



# Working with vulnerable infants

*Marie Connolly, Philippa Wells and Jo Field*

Infants are one of the most vulnerable groups of children referred to statutory child welfare systems, a fact research continues to reinforce. The average annual rate of child maltreatment deaths in New Zealand for children under one year is 4.6 deaths per 100,000, more than three times higher than the one to four year old age group, and eight times higher than for children in the five to 14 year age group (CYF & MSD, 2006; Connolly & Doolan, 2007). Further, a child's early experiences shape almost all aspects of their development (Harbison, Parnes & Macomber, 2007). Reducing infant abuse and neglect is therefore critically important when working with vulnerable infants and their families.

To better understand the needs of vulnerable infants when they come to the notice of Child, Youth and Family (CYF) considering in particular the age and needs of parents, the concerns that formed the basis of the notification, the needs of the infants, and the relationships between family members and interventions, we broadly examined the case files of 171 infants who were notified to CYF in the year 1 July 2005 to 30 June 2006.

Because of the particular significance of early attachment for these vulnerable babies (Knitzer & Lefkowitz, 2006), it was important that we paid particular attention to those children in the sample who were placed in care. We therefore

constructed the sample to evenly represent three groups:

- infants whose notifications resulted in a care placement
- a group where, on receipt of a referral, it was determined that no further action was required
- children where there was intervention following investigation that did not involve care.

As a whole, this sample over-represents cases where we take no further action and those cases where children are taken into care, and under-represents those circumstances where there is intervention that does not involve a care placement.

## *Understanding the population*

From 1 July 2005 to 30 June 2006, a total of 6699 infants were notified to CYF. Seventy-four percent required further action by the service and 7% ultimately resulted in a care placement. Half the babies were under one year, and almost 46% were aged between one and two years when first notified. A small percentage of the children were unborn when first notified to CYF (4%). Perhaps not surprisingly given the population distribution, 40% of the children were from New Zealand's northern regional area, 27% came from the central region, and the midlands and southern regions each had 16%.

## *Description of the infants within the study sample*

The average age at which the 171 infants were first notified to the service was around six months of age, and they went on to experience additional notifications. When notifications for their family members were also included there was evidence of a high level of involvement with CYF by these families. New Zealand Māori made up 49% of babies in the sample, 33% were New Zealand European, and Pacific Island groups constituted 14%.

The notification concerns were found to be predominantly for family violence and neglect, and were usually rated as urgent or low urgency prior to investigation. In 21% of cases the investigation concluded that harm had not occurred. Where harm was substantiated, neglect was the biggest category reported comprising 29% of situations. There was little evidence that notifications were in response to the infants' special needs, with 75% of infants recorded as having no special requirements.

The parental ages were widely distributed with a mean maternal age of 27 years and a mean paternal age of 30 years. We found high levels of antisocial behaviour, alcohol and drug issues, and mental health problems experienced by both parents. In 82% of situations the nature of the adult relationships to which these infants were exposed were predominantly conflicted or violent.

A high number of parents had previously been involved with CYF when they were children or young people. In 49% of cases, mothers had been involved with CYF as children or young people. This is likely to be an underestimate as the mother's maiden name was sometimes

unavailable to cross-reference with archival records. In 41% of cases, fathers had been involved with CYF as children or young men. This may also be an underestimation as there were times when the name of the father was not available on the file.

Families raising these babies appeared small in structure, consisting mostly of couple households and a smaller group of sole parent families. Large multiple adult households were rare. Although fathers were involved in the lives of most of the babies, the information on

fathers was underdeveloped in casework records. In most cases the families appeared not to be isolated and they had strong family involvement, although this was often assessed as having a mixed influence.

A large group of these families were found to be

already positively connected with support services when notified, with a smaller group having less connection with the agencies they had been referred to. A group remained either unconnected to support services or actively refused to take up the services. In the great majority of cases the families were receiving income support payments.

Our findings suggest that the 171 babies notified early for reasons relating to their exposure to serious adult problems. The cluster of adult issues associated with these children included violent or conflicted relationships, alcohol or drug problems, antisocial behaviour, and parental mental health concerns. These are factors known to impact significantly on the successful care, nurture and development of infants. The adult caregivers were not predominantly young people, although a group

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of caregivers in this study were teenage parents. Parental ages were widely dispersed with a significant group of older parents who had had a number of children. It is notable that a large group of parents had themselves been the subject of child protection concerns when they were children.

### *The infants who entered care*

Comparisons were made between the three groups of babies, those who had no further action taken, those who were placed in care, and those who had intervention of a non-care nature. Full statistics, including tests of significance, are not included here but are available from the authors. We found that babies placed in care were generally notified at a younger age than those for whom there was no further action required, indicating that there were early concerns about their wellbeing. When the notifications for their families were considered there was an indication that infants placed in care had families with a greater notification history with CYF. In addition, when compared with babies who went on to have a non-care intervention, infants who were placed had notifications that were rated as more serious.

Some family characteristics differed significantly between the intervention groups we compared. There were higher levels of mental health and/or substance abuse problems amongst mothers whose babies were placed in care than for the other groups. Despite this, even amongst babies remaining with their parents the rates of maternal substance abuse and/or mental health problems remained high.

The records suggested that the parents and caregivers of infants placed in care were more often violent towards one another compared to the other groups. Despite this, there were still high levels of exposure to conflict and violence amongst infants who remained with their families. Antisocial behaviour amongst parents was a shared characteristic across the three intervention groups, with particularly high levels of paternal antisocial behaviour.

The involvement of fathers appeared higher than we first thought with all the 171 babies.

Particularly for babies for whom there was no further action required, there was a high level of paternal involvement. The relationship between the parents or caregivers of babies in the 'no further action' group was also more positive than other groups. In addition infants for whom there was no further action had significantly higher levels of positive

family involvement. It may be speculated that there was some interaction between the higher level of paternal involvement, less violent relationships between parents, positive family support and the assignment of a no further action status to the case.

### *Children in the unborn sample*

Twenty-seven infants in the sample of 171 were notified before they were born or on the day of their birth. A further 61 new cases of babies notified before their birth were added to make a comparison group (n=88) with the babies in the sample who were notified after birth (n=144). Full statistics, including tests of significance, are not included here but are available from the authors. Across many variables there was

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little to distinguish the group of infants notified before birth from those in the larger sample of children who were notified after birth. Where differences did emerge, they appeared to reflect serious concerns about the mother. The number and severity of notifications was similar between the two groups, although the age at placement did vary significantly. The unborn children at notification moved into care at a mean entry age of 78.5 days, compared with 295 days for the larger sample.

There were identical rates of violence between spousal couples across the two groups, however 20% of couple relationships associated with the unborn notified babies were rated supportive compared to 9% of older babies. Sixteen percent of relationships associated with unborn babies were conflicted, compared with 44% of couples of older notified babies. With respect to paternal antisocial behaviour, there were no significant differences between the two groups.

Significant differences were apparent between the two groups when we considered maternal characteristics. Women bearing children who were notified before birth were on average younger than the mothers of babies notified after birth, with a mean age of 25 years compared to 27 years. There were more women with a CYF history amongst the group of mothers of unborn babies, with 71% being known to CYF compared with 43% of mothers of older babies. There was no significant difference established with respect to paternal age.

Rates of intellectual disability were also significantly higher amongst mothers of unborn

babies who were notified, with 28% being recorded as having an intellectual disability compared to only 4% of mothers of older babies. Rates of intellectual disability amongst fathers did not differ between the groups.

Maternal antisocial behaviour also differed significantly between the comparison groups. Amongst unborn babies, 64% of mothers were recorded as having antisocial behaviour

compared to 50% of those with older babies. In addition there were high levels of transience amongst mothers of notified unborn babies, with 51% recorded as transient compared with 30% of mothers of older babies.

The family situations of some mothers of unborn babies were recorded as better. They experienced more supportive spousal relationships and slightly

lower levels of paternal alcohol abuse. The issues of concern appear to lie around two predominant maternal characteristics: the presence of intellectual disability, and a combination of antisocial behaviour and transience. The data suggests that there are probably two distinct groups of mothers represented in the results, which further research may be able to confirm.

### *Discussion*

Our findings demonstrate the diversity of family circumstances and the consistently high level of need amongst adult caregivers who were grappling with violent and/or conflicted relationships, alcohol or drug issues, mental health problems and antisocial behaviour. A significant group were not new or immature

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parents. The infants were often being cared for by a group of parents who had had substantive involvement with CYF over circumstances pertaining to other children and in many cases to their own childhoods.

There are a number of limitations of our study that require us to exercise caution when interpreting findings. We relied on recorded case notes which may not reflect a full picture of the family situation or capture all the practice interventions. They are also susceptible to data entry error. Nevertheless, the study does provide opportunities for policy and practice discussion about the particular needs of infants notified to CYF and the support requirements of their families.

### ***Strengthening practice with vulnerable infants***

Four key areas have been identified as important when working with infants and their families: assessment of infant need; the involvement of fathers; the supervision and monitoring of vulnerable family situations; and the need to secure safety and belonging for these babies.

The assessment of infants is critical to understanding their needs, their attachment issues, and the impact that adult issues and behaviour have on their safety and wellbeing. In-depth information is required to strengthen our understanding of our work with this group so we can collectively provide more child-centred resources and interventions. Interagency collaboration will enhance this response.

While there may be significant difficulties in engaging some fathers, involving them

in decision-making is important. Although connecting with hard-to-reach fathers takes time and energy, it nevertheless provides important access to the extended paternal family whose engagement may provide significant protective support options for the child.

Supervision and monitoring systems can place a greater emphasis on infants and create more awareness of their vulnerability. Collaborative approaches, including case conferencing, enhance the safety of children and allow us to mobilise services to wrap around vulnerable families. Drawing on the strengths and protective factors within families requires

intense engagement and support from social workers, but evidence shows that it also facilitates greater change and a stronger safety net for the child.

Securing safety and belonging is of critical importance with vulnerable infants. In situations where there are limited opportunities for family change, the need for permanency for these children becomes imperative. It is important to be mindful

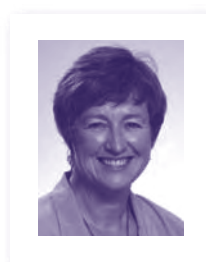
of the child's timeframe, and their attachment and developmental needs, to ensure appropriate permanency decisions are being made and supported.

In response to our findings, and the findings of the recent report on increased risk of death from maltreatment (CYF & MSD, 2006), a set of initiatives has been introduced across CYF to raise awareness and strengthen interventions with respect to work with infants. This includes: a vulnerable infants' day in all sites; targeted education and training sessions for all staff,

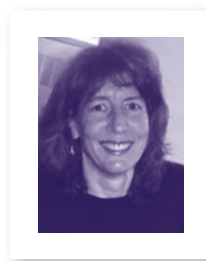
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including content on shaken baby syndrome and SUDI (Sudden Unexpected Death in Infancy); a focus on the infants on social workers' caseloads; and networking meetings with other professionals and community groups involved with young children. Enhancements to our practice framework prompting reflection and action during the intake and assessment phase of our work, and strengthened monitoring of infants at the local level have also been implemented. Educational opportunities for us to work with young men in residences and fathers within the justice system are also being explored.

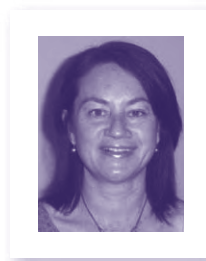
Our work relating to vulnerable infants signals the need to focus greater attention on their care and protection concerns. While it is clearly important to develop initiatives to strengthen practice within statutory systems, it is also important to strengthen collaborative responses to child abuse by coordinating services across the spectrum of care. Ultimately, building well coordinated, culturally responsive systems that will foster positive family change will be more likely to impact positively on the lives of vulnerable children.



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