What contributes to outcomes for neglected children who are reunified with their parents? Findings from a five-year follow-up study

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Eleanor Lutman and Elaine Farmer

Background

Child neglect affects 8.4 percent of children and young people at some point in their childhoods (Radford *et al* 2011). It is also the most frequently reported form of child maltreatment (Dubowitz *et al* 2005), with the proportion of children in England subject to child protection plans on the grounds of neglect increasing from 39 per cent in 2002 to 44 per cent in 2010 (Department of Health 2002, Department for Education 2010).

Neglect is a heterogenous category that varies by type, severity and chronicity (Dubowitz *et al* 1993), by perpetrator and by the child's age (Zuravin 1999), with age being particularly important in considering its impact (Gaudin 1999). Definitions usually emphasize a child's needs not being met, generally through acts of omission and resulting in harm or impairment (Dubowitz *et al* 1993, De Panfilis 1999). Whilst researchers are exercised by the lack of a standard definition of child neglect (Dubowitz *et al* 2005, McSherry 2007), practitioners struggle to decide where thresholds of minimal acceptable care should be set.

Research (principally from the US) consistently shows that neglect has a negative impact on developmental outcomes for children, including serious long-term effects on children's cognitive, socio-emotional and behavioural development (Hildyard and Wolfe 2002), health (Drotar *et al* 1990) and early attachment (Howe *et al* 2000), and the effects appear to be cumulative (Hildyard and Wolfe 2002).

Yet, in spite of this, there has until recently been relatively little research on child neglect in the UK (eg. Jones and Gupta 1998, Stone 1998, Thoburn *et al* 2000, Gardner 2008). Studies in the recent Department for Education research initiative on Safeguarding have begun to fill this gap, with two relevant research reviews (Daniel *et al* 2011, Rees *et al* 2011). There remains a pressing need for research evidence for practitioners about how best to help neglected children. Once such children have been identified, do professionals intervene effectively and are children then kept safe? What are the outcomes for children when viewed over a five year period? It is these gaps in information that this study addressed.

Research methods

This research, which was funded by what is now the Department for Education, followed up a cohort of neglected children in England who had been looked after and then reunified (Farmer and Lutman forthcoming). These neglected children may therefore be at the more severe end of the spectrum. The research built on data collected for a study on reunification (Farmer *et al* 2011), which followed up for two years children who returned home to a parent from care during a one-year period. The current study employed a catch-up prospective design whereby the sub-sample of 110 neglected children from that study, (supplemented by 28 new cases which were drawn in exactly the same way to increase the sample size), were followed up for five years from the date of their original return home, that is for a further three years.

The research was conducted in seven local authorities in England, three of which had sizeable black and minority ethnic populations. The case files of the 138 children were reviewed using a structured schedule and a detailed narrative summary was written for each child. Data on the final three year period were gathered, which included details of the neglect, services and the management of the case from the first referral to the five year follow-up.

Case closure was a limitation. In total, 102 of the 138 cases in the study had been open at some point during the final three year period and so we had the most information about children receiving long-term services and somewhat less for closed cases which had sometimes been more successful.

In this article we focus on the outcomes of this sample of neglected reunified children and the factors related to their outcomes. Chi square analyses were undertaken on categorical variables and ANOVA or correlations on continuous variables. Relationships were considered to be statistically significant where $p < 0.05$, although most reached a higher significance level. Given the large number of variables that were explored, only variables where the association with outcome was less than $p < 0.02$ were considered in the final regression models. We report our detailed findings on how their cases were managed elsewhere.

The characteristics and backgrounds of the children

As Table 1 shows, three fifths of the children in the sample were boys and one in five was from a minority ethnic group. At the start of the return just over half were under 10.

Table 1: Characteristics of the children (n=138 from 104 families)

	n	%
Males	82	59
Females	56	41
Age in years at the start of the return	M = 8.1 (sd 4.56), range 0-14	
Aged 0-4 years	36	26
Aged 5-9 years	38	28
Aged 10-14 years	64	46
Ethnicity: White	112	81
Mixed ethnicity	19	14
Black African/Black Caribbean/Asian/ South American	7	5
Disability	17	12

The children in the sample had all been neglected prior to entering care before being returned to a parent in the sample selection year. (The term 'return' refers to this reunification unless otherwise specified). Most had experienced a lack of appropriate supervision and many had been physically neglected, where their needs for food, clothing, cleanliness or safety had not been met (Table 2). Over three quarters of the children had been emotionally neglected (denied adequate warmth, rejected, isolated at home, witnessed domestic abuse or took on the parenting role: these were mostly acts of omission rather than the commission/intention found with emotional abuse). Educational neglect affected half of them, involving infrequent attendance at nursery or school or a severe lack of stimulation, whilst a third had not been taken for arranged medical, dental or more rarely mental health treatment. Only six per cent of children had experienced just one type of neglect, with a quarter experiencing two. Thirty per cent had been subjected to three types, twenty-eight per cent four and 11 per cent all five forms of neglect.

Table 2: Types of neglect

Type of neglect	Frequency	%
Supervisory neglect (n=123)	106	86
Physical neglect (including nutritional & pre-natal neglect) n=133	107	81
Emotional neglect (n=130)	101	78
Educational or cognitive neglect (n=122)	60	49
Medical neglect (including neglect of mental health needs) n=123	42	34

The sample sizes vary in this table due to missing data in some cases

In addition, most of the neglected children (84 per cent) were subject to other forms of maltreatment, in particular emotional (65 per cent) and physical abuse (61 per cent) and more rarely sexual abuse (27 per cent). Seventeen per cent of the children had experienced neglect and all these other types of abuse.

The children had often lived with parents with difficulties such as domestic violence and substance misuse (74 per cent and 66 per cent of families respectively), which often occurred together (40 per cent of families). Additionally, half of the children had had one or more previous periods in care. When they were reunified 43 per cent of the children were on an interim or full care order. Concerns were voiced about these children early on, providing the potential for early intervention, with over half (56 per cent) of the children first referred to children's services before the age of two, including a third referred before birth, and three quarters referred before they started school.

Re-abuse, return disruption and subsequent placements

By the two year follow-up, 59 per cent of the children had been abused or neglected after reunification. During the next three years, half of the children (48 per cent) with open cases had been abused or neglected. Most of these children (33/48) had also been maltreated during the earlier period, showing the persistence of maltreatment in many families. In addition, by the two year follow-up, half of the returns had ended, rising to 65 per cent by the five year follow-up (Table 3).

Table 3: Outcome of the return

Outcome	At two year follow-up (2003)		At five year follow-up (2006)	
	n	%	n	%
Continuing	61	44	40	29
Disrupted	69	50	90	65
Outcome unknown	8	6	8	6
Total	*138*	*100*	*138*	*100*

Subsequent placements where returns had disrupted

Information was available for 86 of the 90 children[1] whose returns disrupted during the five year follow-up. Their returns had lasted, on average, for 14.7 months (sd 15.13, range 0-56). The average number of different living arrangements they experienced after the returns was 5.9 (sd 5.50; range 1-30), with older children moving significantly more frequently[2]. Sixty per cent of these children spent further time with their parent/s, with three fifths returning home from care once, a fifth twice and another fifth three or more times.

Children's outcomes in terms of stability

To make sense of the varied histories of the children, we grouped them according to their placement 'pathways' during the five year follow-up period (Table 4). The first group of those 'stably at home', included the 40 children whose returns were still continuing and 15 children who remained stably at home in a subsequent return.

The second group of 36 children who were 'placed stably away from home' (in care, kin or adoptive placements) had had an average of 3.3 placements after the return ended (sd 2.15; range 1-9). Five years later, 18 of these children were in care, 11 had been adopted and seven were with relatives.

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[1] For the other 4 cases where we knew that the study return had ended we did not know the details of the child's subsequent movements as either the file was unavailable or the child had moved out of the authority.

[2] Spearman's rho=.37, p<0.001

The remaining 35 children, the 'unstable' group, experienced multiple moves between care and home or had unstable experiences only within the care system. The children in this group had had an average of 10.1 (sd 6.30, range 3-27) different placements after their returns had ended.

Table 4: Children's outcomes in terms of stability

	n	%
Stably at home	55	43.7
Stably away from home	36	28.6
Unstable	35	27.7
Total	*126**	*100*

*The sample size is less than the full sample of 138 as in 12 cases either the outcome of the return was unknown or the child's placement(s) after the return were unknown.

The children in these three stability outcome groups differed significantly in terms of their age at return (see also eg. Sinclair *et al* 2007, Biehal *et al* 2010). The children placed stably away from home were the youngest (mean 5.7 years), followed by the children living stably at home (mean 7.2 years), with the unstable group the oldest (mean 11.5 years).   Children in the unstable group had also most often experienced very severe neglect, emotional abuse, rejection, the highest number of neglect experiences (we collected detailed information on particular actions, omissions or incidents that were considered to be neglectful) and high levels of previous adversities (exposure to a range of parental problems, maltreatment or parental death), with at least the latter two factors related to their older age (Table 5).

Other factors which were significantly associated at the bivariate level with children ending up in the unstable group included children having high levels of behavioural and emotional problems before return; no conditions having been set for parents; unplanned reunions (ie precipitated by absconding, parents removing children without children's services agreement or placement breakdown); more behaviour problems or conflict during reunification and lack of specialist help for parents (see also Wade *et al* 2010).

In addition, a range of factors relating to case management were significantly related to unstable outcomes. There had more often been a lack of clear focus on key problems areas, decisions not followed through and cases closed when serious problems were still evident for these children. There were missed opportunities to prevent further harm to children and passive case

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management most often evident in this group (the latter was noted when children suffered harm without adequate intervention for long periods, parental problems received little attention and there was little permanence planning).

There were also local authority differences, with a much higher proportion of children in the unstable group in one authority (54 per cent) than the others (16-31 per cent). This is similar to the findings of previous research (Sinclair *et al* 2007).

Table 5 Factors related to stability (n=126 or less where indicated)

Independent variables		Stability at home	Stability away from home	Unstable	Sig
Child factors					
Child's age at return (in years)	(Mean)	7.2	5.7	11.5	$F_{(2, 123)} = 20.67$, $p<0.001$
Child has emotional problems (prior to study return) n=123	No Yes	43% 57%	74% 26%	17% 83%	$\chi^2(2)=23.18$, $p<0.001$
Child has behaviour problems (prior to return) n=125	No Yes	44% 56%	75% 25%	14% 86%	$\chi^2(2)=26.46$, $p<0.001$
Adversities prior to return					
Total number of adversities prior to care	(Mean)	4.4	3.6	5	$F_{(2, 123)}=6.18$, $p<0.01$
Emotional abuse of child prior to care	No Yes	31% 69%	61% 39%	17% 83%	$\chi^2(2)=15.92$, $p<0.001$
Child rejected n=115	No Yes	81% 19%	81% 19%	51% 49%	$\chi^2(2)=10.78$, $p<0.01$
Child singled out for rejection n=115	No Yes	88% 12%	90% 10%	63% 37%	$\chi^2(2)=10.63$, $p<0.01$
Severity of neglect	Minor/ Moderate V. Severe	65% 35%	72% 28%	40% 60%	$\chi^2(2)=8.77$, $p<0.02$
No. of neglect incidents experienced	(Mean)	6.7	6.9	10.1	$F_{(2, 123)}=8.43$, $p<0.001$
Care and case management factors prior to return					
Specific conditions for parents prior to return n=125	No Yes	56% 44%	66% 34%	89% 11%	$\chi^2(2)=10.31$, $p<0.01$
Return planned	No Yes	18% 82%	17% 83%	43% 57%	$\chi^2(2)=8.73$, $p<0.02$
Return household factors					
Returned to changed household membership n=126	No Yes	44% 56%	61% 39%	69% 31%	$\chi^2(2)=6.07$, $p<0.05$

Independent variables		Stability at home	Stability away from home	Unstable	Sig
Return support factors					
Specialist support for parent during return n=121	No Yes	51% 49%	44% 56%	82% 18%	$\chi^2 (2)=12.01$, $p<0.01$
Return progress factors					
Child behaviour problems during return n=113	No Yes	47% 53%	68% 32%	19% 81%	$\chi^2 (2)=16.01$, $p<0.001$
Conflict with parents during return n=110	No Yes	70% 30%	88% 12%	37% 63%	$\chi^2 (2)=19.01$, $p<0.001$
Case management					
Inappropriate case closure n=123	No Yes	75% 25%	72% 28%	41% 59%	$\chi^2 (2)=11.87$, $p<0.01$
Decisions not followed through n=114	No Yes	86% 14%	83% 17%	60% 40%	$\chi^2 (2)=8.54$, $p<0.02$
Clear focus on key issues maintained n=112	No Yes	47% 53%	37% 63%	73% 27%	$\chi^2 (2)=9$, $p<0.02$
Missed opportunities to prevent further harm n=119	No Yes	77% 23%	63% 37%	34% 66%	$\chi^2 (2)=15.99$, $p<0.001$
Type of case management approach 3 groups	Proactive Passive Mixed	38% 20% 42%	45% 8% 47%	3% 40% 57%	$\chi^2 (4)=21.54$, $p<0.001$

Children's outcomes in terms of well-being

As well as considering outcomes in terms of stability, a researcher rating of the child's overall well-being was made at the five year follow-up point (or the point at which the case was closed if earlier). These ratings were informed by all the information on file relating to children's educational, health and emotional and behavioural development, combined with information from the summaries. Extensive discussion informed the definition of the categories. The same field researcher undertook *all* the initial ratings and the few areas of uncertainty were discussed with the other researcher until agreement was reached. There was sufficient information to rate 130 of the 138 cases. The following well-being categories were used:

Good – the children were making good progress. They had few problems in relation to health, emotional and behavioural problems, social interaction and education, training or work. Where problems were identified they were minor and likely to be in one or two areas. Any problems were not impacting on overall progress and well-being.

Satisfactory – the children were faring reasonably well but they were likely to have a number of minor difficulties or a more significant difficulty which was causing them some problems.

The children were likely to be receiving appropriate help for particular difficulties. However, the impact of these difficulties was not significant and there were likely to be other areas where the child was doing well. The child may have had more pronounced difficulties at an earlier stage but these had improved.

Poor – the children were likely to have a number of more major difficulties. However, some positives could be identified such as an area where the child had few difficulties or the fact that they were engaging with support. The impact of pervasive problems could perhaps be tempered by the support the child was receiving or the quality of the placement they were in.

Very poor – these children had pervasive problems such as drug or alcohol misuse, offending or severe emotional and behavioural problems which affected most aspects of their life and functioning. These children were likely to have multiple significant problems and there was often evidence of a downward spiral or deterioration.

Using these ratings, at the five year follow-up, almost a third of the children (28.4 per cent) had good outcomes in terms of their well-being, the well-being of another third (33.1 per cent) was satisfactory, a quarter had poor and 13.1 per cent very poor well-being. The poor and very poor categories were combined into a 'poor' grouping in order to undertake multivariate analysis, given the small number of children in the very poor group.

We found that the children's age at the start of the return was significantly related to their well-being at follow-up (see also Sinclair *et al* 2007). The children with good well-being were the youngest (mean 5.5 years) at that point, followed by those with satisfactory well-being (mean 7.4 years), whilst children with poor well-being were the oldest (mean 10.2 years). Levels of previous adversity were higher for children with poor well-being (Table 6).

In addition, children with poor well-being had more often experienced very severe neglect and the highest number of different forms of neglect. Children who had good well-being were the least likely to have experienced emotional or physical abuse and those with poor well-being most likely to have been sexually abused. Children with poor well-being at follow-up were much more likely to have been accommodated when they were looked after, no doubt due partly to the link with their older age but also probably with the less rigorous way in which work was conducted with accommodated children (Farmer *et al* 2011).

Other factors which were associated with poorer well-being at follow-up at the bivariate level were higher levels of children's problems before return (behaviour difficulties and conflict with parents), unplanned reunions including those caused by pressure from the child, more difficulties during the returns and, as before, how their cases had been managed. Children whose well-being was good were least likely to experience conflict with siblings and their parents had most often received specialist or informal support.

Children with poor well-being were more likely than others to have been exposed to parental alcohol misuse prior to return - this is a problem for which few services were provided, which generally did not trigger adequate intervention, yet which was related to the most severe neglect. The children in the poor well-being group had also had the highest number of returns to a parent during the five year follow-up period, suggesting the importance of more decisive action to prevent oscillation between home and care and the need to implement permanence plans for them. In addition there were again considerable local authority differences: in one authority 57 per cent of the children ended up with poor well-being as compared with only 20 per cent in another.

Table 6: Factors related to well-being (n=130 or less where indicated)

Independent variables		Good	Satisfactory	Poor/V. poor	Sig
Child factors					
Child's age at 2001 return (in years)	(Mean)	5.5	7.5	10.2	F (2, 127) = 14.47, p<0.001
Child has behaviour problems (prior to return) n=129	No	73%	50%	14%	χ² (2)=31.62, p<0.001
	Yes	37%	50%	86%	
Conflict with parents (prior to return) n=124	No	82%	74%	40%	χ² (2)=18.84, p<0.001
	Yes	18%	26%	60%	
Conflict with siblings (prior to return) n=104	No	93%	72%	63%	χ² (2) =7.99, p<0.02
	Yes	7%	28%	37%	
Adversities prior to study return					
Total number of adversities prior to care	(Mean)	3.7	4.3	5	F (2, 127) = 5.85, p<0.01
Physical abuse of child prior to care	No	59%	37%	28%	χ² (2)=8.98, p<0.02
	Yes	41%	63%	72%	
Emotional abuse of child prior to care	No	54%	23%	28%	χ² (2) =9.67, p<0.01
	Yes	46%	77%	72%	
Sexual abuse of child prior to care	No	86%	81%	56%	χ² (2) =12.31, p<0.01
	Yes	14%	19%	44%	
Parental alcohol misuse	No	54%	65%	38%	χ² (2) =6.94, p<0.05
	Yes	46%	35%	62%	

Independent variables		Good	Satisfactory	Poor/V. poor	Sig
Severity of neglect	Minor Moderate Very Severe	16% 60% 24%	14% 60% 26%	2% 40% 58%	$\chi^2(4)=16.58$, $p<0.01$
No. of neglect incidents experienced	(Mean)	6.8	6.4	9.2	$F(2, 127) =$ 6.56, $p<0.01$
Care and case management factors prior to return					
Accommodated at start of care period	No Yes	54% 46%	53% 37%	30% 70%	$\chi^2(2)=7.03$, $p<0.05$
Return planned	No Yes	11% 89%	19% 81%	38% 62%	$\chi^2(2)=9.63$, $p<0.01$
Pressure from child for return n=107	No Yes	64% 36%	57% 43%	32% 68%	$\chi^2(2)=8.61$, $p<0.02$
Study return support factors					
Specialist support for parent during return n=126	No Yes	35% 65%	63% 37%	67% 33%	$\chi^2(2)=9.68$, $p<0.01$
Informal support during return n=117	No Yes	23% 77%	54% 46%	51% 49%	$\chi^2(2)=8.8$, $p<0.02$
Study return progress factors					
Poor parenting skills during return n=110	No Yes	50% 50%	37% 63%	17% 83%	$\chi^2(2)=9.31$, $p<0.01$
Parent inability to cope during return n=128	No Yes	70% 30%	49% 51%	36% 64%	$\chi^2(2)=10.03$, $p<0.01$
Child behaviour problems during return n=117	No Yes	82% 18%	49% 51%	13% 87%	$\chi^2(2)=38.42$, $p<0.001$
Conflict with parents during return n=112	No Yes	85% 15%	82% 18%	37% 63%	$\chi^2(2)=25.17$, $p<0.001$
Case management					
Failure to safeguard the child	No Yes	65% 35%	65% 35%	24% 76%	$\chi^2(2)=20.7$, $p<0.001$
Neglect marginalised (over-emphasis on other issues)	No Yes	84% 16%	100% 0%	72% 28%	$\chi^2(2)=23.95$, $p<0.001$
Type of case management approach 3 groups	Proactive Passive Mixed	54% 3% 43%	32% 19% 49%	8% 38% 54%	$\chi^2(4)=28.73$, $p<0.001$
Placement moves					
No. of returns home (from care) over five year follow-up	(Mean)	0.2	0.7	1.3	$F(2, 127) =$ 10.32, $p<0.001$

As might be expected, there were differences in the children's overall well-being according to their stability outcome[3] (see Table 7). Children who were living stably away from home at follow-up were more likely to have good overall well-being (58 per cent did so), whilst for those with unstable outcomes it was most often poor (71 per cent). Children who were stably at home had a spread of good, satisfactory and poor well-being, with a worrying third having poor well-being.

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[3] $\chi^2(6)=48.08$, $p<0.001$

Table 7: Child's overall well-being according to stability outcome category (n=122)*

	Stability away from home		At home		Unstable	
Well-being:	**n**	**%**	**n**	**%**	**n**	**%**
Good	21	58	15	29	1	3
Satisfactory	11	31	20	38	9	26
Poor or very poor	4	11	17	33	24	71
Total	36	100	52	100	34	100

*16 children had missing data on one of the dimensions

Predicting stability

Our approach to examining the ways in which different factors interacted and contributed to outcomes was exploratory, given the lack of previous research and theory in this area to guide the selection of variables. There were approximately 150 variables which together took account of the child's experiences prior to entering care, factors during the care episode, the making and progress of the return and the overall management of the case. A large number of variables were related to our outcome variables, thus inflating the Type 1 error rate. Therefore, a Bonferroni adjustment was made to reduce the significance level to 0.02, which indicates a relationship beyond the two per cent level of probability. Twenty five variables showed significant associations with our stability outcome variable at the bivariate level, had small amounts of missing data and were not highly correlated with other predictors. A few variables - like changed household membership – were also included because of their prominence in the findings of the small amount of previous relevant research. Because the sample size was modest and had limited numbers within each outcome category, the 'stable at home' group was combined with the 'stable away from home' group to form one 'stable' group. This 'stable' group was compared with the unstable group. A series of forward stepwise regressions were undertaken, culminating in a final regression model (Table 8). This final model included three variables: the child's age, the local authority variable[4] and changed household membership at the start of the return (that is children who moved to their other separated parent or returned to families where a partner had left or joined the household).

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[4] This was a binary variable which compared one authority (C) which had poorer outcomes with the remaining six authorities.

Table 8: Hierarchical logistic regression predicting stability: final model block entry

Independent variable	B	SE	Wald	df	Sig	Exp(b)	95% CI for Exp(b)
Child's age at return	-0.389	0.083	22.076	1	<0.001	0.678	0.577-0.797
Changed household membership (at start of the return)	1.242	0.536	5.364	1	0.021	3.462	1.21-9.904
Local authority	2.308	0.694	11.049	1	0.001	10.05	2.578-39.182

The likelihood of being in a stable placement decreased as the child's age increased; for every year of increase in the child's age at return, the odds of not being in a stable placement five years later increased by a factor of 1.47. However, if the child was returned to a changed household then the odds of being in a stable placement increased by a factor of 3.46, suggesting that the arrival or departure of a parent's partner or a move to the other (usually less troubled) parent often signals improved parenting. In addition, if a child was not looked after in the poorest performing local authority, they were 10 times more likely to be in a stable placement. However the confidence interval for the local authority variable was very wide, probably as a result of grouping local authorities for the purposes of comparison and the fact that some authorities had small numbers so this finding should be viewed with some caution. All the authorities had some children who were not in stable placements.

The intention in this exploratory study was to develop a model that would identify the predictors of stability. The strict requirements of the regression analyses limited the extent of our multivariate analysis. Therefore, the findings were checked using a different statistical method: CHAID (Chi-Squared Automatic Interaction Detector) analysis (Kass 1980, SPSS 2005). CHAID uses the most significant predictor from a range of independent variables to segment the sample. The groups are then further split, again using the best predictors, until there are no more significant predictors or the groups have reached their minimum size. Tree based analysis had the advantage of allowing us to consider a larger number of predictors than could be entered into regression models. It offered a method of searching for relations between mainly categorical predictor variables and our three part categorical outcome measures (of stability and

well-being) and could cope with missing data. The CHAID analysis both confirmed the findings from the regression analyses and revealed other factors which may be important.

In the CHAID analysis the most significant predictor of stability was the child's age at return[5]. The analysis showed that children who returned home over the age of six were much more at risk (and those over 12 at return most at risk) of having a subsequent unstable placement pathway. Moreover, children who returned home under the age of three had the highest chance of a permanent placement away from home if the return failed (58 per cent), those reunified aged three to six (31 per cent) and aged six to 12 (21 per cent) had less chance and over 12 the least chance of achieving permanence away from home (14 per cent).

When children returned home at the age of six or over - and even more so over the age of 12 - their cases also appeared to be less well managed. For children aged between six and 12 at return a higher number of neglect experiences before the return was a major predictor of later instability[6]. (This could be because the children who experienced larger numbers of types of neglect had developed more problems themselves -making instability more likely - or these children may have lived with families with particularly pervasive problems resulting in instability for the children, or both). This suggests the need for more assertive interventions to tackle neglect early on, if fewer children are to have later unstable outcomes. However, the finding that amongst children who returned home between the ages of six and 12, even those who had experienced a high number of neglect experiences could achieve stability at home if they were returned to changed households (58 per cent did so)[7], suggests that practice needs to focus on ensuring that real change is achieved in their families before children are reunified (see also Farmer *et al* 2011).

Predicting well-being

Regression analyses were also undertaken in relation to the children's well-being at follow-up, using the same process as for stability outcomes and a very similar set of 26 potential predictor variables that showed significant associations with well-being at the bivariate level. Again the

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[5] $\chi^2(6)=52.81$, p<0.001

[6] $\chi^2(2)=16.83$, p<0.001

[7] $\chi^2(2)=6.71$, p<0.05

good and satisfactory well-being groups were combined and compared with the poor/very poor category.

From the stepwise and hierarchical regressions, children's behaviour problems prior to the return and failure to safeguard the child at some point during the case were found to be most predictive of the likelihood of children achieving good or satisfactory well-being (Table 9). (Failure to safeguard was noted where children's services were involved but children experienced further maltreatment or the impact of severe parental problems, which might have been prevented; including children who were not protected while on child protection plans/court orders).

Table 9: Hierarchical logistic regression predicting good/satisfactory well-being: final model block entry

Independent variable	B	SE	Wald	df	Sig	Exp(b)	95% CI for Exp(b)
Child did not have behaviour problems prior to the return	1.746	0.548	10.169	1	0.001	5.733	1.96-16.766
Child adequately safeguarded (absence of a failure to safeguard)	1.27	0.51	6.189	1	0.013	3.559	1.309-9.677

If the child did not have behaviour problems prior to the return, the odds of having good or satisfactory well-being at follow-up increased by a factor of 5.73. Children who were adequately safeguarded overall were 3.5 times more likely to have good or satisfactory well-being than if they were not.

Again, as the regression analysis involved combining two of our well-being outcome categories (good and satisfactory) we used CHAID analysis to explore further the differences between our three well-being outcome groups (good, satisfactory and poor). The most significant predictor of the child's well-being to emerge was whether behaviour problems were present prior to the return[8]. Fifty seven per cent of the children had had behaviour problems before reunification and their well-being was much poorer five years later than for the remainder. This highlights the persistence of behavioural difficulties and their link with later poor outcomes. When children

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[8] $\chi^2(2)=34.45$, p<0.001

did have these problems, they attained better well-being where the neglect to them had not been marginalised by professionals and they had been effectively safeguarded[9], suggesting that, for children who have behaviour problems, it is possible to manage their cases in ways which may improve their well-being. Children without behaviour problems before the return were much more likely to have poor well-being if they had previously experienced more than eight neglect issues, which again argues for earlier intervention to assist them[10].

Limitations of the study

The generalisability of the study's findings is limited by the modest sample size. It would be beneficial to validate the findings in future studies with larger samples. In addition, case file information has certain limitations. Some data are not routinely recorded on files (for example the reasons for some decisions) and they are by definition the social workers' constructions of events. Some files lacked information so we were unable to examine outcomes for a few children. Missing data also resulted in a smaller group of covariates to consider for the regression analyses. Nonetheless, we found the case files to be a rich source of information about the children and they allow access to the whole range of the population under study, which is not possible when only interviews are undertaken.

Discussion

This study was an opportunity to follow up, for five years, a sample of children who had been neglected prior to entering care – as well as often experiencing other adversities - and who were then reunified with a parent. Children are not typically returned home with the expectation that this will fail. Yet for these neglected children this was the most likely outcome, with half of their returns breaking down by two years, rising to almost two thirds by five years. Rates of repeat neglect and abuse were also high. Twenty eight per cent of the children experienced continuing instability, including multiple placement moves and sometimes a succession of further unsuccessful returns home.

It was of concern that two fifths of all the neglected children in the study had poor well-being at the five year follow-up. This was true for most of the children who experienced recurrent instability, but also for a third of the children who were living stably at home with their parent/s (see also Wade *et al* 2010). The finding that children with a high number of neglect experiences

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[9] $\chi^2(2)=12.35$, p<0.01
[10] $\chi^2(2)=12.61$, p<0.01

often had unstable outcomes and poor well-being, suggests the detrimental impact of maltreatment on children (see eg. Thornberry *et al* 2001, Hildyard and Wolfe 2002, Arata *et al* 2007) and the need to be vigilant in ensuring that children who have been returned to their parents are not experiencing continuing abuse and neglect, as was the case with a considerable number of children in the study (see also Ward *et al* 2010).

It was sobering to find that the age cut-off after which children more often ended up with unstable outcomes and more rarely achieved permanence outside the family (in long-term fostering, with kin and not just in adoptive placements) was as low as six at the time of reunification. Whilst it is encouraging that generally very young children provoke interventions to protect and provide permanence for them, it is worrying that once children are of school age, action to safeguard them and plan for their futures is not more effective.

It was clear throughout the study that practice with older neglected children and adolescents (especially those who had been accommodated) was far less proactive that that with younger children (see also Farmer *et al* 2011, Rees *et al* 2011,). In addition, the fact that three quarters of the children in the study had been known to children's social care services before they started school underlines the opportunities to intervene more decisively early on. In addition, a range of factors relating to case management were significantly related to poor outcomes at follow-up. These suggest the need for more early help, an understanding of the impact of neglect on children's outcomes, an authoritative approach to case management and a more proactive approach to safeguarding. There is also a need for strategies to ensure that maltreatment is not being normalised and that permanence plans need are made and followed through for all children (Hannon *et al* 2010, Munro 2011).

More specifically, the study emphasises that social workers need to ensure that there are improvements before children are returned home (see also Biehal 2006, Sinclair *et al* 2007, Farmer 2009, Farmer *et al* 2011) and that these are often brought about by positive changes in household membership (see also Wade *et al* 2010). Some parents, including those with alcohol and drugs misuse problems, also require specialist help in order to make sufficient changes to be able to look after their children safely.

Conclusion

There are substantial challenges in working effectively with neglected children and their parents, since making judgements about when the threshold for action has been reached on the basis of accumulating concerns is difficult. When viewed over a five year perspective, the study showed that interventions had not been effective in preventing a substantial minority of children and young people ending up with unstable outcomes and poor well-being. In addition, the findings show that, whilst some of the factors which were associated with outcomes were related to the children's characteristics (such as their age and behavioural problems), how their cases were managed also made a major contribution to their outcomes. Policy and practice variations also led to children in some local authorities having better outcomes than those in others. Earlier intervention, more protective and proactive action and better planning for children's futures, particularly for older children, are needed if their outcomes are to be improved.

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