Childhood Neglect

Neglect: differing perceptions

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

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Acknowledgements

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Understanding neglect and social values

- Many practitioners see children that they are concerned about;
- children may appear to be dirty, hungry, tired, friendless, unsupervised, out of control, struggling at school, experiencing health and dental problems and so on;
- BUT – they often feel uncertain about what to do about it and whether to call it 'child neglect'.

This is understandable:

Neglect is a **complex** phenomenon that is difficult to define. In the face of **pluralistic** notions of what constitutes adequate care, **defining** children's needs and determining what constitutes neglect has been problematic.

Working Together 2013, states:

'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.'

Anxieties and tensions affecting responses

1. Concerns about being judgemental, and imposing personal values onto poor families.
2. Concerns that what is seen is cultural diversity, and fears of being racist.
3. Anxieties about damaging a good working relationship with the family.
4. Fears about a referral leading either to:

   - Not being taken seriously and no response, or

   - An overtly intrusive response from children social care services and the police

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1. Making judgement
- There is a distinction between being judgmental and making judgements.
- In the early stages it is not necessary to decide 'is this neglect?'.
- Instead practitioners need to ask themselves what it is that is making them concerned and listen to their own concerns.

'Dirty but happy'
- This term is often used to minimise concerns about chronically neglected children.
- In reality being physically un-nurtured has profound emotional effects in addition to the physical effects.
- Chronic physical neglect can also be associated with poor health, poor growth and development, tiredness and poor nutrition.
- Being dirty and smelly is isolating.
- But everyone has different views about what level of dirt is acceptable.

'This is poverty, not neglect'

This term is also often used.

Certainly poverty has a corrosive effect on parenting:

'Living on a low income in a rundown neighbourhood does not make it impossible to be the affectionate, authoritative parent of health, sociable children. But it does, undeniably, make it more difficult.'   (Utting 1995)

Therefore the question becomes:

'How much more difficult and what allowances should I make?' (Horwath 2005, p113)

2. Cultural diversity
- Ongoing challenge: how to interpret different cultural practices impartially, and in the child's best interests, yet sensitive to the family's cultural values
- Assumption based on race can be just as corrosive as blatant racism. Assumptions that people of the same colour, but from different backgrounds, behave in similar ways can distort judgements.
- Fear of being accused of racism can stop people acting when otherwise they would.
- Ethnicity does not just refer to minority migrant groups and everybody has their own culture. Without evidence, no assumptions about parenting behaviour can be made from physical appearance or ascribed ethnic group.

- Labels such as ethnicity, race and culture are often used interchangeably and inappropriately.
- The diverse and changing nature of British society means that no assumptions can ever be made about different parenting styles. (Polnay and Polnay 2007)

Expectations

- Basic threshold for 'good enough' parenting should be consistently applied across all ethnic groups and traditional practices that do not reach this standard are unacceptable.
- The teachings of different cultures might traditionally accept the physical punishment of children. But these should not conflict with British child protection law and practice.
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Overcoming barriers

- Factors that prevent effective partnership with families include:
- stereotyping
- professional fear of appearing racist
- inadequate training
- denial of abuse in ethnic minorities.

'...having the insight into personal prejudices is the most important skill to be acquired.' (Polnay and Polnay 2007, p37)

3. Damaging good relationships

- It can take time for professionals, such as health visitors, to establish a trusting relationship with parents.
- It can, therefore, be very difficult to broach issues of concern about the adequacy of parenting.
- An open and honest relationship is required from the beginning.
- As far as possible, parents should be supported to recognise their own need for additional support.

4. Fears of non-response

- There is a current discourse that children's social care services are over-stretched.
- Practitioners may have previous experience of having tried to make a referral that went no further.
- Practitioners may have heard from others that there is 'no point' in making a referral.
- There can be professional fears about 'getting it wrong'.
- Practitioners and professionals in universal services may hold mixed views about children's social care services.
- They can also be affected by the media and public perception of children's social care services.
- The section 47 enquiry can be viewed as overly intrusive and damaging to families.

Understanding barriers to recognition and response

Child maltreatment is such a difficult and sensitive issue that in order not to accuse innocent people the respondents wanted to be as sure as possible about a maltreatment case before they intervened. It is also such a distressing issue that it may be easier just to 'close one's eyes' to it than to investigate the case more thoroughly.

The respondents were also doubtful about how to act and whether their interpretation was 'right' or whether suspicion was merely based on differing policy guidelines or cultural differences.

Rareness and sensitivity of the phenomenon make it hard to intervene in child maltreatment cases – family is seen as something 'private' and it is largely thought that the way families raise their children is their own affair – the fear of offending families was great. (Paavilainen *et al.* 2002, p.293)

Challenges for recognition and response

1. Missing a child who is or may be being neglected - failing to recognise or respond in time.

2. Difficulties with interagency working.

3. Missing indirect signs that a parent may neglect their child, or that the child is being neglected.

4. Importance of maintaining a relationship with parents.

   Missing a child who may be neglected: issues

- Lack of focus on the child.
- Errors of human reasoning.
- Working with hostile/resistant families.
- Feelings of helplessness.
- Dual role: support vs surveillance.
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- Errors of human reasoning.
- Working with hostile/resistant families.
- Feelings of helplessness.
- Dual role: support vs surveillance.

Not missing a child who may be neglected: skills

- Skills in assessment.
- Skills in identifying when a child's needs are not being met.
- Appropriate use of intuition.
- Recognising and raising difficult issues.
- 'Forceful curiosity' (Scott 2003).

Inter-agency working: issues

- Skills in assessment.
- Skills in identifying when a child's needs are not being met.
- Appropriate use of intuition.
- Recognising and raising difficult issues.
- 'Forceful curiosity' (Scott 2003).
- Fear that the 'cure' might be worse than the problem.
- Possibility that no resources will follow referral to children's social care.
- Previous experience of not being taken seriously by children's social care.

Inter-agency working :skills

- Seeing perspective of others.
- Role clarification.
- Challenging other professionals' views.
- Assertiveness.
- Building trust – showing respect, helping, negotiating and compromising

Missing indirect signs

- There is little evidence about how and whether parents and children are able to recognise that they need help in relation to neglect.
- For many reasons parents and neglected children are unlikely to directly seek either informal or formal help.

Neglect is associated with:

- impoverished home environments, fewer parental resources, receipt of welfare assistance, problems accessing childcare
- previous history of maltreatment, previous removal of a child
- parental substance misuse, severity of drug use, a drug-using social network
- domestic abuse
- parental mental health problems, depressive symptoms
- parental childhood sexual abuse
- young parent, 2 or more children.

In children various forms of neglect are associated with:

- increased levels of internalising and externalising behaviour in children at age three
- peer relationships and externalising behaviour at age six
- impaired socialisation and problems with daily living skills at age eight. (Dubowitz 2002 and 2004)

Seeing indirect signs: skills

Professional capacity to:

- provide a clear, factual account of the factors that may be affecting parenting
- describe the circumstances within which the child is living
- delineate potential effects on the child
- describe actual signs of neglect in the child.
- Confidence in one's own professional judgement
- Skills in communicating that judgement to others
- Capacity to communicate with others about concerns for the child

Maintaining a relationship with parents: issues

- Support vs surveillance creates role conflict.
- The basis of contact may not always be clear (for example, support coupled with monitoring).
- Parents often find it difficult to ask directly for help.

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- Parents who neglect their children often have low self-efficacy.
- They are likely to fearful of losing their children.

What can practitioners do?

- Recognise direct, and indirect, indications of the need for help.
- Operate as part of a protective network that actively helps children.
- Recognise and assess aspects of behaviour and lifestyle that may impact on parenting.
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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 2010, p. 38.)

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

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- nutritional 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 – Guarding against bias

Once a person has decided on their favoured explanation they are likely to selectively seek evidence which confirms their preferred explanation and unlikely to select information which might challenge their explanation (Snyder cited in Arkes and Hammond 1986). This is now recognised to be one of the most important human failings to be aware of in assessment. It is often referred to as 'verificationism' (Scott 1998; Sheppard 1995) or 'confirmatory bias (Munro 2008; Plous 1993). We have a tendency to form our views fairly early on in proceedings and then unconsciously select and weigh the information emerging in a way that ensures that our early beliefs will be supported rather than tested (Munro 2008).

Inquiries and serious case reviews have highlighted some of the ways in which this confirmatory bias can feed into ineffective and damaging judgements and decision making in child welfare. In terms of neglect, verificationism may result in agencies not taking action when they should. Brandon et al. (2008) commented on the management of caseloads under pressure and noted that in one instance 'the current climate in (local authority) would have put pressure on staff to keep as low as possible the numbers of children looked after' (p. 87). In a climate of limited resources and high caseloads, confirmatory bias may allow practitioners to conclude that a neglected child or young person is not at risk or does not met a threshold for intervention when, in fact, a more balanced examination of the evidence would reveal evidence which disconfirms this initial belief that no further action is required.

Munro (2008) advises that we may unconsciously use a number of techniques to avoid seeing challenging evidence:

- avoidance;
- forgetting;
- rejecting;
- reinterpreting.

Guarding against confirmational bias

There is little psychological research in the literature on decision-making on how to avoid such confirmational errors (Plous 1993). However, one strategy shown to be effective in research is to focus on motivational factors (Snyder et al. 1982 cited in Plous 1993). In practice we may benefit from approaching all interviews and discussions with clients and other professionals with the belief or mind-set that whoever we are speaking to may think that we have already made our minds up and are just going through the motions. Deliberately concentrating on open-minded and

non-judgemental questioning may result in practitioners gaining more balanced views.

To avoid confirmatory bias (i.e. only seeing the evidence that supports your explanation and not the evidence which challenges you) it should be embedded in practice that you should always consider the opposite and try to seek evidence which disconfirms your favourite explanation (i.e. if your main explanation is that the child's difficult behaviour is linked to the parent's volatile nature then you need to explore the possibility that the difficult behaviour is not linked to the parent's temperament). For example, instead of carrying on questioning about anger and irascibility, explore the possibility that the parent is patient and calm when feeding the child.

Reframing our hypotheses and seeking disconfirming evidence does not come easy and simply considering that you may be wrong is not in itself enough to overcome tendencies toward confirmatory bias (Plous 1993). However, techniques can be learned and this way of questioning judgement needs to become ingrained in practice.

Simply saying to yourself "I must not be biased" is simply not enough. Being aware of a tendency towards bias can help avoid it; it has been shown that overconfidence in decision making can be reduced if decision makers can consider why their judgements might be wrong (Koriat et al 1980; Lord et al 1984).

However, the confirmatory bias is such a strong tendency that it needs attention at all levels.

Strategies for Avoiding Verificationism

Individual – be aware of tendency, accept that your judgement may be wrong, seek disconfirming evidence.

Agency - demand good quality supervision, come prepared to supervision to explore judgement, seek "devil's advocates" and "critical friends" to help see other perspectives and test your thinking.

Organisations - accept the uncertainty in practice and teach the skills required to think in this environment, create and maintain supervision policy, build checks for conformational bias into points of review.

Appendix 3 – Structural factors affecting children and families

"Historically, children's safeguarding policy and practice in the UK have focused on individual and family-level explanations of abuse and neglect, with relatively little attention given to children's overall well-being or the role played by neighbourhood conditions in shaping it" (Jack and Gill 2009:1).

Poverty and Inequality

Arguably, more focus is now being directed to this theme. Policy initiatives and guidance introducing assessment frameworks have sought to highlight the need to see children's wellbeing in the context of wider socio-economic circumstances and for assessment of children's need to take an holistic approach drawing on ecological theory (Department of Children Schools and Families 2006 and 2007; Department of Health et al. 2000; HM Treasury 2003), Drawing on the work of Bronfenbrenner (1979) and Jack (2000) a systems approach is proposed in order to highlight the role that wider level factors, interacting with the characteristics of individuals and families, play in shaping the well-being of children. Current frameworks for assessment thus involve not only consideration of the needs of the child and the ability of parents/ carers to meet the identified needs, but a thorough consideration of wider aspects of the child and family's lives - Family and Environmental Factors – the third side of the triangle.

Jack and Gill (2003) link into the dimensions of this domain and demonstrate the important influence of family history and functioning on the ability of parents/carers to meet the needs of children and analyse the part played by wider family and social support systems in meeting the developmental needs of children. The influence of communities and neighbourhoods on parenting capacity and the development of children is analysed before then considering the significant impact of socio-economic factors such as income and employment on the lived experience of children and families. It is this exploration of the impact of poverty and inequality on family life and the developing child that sets the assessment in the context of the wider issues.

The United Kingdom is a society with significant inequalities in health outcomes as detailed in the Marmot Review (Department of Health 2010); the distribution of income and wealth and in the distribution of resources (Howarth et al. 1999). The Unicef Innocenti Report (2007) found that the UK was in the bottom third of ranking for five out of six dimensions on children's wellbeing compared to 21 OECD countries. It is this inequality, defined as the difference in income between the top

20% and the bottom 20% of population which, according to Wilkinson and Pickett (2009), accounts for a whole range of social dysfunctions. Unequal societies, they contend, are associated with high rates of obesity, teenage birth, mental illness, homicide, low levels of trust, low social capital, hostility, racism, poor educational performance amongst school children, imprisonment, drug overdose mortality and low social mobility.

Studies of public welfare decision making have consistently shown that many of the children have backgrounds of social and economic disadvantage (Packman and Hall 1998; Department of Health 1995; McGee and Waterhouse 2002) with lone parenting, dependence on state benefit and local authority housing being common features. There are strong associations between child welfare referrals and measures of deprivation (Coulton et al 1999) especially in relation to child protection referrals related to neglect (Drake and Pandy 1996).

There is a strong correlation between poverty and neglect (Tuck 2000). Thorburn et al (2000 cited in Dyson 2008) found that 98% of families whose children were at risk of emotional maltreatment or neglect were characterised by the extreme poverty of their material environment – reflected in the fact that 59% lived in overcrowded housing conditions, with 56% of parents reporting high levels of emotional stress.

Research and links

Publications

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