



Children aged under two years referred to the Children's Reporter

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Executive Summary

Children under two years old are some of the most vulnerable in our society. The Scottish Children's Reporter Administration (SCRA) carried out this research to show the extent of children under two years at risk in Scotland, as evidenced by referral to the Children's Reporter. It explores trends in numbers of children being referred and the reasons for this, and looks at the most at risk – those where emergency measures are needed to protect the child and where children have died. The backgrounds of children aged under two years old, the risks they face and the actions taken to protect them were also studied to assess the extent to which the early and effective outcomes of safe, healthy and nurtured¹ are being met.

Trends

Recent years have seen proportionately more children below the age of two years being referred to the Reporter – in 2008-09 this was almost 1 in 20 children under two years old in Scotland (i.e. 5,651 children). These children were mainly referred because of lack of parental care and/or because they were victims of Schedule 1 offences². In addition, over the past four years, more children under two years are needing to be placed on Supervision Requirements, and on emergency measures (Place of Safety Warrants and Child Protection Orders) to protect them and safeguard their welfare.

This trend is against a policy and practice agenda of early intervention so that children get the help they need when they need it with the intended result that fewer children will require compulsory measures of supervision to protect them. This research shows that this focus on early identification and intervention does not appear to have impacted yet on the numbers of young children requiring compulsory interventions to protect them. It may also reflect that more young children are at risk and that these risks are increasing.

Safe, healthy, nurtured?

To understand more about the actions taken to identify and protect children who may be a risk, 50 cases of children less than two years old when referred to the Reporter were studied in detail.

These children had difficult family backgrounds:

- Most parents were unemployed.
- Two thirds of the children had parents with drug and/or alcohol addictions.
- Over a half of the children's parents had mental ill-health.
- Three quarters of children had parents with histories of offending, and 10% of fathers had been charged with sexual offences.
- 20% of children had a parent who had been in prison.

Because of the concerns about parents, pre-birth risk assessments or case conferences had been held for most of the children to discuss what services they would need when born. About half had been placed on the Child Protection Register.

A range of services and professionals were involved with the children and their families – pre- and post-birth of the child. However, not all parents were prepared to engage with the services being

¹ Scottish Government GIRFEC Wellbeing Indicators

² Children (Scotland) Act 1995 - section 52(2)(c) 'is likely - (i) to suffer unnecessarily; or (ii) be impaired seriously in his health or development due to a lack of parental care, and section 52(2)(d) 'is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1995 (offences against children to which special provisions apply) has been committed.

offered, this was especially the case of parents who had very chaotic lifestyles.

Safe - There were on-going concerns about the care and protection of most of the children associated with domestic abuse and violence in the home and/or parents' addictions. For 20% of cases there were serious concerns about males in the child's home due to their volatile, aggressive and violent behaviour. However, this was not just the children's fathers but other males in the family and parents' social networks.

Healthy - Despite 14% of the children being born with neo-natal abstinence syndrome from heroin, most of the 50 children in the research were healthy and meeting developmental milestones. Positively, most mothers were keeping medical appointments for their children.

Nurtured - A half of the families had housing problems, with poor or inadequate accommodation, homelessness and transient lifestyles. There was evidence that parents' chaotic lifestyles were impacting on their children. But there were positive attachments between the children and their mothers (less so for fathers), and strong support networks in place for children and their parents, particularly from grandparents.

This research shows that for the 50 cases examined, agencies were identifying children at risk at a very early stage and often before birth, and putting in place services to support the child and their family. Most of the children are healthy and loved by the mothers with strong support networks in place from extended family. However, on-going issues about both parents' addictions and violence especially from males in the house mean that there continue to be concerns about the safety of these children. This suggests, that in some cases early intervention and supports provided may not be enough to protect young children from dangers posed by the adults in their lives.

Chapter One Introduction

The Early Years Framework sets new Scottish Government direction on the early years and giving children the best start in life³. It recognises that early intervention is most relevant in the early years and offers the best opportunity to intervene to safeguard children and improve their life chances.

Children aged under two years old are arguably the most vulnerable in our society. Recent high profile child deaths and the reviews that followed them only serve to re-enforce this⁴.

This research was carried out to show the extent of children under two years at risk in Scotland, as evidenced by referral to the Children's Reporter. It explores trends in numbers of children being referred and the reasons for this, and looks at the most at risk – those where emergency measures are needed to protect the child and where children have died. A detailed analysis of the backgrounds of children aged under two years referred to the Reporter, the risks they face and the actions taken to protect them is also provided to assess the extent to which the early and effective outcomes of safe, healthy and nurtured are being met for these vulnerable children.

Children's Reporters and Children's Hearings

A child may be referred to the Children's Reporter if they may require compulsory measures of supervision to protect them and/or address their behaviour⁵. Any agency or any person can refer a child to the Reporter. Young children are referred because of concerns about the safety and/or welfare. In 2008-09 in Scotland, 5,651 children under two years old were referred to the Reporter (Table 1).

The Reporter investigates each case referred to decide if compulsory measures are necessary, and where it appears to the Reporter that compulsory measures of supervision are necessary, the Reporter arranges a Children's Hearing for consideration and determination⁶.

Children's Hearings are tribunals made up of three volunteer Children's Panel Members. Hearings have wide ranging powers to make measures to protect children. For young children these can range from emergency measures to remove a child from home to a place of safety, to Supervision Requirements to ensure that the child and their family receive the support they need.

Young children referred to the Reporter and to Children's Hearings have been identified as the most at risk as they are considered to require compulsory measures of intervention. This research therefore focuses on this group of children who are aged under two years old when they were referred to the Reporter.

³ Scottish Government (2009) The Early Years Framework

⁴ Haringey Local Safeguarding Children's Board (2009) Serious Case Review: Baby Peter

Doncaster Safeguarding Children Board (2009) Serious Case Review: Amy Howson

Doncaster Safeguarding Children Board (2009) Serious Case Review: Alfie Goddard

Dundee Children and Young Persons Committee (to be published) Independent Review of Brandon Muir's Death.

⁵ Children (Scotland) Act 1995 section 53

⁶ Children (Scotland) Act 1995 section 56(6)

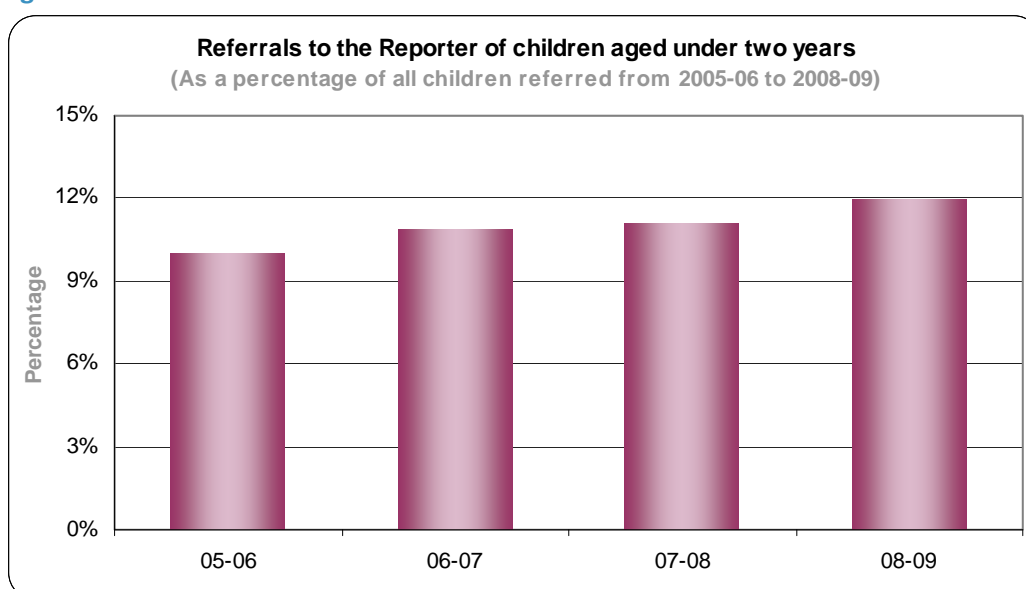
Chapter Two Trends in referrals of children aged under two years to the Children's Reporter

Numbers of children referred to the Reporter

5,651 children aged under two years were referred to the Reporter in 2008-09. This is almost 5% of children in Scotland in this age group⁷. It also represents 12% of all children referred to the Reporter and over 14% of children referred on non-offence grounds. Almost all of these young children were referred because of lack of parental care and/or because they were victims of Schedule 1 offences⁸.

Recent years have seen proportionately more children under two years old being referred to the Reporter (Figure 1). This is against a trend of decreasing numbers of referrals to the Reporter for older children in 2007-08 and 2008-09.

Figure 1



In 2005-06, 10% of children referred were under two years old. In 2008-09, 12% of children referred were under two years. In comparison, the number of children (of all ages) referred to the Reporter over these four years fell by 12%.

Sources of referral

The police continue to be the main source of referrals to the Reporter of children under two years (Table 1). In 2008-09, 83% of children referred in this age group had a referral from the police.

⁷ General Registrar Office for Scotland (2009) Mid-2008 Population Estimates Scotland

⁸ Children (Scotland) Act 1995 - section 52(2)(c) 'is likely - (i) to suffer unnecessarily; or (ii) be impaired seriously in his health or development due to a lack of parental care, and section 52(2)(d) 'is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1995 (offences against children to which special provisions apply) has been committed.

Table 1 Numbers and % of children under two years referred to the Reporter in 2008-09 by main source of referral

| Source of referral | Number of children under 2 | % of children under 2* |
|--------------------|----------------------------|------------------------|
| Health | 48 | 0.85% |
| Police | 4,680 | 83% |
| Social work | 1,198 | 21% |
| Others** | 106 | 1.88% |
| Total | 5,651 | 100% |

* Children can be referred to the Reporter by more than one source.

**Others includes parents, other relatives, Sheriff Court, education, etc.

The numbers of children under two years referred from **health** sources has fallen:

- In 2005-06 – 92 children (1.7%) under two years were referred to the Reporter by health sources
- In 2008-09 – 48 children (0.85%) under two years were referred to the Reporter by health sources

The numbers of children under two years referred from **social work** has fallen:

- In 2005-06 – 1,214 children (23%) under two years were referred to the Reporter social work
- In 2008-09 – 1,198 children (21%) under two years were referred to the Reporter by social work

In contrast referrals from the **police** have increased:

- In 2005-06 – 4,370 children (81%) under two years were referred to the Reporter by the police
- In 2008-09 – 4,680 children (83%) under two years were referred to the Reporter by the police

These data indicate that despite a greater awareness of child protection , focus on early intervention and the Getting it Right for Every Child (GIRFEC) agenda⁹, the police are still the main frontline agency to refer young children at risk to the Reporter.

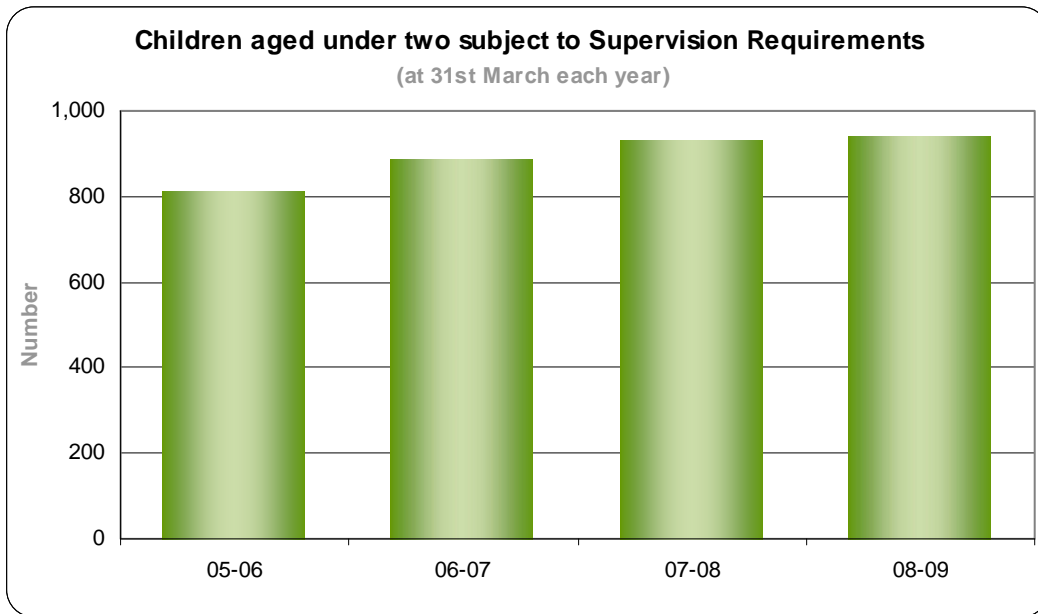
Reporter decisions and Supervision Requirements

Children aged under two years are more likely to require compulsory measures of supervision to protect their safety and/or welfare. This is demonstrated by Reporter decision-making – for 19% of the under two years olds referred in 2008-09 the Reporter decided to refer them to Children’s Hearings. In comparison, for all ages, the Reporter decided that 14% of children be referred to Hearings.

The numbers of children under two years old who are subject to a Supervision Requirement have increased over recent years (Figure 2).

⁹ <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec>

Figure 2



In 2008-09, 941 children aged under two years old were subjects of Supervision Requirements. This is a 16% increase since 2005-06.

Chapter Three Emergency Measures for children under two years

Place of Safety Warrants and Child Protection Orders

Children's Hearings can make short-term measures to address emergency or high risk situations where measures have to be put in place immediately to protect children. For these measures to be considered, a child must be at risk of significant harm.

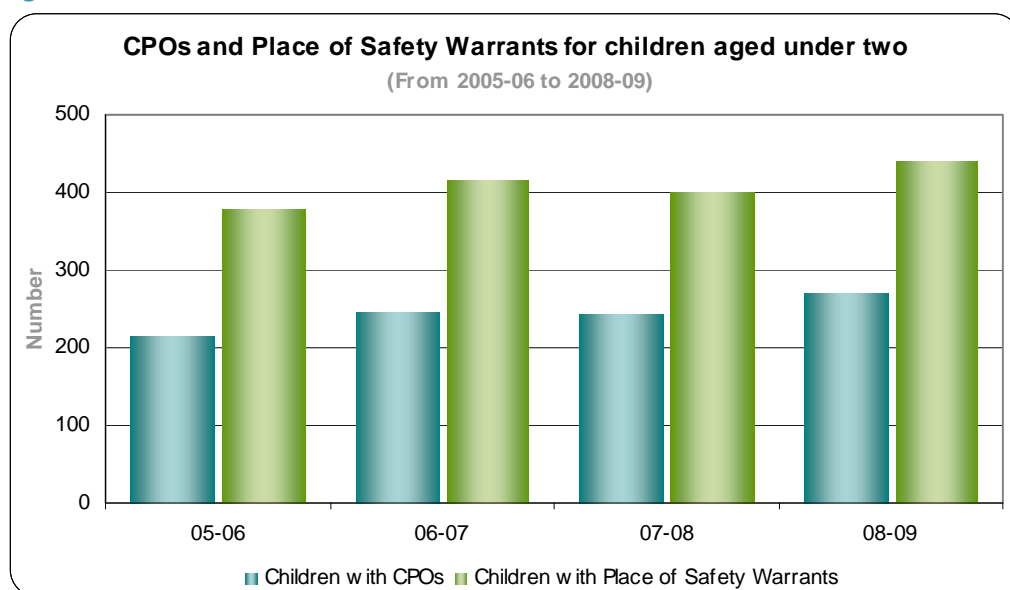
Place of Safety Warrants are made to keep children in a place of safety away from home. These last for three weeks, and can be renewed up to three times by a Children's Hearing¹⁰. An application can be made to the Sheriff for further periods¹¹.

Child Protection Orders (CPO) are granted by the Sheriff Court and are considered by Children's Hearings to decide whether they should be continued¹². CPOs can last up to eight days. They are used when a child must be removed immediately to a place of safety.

Children under two years old make up 41% of all children subject to CPOs, and 21% of children with Place of Safety Warrants (2008-09).

The numbers of children under two years old who are subjects of Warrants and CPOs has increased over the past four years (Figure 3).

Figure 3



In 2008-09:

- 269 children under two were subjects of CPOs – a 25% increase since 2005-06.
- 441 children under two were subjects of Place of Safety Warrants – a 17% increase since 2005-06.

These data demonstrate the vulnerability of young children, and that there are growing numbers of children at such high risk that emergency measures are needed to protect them.

¹⁰ Children (Scotland) Act 1995 sections 66 and 69

¹¹ Children (Scotland) Act 1995 sections 67

¹² Children (Scotland) Act 1995 section 59(2)

Referral histories of children under two years with CPOs

For just over a half of under two year olds with CPOs in 2008-09 (56%) – the CPO was their first referral. This means that the remainder had previous referrals to the Reporter and in some cases were already subject to Supervision Requirements or had previous CPOs.

Table 2 shows the Reporter decisions on referrals of children under two years prior to them being subjects of CPOs in 2008-09.

Table 2 Reporter decisions on previous referrals

| Reporter decision – previous referral | Number of children under 2 with CPOs in 2008-09 |
|---|--|
| Arrange Children’s Hearing | 33 |
| No Hearing - current measures (i.e. Supervision Requirement in place) | 7 |
| No Hearing - family have taken action | <5 |
| No Hearing - insufficient evidence to proceed | 10 |
| No indication of a need for compulsory measures | 6 |
| No Hearing – refer to local authority | 9 |
| Open referral (i.e. Reporter has not yet made a decision) | 64 |

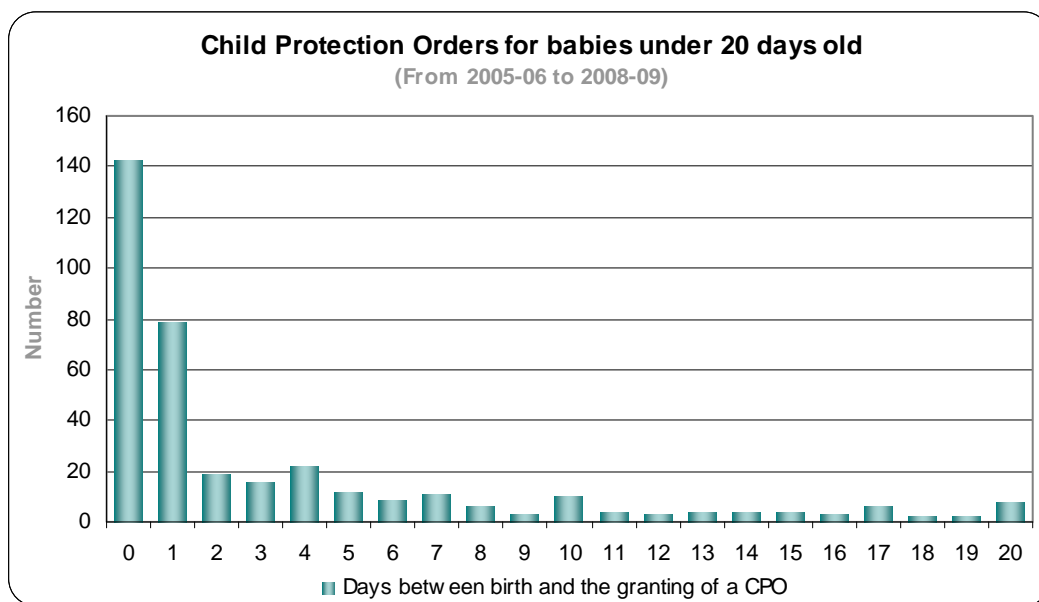
Of the 33 children referred to Hearings, 25 were made subjects of Supervision Requirements. Six Hearings were abandoned before evidence had been led at the Sheriff Court to establish the grounds of referral and in two cases the grounds were discharged by the Hearing.

Twelve children had previously been subject of CPOs, meaning that they had required immediate emergency intervention at least twice in their first two years.

CPOs and newborn babies

Newborn babies are more likely to be subjects of CPOs than any other age group. 15.8% of all the CPOs made between 2005-06 to 2008-09 were for babies aged under 20 days old – the majority of these were made at birth or one day old (Figure 4).

Figure 4



The outcomes for children with CPOs received within 20 days of birth were followed over their first year:

- Most (95%) CPO referrals of babies under 20 days old were from social work, in contrast to other types of referrals.
- For 65% of CPOs for very young babies, Non-Disclosure Orders were made to prevent others (usually a parent) knowing where they were being cared for.
- 94% of CPOs for very young babies resulted in long-term compulsory measures (Place of Safety Warrants and/or Supervision Requirements). In 4% of the cases a decision was awaited from the Sheriff Court.

The reasons why CPOs are made for very young babies are complex but common factors include high risk of physical neglect of the child, parents who are violent, parental substance abuse and parents not able to provide a safe and stable environment for the child¹³.

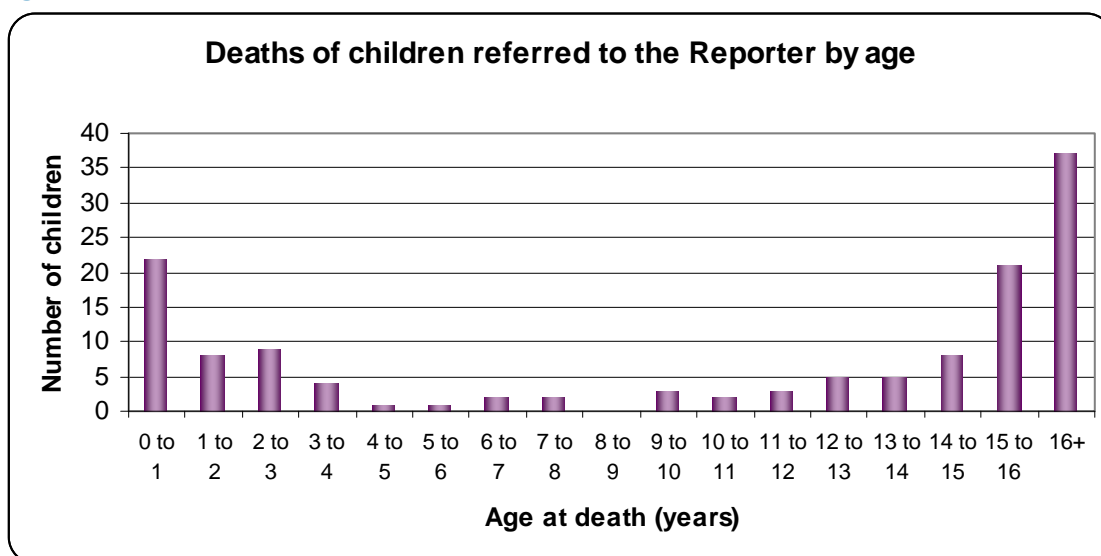
¹³ SCRA (2008) *A Study of Children Subject to Child Protection Orders in Edinburgh 2006/2007*, Stirling: Scottish Children's Reporter Administration

Chapter Four Child deaths

The deaths of children referred to the Reporter were investigated to identify patterns in backgrounds and causes of death. Reporters are informed of the deaths of some children by other agencies, and the information held by SCRA is therefore dependant on that received. The information in this chapter should be viewed as indicative, as it is not possible to determine with certainty if all the deaths of children referred to the Reporter have been reported to and held by SCRA.

From January 2003 to June 2009, 144 children and young people who had been referred to the Reporter died. Figure 5 shows the age range of children and young people when they died.

Figure 5



*The ages at death for 11 children were not known as date of death was not recorded.

Under two years and 14 years and over were most common ages at time of death. For the 75 children under 15 years referred to the Reporter where the age at death was known, 30 (40%) were under two years.

Deaths of under two year olds referred to the Reporter

Of the 30 children under two who died, two were subject to a Supervision Requirement at time of death and 15 had open referrals.

The cause of death is not recorded for most, but the records held on SCRA's Referrals Administration Database (RAD) were examined to find common factors in the referrals of these children to the Reporter (Table 3).

Table 3 Factors in the backgrounds of children referred to the Reporter who died aged under two years

| Common factors * | Number of children aged under 2 at time of death |
|--|---|
| Parental substance misuse | 8 |
| Domestic violence | 6 |
| Child born with drug withdrawal symptoms | 5 |
| Child – health problems | 5 |
| Homelessness/housing problems | 5 |
| Violence/ aggression | 3 |
| Parents inability to care for child | 2 |

**These data should be viewed as indicative, as these factors were not recorded in every case. Because they are not recorded does not mean that they were not present in the child's life. Some cases had more than one of these factors recorded.*

The background factors in the lives of children less than two years old referred to the Reporter , were similar to those of other children in this age group. This is discussed in detail in Chapter Five.

Chapter Five Backgrounds of children under two years referred to the Reporter and the actions taken to protect them

Research on a sample of 50 case files of children under two years old referred to the Reporter was carried out to gain an understanding of their backgrounds, the reasons they were referred to the Reporter and the actions that were being taken to protect them.

The cases of 50 children were selected at random from five different areas in Scotland: Aberdeenshire; Angus; Clydebank; South Glasgow; and Falkirk. Each case file was examined in detail and information extracted on 28 different variables (Appendix B) which fell into two main categories:

- Family background and contact with the Reporter and other services
- Issues and concerns about the child and their family.

Further details on the research methods are given in Appendix A.

Family backgrounds

Living group

- Half of the children (n=25) live with their single birth mothers, either alone or with other family members.
- Seventeen (34%) live with both their birth parents – this is a slightly higher proportion than the 28% of all children referred to the Reporter¹⁴.
- Six (12%) are in foster care
- Two (4%) live with their maternal grandparents under a Residency Order giving the grandparents full parental rights for the child.
- No children resided solely with their birth father.

Siblings

74% (n=37) had at least one sibling of whom 89.2% (n=33) of these were known to the Reporter. Many of the children had multiple siblings, including half siblings (maternal and paternal) and step siblings. The family networks of the children were complex and it was not always clear where siblings lived or the contact they had with the children in the sample.

Parents' childhoods

The majority of the parent(s) had also had chaotic and unhappy childhoods, often in very similar contexts to the way in which they were raising their own child(ren). A common occurrence was a history of sexual abuse when the mother herself was younger, with a number of them reporting they had been raped or sexually abused as a child. Where background on the parent(s) was available in the case files, it was notable that the fathers had generally had very difficult upbringings, perhaps giving some way to explain their own approach to parenting.

15 of the children (30%) had at least one parent that was known to the Reporter as a child. Six of the parents had been on Supervision Requirements at some point in their childhoods and six were looked after and accommodated by the local authority away from home¹⁵.

¹⁴ SCRA (2008) *Annual Report 2007-08*, Stirling: Scottish Children's Reporter Administration

¹⁵ Obtaining information on the child's parents was difficult and depended heavily upon social work and other agencies explicitly stating this information in their reports to the Reporter. Additionally, RAD has been

Ages of parents

The ages of mothers and fathers was varied, with mothers being aged between 16 and 43 years and biological fathers between 13 and 43 years. The average age of mothers was 25.5 years old (three files did not contain information on the age of the mother). It was evident that some fathers named as such on the birth certificate were not the children's biological fathers and, in some cases, the mothers were uncertain as to paternity of the child, making it difficult to establish the average age of fathers.

Parents' employment status

The majority of the children's parent(s) were unemployed and in receipt of state benefits. More fathers than mothers were employed, however, this tended to be identified as short-term casual employment as opposed to long-term secure work. Of the fathers that were employed, they tended to work in manual labour (such as delivery drivers, construction workers and farm assistants) rather than white-collar or professional roles.

Parents' substance misuse

66% (n=33) of the children had been exposed to either drugs and/or alcohol addictions:

- 22 children (44%) had at least one parent who was using drugs, mostly heroin (although some were now on methadone programmes) and cannabis although other drugs such as amphetamines and steroids were also reported.
- 24 (48%) of the children had at least one parent who had a history of misusing alcohol.
- 13 of the children (26%) had at least one parent who had a drug problem and one who had an alcohol addiction. Three of the children having both parents addicted to both drugs and alcohol.

Alcohol was reported by professionals (mostly the police) as being the dominating factor in domestic abuse incidents, particularly when the father was intoxicated at the time.

Parents' mental health

Over half (52%, n=26) of the children had at least one parent who had experience of mental ill-health:

- Seven children had fathers with mental ill-health and 14 had mothers with mental health problems.
- Five children had both parents with mental health problems.

The most common mental health concerns about the children's parents were depression and issues with anger management (for both mothers and fathers). Also noted in a number of the files was the parent(s) attempting to manage their mental ill-health through self-medicating, usually with cannabis and/or alcohol. Four of the children had mothers who had attempted suicide at some point (one of whom had attempted suicide when pregnant) but none of the children's fathers had attempted suicide.

Parents' disabilities

Four of the children had mothers with disabilities - three having learning disabilities. Two had physical health conditions – one epilepsy (who also had a learning disability) and one had had a mini-stroke which affected their neurological functioning. One child had a father who was involved in a serious road traffic accident and his injuries have caused him pain since.

operating since 2002 so only parents who were young enough to be referred to the Reporter since 2002 would be easily identifiable through RAD records.

Parents' offending histories

38 (76%) of the children had at least one parent who had an offending history - usually fathers comprising 25 (65.8%) of those children who had a parent with offending history. Two children had a mother only with an offending history but 11 (28.9%) children had both parents with offending histories.

There were a wide range of offences, from breach of the peace, shoplifting, road traffic offences and possession of drugs to sexual offences, lewd and libidinous practices and attempted murder. Three parents were identified as being Schedule 1 offenders, one of these a mother for wilful ill-treatment and wilful neglect against the child. One child's mother had funded her drug habit through prostitution. Five of the children's fathers had histories of sexual offences, four of which were for having sexual intercourse with girls under the age of 16 years old (three were 14 years old and one was 15 years old).

Most parents (particularly fathers) had extensive offending histories and were well known to the police. The most common reasons for being known to the police were for domestic violence and breach of the peace.

Three of the children's fathers had spent time in Polmont Young Offenders institution when they were younger. Ten children (20%) had a parent who had spent time in prison, with nine of these being the child's father (additionally, the boyfriend of one of the mothers was also in prison, although this was not the child's father). Only one mother had spent time in prison and this was pre-pregnancy before the child was born.

Interventions

Grounds of referral to the Children's Reporter

The children in the study had been referred to the Reporter at least once as follows:

- 42 of the children had been referred for lack of parental care ('c' ground), two of these were CPOs;
- 16 had been referred on victim of a Schedule 1 offence ('d') ground;
- Three as same household as a Schedule 1 offender ('f' ground);
- One child had been referred on grounds of bad associations or moral danger ('b' ground);
- One child as same household as a child who has been victim of a Schedule 1 offence ('e' ground).¹⁶

This is similar to the national profile of grounds of referral for children under two years (Chapter 2).

Emergency measures

Of the 50 children, 42% (n=21) were on the Child Protection Register (CPR) with five of these (23.8%) being on the CPR from birth or pre-birth. Two children who were subjects of CPOs were also on the CPR.

¹⁶ Children (Scotland) Act 1995 - section 52(2) (b) is falling into bad associations or is exposed to moral danger; section 52(2)(c) 'is likely - (i) to suffer unnecessarily; or (ii) be impaired seriously in his health or development due to alack of parental care; section 52(2)(d) 'is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1995 (offences against children to which special provisions apply) has been committed; section 52(2)(e) is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph (d) above has been committed; section 52(2)(f) is, or is likely to become, a member of the same household as a person who has committed any of the offences referred to in paragraph (d) above.

For 20% (n=10) of the children, both the child and their sibling(s) were on the CPR. In only one case, the child in the sample was not included on the CPR when their sibling was. In eight of the cases where both the child and the sibling(s) were on the CPR, both were placed on it at the same time.

Of the 21 children on the CPR, five of these were from birth and so could not have been referred to the Reporter any earlier than the date of their being placed on the CPR. However, of the remaining 16 children who were on the CPR (not from birth) only three were referred to the Reporter prior to their name being included on the CPR. This may be tentatively explained by those involved in the Child Protection Case Conference attempting to resolve the situation without compulsory measures and, when this fails or the situation becomes more serious, a referral is made to the Reporter.

Ten of the 16 who were referred to the Reporter after being placed on the CPR were done so within one month of their names being placed on the Register (most within two weeks) and the remaining six children within two to three months. This may be due to discussion at the Child Protection Case Conference that compulsory measures of supervision may be required.

Compulsory measures

Just 16% (n=8) of the children in the sample had current Supervision Requirements in force. Six of these also had a sibling who was subject of a Supervision Requirement. A further 14% (n=7) of the children did not have a Supervision Requirement but had a sibling who had a current Supervision Requirement. An additional 14% (n=7) of the children in the sample could potentially receive a Supervision Requirement in the near future as four had open referrals, two were awaiting their Hearing date and one had a continued Hearing that was referred to the Sheriff Court for proof.

Permanency planning

Just 4% (n=2) of the children in the sample had any form of permanency planning with a view to permanently removing the child from home. However, 12% (n=6) of the children had sibling(s) for whom permanency planning was underway. For the two children where permanency planning was taking place, one child had no siblings and the other child's sibling was also in the process of being adopted.

Contact with services

From the children's case files it was not possible to identify all services and professionals involved with the child and their family. Where services and specific professionals were recorded, these have been noted and discussed.

For almost all of the 50 children, it is evident that there are many services and professionals involved with them and their families, pre- and post-birth. For the children who have parent(s) with the most chaotic lifestyles (particularly where substance misuse or mental ill-health is present), professionals do express concern that one or both parent(s) do not engage with services and feel them to be intrusive and unnecessary.

All of the children had been involved with health services, mostly General Practitioners, Midwives and Health Visitors attending the household following the child's birth. Health professionals had been involved with the parent(s) to a relatively significant extent particularly where the mother had addictions to drugs and/or alcohol or had more severe and enduring mental ill-health or a history of post-natal depression with previous children. Mental health professionals (such as Community Psychiatric Nurses, Community Mental Health Teams, Psychologists, Clinical Psychiatrists) and substance misuse professionals were also regularly noted as being involved with the parent(s) of the children.

The second most common service for the families of the children to have been actively involved with was social work, closely followed by contact with the police and criminal justice services. Not all social work contact was directly related to the child and many of the families had had social work contact prior to pregnancy and the child's birth. Child protection specialists and domestic abuse specialists were also common contacts for the families to have had, either at the time the research was conducted or historically. Family support and family protection teams had also been involved with the families.

The majority of children had had some form of pre-birth risk assessment or case conference to discuss the resource allocations and potential risk to the child following his/her birth. This itself demonstrates positive multi-agency working by all the services involved and highlights the ability of services (particularly social work) in identifying children who will be at risk when they are born. In more than one case, this pre-birth assessment identified actions that could be taken prior to birth to assist the parent(s), particularly the mother, in her preparing for the birth of her child and in developing the appropriate skills that would be required for effective parenting. A number of young parents had been given a computerised doll simulating a young baby to assess their parenting skills by the Social Work Department to help them prepare for parenthood.

It was more difficult to tell what services and professionals were currently (at time of the research) involved with the children as many of the reports were old and SCRA does not hold more recent information on the child and their family unless the child is subject of compulsory measures and/or has been referred again. However, the most commonly identified professionals to still be involved with the children (and their families) were social work services and health (i.e Health Visitors, General Practitioners and Practice Nurses) through the contact infants are required to have with the NHS for regular visits, check ups and immunisations. Where parent(s) were also still involved in offending, or were still under probation, or were serving their sentence, adult criminal justice services were also still involved with the family. Whilst these were the most common services involved with the child and the family, many children also had more specific professionals and services still involved (such as addiction specialists, nursery schools and Women's Aid).

Outcomes – Safe, healthy, nurtured?

Safe

Care

Prior to birth, there had been concerns raised about the care of 52% (n=26) of the children when born, due predominantly to the history of domestic abuse and violence in the home, the mental ill-health of parent(s) (mostly mothers, including post-natal depression after previous pregnancies), substance misuse issues (drugs and alcohol) and neo natal abstinence syndrome of siblings. For 20% (n=10) of the children there were pre-birth child care concerns for the child's sibling(s), with nine of these also having pre-birth care concerns for the child themselves. A number of children had pre-birth risk assessments carried out by health and social work, particularly where the child's sibling was known to services and where drugs were involved.

Protection

For 48% (n=24) of the children there were concerns about their protection. These concerns focussed on the parent'(s') ability to protect the child whilst under the influence of drugs as well as their social networks. Also a common concern was that the parent(s) were unable to put the child first in their lives, instead placing their own needs before the needs of their child. These parents were unable to keep the child safe and remove them from risky situations unless this met the parent's needs (for example, attending parties to take drugs or going into situations that are risky for the child, to purchase drugs). Some of the lifestyles of the parent(s) were not appropriate for children and, when this was the case, the parent(s) are not able to appreciate or understand the

impact this will have on the child's sense of safety, stability and security.

Violence

33 (66%) of the children had backgrounds involving domestic abuse between their parents, in all cases from the father (and/or mother's new partner) towards the mother. In four of these cases, the mothers also have been aggressive and abusive towards their partner. Where domestic abuse has been on the part of both parents, mothers tended to be verbally and emotionally abusive towards their partners and fathers violent, aggressive and physically abusive. In two cases weapons (knives) were involved in the domestic incidents and in another the mother was held hostage by the father. The aggressiveness and volatility of the fathers towards the mothers was expressed as a concern, particularly when the professionals involved did not believe that the mother would be capable of protecting the child(ren) during these incidents.

There was concern amongst professionals involved with the family, that the mothers trivialised incidents of domestic abuse and violent and aggressive behaviour as a 'one off' or it just being a normal argument, despite the levels of violence and aggression involved. In six of the children's cases, these domestic abuse incidents do appear to be isolated and relatively minor in nature, particularly in times immediately following the separation of the parents. However, in general, domestic abuse appears to characterise the relationship between the child's parents. For four of the children, who had been exposed to domestic violence between their parents, there was a history of domestic abuse for the mother pre-dating the child's parents' relationship, indicating a worrying pattern in the mother's relationship history. Furthermore, in two of the cases, the fathers were controlling and manipulative towards the mother (particularly in terms of her social networks).

For 10 of the children (20%), professionals expressed concern over the males in the household due to their either being Schedule 1 offenders, violent and/or drug and alcohol abusers:

- For five of the 10 children, the child was at risk from physical violence from the males in the house.
- Concerns for five of the children were a result of the males in the household (three of which were the father) being convicted of a Schedule 1 offence. Three of the Schedule 1 offenders were due to sexual offences against a child and the nature of two were unknown. In two cases this was where the child's father had had sexual intercourse with girls under the age of 16 years and two were for other males in the household (one with a preference for pre-pubescent children).
- Professionals involved with one of the children were worried about the volume of males frequenting the home.

Physical abuse

Four of the children had been physically abused by their fathers. A further five children had records indicating that there were accusations of physical abuse or injuries had been sustained but no further evidence of physical abuse was present and these were put down to accidental injuries. Six of the children also had fathers who had been physically abusive towards the child's siblings, indicating the possibility of physical abuse of the child.

Sexual abuse

Only one child in the sample had any indications of sexual abuse towards her. The case files for this child indicate that the child's mother made allegations of sexual abuse, however, the paediatrician who examined the child found no evidence of sexual abuse. However, one of the children's siblings had been interviewed previously by police over concerns of inappropriate behaviour by the child's uncle.

Emotional abuse

The case files of four of the children indicated emotional abuse. However, many more children had experienced emotional abuse within the home which was not specifically directed at them (for

example, during domestic abuse incidents). Whilst not the direct victim of emotional abuse *per se*, all professionals involved with the children who had experienced incidents of domestic abuse were concerned over the impact such incidents and the relationships between parents would have on the children's emotional well-being.

Healthy

Physically healthy

Seven of the children (14%) were born with neo-natal abstinence syndrome from heroin. For one this was severe withdrawal and the remainder were more mild requiring minimal medical intervention. Very few of these latter children required any medication, with some of the files reporting that this was because they were being breast fed by heroin user mothers so the child was obtaining small amounts of heroin through the breast milk, resulting in less severe withdrawal.

Health care

The majority of the children's case files demonstrated that the mothers attended the majority of antenatal and post-natal medical appointments for the child and the child's immunisations were up to date. Most children in the sample were also felt to be meeting their appropriate developmental milestones.

Nurtured

Physical care

Due to the chaotic and transient lifestyles of some of the parents, it is not unsurprising that there are some shortages of basic supplies for some of the children. For example, one child had had a shortage of milk on more than one occasion due to their parents being unable to budget effectively. Overall, the children in the sample appear to live in appropriate conditions where the household is clean, tidy and warm with appropriate toys and clothing being provided and the child being provided with nutritious meals.

Seven children (14%) were living in untidy and unhygienic conditions. A small number of children appear to live in households where the household conditions depend heavily upon the mothers situation at the time. Therefore, in times of crisis the house is untidy and unclean and no routine is provided but in other times the opposite is true. Establishing a routine does appear to be a problem for the parent(s), especially where their own lifestyles are chaotic and transient such as is the case for those who misuse drugs or alcohol or having numerous tenancies.

Housing

For half of the children (n=25) there were concerns over their housing situation. These issues were wide and varied, including: small, cramped and overcrowded accommodation; periods of homelessness and spells in homeless accommodation; presence of dangerous dogs; and history of transient tenancies. There were also a significant number of children who resided with their maternal (and less frequently paternal) grandparents at some point over their lives and this was usually with at least one of their birth parents.

Love, emotional warmth, attachment

Positively, and despite the chaotic lifestyles, most professionals reported positive attachments between the child and their mother and that the child receives emotional warmth from their mother (in some cases, although less frequent, also from their father). In general, fathers were lacking in parenting skills (although not in all cases) and need additional support to develop appropriate skills in this area.

Additional support and care

A general theme was strong support networks in place for the child and his/her parent(s). This

support predominantly came from maternal grandparents but there were some cases where the paternal grandparents had played a significant role in the child's life. Also evident was the social support networks mothers had in the form of friends and, to a lesser extent, neighbours. This highlights the value of social networks and community on influencing the lives of both the children and their parent(s).

Chapter Six Conclusions

Trends

Recent years have seen more children below the age of two years being referred to the Reporter – in 2008-09 this was almost 1 in 20 children under two years old in Scotland (i.e. 5,651 children). These children were referred because of lack of parental care and/or because they were victims of Schedule 1 offences. In addition, more children under two years are needing to be placed on Supervision Requirements, and on emergency measures (Place of Safety Warrants and Child Protection Orders) to protect them and safeguard their welfare.

This trend is against a policy and practice agenda of early intervention so that children get the help they need when they need it with the intended result that fewer children will require compulsory measures of supervision to protect them. This research shows that this focus on early identification and intervention does not appear to have impacted yet on the numbers of young children requiring compulsory interventions to protect them. It may also reflect that more young children are at risk and that these risks are increasing.

Safe, healthy, nurtured?

For the children's cases studied, there were serious concerns around the males in the household, particularly in relation to domestic violence and exposing the child (and any siblings) to emotional abuse as a result of domestic abuse. Many of the children had been exposed to volatile, aggressive and violent behaviour. However, this concern did not just centre around the children's fathers, but males in the family and social networks of the parent(s).

From this research, it is clear that there are issues of parental lifestyles which significantly impact upon the care and protection of the under two year olds who are referred to the Reporter. Substance misuse and mental ill-health were common occurrences, as was violent behaviour (domestic abuse and offending patterns, particularly of fathers).

A wide and varied range of services were involved with the children (and their families), demonstrating the professional supports available to them. Additionally, the common occurrence of pre-birth risk assessment and resource allocation meetings illustrates that there are good examples of multi-agency working and not just from a child protection stance. Services involved with the families ranged from services specifically geared at child protection to health, domestic abuse, substance misuse, mental health, housing and criminal justice. Notably, pre-birth medical intervention also appeared to be relatively common, with mothers being offered tailor-made packages of support, particularly when there was a history of substance misuse and/or mental ill-health. Good interagency support mitigates the risk factors and, in most of the cases analysed, appears to have worked well in ensuring the care and protection of the children. Many services appeared to be involved with the child and their family before the referral to the Reporter, demonstrating that these services do as much as they feel they can for the child and family before they make a referral or consider that compulsory measures of supervision may be required.

A positive message from this research and from anecdotal evidence is the strength of family support networks available to some children and their parent(s). Many of the children in the research had resided with their grandparents at some point, demonstrating that there are familial supports which are in place in many children's lives which help to ensure they remain within the family and in a safe and protected environment. This kinship caring role is particularly valuable for those parent(s) who lead chaotic and complex lives (particularly those with drug and/or alcohol addictions) or for times when the family is in crisis in providing a stable and secure environment for the child(ren). Within

the families of the children in this research, family supports also assisted during times of housing crisis, avoiding children having to go into temporary foster care whilst housing issues were resolved and/or their being accommodated in homeless accommodation with their parent(s).

This research shows that for the cases examined, agencies were identifying children at risk at a very early stage and often before birth, and putting in place services to support the child and their family. Most of the children are healthy and loved by the mothers with strong support networks in place from extended family. However, on-going issues about both parents' addictions and violence especially from males in the house mean that there continue to be concerns about the safety of these children. This suggests, that in some cases early intervention and supports provided may not be enough to protect young children from dangers posed by the adults in their lives.

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Appendix A Methods

Chapter Two - Trends in referrals of children aged under two years to the Children's Reporter

Data on children referred to the Reporter, for the years 2005-06 to 2008-09, were extracted from SCRA's Data Warehouse and analysed using MS Excel.

Chapter Three - Emergency Measures for children under two years

Data on children referred to the Reporter who received emergency measures, for the years 2005-06 to 2008-09, were extracted from SCRA's Data Warehouse and analysed using MS Excel.

Chapter Four - Child deaths

A list of children referred to the Reporter who had died between January 2003 to June 2009 was extracted from SCRA's Referrals Administration Database (RAD). The data were collated and analysed using MS Excel. The RAD record of each deceased child was examined to obtain information on the backgrounds of these children.

Chapter Five - Backgrounds of children under two years referred to the Reporter and the actions taken to protect them

Pilot study

A small pilot study was carried out in May 2009 on eight case files from SCRA's North East Glasgow team. This pilot was used to define the variables (criteria) used to ensure that the information collected during the research was relevant to the group of children under study rather than just a selection of variables that are assumed to have been relevant by the researchers. This ensured that the findings of the research are both valid and reliable indicators of the social backgrounds of the children in the sample population.

Sampling – main study

The sample was from five different geographical areas so that it was representative as possible of Scotland - Aberdeenshire; Angus; Clydebank; South Glasgow; and Falkirk. These areas (aside from Aberdeenshire and Angus which were selected to represent rural areas) all had non-offence referral screening processes in place which reduced the likelihood of sampling children who have been referred to the Reporter where the referral decision is that there is no indication of a need for compulsory measures. The sample in Aberdeenshire and Angus were screened by the researchers at the sampling stage for children where the Case Filtering Tool¹⁷ assumption was applied.

A sample of 50 children were randomly selected - ten children from each of the five different areas. This provided a sufficient amount of cases to conduct a meaningful analysis of the social circumstances for this age group.

¹⁷ This is a tool used internally by SCRA which facilitates Reporters in their case processing .

Data collection

Researchers from SCRA's Information & Research Team collected information from each case file selected using a defined set of variables. These variables covered issues such as family contact with the Reporter as well as social and health factors that are evident in the lives of the child and/or parents and siblings. The full list of variables for extraction of information from the case files and subsequent analysis is presented in Appendix B. Data collection was carried out in the first two weeks of June 2009.

Analysis

The information collected from case files was collated (on an anonymised basis) in an MS Excel database. This allowed for basic descriptive statistics to be produced on the 50 children, showing the common factors in their social backgrounds. Due to the small number of case files analysed in each area the findings are presented as an overall aggregate of the data collected and no regional comparisons are made.

The Scottish Government early and effective interventions well-being indicators were used as a framework for analysis. The indicators relevant to the sample population were selected and used as a coding framework for the analysis of the information extracted from the children's case files. 'Safe', 'Healthy' and 'Nurtured' are the main themes used in this report (Table 1).

Table 1 Indicators & coding framework for analysis

| Safe The child or young person is: | Healthy The child or young person is: | Nurtured The child or young person: |
|--|--|--|
| Not exposed to abuse and violence within the home. | Physically healthy | Experiences love, emotional warmth and attachment |
| Not subject to neglect by parents or carers | Emotionally healthy | Receives praise, encouragement, attentiveness and cognitive stimulus |
| Not at risk of avoidable physical dangers and health hazards within the home | Leading a healthy lifestyle | Receives a level of physical care that ensures that the child is clean, adequately and appropriately clothed and kept warm |
| Receiving appropriate protection and guidance from parent/carer | Receiving appropriate health care and guidance from services | Receives sufficient and suitable nutrition |
| Not exposed to anti-social and criminal activity within community | Receiving appropriate health care and guidance from main carer | Lives in an environment which promotes their cognitive and emotional development |
| | Attending health services and medical screenings and taking prescribed medication when necessary | Receives additional support and care when they need it |

Appendix B Research variables

Family background and contact with the Reporter and other services

- Age of child at first referral
- Age of child (at analysis)
- Grounds of referral to Reporter
- Age of mother and father (at analysis)
- Age of siblings at analysis
- Living group
- Siblings (including half siblings, other children in household) known to Reporter
- Parental Supervision Requirement (current or previous)
- Date of first concerns about family (and issue)
- Pre-birth care concerns for child or siblings
- Inclusion on the Child Protection Register for child or siblings (dates/ages)
- Supervision Requirement for child or siblings (dates/ages)
- Permanency planning (key child or siblings)
- Range of services involved (current and historical)

Issues or concerns about the children and their family

- Domestic abuse
- Physical neglect of children (key child or siblings where known)
- Emotional abuse of children (key child or siblings where known)
- Physical abuse (key child or siblings where known)
- Sexual abuse (key child or siblings where known)
- Parental drug misuse
- Parental alcohol misuse
- Parental disability
- Parental mental ill-health
- Concerns over ability to care for child (key child or siblings where known)
- Concerns over ability to keep child safe (key child or siblings where known)
- Parental offending
- Housing problems
- Concerns over males in household

Appendix C Tables and figures

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| | |
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