Childhood Neglect

Overcoming practice and organisational barriers

Produced by Carla Thomas

child and family training

Department for Education

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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Childhood Neglect: A resource for multi-agency trainers has been produced by Child and Family Training:

Project consultant: Jenny Gray

Project management: Bill Joyce

Project development: Carla Thomas

Editing: William Baginsky, www.in-edit.co.uk

DVD-ROM and DVD-video: Adrian Jefferies and Dave Ward, www.iliffeward.co.uk

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

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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- 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. (Polnay and Polnay 2007)

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

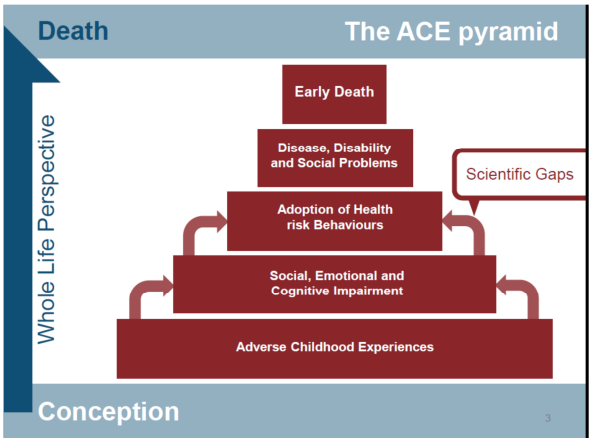
- It can take time for professionals, such as health visitors, to establish a trusting relationship with parents.
- It can, therefore, be very difficult to broach issues of concern about the adequacy of parenting.
- An open and honest relationship is required from the beginning.
- As far as possible,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

The ACE study (Adverse Childhood Experiences)

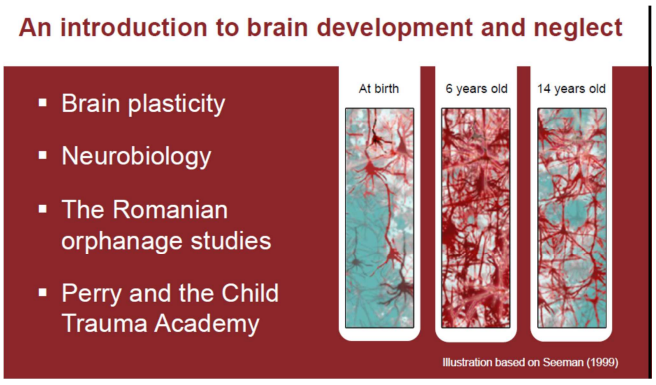
- Adverse Childhood Experiences and their relationship to Adult Health and Wellbeing.
- Child abuse and neglect.
- Growing up with domestic violence, substance abuse, mental illness, crime.
- 18,000 participants.
- 10 years. (Anda *et al.* 2008)



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.



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 Brian

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

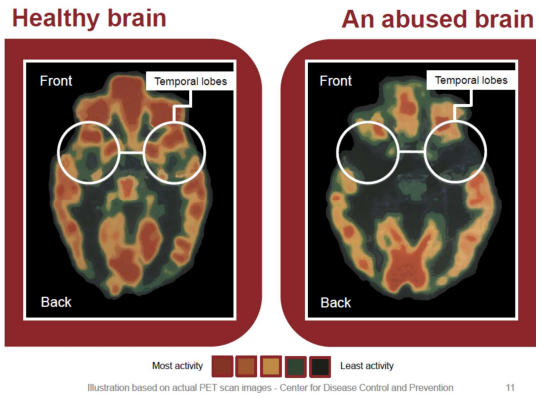
Developments in neuroscience have given us a greater understanding of the developing brain and the impact of abuse and neglect.

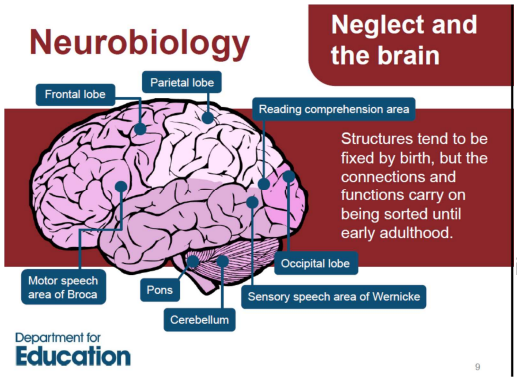
Our brains expect to have experiences. Our brains are experience dependant. Chugani et al. (2001)

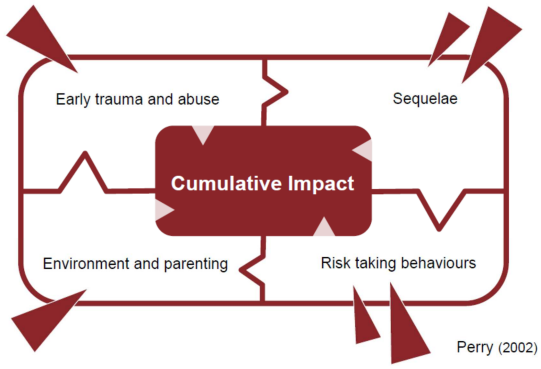
- Romanian Orphans.
- Persistent specific behavioural and cognitive deficits.
- Brain glucose metabolism.
- **Significantly decreased metabolism.**

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.







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 …

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.
- 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.

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)

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

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

Understanding assessment and decision making

Exploring assumptions about assessment and decision–making in cases of neglect

Where a child may be experiencing neglect:

- when you consider the task of assessment and decision-making, what words come to mind;
- what feelings do you associate with assessment and decision-making;
- what helps with the process?

A model of assessment and analysis

Step 1 Consider issues of safety.

Step 2 Gather information.

Step 3 Organise information.

Step 4 Analyse processes affecting child's development.

Step 5 Predict outlook for child.

Step 6 Plan interventions.

Step 7 Identify outcomes and measures for interventions.

(Bentovim et al. 2009)

Step 1 – consider issues of safety

Child neglect can be associated with:

- life-threatening levels of starvation;
- accidents in the home (poisoning, falls, electrocution, burns);
- accidents outside (traffic accidents, falls);
- exposure to dangerous adults (violent fathers, drug networks, child sexual abuse perpetrators);
- neglect of treatment regimes and medical care (disabled children, children with conditions requiring medication).

Step 2 – Gather additional information

A range of sources of information can be used to gather information about the child and family including:

- Interviews with child, parents, extended family members;
- use of scales and questionnaires;
- observations of the child and family in various settings;

- Information from professionals involved with/who know the family.

Use the Assessment Framework

- children's developmental needs
- parenting capacity
- family and environmental factors. (Department of Health, Department for Education and Employment and Home Office 2000)

Step 3 – Categorise and organise available information

- Use the Assessment Framework, also, to **organis**e the material and
- to identify important gaps in information, such as:
    - the chronology
    - lack of information about male figures

- child or parental disability
- parental mental illness, substance abuse, domestic abuse
- child's wishes and feelings.

Step 4 - Analyse the processes influencing the child's development

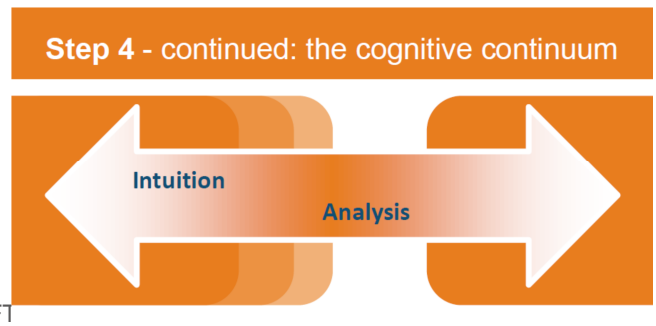
- What do the facts and opinions written in this assessment tell me?
- What does this mean for the child(ren) and the family?
- What needs of the child are being met – and how?
- What needs of the child are not being met – and why?
- What are the processes and patterns of factors?
- What is the impact of these processes? (Cox et al. 2009)

Questions to ask to assist analysis

- What evidence indicates this child/young person is being neglected?
- How does the parent(s) behaviours (acts of commission or omission) impact on their children's health and development?
- What are the pre-existing and current strengths?
- What are the child's views?
- What would need to change for the parent(s) to meet the child/young person's needs?
- Are there indications that the parent has the ability/motivation to make changes in timescales which meet the needs of the child? (Horwath 2007, p170)

Human factors that can affect judgements:

- confirmational bias
- failure to revise assessments of the likelihood of significant harm in the light of new information
- failure to engage with children and families
- problems in multi-disciplinary practice
- imprecision in communication relating to the likelihood of significant harm. (Helm 2010; Munro 2008)



'Sometimes where there are multi-faceted problems, assessments can become stuck and little progress made. The danger of

assessment paralysis can apply…where the focus of attention becomes stuck on a particular diagnostic issue...' (Reder, Duncan and Gray 1993)

Anxiety can affect analysis and decision-making in many ways including:

- rushing into inappropriate intervention, for example, pushing for removal of a child from home to alleviate anxiety about risk of them suffering harm
- deferring to the views of a powerful member of the professional network, even when the views appear ill-judged
- avoiding contact with the child and family in order to avoid being faced with the reality of the circumstances.

Step 5 - Predict the outlook for the child

- Consider whether the child's development will be compromised if the current situation does not improve.
- Decide whether the child is suffering, or likely to suffer, significant harm. Royal Society (1992, p.2)

The process of trying to predict the outlook for the child can also provoke anxiety.

'High levels of emotion adversely affect cognitive functioning and capacity for information processing. This has particular relevance for child protection workers and the highly charged emotional content and context of their work.' (Anderson 2000, p841)

'The common obstacle to reflection is anxiety…anxiety has a profound effect on our ability to think, feel and act.' (Ruch 2002, p202)

Anxiety should not be ignored.

'Practitioners need a secure relationship which will afford them a space where unthinkable experiences can be processed and made thinkable and manageable.' (Ruch 2007)

Step 6 - Plan interventions

Absolute clarity is required about:

- how each unmet need is to be addressed
- who is to do what, and when
- what must change and by when
- the role of each practitioner involved
- how plans will be communicated to children and parents / carers
- how the pan will be monitored, by whom and when.

Step 7 - Identify outcomes and measures which would indicate whether interventions are successful

Assessment has to be an ongoing process, review is essentially re-assessment, focusing on:

- are the unmet needs now being met,
- can change be attributed to the services provided and
- what needs to happen next?

Conclusion

- There are rarely ‘quick fixes’ for neglect.
- Good assessment requires time and support.
- At the same time, assessment and decision-making should not be allowed to drift.
- Processes for review, that is, re-assessment, must be built into all plans.

Understanding integrated working

Do we have to work together?

Yes

Joint working a priority following the Victoria Climbié Inquiry (CM 5730 2003).

Legal requirement following Children Act 2004 for agencies to cooperate to improve the wellbeing of children.

However…

Audit Commission (2008) found considerable confusion about whether Children's Trusts meant new statutory body or mandated partnership working.

Difficulties in collaboration noted since 1960s:

- lack of ownership amongst senior managers
- inflexible organisational structures
- conflicting ideologies and cultures
- lack of budget control
- communication problems
- poor understanding of roles
- mistrust among professionals

- no common language. (Howarth and Morrison 2007)

'Service integration is an ecological integrated children's system that is centred on the child and their family, served through service coordination, and supported through integrated organisations and agencies.' (Siraj-Blatchford and Siraj-Blatchford 2009)

Do you recognise these scenarios?

- Multidisciplinary

'…practice among individuals working within a single agency where the focus tends to be on priorities of that agency and coordination with other agencies is rare.'

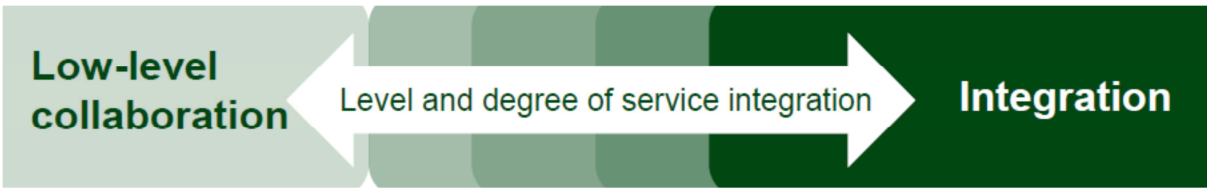
- Interdisciplinary

'...situation in which individual professionals from different agencies separately assess the needs of child and family, and then meet together to discuss findings and set goals.' (Sloper 2004)

Transdisciplinary working

'...members of different agencies work together jointly, sharing aims, information, tasks and responsibilities…One coordinated multiagency assessment is undertaken and used by all professionals. Families are seen as equal partners.' (Sloper 2004)

Shared characteristics of working together



- Two or more organisations.
- Organisations retain own identities.
- Relationship is **not** contractor-provider.
- Usually some agreement to work together.
- Usually agreed aims.
- Aims could not be achieved by one organisation alone.

- Relationships formalised – usually a structure with planning, implementation and review of agreed work.

Challenges for effective working

- Political climate.
- Organisational challenges.
- Cultural and professional obstacles.
- Multi-layered integration

Pre-requisites for effective working

- Good systems of communication.
- Support, supervision and joint training.
- Secondments between services.
- Commitment to evaluation, audit and change.
- Commitment to consulting with, and acting on, user/carer views

What helps working together?

- Commitment to joint working at all levels.
- Strong leadership and emotional intelligence of management.
- Clarity of purpose.
- Clarity of arrangements and responsibilities
- Relationship and trust between partners.
- Practical interventions to promote integrated working.

What prevents working together?

- Previous history of conflict.
- Competitive relationships.
- Bureaucratic need to follow procedures.
- Issues of accountability.
- Professionals or disciplines not relinquishing roles.
- Power struggles.
- Lack of common language.
- Reliance on key individuals

Examples of practice models (UK)

- Team around the child and family.
- A single worker with small caseload and 24-hour availability of supervision and consultation.
- Co-working.
- Social work units (Hackney model 'Reclaim Social Work').

Do things improve?

'It is suggested that there appears to have been a move away from the view of integrated services as an ideal model, towards a view that the outcomes of integrated working are situation specific and that diverse approaches to the degree/extent of integration may be equally valid.' (Robinson, Atkinson and Downing 2008)

- European models show greater integration in Nordic countries where there is high level of commitment to implementation of holistic child welfare model, characterised by higher levels of investment, trust, authority and negotiation.
- In the UK, research – albeit limited - suggests that integrated working is providing mixed outcomes on a number of levels:
- service users
- professionals
- services.

For service users

- Improved access to services and speedier response.
- Better information and communication from professionals.
- Increasing involvement of service user and wider communities.
- Holistic approach.
- Improved outcomes: maintenance in home setting; improvement in attainment.

For professionals

- Better understanding of issues and children's needs.
- Increased understanding and trust between professionals.
- Greater willingness to take risks.
- Co-learning.

But…

- Increased demands and pressures on individual agencies.
- Joined up working an add-on to existing workload.
- Insufficient time for negotiation and information exchange.
- Lack of adequate administrative support.

For the future…

'The emphasis of all models that are adopted, particularly within social care, should be on continuity in terms of the practitioner-client relationship.' (Barlow with Scott 2010, p107)

Appendix 1 – 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 2 – The importance 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 met 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 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 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) 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.

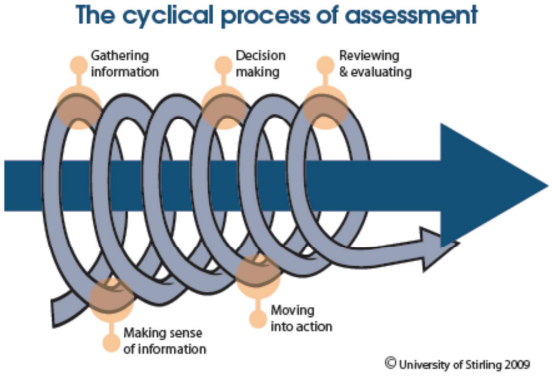
Chronologies are expected to be succinct yet contain all relevant information. Practitioners therefore are required to address two tensions around selection of information. The first is the matter of how much detail to place in the chronology. Too little information may result in dangerous gaps appearing 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 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 3 – Process of assessment



Research on assessment practice has demonstrated that assessments have too often been static and have been viewed by practitioners as one-off events. More recent models (for example Raynes (in Calder and Hackett 2003) have suggested a series of steps within the process of assessment. This has been very helpful in beginning to break down the complex process of assessment so that the individual parts of the process can be seen and understood more clearly.

Research has demonstrated that assessment should be viewed as a cyclical process. Many of the assessments considered in serious case reviews suffered from 'start again syndrome' where insufficient attention was paid to historical information and a 'clean sheet' approach was taken to each referral (Brandon et al 2008). Due to the chronic and cumulative effect, such weaknesses in assessment have lead to agencies failing to address the impact of neglect and not intervening at an early stage to prevent the child's difficulties from escalating (Ofsted 2008).

Neglect requires particular attention in assessment practice because it is rarely, if ever, that one incident will provide proof (Munro 2008). This means that information needs to be gathered from all relevant professionals and family members (Horwath 2007). We need to be able to recognise when information is significant for judgement and decision-making (Cleaver and Walker 2004). We need to pay attention to written information as this can be overlooked as our attention is caught by vivid and recently gathered information (Munro 2008). Finally, there is the challenge of knowing when we have enough information

so that we do not end the search too early (Helm 2010) or get stuck in 'assessment paralysis' (Reder and Duncan 1993) where we can not move on from analysis to action.

All practitioners carry out assessment activity. Some of this activity is quick and informal assessment. For example, a police officer called out to a disturbance at a house will have to make a very quick judgement about the welfare of the children in the house. A school nurse may make an informal assessment of a young person's needs during a routine contact. If there are some nagging doubts they may spend a bit more time with the young person or seek further advice from a colleague. Whether the assessment is quick and impressionistic or lengthy and formal, it requires a level of skill and understanding on the part

of the practitioner. If we can think of all this assessment activity as assessment, then we can view the professional networks around us as huge potential sources of relevant information.

Failure to revise assessments

Research into human judgement has revealed that humans are prone to error in some predictable ways (Plous 1993) and these human frailties are very important considerations when assessing neglect. In an effect known as 'anchoring' practitioners can find that deep-seated values about neglectful families can impact on their individual thresholds (Helm 2010). Although we may believe that the circumstances that we are assessing may not be acceptable for our own child, because our aspirational levels are so low for neglectful families (often characterised by intergenerational poverty) we do not reach a point where we recognise the benefits of intervention.

Conformational bias or verificationism (Helm 2010; Munro 1999; Scott 1998; Sheppard 1995) is widely recognised in the phrase 'you find what you go looking for'. We are all prone to accept and discard pieces of information depending on whether they support our implicit beliefs. It is possible to weigh information selectively in assessment to support your inherent beliefs about children and families. This can result in a failure to recognise or accept the steady of accumulation of evidence which might provide the basis for intervention. This failure to revise our risk assessments (Munro 2008) in relation to neglect could result in a failure to act right across services. If a teacher does not see the rising tide of difficulty they may miss the opportunity to speak to the child's family or offer further nurture and support. If a public health nurse does not view the family as in need of additional services, they may attribute health needs to organic causes and not neglectful parenting. If a social worker does not understand the impact of neglect on the 15 year old girl they could interpret behaviour as a feature of adolescent development.

Appendix 4 - 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.

Research and links

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Tools and resources

Assessing families in complex child care cases using The Family Assessment (training course) http://bit.ly/GVpmcQ

Assessing parenting and the family life of children (training course) http://bit.ly/17yoH7P

Safeguarding Assessment and Analysis Framework (SAAF). http://bit.ly/16Y6OTo

The Family Pack of Questionnaires and Scales (Department of Health, Cox and Bentovim 2000).

http://bit.ly/1cR9mX4

http://bit.ly/H5ppU2