Safeguarding Children in the Early Years: Research Messages for Professionals in Education

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Safeguarding Children Across Services (Davies, C. and Ward, H. 2012)

• 15 studies initiated following the death of Victoria Climbié in 2000; informed by death of Peter Connelly in 2007

• Key themes:
  – Identification and initial response to abuse and neglect
  – Effective interventions
  – Inter-agency and inter-disciplinary working
  – Focus on neglect and emotional abuse
Safeguarding Babies and Very Young Children from Abuse and Neglect:

Prospective longitudinal study of 57 babies identified as suffering or likely to suffer significant harm followed from birth to five
Questions

• Why are early identification of abuse and neglect and a swift response important?
• What is an appropriate role for teachers and early years practitioners in safeguarding children?
• NOT covering safeguarding children from abuse within schools and nurseries
Safeguarding children in England

At 31 March 2012:

- 369,400 (3.5%) children supported by statutory children’s services
- 42,850 (12%) subjects of child protection plans
  - 43% neglect
- 41,790 (11%) looked after by local authorities in response to maltreatment (62% of care population)
- Between 1.4.2011 and 31.3.2012: 3,450 English children placed for adoption; 70 under one

In 2009 6% 11-16yr olds maltreated by caregivers in previous year (Radford et al, 2011)
Why younger children?

- Infants under the age of one are:
  - Nearly three times as likely as others to be subjects of child protection plans due to physical abuse
  - More than twice as likely to be subjects of child protection plans due to neglect
  - Subjects of 45% of serious case reviews (into child death or serious injury)
  - Eight times the average risk of child homicide
- 44% subjects of child protection plans are aged under five
Key timeframes in early child development

- First two years of life are a ‘sensitive’ period, when effects of experience on the brain are particularly strong.
- Brain develops particularly rapidly in the first two years but majority of neurons formed pre-birth.
- Relationships are key features of environment and process of attachment begins at least at birth.
- Quality and sensitivity of mother-child interaction at 6-15 weeks correlates with attachment relationship at eighteen months (Lewis et al, 1984).
Key timeframes in early child development

• Babies regulate emotions through attachment
• Stress response system begins to stabilise around six months
• Foundations for language comprehension, reasoning and impulse control develop within first two years
• Dramatic development of executive function between three and five: working memory, inhibitory control and cognitive and mental flexibility
The impact of maltreatment

- Gross neglect in the early years impairs social and cognitive development
- Child adapt just as readily to a negative environment
- Frightened or frightening parental behaviour associated with disorganised attachment at 12-18 months
- Up to 80% neglected/abused children develop disorganised attachments-related to later psychopathology
- Babies placed for adoption before first birthdays are more likely to become securely attached to adoptive carers than those placed later
Impact of maltreatment during infancy in later life

• Maltreatment has a cumulative effect – later brain development relies on earlier development

• Children who have been maltreated may:
  – Fall behind in communication, language, and reading skills (neglected children in particular)
  – Be aggressive and lash out when frustrated
  – Have difficulties in maintaining supportive social networks
  – Have difficulties in coping with the social and academic demands of school
Safeguarding Babies and Very Young Children from Abuse and Neglect:

• Prospective longitudinal study of 57 babies identified as suffering or likely to suffer significant harm
• All identified before first birthdays; almost two thirds (65%) before birth
• 43 followed to age three; 37 to age five so far
• Data from case papers; annual interviews with birth parents/carers; one off interviews with teachers, social workers; Strengths and Difficulties Questionnaires
Parents’ difficulties

• Primary risk factors: violence (at home and in community), substance misuse issues, mental ill health, learning disabilities, experiences of abuse in childhood

• Secondary risk factors: housing problems including homelessness, financial problems including bankruptcy

• Isolation, poor relationships with extended family

• Twenty mothers and an unknown number of fathers had already been permanently separated from at least one older child
Children

- Majority from families already known to children’s social care through involvement with older siblings
- 65% identified before birth; almost all before they were six months old
- 63% were boys
- 69% White British; 31% from BME groups: 69% of these were of mixed heritage. High proportion of BME infants found in other studies (see Selwyn *et al.* 2010)
- 14% were identified as having disabilities or special health care needs. Children with disabilities are 3.4 times more likely to experience abuse and neglect (Sullivan and Knutson, 2000)
Classifying Families by Risk of Harm

- Based on systematic review of evidence concerning risk and protective factors and the likelihood of maltreatment or its recurrence (Hindley, Ramchandani and Jones, 2006)
- Each child classified according to the level of risk of maltreatment or its recurrence
- Classification used date at identification by children’s social care (Time One) at age three (Time Two) and at age five (Time Three)
- Particular weight given to evidence of parents’ capacity for change
The Children at Entry

- Severe risk (12:28%): Risk factors, no protective factors and no capacity for change
- High risk (7:16%): Risk factors, protective factors and no capacity for change
- Medium risk (21:49%): Risk factors, protective factors, capacity for change
- Low risk (3:7%): No risk factors (or previous risk factors addressed, protective factors and capacity for change. Includes two outliers
At age three

- 37% (16) low risk: adequately safeguarded, living with birth parents who had sustained positive changes
- 35% (15) low risk: permanently separated
- 28% (12) medium-severe risk: inadequately safeguarded with birth parents who had not shown capacity to change
- 53% (23) had experienced abuse or neglect
- 37% (16) maltreated in utero
- 37% (16) maltreated while open cases
- 57% displayed emotional problems or substantial behavioural difficulties
- No evidence that 20 (47%) children experienced maltreatment by the time they were three
At age five

- Over a third (38%) at continuing risk of harm
- Children who were safeguarded from domestic violence at three no longer safe at five
- Almost half the separated children in fragile placements
- Widespread developmental delay: poor speech and language
- One in three displaying emotional and behavioural patterns sufficient to warrant referral for clinical support – three times expected prevalence
- Behavioural issues: extreme aggression; self harming
- Problems more prevalent amongst late separated children and those living with birth parents but inadequately safeguarded
Acceptable and unacceptable parenting in a civilised society

• Nobody died
• BUT the sample includes children who:
  – Were not fed for so long that they ceased to cry
  – Could explain how to prepare heroin for consumption
  – Were allowed to taste illicit drugs from a spoon
  – Were left to forage for food in the waste bin
  – Were locked in their bedrooms for hours on end with nothing to do
  – Routinely arrived at school unfed and in filthy clothes
• Children’s development and long-term wellbeing compromised
Timeframes for decision-making (separation)

• Post referral to children’s social care on average it took:
  – Fourteen months for a definitive decision resulting in a viable permanence plan
  – Six more months for this to be completed
  – Five months minimum to find suitable adoptive home

• No new permanence decisions between ages three and five

• Pressures from schools led to new separations at age six to seven
Children placed for adoption: national timescales

• Average age at permanent separation – 14 months
• Average age at permanent placement – 36 months
• Children aged six months at entry likely to be placed at 25 months; those aged 6 ½ years at entry likely to be placed at 9 ¼ years
• 90 (2%) children p.a. adopted aged 10+
Delayed decisions

- Professionals hesitate to refer to children’s social care
- Social workers hesitate about appropriate action
- Local authority solicitors hesitate before agreeing court action
- Judges and magistrate hesitate before making orders
Supportive services are often too little and too late

- 50% child protection plans for 32 weeks or less
- 70% cases closed within three years
- Minimal evidence of intensive, specialist support for parents/children’s problems
- Successful parents not monitored (insufficient step down services)
- Proactive case management may start to diminish for children as young as six
Question

What is an appropriate role for teachers and early years practitioners in safeguarding children?

• Identification and initial response
• Providing complementary services
Unique position of schools and nurseries

• See all children, not just those for whom there are concerns
• Have daily contact with parents and carers
• See children every day
Identification and initial response: Messages that need wider dissemination

Primary risk factors: (Cleaver, Unell and Aldgate, 2011)
- Parents’ substance misuse, mental ill health, and domestic violence, particularly in combination
- Severe learning disability, particularly when domestic violence, substance misuse and/or mental health problems are also present
- Failure to meet basic needs; emotional unavailability; inability to protect; inability to focus on the child

Secondary stressors:
- Poverty, unemployment, homelessness, isolation
Identification and initial response

• NO LIST IS COMPREHENSIVE
  – Sudden drop in attendance
  – Significant changes in behaviour
  – Unexplained bruising /marks
  – Deterioration in wellbeing (including weight loss)

• LSCB TRAINING (Carpenter et al, 2010)
  – Effective and cheap
  – Improved understanding of thresholds
  – Reduced reluctance to refer
BUT

The 23 schools in study had:

• Variable links with children’s social care: some strong; some isolated
• Inadequate or no feedback regarding progress of referrals
• Not well informed about individual children outside CPCC/LAC reviews
• Concerns re high thresholds and inadequate social care interventions in cases of emotional abuse and neglect
Complementary services (23 schools)

• Majority in deprived areas, higher than average free school meals, attendance issues
• Child and family welfare approach: (19/23)
  – Educational attainment secondary to ensuring welfare in and out of school
  – Wellbeing promoted through care and support: nurture
• Educational attainment approach: (4/23)
  – Educational attainment took precedence over social and emotional support needs
  – Safeguarding focus on what happened in school
  – Wellbeing promoted through learning and attainment: knowledge
Complementary services (23 schools)

- Neglect and emotional abuse
  - Some schools are highly nurturing: making toast every morning, brushing all children’s teeth, providing free breakfast club for all children.
  - Some individual teachers are highly nurturing: eg washing children’s clothes; looking t for specific children
Complementary services (23 schools)

- Speech and language delay, and emotional and behavioural difficulties
  - Limitations on the knowledge of the links between abuse and neglect and children’s development and behaviour
  - These difficulties sometimes regarded as an ‘acceptable norm’ within the populations the schools are serving
  - Little evidence of intensive speech and language support
Complementary services (23 schools)

• Provision for emotional and behavioural difficulties
  – Nurture rooms/groups common amongst sample of schools
  – Schools funding their own provision, such as extra educational psychologist hours, attendance workers, community workers (i.e. working with parents), parenting programmes
Issues raised

• Attainment versus welfare?
• Some schools can reject the needs of very vulnerable children
• Schools at the forefront of safeguarding children can offer a nurturing environment which can enrich the lives of neglected children.
• BUT:
  – how are schools supported in this role?
  – can it be maintained in the long term?
  – and what happens to these children as they enter middle childhood and start secondary school?
References


Safeguarding Children Research Initiative
www.education.gov.uk/researchandstatistics/research/SCRI
Free download of briefing papers, research briefs and the overview book

Ward, H. Brown, R. and Westlake, D.
Safeguarding Babies and Very Young Children from Abuse and Neglect, London: Jessica Kingsley Publishers

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