



# Childhood Neglect

## Introduction to Neglect (option 4)

Produced by Carla Thomas

**Childhood Neglect: A resource for multi-agency training** is available to download from the Child and Family Training website [www.childandfamilytraining.org.uk](http://www.childandfamilytraining.org.uk) and on DVD-ROM from Bill Joyce, National Training Director, [bill.joyce@childandfamilytraining.org.uk](mailto:bill.joyce@childandfamilytraining.org.uk)

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# Childhood Neglect

## Understanding Neglect

Neglected children

- Neglected children are CHILDREN and YOUNG PEOPLE first
- They have the FULL range of developmental needs
- However, some, or all of their needs are not being met to the extent that they are suffering, or likely to suffer, significant harm
- Neglect is one of the most enduring and damaging experiences for a child or young person to endure

## Dimensions of children's developmental needs

- Health
- Education
- Emotional and behavioural development
- Identity
- Family and social relationships
- Social presentation
- Self-care skills

## Neglected children

..have some of the poorest long term health and developmental outcomes

..are at high risk of accidents

..are vulnerable to sexual abuse

..are likely to have insecure attachment patterns

..are less likely than other children to:

- develop the characteristics associated with resilience
- or have access to wider protective factors

## Challenges of definition

- In some ways it is relatively simple to identify a child whose needs are not being met
- But 'neglect' as a basis for intervention is a complex phenomenon that is difficult to define



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- In the face of a range of views of what constitutes adequate care, defining children's needs and determining what constitutes neglect has been problematic (NSPCC 2000)

### **Working Together 2013 – Definition**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Children can experience different forms of neglect**

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance. (Horwath 2007)

### **Some factors associated with neglect**

- being born prematurely
- having a disability
- having run away from home
- being an adolescent out of an adult's control

### **Neglected adolescents**

An NSPCC prevalence study on child maltreatment found that 20% of young adults in the UK reported having experienced inadequate supervision as children, including

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being allowed out overnight without parents knowing their whereabouts as a teenager. (Cawson *et al.* 2000)

An NSPCC prevalence study on child maltreatment found that 20% of young adults in the UK reported having experienced inadequate supervision as children, including being allowed out overnight without parents knowing their whereabouts as a teenager. (Cawson *et al.* 2000)

- UK research found that a quarter of young people who run away from home were forced to leave home by their parents
- Young runaways, who runaway from home, more than other teenagers feel that their parents don't care about them. (Safe on the Streets Team 1999; Rees and Siakeu 2004)

## Effects of neglect

Type of effect	Infants 0-2	Early Childhood	The School Years
<b>Development</b>	poor growth/ intellectual capacity under stimulation nappy rash, infections, hospital attendances failure to thrive	short stature, dirty, unkempt delay in learning new skills learning slow and painful language delay	severe educational deficits: learning disabilities, poor problem solving poor reading, writing and maths
<b>Behaviour</b>	withdrawn, lethargic, depressed self stimulating behaviour e.g. rocking	lacking social skills either aggressive or withdrawn indiscriminate friendliness	disruptive/overactive in class desperate for attention few friends overcompensation
<b>Emotional</b>	no learned trust	shame and self doubt lack of confidence and expectation of failure poor self concept	encopresis/eneuresis guilt/self blame self harming disturbed eating patterns

## Why is neglect so important?

### It is bad for children's *bodies*

- foetal neglect
- delayed growth within the womb
- non organic failure to thrive
- vulnerability to illness/infections/accidents
- poor medical care



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## **It is bad for children's *bodies***

- foetal neglect
- delayed growth within the womb
- non organic failure to thrive
- vulnerability to illness/infections/accidents
- poor medical care

## **It is bad for children's *brains***

- lack of nutrients - reduced growth
- lack of stimulation – delayed brain development
- unregulated stimulation - disordered neural circuitry

Increasingly an understanding that this can result in permanent reduced functioning which has a lifelong impact on the child's health and development

## **It is bad for children's *emotions***

- disturbed self-regulation
- negative self-identity
- low self esteem
- clinical depression
- substance abuse

## **It is bad for children's *relationships***

- insecure/disorganised internal working model
- attachment disorders
- transmission of relationship problems to significant others, for example, peers, teachers, substitute carers, professionals

## **It is bad for our *society***

- long-term effects on adult physical and mental health and on individuals' social and occupational adjustment
- financial cost of treating or incarcerating victims



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- possible association between child neglect and future anti social and criminal behaviour
- intergenerational transmission of neglectful parenting for future generations

## **Neglect is serious**

Neglect can cause impairment of health and development and impair aspiration and achievement

## **At its worst, neglect can KILL**

## **Identifying when parenting capacity results in neglect**

### **Parents of neglected children**

- Mothers and fathers of neglected children usually LOVE their children;
- however, they face many social and personal CHALLENGES; and
- these factors affect their capacity to provide what their children need to the extent that the children suffer, or are likely to suffer, significant harm.

### **Dimensions of parenting capacity**

- Basic care
- Ensuring safety
- Emotional warmth
- Stimulation
- Guidance and boundaries
- Stability

### **Family and environmental factors**

- Family history and functioning
- Wider family
- Housing
- Employment
- Income
- Family's social integration
- Community resources

## **Neglect and Deprivation**

In a study of 555 families referred to children's social care about concerns of neglect or emotional abuse of the children:

- 57% had no wage earner in the household



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- 59% lived in over-crowded housing conditions
- 10% had had 5 or more house moves in the previous 5 years
- 47% households headed by a lone parent
- 26% of parents and 24% of children had a disability or long term/serious illness
- 56% of parents reported high levels of emotional stress.  
(Thoburn et al, 2000)
- 'poverty is not a predictor of neglect: it is a correlate of neglect'.  
(DiLenonardi, 1993, in Horwath, 2007)
- The majority of people living in deprived circumstances parent their children effectively, but it is a lot harder.
- Deprivation can interact with other stress factors resulting in children's needs not being met adequately.

## **Research tends to have focused on mothers and has suggested them to:**

- be more likely to be poor
- be less able to plan
- be less able to control impulses
- be less confident about future
- be less equipped with sense of self-efficacy
- have psychological and psychosomatic symptoms
- have had poor educational attainment
- have a high sense of alienation...
- struggle to manage money
- lack emotional maturity
- be physically and emotionally exhausted
- experience depression
- lack of knowledge of children's developmental needs
- struggle to meet dependency needs of children
- experience feelings of apathy and futility. (Kadushi 1988, Polansky 1981, Crittenden 1996, Gaudin 1993, Giovannoni 1979, Horwath 2007, Mayhall and Norgard 1983, Taylor and Daniel 2005, Stevenson 2007)

## **Less research on fathers, but they are likely to:**

- be unemployed
- be a less supportive partner
- be violent to the mother
- misuse substances.

The man in the household is:

- more likely to be the non-biological parent,
- less likely to have been in the relationship longer than 5 years. (Coohey 1995, Featherstone 2001)





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## **Factors associated with neglect that affect parenting capacity –**

- Own experiences of adverse parenting
- Lack of supportive network/family/other
- Learning disability
- Maternal depression
- Parental psychiatric illness
- Parental substance misuse
- Abusive relationships with partner/domestic violence

## **Parental mental health issues**

- One in four adults will experience a mental illness in their lifetime.
- Of these, between a quarter and a half will be parents.
- Their dependent children are at greater risk of experiencing health, social and/or psychological problems.
- Combined issues such as genetic inheritance, social adversity and psychological factors may lead to an increased chance of children experiencing mental health issues.
- The impact of mental ill health on parental capacity will depend on the parent's personality, the type of mental illness, its severity, the treatment given and support provided.
- Many mental health problems are manifested in intermittent episodes of symptoms.
- This can result in fluctuations between good and poor parental capacity.

## **Parental substance misuse**

- Research carried out to inform the Advisory Council on the Misuse of Drugs report, 'Hidden Harm' (2003), estimated:
- 200,000-300,000 children of problem drug users in England and Wales
- this represents 2-3% of children less than 16 years.
- Between 780,000 and 1.3 million children are affected by parental alcohol use in England and Wales (Harwin et al. 2009).

Parents report effects on:

- providing a daily structure.
- being consistent.
- managing their children's anger.
- coping with children's transition into adolescence, especially if it involves experimentation with drugs.
- generally perceiving difficulties rather than positives in child's behaviour. (Coleman and Cassell, 1995)

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## Parenting Issues

- Parenting is challenging even in the context of extensive support and sufficient resources.
- In the context of diminished financial resources, limited opportunities and social isolation, parenting is very demanding.
- When parents use substances to cope, and/or are living with domestic abuse and mental health problems their capacity to care effectively can be seriously eroded.

## Identifying family and environmental factors which may contribute to neglect

- A social structure which has inequality already “built in”.
- Hierarchical differences between people that affects access to resources (unequal opportunities).

For example	For example
Health Education Housing	Income Economic status Race / Ethnicity Gender Sexuality Disability

- Structural inequality lies in the way in which the dimensions interact one with another.

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Position of the UK - of 21 OECD Countries - United Nations Children's Fund 2007

[www.unicef-irc.org/publications/pdf/rc7\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/rc7_eng.pdf)

Ranked	in terms of its ability to...
18 <sup>th</sup>	address the material wellbeing of its children
12 <sup>th</sup>	meet the health and safety needs of its children
17 <sup>th</sup>	promote the educational wellbeing of its children
21 <sup>st</sup>	support children's relationships with family and peers
21 <sup>st</sup>	protect children from risk-taking behaviour
20 <sup>th</sup>	in terms of children's own perceptions of their general wellbeing

If you look at rich countries and compare:

- life expectancy
- mental health
- levels of violence
- teenage birth rates
- drug abuse
- obesity rates
- levels of trust
- the educational performance of school children
- the strength of community life

you find that countries which tend to do well on one of these measures tend to do well on all of them, and the ones which do badly, do badly on all of them.

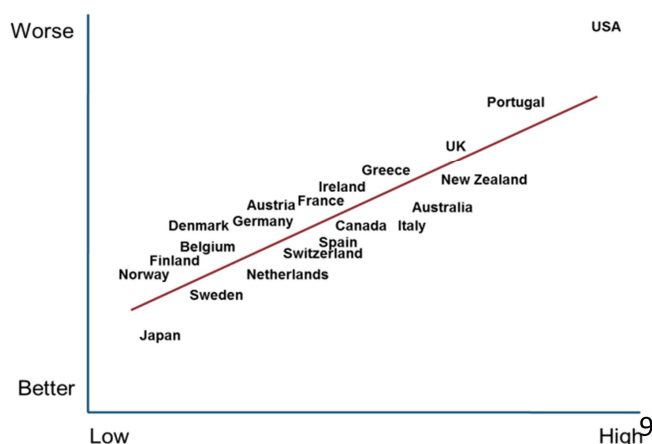
What accounts for the difference?

The key is the amount of inequality in each society.

The more unequal a society is, the more ill health and social problems it has.

**Health and social problems are worse in more unequal countries**

- **Index of:**
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment





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- Teenage births
- Trust
- Obesity
- Mental illness (including drug & alcohol addiction)
- Social mobility Source: Wilkinson & Pickett, The Spirit Level (2008)

### Child poverty and health - Key Facts:

- Infant deaths are 50 per cent more common among families from manual backgrounds than those from non-manual class backgrounds.
- Babies from manual class backgrounds are more likely to have a low birth-weight than those from non-manual class backgrounds – low birth-weight babies are at greater risk of mortality and morbidity during childhood.
- Studies have found a close association between mental disorder in children and economic disadvantage.

Source: Centre for Economic and Social Inclusion/Child Poverty Action  
[www.childpovertytoolkit.org.uk/uimages/File/CP\\_Health.pdf](http://www.childpovertytoolkit.org.uk/uimages/File/CP_Health.pdf)

### Child poverty and housing

- Households in poverty are more likely than average to live in non-decent homes than other households and to live in poor quality environments.
- Householders living in the most deprived areas are more likely to live in overcrowded homes than those in other areas - over two-thirds of overcrowded households in England are in the 10 per cent most deprived areas.

Source: Centre for Economic and Social Inclusion/Child Poverty Action Group  
[www.childpovertytoolkit.org.uk/uimages/File/CP\\_Health.pdf](http://www.childpovertytoolkit.org.uk/uimages/File/CP_Health.pdf)

“A review of evidence from children reveals that the experience of poverty in childhood can be highly damaging and the effects of poverty are both pervasive and disruptive.

Poverty permeates every facet of children’s lives, from economic and material disadvantages, through social and relational constraints and exclusions, to the personal and more hidden aspects of poverty associated with shame, sadness and the fear of difference and stigma.” Ridge 2009: Research Summary



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“A family’s experience of poverty are not isolated from other factors in their lives and complex social, cultural and economic processes and divisions create particular challenges.....Parenting under economic pressure can be particularly difficult and although parents strive to protect their children and put them first, this is often at great personal cost particularly for women. Evidence from parents reveals key tensions within low-income families as parents try to balance conflicting demands within the restrictions of a low income.” (Ridge 2009: Research Summary)

- Children are not always passive recipients but often actively intervene in their situations.
- Poverty and disadvantage *per se* do not determine neglect.

The vast majority of impoverished families do not neglect their children.

### Implications for practice

- Assessments tend to be ‘poverty blind’.
- The relationship between poverty and disadvantage is complex.
- An approach that considers both ‘public issues’ and “private troubles” is likely to be helpful.
- Need to locate children and families in their wider social and ‘community’ context.

### Ecological approaches

Are based on the premise that the development and behaviour of individuals can be fully understood only in the context of the environments in which they live.

A systems framework is used to examine the mutual influence that the child, their family, friends, neighbours, community and wider society have upon one another.

It is a holistic model which focuses on the ways in which children’s developmental needs, the capacity of their parents to respond appropriately to those needs and environmental factors interact with one another over time.

### Ecological framework

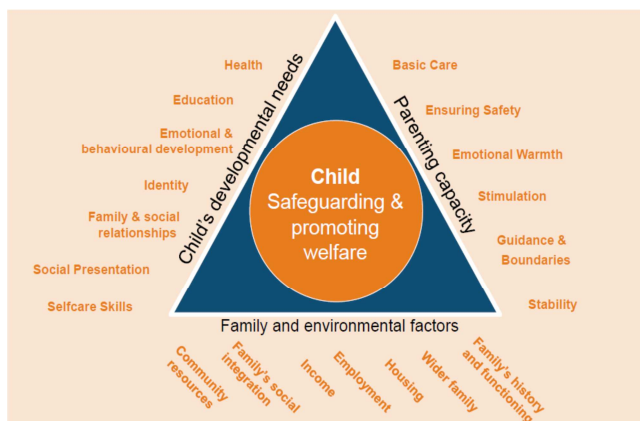
Addresses the context within which needs, risks and problems arise:

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“individuals do not live in a vacuum, rather they exist within complex systems made up of their immediate surroundings, social networks, cultural communities, set within a wider social structure.” Baldwin and Walker in Adams *et.al.*(2005)

## Assessing Children’s developmental needs

### The Assessment



### Framework

### Keeping the centre

### child at the

When assessing the child and family circumstances it is easy to lose focus when parental concerns and needs are complex. Sometimes parents will draw practitioner focus away from the child.

Keep asking yourself ‘what is life like for this child in this family?’

‘Listening to children is central to recognising and respecting their worth as human beings...It cannot be taken for granted that more listening means more hearing.’ (Christensen and James 2008, p264)

What was happening in practice ‘was that children’s views were being sought in ways that did not enable them to use their competence...as a result, they were being judged as incompetent.’ (Thomas and O’Kane 2000)

“I was invited to the beginning of the conference but when they actually decided whether you were going to be on the child protection register you had to leave the room, which I found absolutely awful. I thought it was so rude. They were talking about me!” Anna (17) (McLeod 2008, p50)

A failure to engage children and young people effectively will have short and longer term impact on the quality of the assessment and intervention, and on their self efficacy and self esteem. (Leeson 2007)



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- The experience of neglect can specifically impact on the development of a child's ability to express his or her views:
- Neglected children often have low self-esteem and self-efficacy meaning it is difficult to seek help.
- Because of their impoverished lives it is difficult for them to envisage anything better.
- If no-one has ever asked for the child views or considered their wishes and feelings then it is difficult for them know how to respond.
- They may have limited experience of trusting relationships with adults.

### Assessment

- Collate a chronology of events and past history from the child's perspective.
- Consider the day to day lived experience of the child.
- Consider each dimension of the child's developmental needs.

### A chronology

- is not an assessment – but part of an assessment;
- is not an end in itself but a working tool which promotes engagement with people who use services;
- must be based on up-to-date, accurate case recording;
- should contain sufficient detail but not substitute for recording in the file;
- should be flexible – detail collected may be increased if risk of harm increases. (Social Work Inspection Agency 2010)
- The chronology provides an overview of the child's experiences to date and can evidence cumulative harm.
- The detailed description of the day in a life of the child (including a weekday and a weekend day) provides insight into the child's lived experience.

### Assess the extent of neglect of each the child's developmental needs

- Health





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- Education
- Emotional and behavioural development
- Identity
- Family and social relationships
- Social presentation
- Self-care skills

### **Attachment**

- The assessment of attachment requires observation and analysis of the parent/child relationship.
- From the child's perspective the core requirement is for a consistent, stable and reliable adult who can provide a stable base for exploration, comfort and support.

### **Analysis**

- Look for patterns within the child and family's life.
- Assess the extent to which the parents' ability to change is linked with the child's developmental needs and pace of development.
- Test hypotheses and making professional judgements.

### **The analysis should address:**

- 'how the child's strengths and difficulties are impacting on each other.
- how the parenting strengths and difficulties are affecting each other.
- how the family and environmental factors are affecting each other.
- how the parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors.
- how the family and environmental factors are impacting on parenting and/or the child directly'. (HM Government 2010, p.166)

### **Likelihood of significant harm:**

- In the immediate short term.
- In the medium term.
- Over the longer term.

Analysis has to focus on the interaction of risk and protective factors.



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## Risk factors

- Child not seen.
- Child's non-school attendance.
- Chaotic, overwhelmed, hopeless nature of family.
- Parental substance misuse, domestic violence, mental illness, learning disability.
- Parent's history of poor parenting, being in care.
- No family support, isolated.
- Multiple moves, different father figures.
- Low expectation of ability to change things.
- Parental chronic self-harm.
- Refuses help, advice, keeps distance from services.
- Young person involved in anti-social/criminal behaviour.
- Young person's substance misuse, domestic violence.

## Protective factors

- Child comes first.
- Child has a secure base.
- Parent's positive attitude to pregnancy and birth.
- Parent's insight into own behaviour.
- Parents having experienced good parenting.
- Family support available.
- Accepts there is a problem.
- Motivated to change.
- Health visitor, GP in contact with family and alert to signs of neglect.
- School staff alert to signs of neglect.
- Police, youth offending services alert to signs of neglect.
- Mental health services alert to child neglect.

## Planning

- Plans have to be very specific about what has to change for the child, within what timescale and how change will be measured.
- Plans should set out who will do what by when.
- Plans be reviewed regularly to establish whether the planned outcomes are being achieved.

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## The ACE study (Adverse Childhood Experiences)

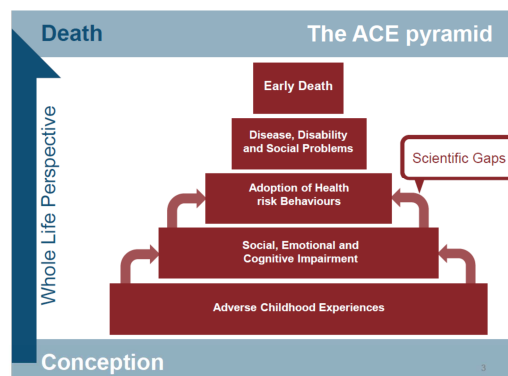
- Adverse Childhood Experiences and their relationship to Adult Health and Wellbeing.
- Child abuse and neglect.
- Growing up with domestic violence, substance abuse, mental illness, crime.
- 18,000 participants.
- 10 years.

(Anda *et al.* 2008)

## Some findings so far...

### Increased risk of:

- lung cancer
- auto immune disease
- prescription drug use
- chronic obstructive airways disease
- poor health related quality of life.



### An introduction to brain development and neglect

The diagram shows three stages of brain development: 'At birth', '6 years old', and '14 years old'. Each stage is represented by a vertical strip showing the brain's neural network. The 'At birth' strip shows a sparse network, the '6 years old' strip shows a more dense network, and the '14 years old' strip shows a very dense network. The diagram is titled 'An introduction to brain development and neglect' and includes a list of topics: Brain plasticity, Neurobiology, The Romanian orphanage studies, and Perry and the Child Trauma Academy. The illustration is based on Seeman (1996).

## Brain Plasticity

During the development of the brain, there are critical periods during which certain experiences are expected in order to consolidate pathways – for example, the sensitivity and regularity of the interaction which underpins attachment with the caregiver.

Negative experiences such as trauma and abuse also influence the brain's final structure.

In cases of severe emotional neglect some pathways will die back.

## The Child's brain will be smaller

### Neglect and the Brain

- The 'new neurobiology': traumatology (especially PTSD) and developmental neuroscience.
- Neurobiological treatment goals.
- Brain plasticity.
- Differences between neglect and abuse.
- Genetic and environmental modifications.

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Developments in neuroscience have given us a greater understanding of the developing brain and the impact of abuse and neglect.

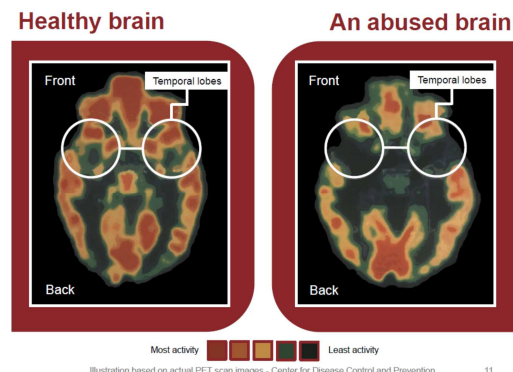
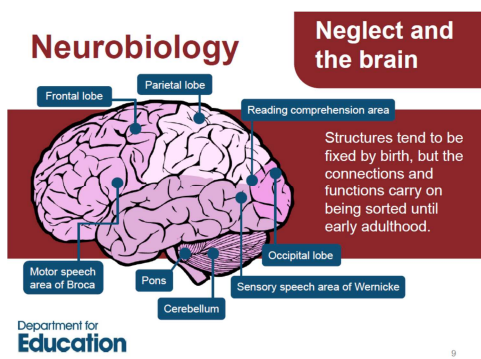
Our brains expect to have experiences. Our brains are experience dependant.

Chugani et al. (2001)

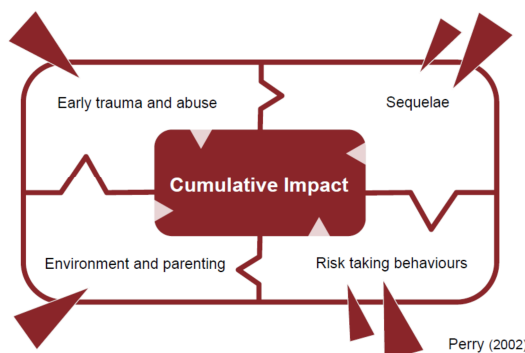
- Romanian Orphans.
- Persistent specific behavioural and cognitive deficits.
- Brain glucose metabolism.
- Significantly decreased metabolism.

The Child Trauma Academy

- The Child Trauma Academy (Perry et al.).
- The Child who was Reared as a Dog (Perry and Szalavitz 2007).
- Neglect: the absence of critical organising experiences at key times during development.
- Non-human animal studies.
- Institutional deprivation.
- Recovery after safe placement.
- Corroboration: Romanian orphans.



- Brain scans.



## Assessing Attachment

### Key Themes

- The way the child experiences attachment is significant.
- The experience gives the child a message about their worth.
- Needs met ... security enhanced.
- Needs not met ... sense of insecurity increases.
- Early experiences act as a template for later experiences.

### Attachment theory

The study of human relationships

Attachment behaviour as survival behaviour.

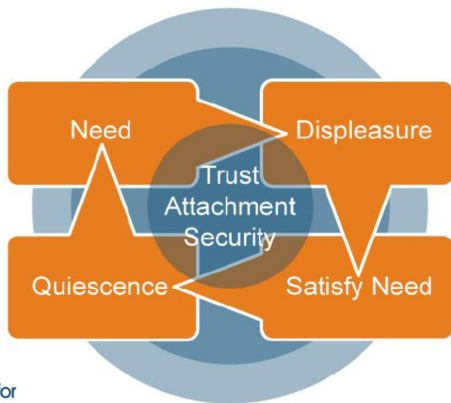
Early attachment relationships serve as a template for later emotional functioning.

Language, cognitive and moral development linked with early attachment relationships.

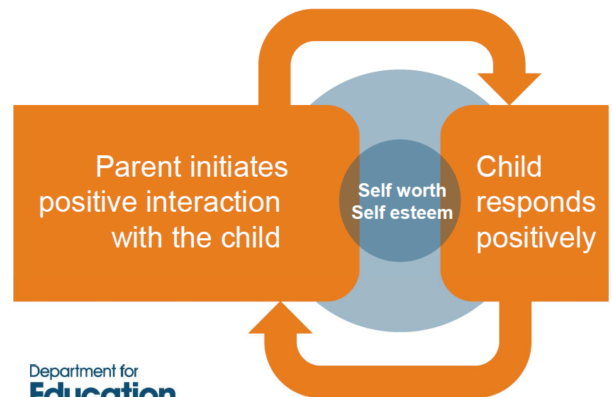
### Main components

- Primary attachment relationship.
- Proximity seeking at times of stress and threat.
- Secure attachment relationship creates a secure base from which child can explore.
- Separation protest to regain closeness to attachment figure.
- Internal working model develops out of early experiences.

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Department for  
**Education**



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**Education**

## The individual child

His or her needs should be...

- recognised
- understood
- appreciated
- acknowledged
- attended to by his or her caregiver

'Claiming behaviours separate the "we's" and "they's" of the world...' (Fahlberg 1994, p30)

## Secure attachment

- Certainty that need will be met.
- Feelings of being loved and cared for.
- Sense of being able to make things happen or stop things from happening.

## A child who lives with insecurity...

### may not be sure about one or all of the following

- whether her or his needs are going to be met;
- which of the needs are going to be met;
- who is going to meet those needs;
- when the needs are going to be met.

Caregiver responses...

### ...may be one or more of the following in responding to the child's signals of need

- inconsistent
- inappropriate
- inadequate
- ignoring.

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## Insecure attachment – child’s response to caregiver...

### ...may be one or all of the following

- **ambivalent:** *limited confidence in ability to get needs met; reduced trust in caregiving adult;*
- **avoidant:** *displays of need limited and compromised; increasing self reliance;*
- **disorganised:** *alert; seeking attention; hyper sensitive; hyper vigilant.*

## Caregiver’s response

- Confusion.
- Reduced confidence in caregiving role.
- Inappropriate or inadequate meeting of the child’s needs.
- Refusal to meet the child’s needs.
- Denial that some or all of the child’s needs have not been met.

## Compromised caregiving

- Rhythm of chaos - caregiver preoccupied.
- Caregiver present but not available.
- Trauma of absence - no opportunities for the child to be a child.
- Meaning is the message - attribution of blame.
- Neglect in the air the children breathe - no time out.

## Mind mindedness

*‘No individual can be understood apart from the relationships in which he or she lives...’* (Howe 2005)

The quality of caregiver behaviour at 6 months predicts attachment behaviour at 3 years – early experiences can have a significant impact on a child’s development pathway.

## Implications for the child’s developing relationships

*‘A pattern of attachment established during childhood can be enduring and may eventually become a feature of the way the child, young person and adult interacts with other people ... the internal working model which develops as a result of early interactions influences later relationships.’* (Daniel *et al.* 1999, p27)

## Loss or separation from a relationship

*‘Existing relationships are important and must be treated with respect. Even in abusive situations children are likely to have made attachments which have to be taken seriously. Children can always surprise us with the extent of their attachment to people who have apparently treated them with extreme cruelty.’* (Daniel *et al.* 1999, p37)





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## **Child's response to temporary separation**

Four phases in the child's reaction to separation:

1. protest
2. withdrawal
3. detachment
4. recovery on a shallow level.(Howe 1991)

## **Appreciating the importance of relationships**

- Numbness, shock and disbelief.
- Yearning, searching, pain, tension and misery.
- Anger and resentment; in some cases guilt.
- Disorganisation, despair and depression and withdrawal.
- Adjustment, reorganisation and, if all goes well, resolution. (Fahlberg 1994)

## **Recovering relationships**

'There is great reparative potential in the improvement of existing relationships and the making of new, healthy relationships.' (Daniel *et al.* 1999, p37)

## **Cumulative harm**

'The main theories that have helped us to understand the way in which cumulative harm impacts on children are child development (including early brain development), trauma and attachment theories.

Researchers investigating brain development have used the term 'toxic stress' to describe prolonged activation of stress management systems in the absence of support. Stress prompts a cascade of neurochemical changes to equip us to survive the stressful circumstance or event.

If prolonged (e.g., if a child experienced multiple adverse circumstances or events) stress can disrupt the brain's architecture and stress management systems. In children, 'toxic stress' can damage the developing brain (Shonkoff and Phillips, 2001).'

(State Government, Victoria 2007)

"Children may often be able to overcome and even learn from single or moderate risks, but when risk factors accumulate, children's capacity to survive rapidly diminishes ...



## Childhood Neglect

Many factors that threaten or protect children are largely inert by themselves. Their toxic or prophylactic potential emerges when they catalyse with stressful events, especially where these are prolonged, multiple and impact on the child during sensitive developmental stages...

While acute life events may result in adverse psychosocial impacts, the available evidence suggests that chronic adversities are more strongly associated with risk.” (Newman and Blackburn 2002)

### **Cumulative harm: emotional abuse and neglect**

‘Emotional neglect is similar to emotional abuse in that they both constitute the air some children have to breathe, and the climate they have to live in, rather than isolated events or a series of events.

Emotional child neglect and abuse often appear to constitute a persistent ‘background’ which does not become noticeable until a striking event in the foreground alerts us to their importance.’ (Minty 2005)

In practice, the case history is often used to establish the pattern of behaviour to predict likelihood of significant harm – but not necessarily to assess the cumulative impact of events to evidence significant harm.

It can help with substantiation of neglect if the accumulation of acts of omission or commission resulting in the child suffering, or likely to suffer, significant harm are identified and documented.

Statutory intervention may be required to prevent further harm to the child.

Cumulative harm may be caused by an accumulation of a single adverse circumstance or event, or by multiple different circumstances and events,

The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child’s sense of safety, stability and wellbeing. (Bromfield and Miller 2007)

### **Cumulative harm affecting adult life**

- An accumulation of adversities can continue into adult life.
- Many parents of neglected children are also suffering from the effects of cumulative harm.



# Childhood Neglect

- An accumulation of factors will also elevate the likelihood of a child suffering neglect.

Main theories to help understand cumulative harm are:

- child development (including early brain development),
- trauma (including complex trauma), and
- attachment.
- Researchers use term 'toxic stress' to describe prolonged serious stress. (Bromfield and Miller 2007)

Stress is normal and releases chemicals in brain to help us respond, but prolonged stress can damage the developing brain.

Cumulative harm can overwhelm even the most resilient child; attention should be given to the complexity of the child's experience. (Bromfield and Miller 2007)

Each involvement treated as a discrete event:

- information not accumulated from one report to the next
- information lost over time
- assumption that problems presented in previous involvements were resolved at case closure
- files not scrutinised for pattern of cumulative harm.
- Language used to describe events - reduces context and meaning.

(Bromfield, Gillingham and Higgins 2007)

## **Barriers to recognising cumulative harm**

- Technical language not understood by outsiders.
- In the process of reframing children's and families experiences into departmental language the child and families' subjective experiences can be lost.(Bromfield, Gillingham and Higgins 2007)

## **Implications for practice**

Unlikely to receive a referral explicitly due to cumulative harm.

The majority of children who experience maltreatment experience:

- multiple incidents; and
- multiple types.

# Childhood Neglect

Need to be alert to possibility of cumulative harm in all reports. (Bromfield and Miller 2007)

## Possible indicators of cumulative harm

Families who experience cumulative harm have:

- multiple inter-linked problems (i.e. risk factors) such as domestic abuse, alcohol and drug abuse, and mental ill health
- an absence of protective factors
- social isolation/exclusion
- enduring parental problems impacting on their capacity to provide adequate care. (Bromfield, Gillingham and Higgins 2007)

Be alert to:

- multiple referrals
- previous substantiations of maltreatment
- multiple sources alleging similar problems
- reports from professionals
- evidence of children not meeting developmental milestones
- allegations of inappropriate parenting in public.

(Bromfield, Gillingham and Higgins 2007)

<b>Identifying cumulative harm</b> (Bromfield and Miller 2007)	
<b>Frequency</b>	have there been previous allegations for similar issues?
<b>Type</b>	signs that child has experienced other types of child abuse and neglect in addition to those reported?
<b>Severity</b>	has caused or likely to cause significant harm if repeated over a prolonged period?
<b>Source of harm</b>	does current situation make child more vulnerable to other perpetrators?
<b>Duration</b>	how long have problems that lead to current involvement been present?

## Making an Assessment

Practitioners need to make every effort to engage the families cooperatively to address issues of cumulative harm.

Coercive forms of intervention will sometimes be necessary, but this is a last resort.

What interventions might assist the child and family, in the short and long-term?

# Childhood Neglect

Include parents in planning and assist families in solution-focused thinking. (Bromfield and Miller 2007).

## Effective interventions in neglect cases

### Evidence for practice

It is important to consider what works and with whom it works taking account of the available evidence whilst noting that:

- the evidence base is still sparse
- is often based on findings in other countries
- and may conflate neglect with other forms of maltreatment.
- It is crucial to draw upon the available evidence base and provide support for children.

Intervention should:

- incorporate relationship building and attachment
- be long-term rather than episodic
- be multi-faceted
- be offered early as well as late
- consider both protective and risk factors
- involve fathers or male caregivers as well as female caregivers.

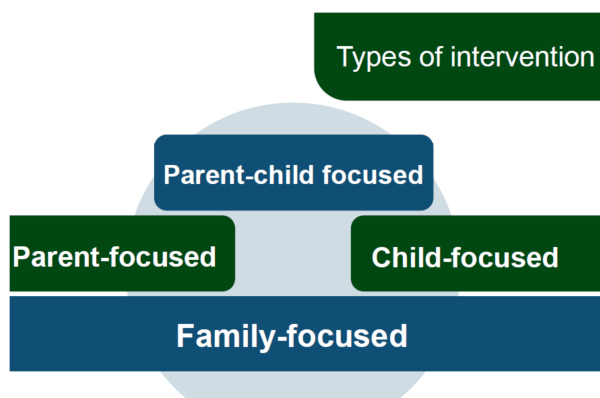
Managed dependency

- The vast majority of parents rely on the assistance of others .
- Parents whose children are neglected tend to have no-one to turn to for support.
- Practitioner fears about parents becoming 'too dependent' can lead to episodic patterns of support.
- Therefore, instead, plan to provide long-term support in a purposeful and authoritative manner. (Tanner & Turney 2003)

Who works:

'There is considerable research evidence to support the claim that relationship skills are important in helping people to change, whatever intervention method is being used.'

(Munro 2011 p.88)



## Childhood Neglect

<b>Four factors account for the change process in work with vulnerable families:</b> (McKeown 2000)		
40%	characteristic of the user	history, social support, socio-economic status
30%	relationship between worker and client	empathy and clear plans
15%	method of intervention	family therapy, cognitive – behavioural therapy
15%	verbal hope expressed by client	

‘Child-focused interventions predominantly aim to help children cope with the adverse effects of maltreatment such as stress, anxiety, and low self-esteem and address their immediate and long term adjustment needs.’(Davies and Ward 2011)

Examples:

- Therapeutic pre-school (Moore et. al. 1998).
- Peer-led social skills training (Fantuzzo et. al. 1996).
- Imaginative play therapy (Udwin 1983).
- Treatment foster care. (Fisher & Kim 2007)/ Multidimensional treatment foster care.

School based support

- Many schools provide valuable practical support for neglected children.
- Neglected children’s cognitive and social development can be supported within the school setting.
- Teachers, and other adults within schools, can offer children the experience of trusting, caring and reliable relationships.

Parent-focused interventions

- Research has tended to focus on cognitive behavioural programs; psychotherapeutic interventions, and home visiting programmes.
- The evidence base specifically relating to neglect is sparse.
- There is a need to address the factors associated with neglect such as substance misuse, mental health issues and domestic violence.

Assessing issues affecting parenting capacity

Parental substance misuse

- strengthening families (Kumpfer & Tait 2000)
- parents under pressure (Dawe and Harnett 2007)
- the Relational Psychotherapy Mothers Group (Luthar et. al. 2007).



# Childhood Neglect

## Parental mental health

- tailored support such as psychotherapy and CBT.

## Domestic abuse

- reparative work on mother-child relationship
- Post-Shelter Advocacy Programme (Sullivan & Bybee 1999)

## Child – Parent focused interventions

- Parent-Infant/child Psychotherapy Intervention (Toth et. al. 2006)
- Interaction Guidance (Benoit 2001)
- Parent Child Interaction Therapy (Chaffin et al. 2004).

## Family focused interventions

- Multisystemic Therapy for Child Abuse and Neglect (Swenson et al. 2010)

## **Guard against**

- The ‘start-again’ syndrome (Brandon et.al. 2008).
- Frequent oscillation between care away from home and at home.
- Drift and unfocused intervention rather than authoritative practice.

## 4 patterns of case management identified:

- proactive throughout
- proactive case management that later became passive
- passive that later became more proactive
- passive throughout. (Farmer and Lutman, 2010 p.1)

## Principles for effective interventions

- Proactive intervention with older children and adolescents is required.
- Intensive services need to be provided.
- Clear cases for legal proceedings should be built.
- Practitioners need skills in working effectively with ‘non-compliant’ parents.
- It can be helpful to bring in a ‘second pair of eyes’ to counteract common errors. (Farmer and Lutman 2010)
- When children are removed there needs to be clarity about what has to change before their return home.
- Parents should be supported to address the factors affecting parenting capacity.
- Regular and detailed reviews are required.
- Effective permanence planning is needed so that children can experience stability.



## Measuring outcomes for each child

What are outcomes?

The benefits or changes for participants that occur as a result of activities, such as:

- greater knowledge
- new skills
- different behaviour
- changes in attitude
- changes in population conditions. (Hoggarth and Comfort 2010)

Why have an outcome approach?

'There are downsides to the outcomes approach as there are to other systems of planning and evaluation. But the question of outcomes is a perfectly legitimate one.

The number of visits made to a family is beside the point if the risks are not picked up and appropriate interventions are not identified to begin to help people deal with the problems.

The number of counselling sessions provided is hardly important if in the end they made no difference for the person seeking help. We must address outcomes in order to improve services.' (Hoggarth 2010)

## Measuring change

In working with children in need, and their families, the key outcome is the child's developmental progress. The aims are to assess:

- whether the child has progressed and in which dimensions
- how improvements or deteriorations have come about. (Child and Family Training 2009)

Measuring outcomes means collecting evidence about the effects of activities and assessing whether any change achieved is partially or wholly as a result of our activities or interventions and in respect of:

- the child's development
- the factors or dimensions of parenting capacity, or family and environment which are having an impact on the child's development.

Why measure change in day to day work?

- Helps all parties to clarify what we are trying to achieve - improves partnership working.
- Keeps us focused - prevents drift - when working on longer term basis with neglected children.
- Helps assess parents' ability to respond to a child's needs and identify what changes need to happen.

# Childhood Neglect

- Supports service users to understand why work is taking place and therefore interventions become more meaningful.

## Evidence of change

- Evidence is the information that demonstrates progress or improvement and the 'distance travelled'.
- This requires a baseline in order to be able to demonstrate that intervention has contributed to, or brought about, change or improvement.
- The important issue is that information must be recorded so that change over time can be measured and that judgments of outcomes can be validated.

## Measures

- Recorded observations, for example, interaction between a parent and a child.
- Standardised assessment, for example, completion of a questionnaire or semi-structured interview.
- Testimonials, for example, a child says that they are happier at school.
- Numerical, for example, school attendance records.
- Objective, for example, child's health and developmental milestones, including height and weight.

## 5 critical points – direct work with children

- seeing children
- observing children in different situations
- engaging children
- talking to children
- activities with children.



## Building it into practice

- Outcomes that we seek should arise from assessment of the developmental needs of a child, their parents' capacity, and family and environment factors.
- Only then can we state what we hope to change and the means by which we intend to do so.

## Making use of research

- The outcomes we seek, and the interventions selected, should be grounded in professional knowledge and research findings.

# Childhood Neglect

- Research into neglect contributes to the interventions we provide to achieve the planned outcomes: the importance of building resilience; developing attachment; and reducing substance misuse.
- Research indicates that promising interventions include social network support, home visiting, and parent training.
- BUT outcomes should be grounded in the goals that parents and children want and can achieve.

## Make them SMART

- **Specific**            what is it we are trying to measure?
  - **Measurable**        will it be possible to tell if an outcome has been achieved?
  - **Achievable**        don't set unrealistic outcomes -    intermediate outcomes (distance travelled) are important.
  - **Relevant**            the outcomes should regularly be derived from the assessment and professional knowledge and research
  - **Time**                review progress
- 
- An 'indicator' is a way of helping to measure progress towards achieving an outcome.
  - In order to measure and demonstrate movement in relation to our outcomes, we need to:
  - identify qualitative and /or quantitative indicators that will evidence progress and identify sources for this evidence;
  - choose methods and tools for collecting this evidence.

## Examples

### *Outcome*

- 'There is an improvement in the physical living conditions of the child or young person'
- *Outcome Indicators - how will you know if there is change?*
- Improvement from the baseline assessment using Home Conditions Scale.
- Parents no longer at risk of losing their tenancy.
- example, child's health and developmental milestones, including height and weight.

### *Activity*

- Weekly home visits by volunteer befriender to support and motivate parents.
- Parent training course on child safety in the home.

### Measuring tools

- Our everyday practice in assessing children's needs, recording and reviewing our activities to see if the planned outcomes are being met.
- Tools that are valid and reliable.

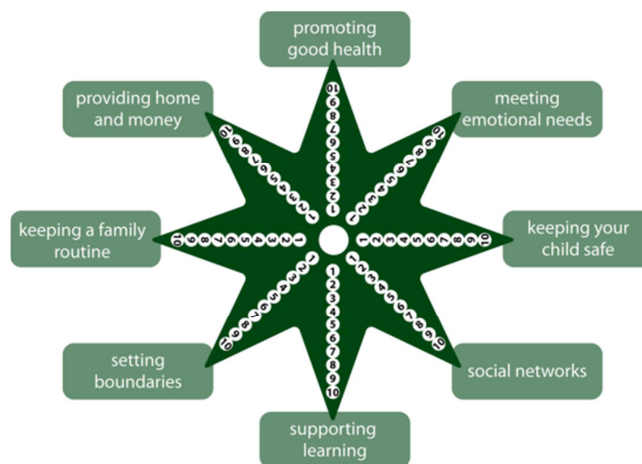
# Childhood Neglect

- Measuring Tools that are also interventions.
- Clinical Scales – largely focused on psychological outcomes, but also developed for areas including educational attainment and social functioning.
- Standardised questionnaires and scales.

Standardised questionnaires and scales (Department of Health, Cox and Bentovim 2002)

- Strengths and Difficulties Questionnaires.
- The Parenting Daily Hassle Scale.
- Home Conditions Scale.
- Adult Wellbeing Scale.
- The Adolescent Wellbeing Scale.
- The Recent Life Events Questionnaire.
- The Family Activity Scale.
- The Alcohol Scale.

## The Outcome Stars



## Appendix 1 – Introduction to definitions

Definitions of neglect are numerous and contested (Howarth 2007). This raises a number of issues that need to be considered in relation to assessing and understanding the needs of neglected children and young people. Different people (whether they are parents, professionals or children themselves) may have different views on what it means to be neglected. This may result in a number of difficulties in practice, including disagreements about which children might be deemed to be “in need” due to neglect and when does a practitioner have the right or duty to intervene.

Neglect has been described in England as:

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs (HM Government 2013)

One aspect shared by the majority of definitions is that neglect is an act of omission. It is a failure to do something, to act or to care adequately for a child or young person. Whoever is providing the care, chronic neglect can be viewed as the ‘sustained and chronic breakdown in the relationship of care’ (Tanner and Turney 2003, p.26) This is in contrast to common definitions of abuse, which can be viewed as acts of commission with a degree of intentionality. Regardless of intent, neglect is seen to occur when a child or young person’s needs are not met. However, different professional definitions of neglect can affect the way that way in which it is understood and responded to, often resulting on an emphasis on physical neglect and a failure to recognise the emotional component (Taylor and Daniel 2003). Howarth (2007, p.27) offers a helpful reminder of the specific needs which are often subsumed under the banner of the failure to meet “basic needs”:

- medical neglect
- nutritional neglect



## Childhood Neglect

- emotional neglect
- educational neglect
- physical neglect
- lack of supervision and guidance.

Children and young people who are neglected and their parents are unlikely to seek help from child welfare and protection services (Department of Children Schools and Families 2009). Although parents and children may signal neglect to professionals this may often be done indirectly and skill is required on the part of practitioners to find ways of supporting children and adults to discuss their needs and experiences. Services for neglected children and young people need to be easier for them to access. As well as requiring us to think about the way that services are delivered, this also requires us to think about the way that neglect has an impact on children and young people's ability to use the supports which are available to them.

Most people working on behalf of vulnerable children and young people would be familiar with the characteristics of physical neglect. For example, a teacher may see the same siblings again and again with infestations of head lice. A Health Visitor may see an infant with chronic nappy rash. A police officer may see a 7 year old girl out late at night to buy cigarette papers for her mother and a social worker may visit a family where the house is cluttered with poorly trained pets, broken toys and takeaway cartons. Practitioners may recognise that these children are in need but may not know how to respond effectively to these needs. In any instances, the intractable, intergenerational nature of neglect can lead to inaction. Correlations between neglect and poverty, combined with the sheer numbers of children and young people who could be classed as 'neglected', can lead to practitioners becoming overwhelmed (Graham 1998).

## Appendix 2 – Identifying neglect 10 top tips

### 1. Examine the context in which you are working

- Consider the impact of your personal and professional experience.
- Consider the impact of professional and ethical values.
- Understand the legislative, regulatory and practice guidance framework.
- Consider the culture of your work environment.
- Consider your awareness of issues of diversity and difference.
- Consider the barriers to effective working in the area of neglect.
- Desensitisation and accommodation.
- “Start again” syndrome.
- Fear.
- Culture of optimism.
- Focus on the parent and not the child.
- Thresholds.
- Misinterpreting the signs of neglect.
- Consider how competent and confident you feel in working with neglect cases.

### 2. Learn the lessons from serious case reviews

- Be aware of the prevalence of child neglect in those cases subject to Serious Case Reviews.
- Consider some of the main themes emerging from Serious Case Reviews – Loss of focus on the child, focus on the adult, lack of overview or reflection on events, poor assessment and analysis.
- Not recognising indications of risk of harm from chronic neglect.
- Not recognising indications of risk of harm from chronic neglect.
- Not acting on assessment or loss of momentum.
- Over-optimism about parental capacity in difficult circumstances.
- Poor information sharing, recording, management, supervision and training.
- Understanding factors common to children who die or suffer serious injury from neglect.
- Be able to identify features common to neglectful parents.
- Reflect on how you and your agency respond to working with neglectful parents and their children.
- How well do you share information with other agencies? Are you clear about confidentiality?



### **3. Recognise when a child is being neglected**

- Understand what children need for healthy development.
- Understand what we mean by the term 'neglect'.
- Consider the nature of neglect.
- Pre-birth experiences.
- Basic needs.
- Signs that basic needs may be unmet.
- Protecting from physical and emotional harm or nature.
- Home conditions associated with neglect.
- Supervision.
- Neglect of emotional needs.
- See the child, hear the child.
- Recognise neglect in the disabled child.

### **4. Listen to the child**

- The child has a right to be heard.
- Be aware of the barriers to working with and listening to children, and consider how to overcome them.
- Ensure that you have the necessary skills and confidence to work with children and young people.
- Building trust.
- Encouraging self worth.
- Before you start working with the child, think about what you know about them.
- Have a range of tools and methods available for working with children and young people.
- Resources for working with children and young people.
- Resources for practitioners.

### **5. Understand the impact of neglect on children**

- The impact of neglect on the child's developmental needs.
- Consider neglect from an attachment perspective.
- Disorganised neglect.
- Depressed, passive neglect.
- Emotional neglect and abuse.
- Severe deprivation and chronic neglect.



## Childhood Neglect

- Be aware of the impact of neglect upon early brain development.
- Don't forget the adolescent brain.
- Be aware of the impact of parental factors on children's wellbeing.

### **6. Understand why parents neglect their children and identify signs of risk**

- Consider the parent's history and how it affects their parenting capacity.
- Look for connections between the parents' past and present and what this means for parenting.
- Assess current functioning as a parent.
- Consider the parents' current lifestyle and the implications for child neglect.
- Domestic violence.
- Mental illness.
- Problem drug and alcohol use.
- Learning disability.
- How can practitioners engage with resistant parents?

### **7. Consider different components of the assessment**

- Assess using an ecological framework.
- Assessment framework.
- Principles underpinning the assessment framework.
- Have a clear theoretical basis for the assessment and plan a framework.
- Consider using a range of assessment tools.
- Communicate with parents and other professionals.
- Communicating with parents.
- Working together with the professional network.
- Assess parental cooperation and resistance.
- Focus on the child.
- Focus on the needs of the disabled child.
- Assess parenting capacity.
- Revise framework for assessment of parenting.
- Consider the interaction of risk and resilience factors.

### **8. Recognise when children in public care are suffering neglect**

- Learn the lessons from Serious Case Reviews.
- Consider the characteristics of children and young people in public care.
- Recognise the signs of children and young people in care.



## Childhood Neglect

- Ensure the recruitment and assessment processes aim to identify residential care workers, prospective foster carers and adoptive parents who can provide safe and secure care
- Undertake careful matching of the child with the carer or parent.
- Support the placement.
- Understand the responsibilities for safeguarding children in public care.

### **9. Use Interventions effectively**

- Interventions and child neglect.
- Basic good practice in neglect.
- Understand the continuum of intervention and how this shapes responses to child neglect.
- Be proactive.
- Target intervention to the needs of the child and the family.
- Building resilience – factors that promote resilience.
- Provide a caring environment for children and young people unable to remain at home.

### **10. Know when enough is enough**

- Have early discussions with your legal adviser.
- Bring together the evidence supporting the need for legal intervention.
- Consider the child's permanence needs.

## Appendix 3 – Neglect and Attachment

### Developmental impact of neglect, internal models and learned helplessness

When emotional needs are neglected practitioners can struggle to intervene affectively. Although many practitioners voice their frustrations at how difficult it is to evidence neglect, it may not be the evidence that is lacking but the ability to analyse this evidence in a way which can provide the mandate for intervention. Emotional neglect occurs where “hostile or indifferent parental behaviour...damages a child’s self-esteem, downgrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development” (Iwaniec 1995, p.5). A clearer understanding of the nature and impact of emotional neglect can aid more accurate assessment of need, in turn informing more effective interventions across a range of services.

Persistent neglect can have a significant impact on children and young people’s development. The long-term impact of neglect has been recognised by some research to be more severe than that of abuse (Hildyard and Wolfe 2002, Howe 2005, Trickett and McBride-Chang 1995) and the impact can make it extremely difficult for neglected children and young people to access the services and supports they need. Neglected children are less likely to see themselves as worthy of anything better or capable of bringing about change, as neglect creates apathy, passivity and social withdrawal (Crittenden 1981).

Children and young people who have experienced neglectful, disengaged parenting may not have learned to regulate their own feelings and emotions. They may have developed a range of behavioural adaptations which are designed to elicit love and interest from inconsistent and unreliable carers. These behaviours demand and provoke a response (any response being better than none) and place great demands on all social and emotional interactions (Howe 2005).

### Attachment Theory

For an overview of attachment theory for child welfare and protection practitioners, see Daniel et al. (2010).

Attachment is a useful theory for helping practitioners to understand the impact of neglectful caregiving on children and young people. Early experiences of care provide a template or “internal working model” of the world which can help the developing child maintain their safety through their relationships with their caregivers. Early experiences lay down this theory of the world across three broad areas:

- A theory of self – who am I? Do I belong? Am I loved and lovable?
- A theory of others – are my carers trustworthy? Are they predictable? Do they love me?
- A theory of the world – is the world benign? Is it a safe place?

Children who are abused can develop internal working models like the following:

- me – unloved and unlovable, responsible for parents’ anger, not understood
- other people – unpredictable, aggressive, not understanding, dangerous
- the world – essentially hostile and harmful.

### Appendix 4 – Relevance of historical information

Research studies and file audits have repeatedly shown that historical information is not given the attention that it should be given in assessing the needs of children (Rose and Barnes 2008, Reder and Duncan 1999). In a range of studies, important information was variously not shared (O'Brien 2003), missing or lost (Laming 2003), particularly when the family moved geographically across boundaries or borders.. Evidence was available from past history but either not referred to or not analysed in such a way as to see the emerging pattern of increased risk of suffering harm (Munro 1999). The information gathered was not checked with family members to ensure accuracy. The focus of the process of gathering and recording information was the family rather than the individual child (Scottish Executive 2002). Workers tended to deal with each incident separately (Reder and Duncan 1999) so that a threshold for action was never reached (Brandon et al 2008) and the focus was on the 'here and now' and not the past (Farmer and Owen 1995).

Trying to predict future risk of neglect is a difficult task. However, practitioners appear to have been making this task even harder by failing to make a proper assessment of what has been happening to the child in the past. Neglect is cumulative and made up of the consequences of repeated failure to meet basic needs. The very nature of neglect means that good recording and good skills in interpreting chronologies are vital practitioner attributes.

There a number of reasons why practitioners should be concerned about gathering and making sense of historical information in assessment:

- **prediction of future harm**
- **exploring the significance of events**
- **increasing reliability of evidence**
- **assessing motivation and parenting capacity**
- **therapeutic value.**

#### Prediction

In the absence of any better indicator, '...the best guide to future behaviour is past behaviour' (Munro 2008, p77). When neglect is a possible concern, due attention and weight must be given to the level of care provided previously. Gathering information from across services will help to build a picture of previous patterns and whether circumstances have changed over time. A clearer picture can be built up of referrals to agencies and the impact of interventions in the past (Reder et al. 2003). By identifying these patterns it is easier to make reliable predictions of the likelihood of future neglect. Neglect is characterised by its chronic nature and the lack of critical incidents around which to base assessment practice means that holistic ecological



## Childhood Neglect

assessments are required to establish not 'what has happened?' so much as 'how is this child doing developmentally?'

### **Significance**

Taking down a family history can highlight past conflicts which may still be impacting on family functioning. The meaning of events can be considered in terms of the interaction between the child's needs and the parents' ability to meet those needs and can provide pointers towards future risk of harm (Reder et al. 2003). The impact of some cognitive processes (such as the availability heuristic) can mean that practitioners are attracted to particular types of information and find it more difficult to notice other types of information (Helm 2010, Munro 2008). Typically, this means that recent events and vivid detail are more cognitively available to workers than dull and abstract information. In terms of neglect, we may become immersed in the noise and chaos of the present and fail to pay sufficient attention to the dull, abstract but vital information available in files and chronologies.

### **Reliability**

There is a need to separate out information that is fact from information that is tentative or second hand and this information needs to be checked with family and compared with their account (Reder et al. 2003). Munro (2008) suggests that practitioners need to take care to separate out fact, opinion and hypothesis in chronologies. Existing recordings can take on a legitimacy which is undeserved and practitioners need to be critical in seeking evidence to substantiate and challenge recorded information.

### **Assessing motivation**

Practitioners who are willing to help parents to fill in gaps in their past and in their understanding of their past will be more trusted and effective than a worker who ignores the past (Fahlberg 1994). Partnership working with parents can facilitate access to vital information which parents may hold but only be willing to share in the context of a trusting relationship built over time.

### **Therapeutic value**

The developmental literature (for example, Daniel et al. 2010) recognises the benefits of adults having a coherent story of their childhood. Working with families to develop a chronology may provide a potential opportunity for family members to gain an increased sense of security, as well as a more cohesive sense of identity and resolve issues around difficult events in the past. Children may have partial and confused ideas of family history and many memories may be quite abstract and inaccessible to conscious retrieval. Diligent and sensitive work with children can help a clearer sense of belonging and self (including both positive and negative aspects)



## Childhood Neglect

and help children come to terms with the past and can contribute to ongoing social and emotional development (McLeod 2008).

### **Chronology**

In cases of neglect there needs to be a succinct, readily accessible chronology of events and concerns (Scottish Executive 2002, Laming 2003). Chronologies should be kept for individual children rather than sibling groups (Cleaver and Walker 2004). The nature of neglect means that often these chronologies will be kept by universal services and it is important that these chronologies are regularly reviewed and well maintained so that they can be retrieved and shared as and when necessary (Social Work Inspection Agency 2005).

### **Practice Challenges**

Gathering information in child care assessments has been likened to building a jigsaw puzzle (for example, Munro 2008). However, this analogy assumes that the practitioner knows what the picture is that they are trying to complete and that they will know when they have all the pieces (Helm 2010). The use of frameworks for assessment of neglect is a vital element in ensuring that all the areas of a child or young person's developmental needs have been appropriately considered.

Chronologies are expected to be succinct yet contain all relevant information. Practitioners therefore are required to address two tensions around selection of information. The first is the matter of how much detail to place in the chronology. Too little information may result in dangerous gaps appearing in the chronology but too much information can make the chronology unwieldy and inaccessible. The second tension is the question of 'significance'. To whom is the information 'significant' and in what way? For example, the death of a pet may be of great significance to a child but not to the parents or professionals. There is a need for shared theoretical frameworks to bring consistency and congruity to interpretation of historical information (Helm 2010).

There is a tension for practitioners here because many professionals feel that they do not have the right or mandate to ask families about their history and there are concerns that, for some practitioners, a lack of time, skill and knowledge may result in further harm as traumas are revisited in unhelpful or even damaging ways. Practitioners working with neglected children and young people may not be working regularly with child welfare and protection services. In such instances recording is less likely to be rigorous and structured and uncertainties persist about why, how and when this information should be shared.

Neglect is pervasive and has been likened to the air that some children and young people have to breathe (Minty 2005). The lack of single identifiable incidents can mean that current protective services struggle to identify and respond to the needs of



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neglected children. This means that some form of incident is usually required to 'catapult' the child into the child welfare and protection system (Dickens 2007). Until such an event occurs, much chronological detail may go unnoticed and workers may fail to recognise the neglected child in need.



### Appendix 5 - The Principles of Good Practice in Partnership

Fifteen essential principles for working in partnership are identified in *The Challenge of Partnership in Child Protection* (Department of Health 1995):

- Treat all family members as you would wish to be treated, with dignity and respect.
- Ensure that family members know that the child's safety and welfare must be given first priority, but that each of them has a right to a courteous, caring and professionally competent service.
- Take care not to infringe privacy any more than is necessary to safeguard the welfare of the child.
- Be clear with yourself and with family members about your power to intervene, and the purpose of your professional involvement at each stage.
- Be aware of the effects on family members of the power you have as a professional, and the impact of what you say and do.
- Respect confidentiality of family members and your observations about them, unless they give permission for the information to be passed to others or it is essential to do so to protect the child.
- Listen to the concerns of the children and their families, and take care to learn about their understanding, fears and wishes before arriving at your own explanations and plans.
- Learn about and consider children within their family relationships and communities, including their cultural and religious contexts, and their place within their own families.
- Consider the strengths and potential of family members, as well as their weaknesses, problems and limitations.
- Ensure that children, families and other carers know their responsibilities and rights, including the right to services, and their right to refuse services and any consequences of doing so.
- Use plain, jargon-free, language appropriate to the age and culture of each person. Explain unavoidable technical and professional terms.
- Be open and honest about your concerns and responsibilities, plans and limitations, without being defensive.
- Allow children and families time to take in and understand concerns and processes. A balance needs to be found between appropriate speed and the needs of people who may need extra time in which to communicate.
- Take care to distinguish between personal feelings, values, prejudices and beliefs, and professional roles and responsibilities, and ensure that you have good supervision to check that you are doing so.
- If a mistake or misinterpretation has been made, or you are unable to keep to an agreement, provide an explanation. Always acknowledge the distress experienced by adults and children and do all you can to keep it to a minimum.

### Appendix 6 – Start with the child

It may seem an obvious statement to make but assessments of neglect are most effective and accurate when they take account of the child or young person's own lived experiences and are based on direct observation and contact with that person. However, in practice, it is a message which would appear to be very hard to take on board.

Research has repeatedly identified a number of key variables which affect the capacity of practitioners to maintain a focus on the needs of the neglected child. Some of these stem from the nature of children's developmental needs and the impact of neglect on their ability to be communicate their needs to adults. Some issues relate to parents' interactions with professionals and some difficulties have been identified in professionals' own cognitive and emotional responses to working with neglect.

Children who have experienced chronic neglect are likely to have attributional models which conceptualise the "self" as powerless, of low value and ineffective and ascribe similar characteristics to caregivers and, by inference, other people including professionals trying to support them (Howe 2005). The impact of these early models is a position of "learned helplessness" (Seligman and Peterson 1986) where neglected children are more likely to view themselves and the people around them to be powerless to do anything to alter their position. Neglected children are less likely to know that they are being neglected or to know that something can be done about it.

Although there is now a greater recognition of the impact of neglect on older children, the immediate consequences of neglect for very young children creates particular levels of vulnerability. In almost all studies of serious case reviews, around 50% of the children were under 1 year old. Children's development is highly affected by neglect and abuse in the early years and infants and young children are the least able, developmentally, to signal their needs and distress to helping professionals.

Parents who neglect the needs of their children may be "lonely, unhappy angry people under stress" (Taylor and Daniel 2003, p.162). Parents themselves may have had experiences of being cared for which have resulted in them forming insecure and incomplete models of attachment. In times of stress, such as the intervention of statutory authorities, such models are likely to manifest themselves in the activation of attachment behaviours which seek to control and manipulate (Morrison 2008). 'Fight or flight' responses from adults can result in professionals losing contact with families. Angry, hostile and threatening adults can intimidate and frighten practitioners, which can result in case closure or a lack of authoritative and focused professional response in open cases.



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Alternatively parents who neglect their children may actually be quite endearing, if somewhat frustrating. It is a common feature of working with neglectful families that professionals may really quite like the parents and want them to do well. There are also links between poverty and learning disabilities and neglect which can mean that professionals are less willing to intervene as they may seek to avoid discrimination and may view the neglectful parenting as unintentional. Compassion and empathy for parents can interfere with a clear and subjective assessment of the child's experience of parenting. The same features of neglectful parenting may be the features which dominate and control professional interactions with the family. For example, failure to attend office appointments or to be in for home visits might mirror emotionally neglectful parenting. Home visits may be chaotic and confusing as the house is always full of friends and the television is always on, reflecting disorganised, neglectful parenting (Howarth 2007).

The impact of adversity on parenting capacity can have a significant impact on professional engagement with families. However, the way that professionals conceptualise and understand adversity can also have a significant impact. For example, it has been recognised that neglect of children with disabilities is often viewed by professionals as a facet of disability; creating a model which views the neglect as an expected consequence of the stress of caring for a disabled child. Concentration on the physical aspects of neglected children's lives (and the physical maintenance of the child's body) can result in the failure to recognise and understand the emotional and attachment needs of disabled children.

Children who are neglected are too often categorised as "hard to reach" when it would be more appropriate to view protective services as "hard to access". Children generally are unlikely to seek help directly from statutory agencies (Taylor and Daniel 2003). This places universal services (health and education) in an extremely important position in their potential to recognise the child in need and respond appropriately. Neglected children and young people are simultaneously in need and suffering harm and therefore at risk of falling between the artificial divide in services that encourages classification of children as "in need" or "at risk" (Taylor and Daniel 2003).

Professionals have been found to struggle to maintain a focus on the child's needs in neglect for a number of reasons. Dingwall, Eekelaar and Murray (1983) first identified the "rule of optimism" which too often has predominated thinking in assessments of neglect. This rule dictates that professionals tend to work from a premise of natural love and expect that parents love their children and do not normally seek to harm them. This can result in an undue and unquestioning over-reliance on what parents say. More recently, serious case review studies (Brandon et al. 2008 and OFSTED 2010) have identified that practitioners still place an undue level of acceptance on what parents (particularly mothers) tell them, often taking



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their word at face value in preference to the views expressed by the children in the family.

Neglect can be cognitively and emotionally overwhelming for professionals. This can result in a number of unconscious self-protective responses by practitioners that may potentially be unhelpful or even dangerous. The enormity of the difficulty, paired with a feeling of hopelessness can result in professionals failing to engage with children and young people meaningfully (Horwath 2007).

### **Messages for good practice**

- Concrete resources are beneficial but their impact needs to be focused on the child's needs and its impact reviewed and monitored.
- Relieving financial poverty does not necessary relieve emotional poverty.
- To keep children in mind we ourselves need to be kept in mind: supervision and support are crucial.
- Neglectful families are more likely to be isolated and struggle with informal support networks: facilitating better relationships within kith and kin may be advantageous.
- Volunteer support can be an effective part of a care plan

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## Research and links

### Publications

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- Radford, L., Corral, S., Bradley, C., Fisher, H. et al. (2011) *Child Abuse and Neglect in the UK Today*. London: NSPCC. <http://bit.ly/ntc6Wu>
- Spencer, N. and Baldwin, N. (2005) 'Economic, cultural and social contexts of neglect.' In J. Taylor and B. Daniel (eds) *Child Neglect: Practice issues for health and social care*. London: Jessica Kingsley Publishers.
- Wright, P., Turner, C., Clay, D. and Mills, H. (2006) *The Participation of Children and Young People in Developing Social Care*. London: SCIE.

### Resources and tools

In My Shoes: A computer-assisted interview for communicating with children, young people and vulnerable adults

<http://bit.ly/1i21IHj>

### Organisations

Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) [www.c4eo.org.uk](http://www.c4eo.org.uk)

Research in Practice [www.rip.org.uk](http://www.rip.org.uk)