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## Infants suffering, or likely to suffer, significant harm: A prospective longitudinal study

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### INTRODUCTION

Decisions made by practitioners to protect and promote the welfare of infants suffering, or likely to suffer, significant harm are extremely difficult and will have long-term consequences for their life chances. It is therefore important to know how such decisions are made, and whether they can be improved. This prospective study explored the decision-making process that influenced the life pathways and developmental progress of a sample of very young children who were identified as suffering, or likely to suffer, significant harm before their first birthdays and were then followed until they were three.

### KEY FINDINGS

- Parents showed a high prevalence of factors such as drug and alcohol misuse, intimate partner violence and mental health problems that are known to be associated with an increased risk of children suffering significant harm.
- About a third of the mothers and an unknown number of fathers had already been separated from at least one older child before the birth of the index child.
- Just under two-thirds (65%) of the infants were identified before birth and almost all before they were six months old.
- Neglect was the most common form of maltreatment, often compounded by exposure to intimate partner violence. About a third of the children were maltreated *in utero*. However, despite the presence of considerable risk factors, there was no evidence that 44 per cent of the sample had ever been maltreated by the time they were three.
- By their third birthdays, 35 per cent of the infants had been permanently separated from parents who had been unable to overcome their difficulties. There is no evidence that any child was unnecessarily separated.
- However, the long-term well-being of 60 per cent of the permanently separated children had been doubly jeopardised – by late separation from an abusive birth family followed by the disruption of a close attachment with an interim carer when they entered a permanent placement.
- Of those children who remained with their birth families at age three, 43 per cent were considered to be at continuing risk of significant harm from parents whose situation had largely remained unchanged or had deteriorated; however, 57 per cent were living with

parents who had managed to make sufficient changes to enable them to offer good enough care for the index child.

- All but one of the parents who made sufficient changes did so before the baby was six months old.
- By their third birthdays over half the children who did not have a recognised medical condition were displaying developmental problems or showing signs of significant behavioural difficulties: aggression and speech problems were prominent.
- Developmental and behavioural difficulties were more evident amongst children who had experienced some form of maltreatment, often whilst professionals waited fruitlessly for parents to change. These were children who, at the end of the study, either remained living at home amidst ongoing concerns or had experienced lengthy delays before eventual separation.

## **BACKGROUND**

The rationale for this study stems from a lack of evidence about how decisions are made when very young children are identified as suffering, or being likely to suffer, significant harm, concerns about the apparently arbitrary manner in which some children are placed for adoption while others remain with their birth parents and concerns about how delays in achieving permanence can compromise the life chances of such infants (see Ward, Munro and Dearden, 2006).

## **AIMS**

The aim was to trace the decision-making process influencing the life pathways of a sample of very young children who had been identified as suffering, or being likely to suffer significant harm in order to: improve understanding about how such decisions are reached and their consequences; the weight given to risk and protective factors and; the role participants, including birth parents, play in the decision-making process.

## **METHODOLOGY**

The study took place in ten local authorities and focused on a sample of 57 children who were the subject of a core assessment, section 47 enquiry or became looked after before their first birthdays; 43 were followed until they were three. The study used a mixed methods design: quantitative data concerning children's life experiences, evidence of need, reasons for referral and changes of circumstances were collected from case files; in depth, case specific interviews were held at regular intervals with birth parents, carers, social workers and team leaders and, where appropriate, with children's guardians. Non case-specific interviews were held with senior managers, judges, magistrates and local authority solicitors, and focus groups were held with health visitors.

## **FINDINGS**

This was an exceptionally hard to access sample, and only about 4% of those children who met the study criteria were recruited. The final sample was also skewed towards children who were at high risk of suffering significant harm. The small sample size suggests that it would be advisable to verify the findings with a larger group of children in similar circumstances.

### ***Children, parents and experiences from birth to three***

Two thirds of the children came from families who were already known to children's social care through their involvement with older siblings. Just under two-thirds (65%) of the infants were identified before birth and almost all before they were six months old.

One in three were born to mothers who had continued to misuse alcohol and/or drugs throughout the pregnancy. One in six were identified as having disabilities or special health care needs.

The most common form of maltreatment was neglect, often compounded with exposure to intimate partner violence. However whilst the risk of being maltreated was realised in many cases, 19 (44%) children appeared to have been safeguarded from abuse and neglect throughout their first three years.

At least twenty mothers and an unknown number of fathers had already been permanently separated from at least one older child. Such separations were often very recent and a continuing source of grief. Many mothers were contesting care or adoption proceedings for older children while they were pregnant with the index child.

Many parents were also struggling with mental health problems, drug and alcohol abuse and domestic violence. Several birth fathers (and some birth mothers) had criminal convictions for violence. Few had supportive partners, friends or family members who could help them overcome their difficulties – or shield the children from their consequences. Neighbourhood factors and housing problems compounded parents' problems.

The children were allocated by the research team to one of four groups at identification, according to the presence of factors known to be associated with increased or decreased likelihood of future significant harm or its recurrence (Jones, Hindley and Ramchandani, 2006):

*Severe Risk (12:28%)* Families showing risk factors, no protective factors and no evidence of capacity to change

*High Risk (7:16%)* Families showing risk factors and at least one protective factor but no evidence of capacity to change

*Medium Risk (21: 49%):* Families showing risk factors and at least one protective factor including evidence of capacity to change

*Low Risk: (3: 7%)* Families showing no or few risk factors, and protective factors including evidence of capacity to change. This group includes two outliers.

Following the core assessment, 31 children remained with birth parents and twelve were placed away from home, six of them permanently. Almost all initial decisions were temporary. It took on average fourteen months for a definitive decision resulting in a viable permanence plan being made, and a further six months before this was completed – longer for children who were placed for adoption.

By the time they were three, 28 children were living with a birth parent and 15 were permanently placed away from home. However, not all were adequately safeguarded. Sixteen children were living with birth parents who had succeeded in overcoming their problems and were now classified as low risk cases. Fifteen children were now separated, but some placements were fragile or unsatisfactory. Twelve children (43%) were living with birth parents who had shown little positive change; these infants were now at medium, high or severe risk of suffering significant harm.

By their third birthdays 57 per cent of the sample were displaying developmental problems or showing signs of severe behavioural difficulties: aggression and speech problems were prominent. Developmental and behavioural difficulties were more evident amongst children who had experienced some form of maltreatment, often whilst professionals waited fruitlessly for parents to change. These were children who had either remained living at home amidst ongoing concerns, or were permanently separated from their parents but after experiencing episodes of maltreatment and/or instability.

The wellbeing of 60 per cent (9/15) of the children who were permanently separated 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. The aggression, frustration and delayed speech displayed by some of these children were likely to cause possibly significant problems as they entered school.

There was no evidence to support criticisms that decisions made by professionals are arbitrary or taken without careful thought. Many final decisions were in line with the recommendations from an independent specialist parenting assessment. However it took time to reach a definitive decision, and during that period some children were exposed to ongoing abuse, with long term consequences for their life chances. A definitive decision had yet to be made for some of those children living with birth parents who had not addressed their problems. At three years old, their chances of achieving a permanent placement outside the home were diminishing.

### ***Factors that shaped decisions***

Interviews with social workers revealed that child development had only been a small part of qualifying training, often quickly forgotten. Some professionals showed little understanding of infant attachments; the impact of maltreatment on long-term wellbeing or; of how delayed decisions can undermine children's life chances. There were no formal paediatric assessments.

### ***Delays***

The main causes of delay were an almost universal expectation that children would be able to remain with their birth parents, the extensive use of parenting assessments and the fallibility of expert opinions.

Almost all professionals did everything they could to keep families together. Parents were given repeated opportunities to prove they could look after a child. Decisions were informed by concepts of rights and empowerment as well as by research evidence. However, in the drive to ensure that parents' rights were properly respected, children's needs could be overlooked. This was particularly true for the many children who suffered from long-term, chronic neglect while professionals waited for parents to overcome their difficulties and provide them with 'good enough' care. A number of these were younger siblings of children who had already been removed.

Specialist parenting assessments made by psychologists, psychiatrists or independent social workers were a major cause of delay. All recommendations were followed; two thirds advised that children should remain with birth parents, but in over half of these cases the children eventually had to be removed.

Where separation became inevitable, extensive efforts were made to place children within the extended family. In this high risk sample many relatives had extensive difficulties themselves. Assessing those who could not provide adequate care was a further cause of delay. Some children were placed with relatives who had extensive histories of offending, or whose own

children had very poor outcomes. Others were placed with distant relatives who were virtually unknown to the child or their parents. Many kinship placements were nearing breakdown by the end of the study.

### ***Interventions***

Wherever possible the least intrusive intervention was offered, and for the minimum duration necessary. This appeared to relate more closely to concerns about reducing dependency on services than to a shortage of resources, although the two are obviously linked. Half of the child protection plans were for 32 weeks or less; children who were the subject of care orders were placed with parents as quickly as possible. Parents who succeeded in overcoming their difficulties had particularly short interventions, after which time cases were closed without further monitoring. Expectations that they would ask for more social work support if they encountered further difficulties proved unrealistic, although they did seek advice from health visitors.

Efforts to encourage other parents, with more entrenched problems, to take more responsibility were often unfocused. Written agreements were often broken with no adverse consequences. Where domestic violence was the issue, the limited availability of services for perpetrators meant that there was a risk that they would move on to abuse another family.

### ***Parents who changed sufficiently to care for the child***

Parents who succeeded in making the substantial changes necessary to safeguard their children were less likely to have experienced abuse in childhood. These parents were able to come to terms with the removal of older children; to show some insight into the part played by their own adverse behaviours; and to make use of professional support in overcoming their problems. They were more likely to overcome external problems, such as extracting themselves from violent relationships, than internal problems such as their own substance misuse. A number had experienced a 'wake up call' when they realised that they would need to take substantial action if they were to meet the new baby's needs.

Almost all of these parents had already begun the process of change before the birth of the index child – many of them before conception. In all but one (exceptional) case parents who succeeded in overcoming their difficulties did so before the baby was six months old; those who overcame substance misuse did so before the baby was born. The slight progress made by other parents around the baby's birth proved unsustainable if major change had not occurred by the time the child was six months old.

Interviews with birth parents were often revealing. Parents frequently felt vulnerable in the face of authority; and perceived injustices, particularly around the birth of the child, had long term consequences. Parents particularly appreciated a 'straight talking' social worker who was honest about the threat that their children would be removed. Practitioners who found it difficult to break bad news or who encouraged parents to be over-optimistic about their progress were not so highly valued.

## **IMPLICATIONS FOR POLICY AND PRACTICE**

Once validated, findings have major implications for the development of policy and practice to reduce delays in decision-making for very young children suffering, or likely to suffer, significant harm.

## ***Implications for policy***

- Some professional decisions were insufficiently informed by current knowledge of how children develop. Early childhood development, attachment, and the impact of maltreatment and neglect on children's subsequent life chances should be a core module of education and training for all those who intend to work with children and families in need. This should be a requirement at undergraduate as well as at post qualifying level. Knowledge and understanding are continually advancing in this field. This subject should also be a core element of continuing professional development.
- Understanding of the impact of delay on infants' subsequent life chances and the need for urgency in such cases was also lacking. This should be a core component of education and continuing professional development for all those likely to be involved in decision-making in this area. This should include members of local safeguarding children boards, children's social care and the courts.
- Information about those factors that may distinguish between parents who are able to change from those who are not, together with the evidence of the timescales for change should guide and expedite decisions made both by the courts and by children's social care.
- Evidence of delays caused by repeated and unreliable expert assessments of parenting capacity should lead to some reconsideration of their use. At the very least assessors should routinely receive feedback concerning the outcomes of their recommendations.
- Similarly, the extent to which inappropriate family and friends carers are assessed should be explored; guidelines concerning those factors which render such carers immediately ineligible (for example, recent conviction for a violent offence; substance misuse; very poor outcomes for own children) should be established.
- Findings concerning children's compromised development indicate that, while there is an obvious need to develop effective interventions to help improve parenting capacity, much more attention should be given to addressing the needs of children. Particular attention should be given to developing programmes designed to enrich the experiences of neglected children and to address issues such as delayed speech and language development and aggressive behaviour that are likely to impact on the stability of placements and jeopardise children's chances of making progress at school.
- Validated programmes designed to prevent intimate partner violence should also be made more widely available. These might both include preventive programmes in schools aimed at encouraging young people to understand the causes of intimate partner violence, and more specific programmes designed to enable perpetrators to overcome their adverse behaviour patterns.
- The findings were greatly enriched by the extensive interviews with birth parents. Without their views there would have been far less understanding of those factors that might or might not contribute to positive change and improved safeguarding of children. Ascertaining the views of users is now a fundamental principle in the development of policy and practice. We would recommend that consideration be given as to how such consultation can be further developed and utilised.

### ***Implications for practice***

- Utilising a simple methodology developed by Jones *et al* (2006) (which is underpinned by research evidence on risk and protective factors in families where there are concerns about maltreatment) has proved a useful means of identifying which children are at greatest risk of suffering significant harm in the future. This could also serve as a valuable practice tool for social workers.
- Pressure to close cases may mean that support is prematurely withdrawn; parents are unlikely to re-refer themselves if there is a risk that a child may be removed. Consideration should be given to the role of health visitors in monitoring and offering support to families who are thought to have overcome risks that they previously posed to their children's health and development.
- Where parents show little capacity to change, consideration should be given as to why there are so few repercussions when written agreements are broken. Their potential value as a formal means of clarifying expectations should be further developed but within the context of an agreement that has more than nominal status.

Finally, the study raises considerable questions concerning the accepted threshold for significant harm, particularly where neglect and/or emotional abuse are the key issues. None of the infants died, though two or three were left in extremely dangerous situations. However, the health and development of several was seriously compromised, quite probably on a long term basis. If the welfare of the child is indeed the paramount consideration, then both practitioners and policy makers need to ask much more stringent questions concerning what constitutes acceptable – and unacceptable- levels of parenting in a civilised society.

### **CONCLUSION**

The study demonstrates the many different factors that shape decisions concerning how very vulnerable infants can be adequately safeguarded from harm. Decisions to separate children permanently from birth parents go against the grain for all those involved. However, if such children are to be adequately safeguarded with their birth parents, then much greater consideration needs to be given to the development of effective policies and practices to engage potentially abusive parents and to support them in reducing those factors that place their children at risk of being maltreated.

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### **Additional Information**

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

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