that demonstrated their capacity to change. Families were allocated to one of four groups, using a very simple classification system, as follows:

- **severe risk of harm:** Families showing risk factors, no protective factors and no evidence of capacity to change.
- **high risk of harm:** Families showing risk factors and at least one protective factor but no evidence of capacity to change.
- **medium risk of harm:** Families showing risk factors and at least one protective factor including evidence of capacity to change.
- **low risk of harm:** Families showing no or few risk factors (or families whose earlier risk factors had now been addressed), and protective factors including evidence of capacity to change.

Classification was undertaken by two members of the research team, initially working independently. Anomalies were discussed within the research team. These were mostly due to a lack of sufficient information: wherever the position was unclear, parents were given the benefit of the doubt and given the more positive rating.

One reason for classifying families in this way was to explore how far professional decision-making matched the evidence concerning the likelihood of significant harm being suffered in the future. By repeating the classification when children were three and five, we were able to identify those families where the risk factors had decreased or increased in the years following the initial decision, in order to explore whether certain factors might have been identified at the outset that might indicate which families were most likely to overcome their difficulties – and which were not.

## Factors associated with future harm

<i>Factors</i>	<i>Future significant harm more likely</i>	<i>Future significant harm less likely</i>
Abuse	Severe physical abuse including burns/scalds <i>Neglect</i>  Severe growth failure Mixed abuse <i>Previous maltreatment</i> Sexual abuse with penetration of a long duration Fabricated/induced illness Sadistic abuse	Less severe forms of abuse  If severe, yet compliance and lack of denial, success still possible
Child	Developmental delay with special needs Mental health problems Very young – requiring rapid parental change	Healthy child  Attributions (in sexual health) Later age of onset
Parent	<i>Personality disorder</i> - Anti social  - Sadistic - Aggressive Lack of compliance Denial of problem  Learning disabilities plus <i>mental illness</i> Substance abuse <i>Paranoid psychosis</i> Abuse in childhood – not recognised as a problem	One good corrective relationship Non-abusive partner Willingness to engage with services Recognition of problem  Responsibility taken Mental disorder, responsive to treatment Adaption to childhood abuse
Parenting and parent/child interaction	Disorder attachment  Lack of empathy for child Poor parenting competency Own needs before child's	Normal attachment  Empathy for child Competence in some areas
Family	<i>Inter-parental conflict and violence</i> Family stress Power problems: poor negotiation, autonomy and affect expression	Absence of domestic violence Non-abusive partner Capacity for change
Professional	Lack of resources  Ineptitude	Supportive extended family Therapeutic relationship with child Outreach to family Partnership with parents
Social setting	Social isolation Lack of social support Violent, unsupportive neighbourhood	Social support More local child care facilities Volunteer network

*Source: adapted from Jones 1991, 1998*

## **Appendix Three: Glossary<sup>38</sup>**

### **Child in need**

Under Section 17 (10) of the Children Act 1989, a child is a child in need if:

- he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- he/she is disabled.

The critical factors to be taken into account when determining whether a child is in need are what will happen to the child's health and development if services are not provided, and the likely effect of the services on the child's standard of health and development. Local authorities have a duty to safeguard and promote the welfare of children in need within their area.

### **Child protection**

The process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

### **Common assessment framework**

The common assessment framework (CAF) offers a basis for early identification of children's additional needs, the sharing of this information between organisations and the co-ordination of service provision. Where it is considered a child may have additional needs, with the consent of the child or parents/carers, practitioners may undertake a common assessment in accordance with the national practice guidance to assess these needs and to decide how best to support them. The findings from the common assessment may give rise to concerns about the child's safety and welfare. In these circumstances, it should be used to support a referral to children's social care: however undertaking a CAF is not a pre-requisite for making a referral.

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<sup>38</sup> All definitions included in this glossary are from:  
[http://www.workingtogetheronline.co.uk/glossary/init\\_assess.html](http://www.workingtogetheronline.co.uk/glossary/init_assess.html)

### **Core assessment**

A core assessment is initiated where an initial assessment determines that a child's needs are complex or high and require an in depth assessment to determine the level of services required. The core assessment should be completed within 35 working days of an initial assessment being completed or strategy discussion/meeting. The core assessment may be the means by which a section 47 enquiry is undertaken where there are concerns that the child is suffering, or likely to suffer, significant harm.

### **Initial assessment**

Where it appears that a child is a child in need, an initial assessment should be undertaken by a social worker. The initial assessment should be undertaken within a maximum of 10 working days of a referral but may be completed much sooner where, for example, there is clear evidence to demonstrate that a child is suffering, or likely to suffer, significant harm.

### **Looked after child**

A looked after child is a child who is accommodated by the local authority, or a child who is the subject of an Interim Care Order, full Care Order or Emergency Protection Order.

In addition where a child is placed for adoption or the local authority is authorised to place a child for adoption - either through the making of a Placement Order or the giving of Parental Consent to Adoptive Placement - the child is a looked after child. Looked after children may be placed with parents, foster carers (including relatives and friends), in children's homes, in secure accommodation or with prospective adopters.

### **Section 17**

Under section 17 of the Children Act 1989 local authorities have a duty to safeguard and promote the welfare of children in need in their area.



## **Section 20**

Under section 20 of the Children Act 1989

(1) Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of—

(a) there being no person who has parental responsibility for him;

(b) his being lost or having been abandoned; or

(c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

## **Section 47 enquiry**

If there are reasonable grounds to suspect that a child is suffering, or is likely to suffer, significant harm, a core assessment, as the means of undertaking a section 47 enquiry, is initiated. Following this enquiry an initial child protection conference may be convened to establish whether the child is at continuing risk of significant harm and, if so, to draw up a multi-agency child protection plan for the child.

## **Significant Harm**

Significant harm is any physical, sexual, or emotional abuse, neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life. Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another".

## **Special Guardianship Order**

Special guardianship offers a further option for children needing permanent care outside their birth family. It can offer greater security for the child without terminating from the birth parents rights as in adoption. Special guardianship also provides an alternative for achieving permanence in families where adoption, for cultural or religious reasons, is not an option. Special guardians have parental responsibility for the child. A Special Guardianship Order made in relation to a looked after child replaces the Care Order.

## **Supervision Orders**

Supervision Orders can be made within care proceedings, if the threshold criteria are met. The Supervision Order places the child under the supervision of the local authority. It does not give parental responsibility to the local authority. The supervisor's duty is to advise, assist and befriend the child and the Court may attach certain requirements to the Order for the child (and the parents) to comply with. A Supervision Order lasts for a maximum of one year and may be extended up to a maximum of 3 years but cannot be extended beyond the child's 18th birthday. It can be discharged on application and will be discharged automatically by the making of a Care Order, Placement Order, Adoption Order or Special Guardianship Order.

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**Ref: DFE-RR209**

**ISBN: 978-1-78105-101-6**

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**May 2012**