Cumulative jeopardy: How professional responses to evidence of abuse and neglect further jeopardise children's life chances by being out of kilter with timeframes for early childhood development

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A B S T R A C T

Evidence concerning the impact of abuse and neglect in the early years points to the importance of taking swift and decisive action when very young children are suffering, or likely to suffer, significant harm. The decisions made by professionals who have safeguarding responsibilities are extremely difficult and will have long-term consequences for children's life chances. This paper explores three complementary questions. Firstly, how far is there a mismatch between timeframes for early childhood development and those for responses to evidence of abuse and neglect from professionals with safeguarding responsibilities? Secondly, if a mismatch exists, why has it occurred? And thirdly, how might the issues identified be addressed? Illustrations are drawn from a prospective longitudinal study of the decision-making processes influencing the life pathways and developmental progress of an English sample of very young children who were identified as suffering, or likely to suffer, significant harm before their first birthdays and have now been followed until they are five years old.

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1. Introduction

Very young children are particularly vulnerable to abuse or neglect. In England, infants under the age of one year are nearly three times as likely as other children to be made the subjects of child protection plans (i.e. become substantiated cases) in response to physical abuse and over twice as likely in response to neglect. In addition, almost half (45%) of reviews into the practices of local authorities and other agencies in the light of a child death or serious injury, where abuse and neglect are suspected (serious case reviews) involve a child under the age of one. Before their first birthdays infants are also eight times as likely as other children to become the victims of homicide (Cuthbert, Rayns, & Stanley, 2011).

Very young children are not only more likely to suffer maltreatment, they are also highly vulnerable to its consequences. There is now a compelling evidence base which shows that the early environment, and the first three years of life in particular, plays a major role in shaping children's cognitive, socio-emotional and behavioural development. The developing child will respond to a negative as well as to a positive environment; abusive parenting has severe negative consequences for all aspects of children's future learning, behaviour and health, and these may persist well into adulthood (for an overview see Brown & Ward, 2012; National Scientific Council on the Developing Child, 2004).

It is therefore imperative that professionals with responsibilities for safeguarding children make and implement effective and timely decisions both to identify those likely to suffer significant harm and to take action to prevent its occurrence (or recurrence). However, a growing body of evidence indicates that the timeframes for service responses from a range of agencies, from those referring cases to children's social care, to social work responses to such referrals and on to family justice responses to cases brought before the courts, are seriously out of kilter with timeframes for early childhood development, particularly in cases of neglect and emotional abuse (see Davies & Ward, 2012; Norgrove, 2011; Thomas, 2013).

This paper brings together evidence from a number of sources to explore three complementary questions. Firstly, how far is there a mismatch between timeframes for early childhood development and those for responses from professionals with safeguarding responsibilities to evidence of abuse and neglect? Secondly, if a mismatch exists, why has it occurred? And thirdly, how might the issues identified be addressed?

2. Methodology

Most of the empirical data presented in this paper comes from a prospective longitudinal study of Infants Suffering, or likely to Suffer, Significant Harm, undertaken by the authors. The study traces the decisions made by professionals and their influence on the life pathways and developmental progress of a cohort of babies identified as being at high risk of maltreatment, from pregnancy and birth to their sixth birthdays.
so far. The initial sample consisted of 57 babies drawn from 10 local authorities. All infants met the following criteria for inclusion: that, before their first birthdays they had been the subject of a formal child protection inquiry (under the Children Act 1989, Section 47) or an in depth child protection assessment (a core assessment under the Framework for the Assessment of Children and Families, Department of Health, Department for Education and Employment, & Home Office, 2000) and, crucially, that their parents had agreed to participate. Forty three of these infants were followed until they were three and 37 until their fifth birthdays. Data have been collected since 2006, the year most of the children were born, and the study is on-going (for further details see Ward, Brown, & Westlake, 2012; Ward, Brown, & Maskell-Graham, 2012).

The study explores highly sensitive issues and particular care had to be taken to ensure that the research processes had received appropriate ethical approval, that informed consent was given for all interviews and that the limits of confidentiality were understood by all participants. Approval was sought and obtained from 14 ethics committees before the first round of data collection and again when the children were five (see Ward, Brown, & Maskell-Graham, 2012; Ward, Brown, & Westlake, 2012).

Data have been collected annually since each child’s birth from a range of sources including in-depth face to face interviews with birth parents, kinship carers, foster carers and adopters, as well as with social workers and some family justice professionals. Quantitative data concerning professional decisions, actions and the outcomes of assessments have also been collected from the children’s social care case files. From the children’s fourth birthdays, interviews with teachers and nursery workers have been added to the data collection, and Strengths and Difficulties Questionnaires (SDQs) (Goodman, 1997) have been completed by the children’s primary carers and teachers.

In order to classify the children into groups showing a greater or lesser likelihood of significant harm the researchers made use of Hindley and colleagues’ systematic review of studies of outcome following identification of child abuse and neglect (Hindley, Ramchandani, & Jones, 2006). This review identified a number of factors associated with an increased risk of significant harm, and a series of contrasting protective factors associated with a decreased likelihood of its occurrence. Risk factors include issues such as parental substance misuse, paranoid psychosis or personality disorder, inter-parental conflict and violence, parental abuse in childhood and denial of problems. Protective factors include issues such as a supportive extended family, a non-violent adult was misusing alcohol or other drugs. Intimate partner violence was an issue in 40% of the households, and was frequently associated with criminally aggressive behaviour in the community – another factor more recently associated with child abuse (see Wade, Biehal, Farrelly, & Sinclair, 2011). As factors known to undermine parenting capacity accumulate, the likelihood that children will suffer significant harm increases (see Cleaver, Unell, & Aldgate, 2011): in over one third of cases (21/57: 37%) families were struggling with complex combinations of more than one of these factors.

Further complicating these difficulties, a high proportion of the families were also experiencing relationship breakdown, housing problems or financial difficulties; and there was a history of the abuse or neglect of older children in at least thirty cases. Twenty (20/57: 35%) mothers and an unknown number of fathers had already experienced the permanent removal of an older child at the time of the birth of the infant recruited to the cohort.

Table 1 shows the risk of harm at identification compared with the risk at the children’s third birthdays. At identification, 19 (44%) of the 43 children who were followed until they were three were classified as at severe or high risk of significant harm (i.e. living with parents who displayed complex combinations of risk factors and no evidence of capacity to change, see Section 2), and 24 (56%) were classified as at medium or low risk. Almost all (21/24: 88%) of the latter group were at medium risk — i.e. living in households where risk factors

2 The gender of one baby is unknown as his/her parents took part in the study before this child was born and withdrew after the initial round of data collection.

3. Findings

Thirty six (63%) of the 57 babies recruited to the cohort were boys and 20 (35%) were girls.2 The majority (69%) of the children were white British, although almost a third (31%) were from black and minority ethnic groups. One in three children in this latter group were of mixed heritage, a particularly vulnerable population who are over-represented amongst recipients of child welfare services in England (Bebbington & Miles, 1989; Selwyn et al, 2010). Eight infants (8/57: 14%) were known to have disabilities or long term health conditions – characteristics that are known to place children at greater risk of maltreatment (see Hibbard & Desch, 2007; Sullivan & Knutson, 2000).

All but two of the infants were born into families where factors known to be associated with abuse and neglect were evident. The social work case files recorded concerns about the mental health of almost half the mothers (45%); and in almost half the families (43%) at least one adult was misusing alcohol or other drugs. Intimate partner violence was an issue in 40% of the households, and was frequently associated with criminally aggressive behaviour in the community – another factor more recently associated with child abuse (see Wade, Biehal, Farrelly, & Sinclair, 2011). As factors known to undermine parenting capacity accumulate, the likelihood that children will suffer significant harm increases (see Cleaver, Unell, & Aldgate, 2011): in over one third of cases (21/57: 37%) families were struggling with complex combinations of more than one of these factors.

2 The gender of one baby is unknown as his/her parents took part in the study before this child was born and withdrew after the initial round of data collection.
were still present, but protective factors were also in place, including evidence of positive changes in parenting capacity. This group also included three children classified as at low risk — living in households where protective factors were in place and risk factors no longer evident; two of these were children of learning disabled parents whose mothers had agreed to share their care with relatives.

By their third birthdays, 72% (31/43) of the sample were considered to be adequately safeguarded in that they had either been permanently separated from abusive or neglectful families (13/43: 31%), were placed with supportive relatives under shared care arrangements (2/43: 5%) or they were living with parents who had succeeded in overcoming complex combinations of risk factors and were now able to provide nurturing homes (16/43: 37%). These children were deemed to be at low risk of future harm. However, the remainder of the sample (12/43: 28%) were considered to be at continuing risk of harm in that they were living in families where risk factors were still in evidence and parenting capacity had not significantly improved. The majority of these children were considered to be at severe or high risk of future harm. Neglect and emotional abuse were the most common forms of maltreatment experienced by these children, often compounded by exposure to intimate partner violence.

Table 2 shows the risk of harm at age three compared with the risk of harm by the time the children were five: the picture for the 37 children who continued to be traced was less positive. Fourteen (38%) of those living with birth parents at this stage were not considered to be adequately safeguarded, and eight were classified as at high or severe risk of future harm. Six of the mothers who had successfully disengaged themselves from violent partners by the time their children were three had by now either re-established the old relationship or formed a new one with a similarly abusive partner, and their children’s circumstances had deteriorated. Given that attrition disproportionately affected children in this group, the incidence of such cases may well be higher in a less biased sample.

Moreover a number of those children who had been permanently separated from birth parents by age three no longer appeared to be in settled placements at age five. Over half of the permanent placements with relatives (Special Guardianship placements in England) were showing increasing difficulties either because they were providing very poor quality care or because carers were finding it harder to cope with children’s escalating emotional and behavioural problems. Attrition from the sample affected adopted children substantially more than children placed with kinship carers. By the age of five the research team had lost contact with all but two adopted children: one was displaying signs of severe emotional and behavioural problems causing considerable strain on family life. All the sample children had been referred to children’s social care because they were considered to be at risk of future harm because they were either being abused or neglected or there was a strong possibility of this happening. Table 3 shows how far the children had been safeguarded from abuse or neglect by the time they were three.

Just under half (44%: 19/43) of the children appeared to have had no experience of abuse or neglect within their first three years. These were either children whose parents overcame their difficulties and did not abuse or neglect them, or those who were swiftly removed from abusive birth families. Some children who were safeguarded and living with parents at the age of three had previously been abused or neglected, often while in utero, before their, and/or their parents’, circumstances changed.

Table 1

Risk of significant harm at identification by risk at child's third birthday (n = 43).

<table>
<thead>
<tr>
<th>Risk of harm at identification</th>
<th>Severe risk</th>
<th>High risk</th>
<th>Medium risk</th>
<th>Low risk</th>
<th>Separated</th>
<th>Shared care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>With birth parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of harm at age three</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe risk</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td>12 (28%)</td>
<td></td>
</tr>
<tr>
<td>High risk</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
<td>1</td>
<td>7 (16%)</td>
<td></td>
</tr>
<tr>
<td>Medium risk</td>
<td>5</td>
<td>2</td>
<td>13</td>
<td></td>
<td>1</td>
<td>21 (49%)</td>
<td></td>
</tr>
<tr>
<td>Low risk</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 (7%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td></td>
<td>16</td>
<td>13 (30%)</td>
<td></td>
</tr>
<tr>
<td>(2%)</td>
<td>(19%)</td>
<td>(7%)</td>
<td>(26%)</td>
<td></td>
<td>(30%)</td>
<td>(5%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

(Percentages are rounded figures).

Table 2

Risk of significant harm at age three by risk at age five (n = 37).

<table>
<thead>
<tr>
<th>Risk of harm at age five</th>
<th>With birth parents</th>
<th>Separated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of harm at age three</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With birth parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe risk</td>
<td>1</td>
<td>1</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>High risk</td>
<td>1</td>
<td>2</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>Medium risk</td>
<td>1</td>
<td>2</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Low risk</td>
<td>2</td>
<td>13</td>
<td>19 (51%)</td>
</tr>
<tr>
<td>Separated</td>
<td>10</td>
<td>10</td>
<td>20 (27%)</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>7</td>
<td>6 (16%)</td>
</tr>
<tr>
<td>(3%)</td>
<td>(19%)</td>
<td>(16%)</td>
<td>(35%)</td>
</tr>
</tbody>
</table>

(Percentages are rounded figures).
However the majority of the 24 (23/43:56%) children who experienced abuse or neglect were either those who remained with parents who failed (or sometimes refused) to overcome their difficulties, or those who spent lengthy periods in abusive families before they were finally separated and placed in substitute care. Almost half (7/15: 47%) of the children who were permanently separated from birth parents by the age of three years had spent more than six months experiencing maltreatment prior to separation: for four of these children these experiences continued for over one year. Furthermore, sixteen (16/43: 37%) children were abused or neglected while their cases were open to children’s social care. By the time the children were abused or neglected while their cases were open to children’s social care. By the time the children were five the pattern remained broadly the same, although a slightly higher percentage of children had by then experienced abuse (22/37:59%); these were children who had been exposed to intimate partner violence after their mothers had established or re-established relationships with violent men.

Five children spent the first five years of their lives continually experiencing abuse and neglect; now that the sample are approaching their seventh birthdays there is evidence from the ongoing interviews with birth parents that, following intensive pressure from schools, decisions have finally been made to place at least four of these children in care. However the national statistics on adoption demonstrate that, at the age of three years were more than six months old before they were removed from abusive or neglectful families. After separation, children awaiting adoption spent on average fifteen months with temporary foster carers before permanent placement with adoptive families. Children who followed this pathway thus encountered the double jeopardy of first being exposed to abuse or neglect for lengthy periods and then experiencing the grief and loss that accompanied separation from their first secure attachment figure.

### 3.2. Impact of abuse and neglect on development of sample children

None of the children died. However a number of them were clearly left in very damaging circumstances before adequate action was taken to safeguard them. The sample includes, for instance, two infants who were not fed for so long that they ceased to cry; a one year old whose foster carers found that he was in the habit of foraging in the waste bin for food; and a three year old who could demonstrate how to prepare heroin for consumption. These and similar experiences clearly had an impact on the children’s developmental trajectories. By the time they were three, 57% (16/28) of the children for whom SDQ data were available and who did not have special health care needs or disabilities were displaying emotional and/or behavioural difficulties of sufficient concern to their current carers to cause emotional strain and anxiety and/or to lead them to seek professional advice. Speech and language delay was common, as was very aggressive behaviour, sometimes apparently exacerbated by frustration at not being able to communicate sufficiently. Some of these children were so aggressive that they could not be safely left alone with other children or the family pet.

Many of the difficulties that were evident at the age of three were further entrenched by the time the children were five, by which time the SDQ scores of over half the cohort (19/34:56%) were displaying abnormal or borderline abnormal emotional or behavioural patterns. These included one five year old who was self-harming; and two who had been excluded from mainstream education because of their aggressive and challenging behaviour (see Ward, Brown, & Maskell-Graham, 2012). Emotional and behavioural difficulties were more evident amongst children who had been late separated (63%: 5/8) or who remained with parents who had been unable to develop sufficient parenting capacity to safeguard them (78%: 7/9) than amongst those children living with parents who had overcome their difficulties (36%: 4/11). While the subsamples are too small for these data to be more than indicative, they corroborate findings from other studies (see Selwyn, Sturges, Quinton, & Baxter, 2006; Wade et al., 2011; Ward, Holmes, & Soper, 2008).

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**Table 3**

Experiences of abuse and neglect by position at age three (n = 43).

<table>
<thead>
<tr>
<th>Experience of abuse or neglect</th>
<th>Safeguarded, sufficient parental change, living at home</th>
<th>Safeguarded, permanent separation</th>
<th>Not safeguarded, insufficient parental change, living at home</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience abuse or neglect</td>
<td>6</td>
<td>7</td>
<td>11</td>
<td>24 (56%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (37%)</td>
<td>15 (35%)</td>
<td>12 (28%)</td>
<td>43 (100%)</td>
</tr>
</tbody>
</table>

(Percentages are rounded figures).
3.3. Corroborative evidence

Evidence from other studies in the Safeguarding Children Research Initiative complement these findings. Two empirical studies that explored data from cohorts of neglected children returning home from care also found extensive evidence of children being returned to, or remaining in very damaging family circumstances, where parents had been unable to address the problems that had originally led to concerns about the children’s welfare; these studies showed a high proportion of parents either unable or unwilling to access appropriate, specialist support (see Farmer & Lutman, 2012; Wade et al., 2011). Two reviews of evidence highlighted how professional responses are often delayed and indecisive when neglect is the primary child protection concern (Daniel, Taylor, & Scott, 2011; Rees, Stein, Hicks, & Gorin, 2011). A series of studies analysing serious case reviews found that when a new baby is born, professionals tend to set aside their knowledge of the past and focus on the present, supporting the mother and family to start again, thereby ignoring indicators of continuing neglect and abuse (Brandon, Bailey, & Belderson, 2010; Brandon et al., 2009). This ‘start again syndrome’ was a common feature of decisions made in the prospective study of Infants Suffering, or likely to Suffer, Significant Harm reported above. Finally, several studies found that professionals who are primarily concerned with the adults in a family — such as adult psychiatrists, social workers in adult mental health and learning disability and practitioners providing services for substance misusers and the victims of domestic violence, still tend to overlook the potential impact of adult problems on parenting capacity and may be reluctant to refer to child welfare services or to attend joint training sessions in safeguarding children (see Barlow & Schrader-McMillan, 2010; Carpenter, Hackett, Patsios, & Szilassy, 2010). Despite the very high prevalence of such problems in the sample families, only one infant in the prospective study was referred to child welfare services by a substance misuse worker, and none by an adult psychiatrist or a domestic violence worker.

Evidence concerning timeframes for decision-making is corroborated by an earlier study of very young children in the care system which found identical timeframes between entry to care and permanent placement (see Ward, Munro, & Dearden, 2006). However the timeframes found in both these studies are shorter than the equivalent reported in the most recent national statistics, which confirm that the slow pace of decision making which had such an impact on the life trajectories of the sample children is still representative of a national picture, albeit one in which indecision and delay are even more in evidence. In England, the average age at which children who are eventually placed for adoption are permanently separated from their birth parents is 13 months, while the average age at which they are finally placed with their adoptive family is 35 months, nearly two years later. Table 4 uses data extrapolated from the national adoption statistics to show the different timeframes through which children who enter care at different ages go through each stage of the adoption process, from entry to care, to the decision to place for adoption, to being matched with an appropriate adoptive family to finally being placed with them. The average time, in months, between entry to care and adoptive placement increases as children grow older, and ranges from 18 months for those entering care before their first birthdays to 27 months for those entering at age six. A child who enters care at six months old would not expect to reach their adoptive family before their second birthday, while one who enters care at the age of six and a half will, on average, be eight years and nine months old when finally placed.

Moreover as children grow older their chances of ever finding an adoptive home diminish: 76% of children are aged under five at the time of their adoption, and only 2% are ten or older (Department for Education, 2013). It seems clear that many children spend lengthy periods in abusive or neglectful families before separation, and then experience the double jeopardy of developing a secure attachment to a temporary carer that is later disrupted. Older children may remain indefinitely in temporary placements, waiting for a permanent home that never materialises.

4. Discussion

4.1. What is the likely impact of mismatched timeframes between early childhood development and professional responses to evidence of abuse and neglect?

There is little doubt that in cases where children are suffering, or likely to suffer, significant harm, indecisive actions and delays in professional decision-making can be identified at every stage of the child welfare process in England. Infants in the prospective cohort study of significant harm were all recruited on the basis that they had been identified at a very early stage; nevertheless there were extensive delays in deciding whether their parents had sufficient capacity to provide nurturing homes, in making viable permanence plans and in ensuring that they were adequately safeguarded through legal processes. Other complementary studies with different selection criteria have shown that there are also delays in making referrals (or re-referrals) to child welfare services, and in responding to them (see Farmer & Lutman, 2012; Wade et al., 2011). Such delays undoubtedly have an impact on children’s long-term health and wellbeing.

The extensive literature concerning the impact of maltreatment on child development brings into sharper focus the consequences of delay. The evidence of relevance to this paper shows how, in the first two to three years of life, the relationship between the infant and the primary caregiver shapes the development of the brain and the central nervous system and impacts on every aspect of children’s physical, cognitive, social, emotional and behavioural development, moulding their ability to negotiate the key developmental tasks of infancy and toddlerhood including curiosity, communication and reasoning; attachment, trust and empathy; and impulse control, coping and goal directed behaviour. These tasks also form the building blocks for later stages of development, for childhood development is sequential, and children cannot move on successfully to a new stage if a previous one is still incomplete. Because early childhood development is shaped as readily by negative as by positive experiences, abusive or neglectful parenting will have a significant impact on the manner in which the child negotiates (or fails to negotiate) these tasks, with longstanding adverse consequences for later stages of development (see for instance Brown & Ward, 2012; Gerhardt, 2004).

The authors have recently undertaken a review of this literature, bringing together evidence concerning the impact of abuse and neglect at specific stages of early childhood development (see Brown & Ward, 2012). The 482 papers included in the review were complemented by scrutiny of unpublished, peer reviewed government research reports and by evidence from experts in the field. The findings show the ways in which abuse and neglect impact on these developmental tasks from before birth to age five. The details are shown in the left hand column of Table 5. These are set beside the data from the prospective

<table>
<thead>
<tr>
<th>Children’s ages (years and months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at entry to carea</td>
</tr>
<tr>
<td>Decision to adopt</td>
</tr>
<tr>
<td>Matched with adoptive family</td>
</tr>
<tr>
<td>Placed</td>
</tr>
</tbody>
</table>

4 The mid-point of twelve months span shown in the national statistics.
longitudinal study of Infants Suffering, or Likely to Suffer, Significant Harm concerning delays in service responses to evidence of abuse and neglect and their consequences for the very young children in the sample, shown in the right hand column of the table.

There is little doubt that there is a gross mismatch between timeframes for early childhood development and professional responses to evidence of abuse and neglect in the early years. Delays in taking appropriate and effective action mean that many children are left in very damaging home circumstances or placed in limbo for lengthy periods. Such experiences can have a negative impact on the ways in which they negotiate key developmental tasks and compromise their future life chances across the whole spectrum of development.

### 4.2. Why has a mismatch occurred?

There are a number of reasons why timeframes for professional responses to evidence of abuse and neglect in England are so out of kilter with those for early childhood development. Firstly, the Children Act 1989 provides the legal framework under which the state and its agents may intervene in the private lives of families in England and Wales; the legislation reflects a principle, also embodied in the UN Convention on the Rights of the Child, that ‘children are generally best looked after within the family’ (Department of Health et al., 2000, p.1). Given that preservation of the family is one of their fundamental guiding principles, it is particularly difficult for decision-makers to identify those children whose needs manifestly cannot be met within the family. To do so is to go against the grain of professional culture and expectation.

Findings from a number of studies have highlighted the extent to which professionals with responsibilities for safeguarding children, including judges and magistrates, make efforts to ensure that parents are fairly treated and are given opportunities to show that they have the capacity to provide a nurturing home for a child (see Brandon et al., 2009, 2010; Farmer & Lutman, 2012 Pearce, Masson, & Bader, 2011). Solicitors representing parents who feel they have been unfairly treated, can argue that in separating them from their children, the local authority has contravened the Human Rights Act 1998, which specifies a right to respect for private and family life (Article 8). The counter argument, that abused and neglected children also have a right to family life, if necessary outside their birth family, and that they also have a right not to be subject to inhuman and degrading treatment (Article 3) has been less frequently put forward (see Masson et al., 2008; Munro, 2008).

However, ensuring that decisions are based on robust evidence of parents’ capacity to change (or their inability to do so) and that their rights have not been contravened if children are removed, takes time, and is a major cause of delayed decisions, both within the local authority and the courts. A number of studies have shown how decisions are delayed while additional assessments of parenting capacity are commissioned, or children are returned home to give parents one further chance to prove they can provide nurturing care (Masson et al., 2008; Ward et al., 2006).

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Impact of abuse and neglect and services responses at key developmental stages.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of abuse/neglect</td>
<td>Service responses</td>
</tr>
<tr>
<td>Before birth</td>
<td>Exposure to drugs/alcohol in utero can increase the risks of premature birth, impairment to the healthy development of the unborn child, neonatal addiction, and foetal alcohol syndrome (see Cleaver et al., 2011 for summary of evidence). Pre-natal exposure to domestic violence can be fatal; it can also damage a child’s future ability to cope with stress (Shonkoff et al., 2012). Neglect in early childhood may adversely affect the development of neural connections with a negative impact on fine and gross motor skills, speech, learning and memory as well as on emotional and social development. (National Scientific Council on the Developing Child, 2011; Naughton et al., 2013).</td>
</tr>
<tr>
<td>0–3 years: curiosity, communication and reasoning</td>
<td>The process of attachment begins at birth; secure attachments at eighteen months correlate with the quality and sensitivity of mother child interactions at 6–15 weeks (Lewis, Feiring, McGuffoy, &amp; Jasik, 1984). Attachment styles may be shaped as much by negative as by positive parenting behaviour (Howe, 2005). Up to 80% of children brought up in neglectful or abusive environments develop disorganised attachments, and these are strongly associated with later psychopathology (Van Ijzendoorn, Schuengel, &amp; Bakermans Kranenburg, 1999). Babies placed before their first birthdays more likely to develop secure attachment to adoptive carers than those placed later (Van den Dries, Juffer, Van Ijzendoorn, &amp; Bakermans Kranenburg, 2009).</td>
</tr>
<tr>
<td>0–18 months: attachment and trust</td>
<td>Almost half (7/15: 47%) of the children who were permanently separated by the age of three years had remained with abusive families for more than 6 months; four children for more than a year. Less than half (6/15: 40%) separated children were permanently placed before their first birthdays. Children awaiting adoption spent an average of 15 months in temporary foster care before placement, thus experiencing the double jeopardy of learning twice over that caregivers are not to be trusted. Following their sixth birthdays four children were separated from their birth parents. These children had continued to suffer emotional abuse and neglect throughout the first six years of their lives. By the age of five, SDQ scores of over half the children in the cohort were showing abnormal or borderline abnormal behavioural patterns. Some children lashed out when overwhelmed with negative emotions, for instance by ‘trashing’ the nursery; frequent outbursts of aggression had resulted in two five year olds being excluded from school. Experience of abuse and neglect in the early years was later reflected in some children’s extreme aggression and lack of empathy, shown, for instance in their deliberately hurting other children and pets.</td>
</tr>
<tr>
<td>Birth to 4 years: impulse control and coping</td>
<td>Because infants and very young children are literally dependent on caregivers for survival, feelings of hunger, cold or discomfort are rightly interpreted as life-threatening experiences and generate stress. Infants cannot regulate their own stress response systems and are therefore dependent upon caregivers to re-establish their equilibrium by meeting their needs and soothing away their stress (Hofer, 1995). The stress response system begins to self-regulate at around six months, but does not become fully established until a child is around four years old. It will develop atypically in response to aggressive, hostile or neglectful parenting. Children and young people with maladaptive stress responses will find it difficult to control their behaviour, or to regulate their emotions (Tarullo &amp; Gunnar, 2000). Children who had poor communication skills, whose speech and language development was delayed, and/or who had poor social skills started school at a disadvantage. Many spent part of the school day in nurture groups, and some received extensive packages of care. Some children also spent time in isolation from other children because of their aggressive outbursts. After substantial pressure from schools the children at greatest risk of future harm were eventually taken into care.</td>
</tr>
<tr>
<td>3–5 years</td>
<td>Between the ages of three and five there is a dramatic spurt in the development of executive function skills such as working memory, inhibitory control and cognitive flexibility. The sequential nature of childhood development requires earlier stages to be completed before more complex skills can be acquired (Blair, 2002; Knudsen, 2004).</td>
</tr>
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</table>
Getting the right balance between avoiding a rush to judgement and making timely decisions, appropriate to a child’s timeframe, is problematic. At present courts take on average 45 weeks to reach a final decision about a care order (Ministry of Justice, 2013). The average time between a local authority deciding that a child should be placed for adoption and an adoption order being made by the court is 20 months (Department for Education, 2013).

Such decisions might be made with greater urgency if the research evidence concerning the impact of abuse and neglect on early childhood development discussed above were better disseminated. At present, many professionals with safeguarding responsibilities are insufficiently trained in this area. For instance, although social workers are expected to ‘be able to recognise signs of harm, abuse and neglect and know how to respond appropriately’ and to understand ‘human growth and development across the lifespan and the impact of key developmental stages and transitions’ (Health and Care Professions Council, 2012), child development remains only a relatively small part of the basic social work qualifying programme, and is often not explored in depth until practitioners undertake optional post-qualifying courses. Training on this issue has also only very recently been introduced into professional development programmes for family justice professionals (see Brown & Ward, 2012).

The long-term impact of neglect and abuse on children’s subsequent life chances is therefore often insufficiently understood, and as a result, decisions may be delayed or inconclusive (see Dickens, 2007).

Similarly, not enough is known about parental capacity for change, or the timeframes within which this occurs; the parents in the Infants Suffering, or likely to Suffer, Significant Harm study who did manage to turn their lives around and provide nurturing homes all did so within six months of the baby’s birth — but this is only a tentative finding, based on a small number of parents, and needs verifying with a larger sample. Without hard, reliable and widely disseminated data about which parents are likely to overcome their problems within a timeframe appropriate to the child — and which are not — long-term plans for abused and neglected children will continue to be postponed while professionals wait fruitlessly for parents to change (see Ward, Brown, & Hyde-Dyden, 2014).

Some practitioners not only have insufficient knowledge upon which to base their decisions but also have too little feedback about the consequences of their actions. High staff turnover together with the organisational practice of passing children and families from one team to another as their needs change, mean that social work case managers rarely hold responsibility for a case long enough to see the long term consequences of their decisions. Judges and magistrates are also largely unaware of the outcomes of cases over which they have presided; proposals to establish a pilot to explore whether such information leads to more appropriate and timely decision making have, at the time of writing, been accepted in principle (Ministry of Justice & Department for Education, 2012).

Difficulties in focussing on the welfare of the child when this appears to be in conflict with the needs of the parents or the family as a whole, and inadequate understanding of the consequences of abuse and neglect are both reasons why service responses may be out of kilter with timeframes for early childhood development. There are also a number of practical issues that disproportionately delay decision making. There is substantial evidence from data collected for the Infants Suffering, or Likely to Suffer, Significant Harm study and other complementary studies in the Safeguarding Children Research Initiative that insufficient administrative support slows down decision making to an extent that is rarely acknowledged. Cutting down on administrative staff has often been seen as a solution to overstretched budgets, but if the workload remains the same, this simply increases the pressure on professional staff to focus on the paperwork at the expense of their other responsibilities (see Holmes & McDermid, 2013). Interviews with judges undertaken for the Infants Suffering, or Likely to Suffer, Significant Harm study revealed numerous concerns about court hearings being postponed because papers arrive too late. Improving administrative support might reduce delays, but this is unlikely to be a priority in the current economic climate.

5. Conclusion: how can these issues be addressed?

There is little doubt that the child welfare system in England responds too slowly and too indecisively to evidence of abuse and neglect, with the result that too many children are inadequately safeguarded, from maltreatment and their long term life chances are compromised. Substantial changes to social work education and the operation of the courts are now under way, including the introduction of a 26 week time limit for completing care and supervision proceedings intended to reduce delays in court proceedings. The strict timeframe may well promote better understanding of the impact of abuse and neglect on children’s long term life chances and the consequent need for swift and timely decisions. Plans to monitor timeframes for decision making both by local authorities and the courts are also in place (Ministry of Justice & Department for Education, 2012); these might clarify where delays occur, and help to address them, though there are enduring concerns that this type of performance management creates perverse incentives.

However the fundamental issue is much more difficult to address. The research evidence indicates that a number of children are left so long in abusive situations that the chances of them achieving permanence through adoption or other forms of substitute care are diminished. This is both because their long-term wellbeing is compromised by the impact of abuse and the longer their exposure, the harder this is to overcome; because the resultant emotional and behavioural problems tend to jeopardise the stability of placements; and because the older children are, the harder it is to find appropriate, permanent placements. Decisions concerning separation therefore need to be made much earlier. However current initiatives to speed up the adoption process, to recruit more adoptive families, to offer them better support services and to place more children for adoption address some, but not all of the issues. The children referred to in this paper are known to be at higher risk of significant harm than most of those who come to the attention of children’s social services (see Ward, Brown, & Westlake, 2012). Adoption will never be suitable for more than a small proportion of children who come into the English care system, and for a far smaller minority of those who come to the attention of child welfare services because of child protection concerns. Attempts to improve adoption need to be set within an overall initiative to strengthen the whole system of child welfare services.

There obviously needs to be more open debate concerning what constitutes acceptable and unacceptable parenting and appropriate thresholds for intervention. However there also needs to be more emphasis on preventive measures. It appears to be relatively common for mothers who lose one child for adoption to enter into a subsequent pregnancy without having resolved the problems that led to the removal. We do not know how frequently this happens, although almost half of the mothers in the Infants Suffering, or likely to Suffer, Significant Harm study had already experienced the removal of an older child before the index baby was born. Helping parents come to terms with the removal of a child and overcome the adverse behaviour patterns that led to the decision; introducing evidence based programmes that might help parents overcome the risk factors that render maltreatment more likely; and addressing some of the wider societal issues such as poverty, unemployment and homelessness that increase stressors — all these approaches need to be explored in an attempt to reduce the incidence of abuse and therefore the need for permanent separation.

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References


