Childhood Neglect

Neglect and Attachment

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 and on DVD-ROM from Bill Joyce, National Training Director, bill.joyce@childandfamilytraining.org.uk

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Acknowledgements

The training materials published on the DfE website as Childhood Neglect: Improving outcomes for children were commissioned by the Department for Education and produced by Action for Children and the University of Stirling.

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

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CFT050214 Neglect & Attachment
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, and 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 Brain

- The ‘new neurobiology’: traumatology (especially PTSD) and developmental neuroscience.
- Neurobiological treatment goals.
Childhood Neglect

- 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.
Understanding Neglect

- 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

Definitions 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
  - 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
  - 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 2007)

Definition of Neglect

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);
Childhood Neglect

- 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. (HM Government 2013)

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

A more recent prevalence study found that 9.9 percent of respondents reported some form of parental neglect in 2009. (Radford et al. 2011)

- 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**

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withdrawn, lethargic, depressed self stimulating behaviour e.g. rocking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lacking social skills either aggressive or withdrawn indiscriminate friendliness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

It is bad for children’s learning
- lack of exploration
- delayed speech and language
- impoverished play and imagination
- special educational needs / learning disability
- later educational failure
- poor life skills

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
- 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

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.
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.

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.
**Childhood Neglect**

- 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)

**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)

Assessing the role of fathers/father figures

Gender and neglect
- ‘Parenting’ is equated with ‘mothering’.
- Men are viewed by professionals as a ‘problem’ whether present or absent.
- If present they are seen as unhelpful, unsupportive and possibly violent, while if absent they are considered irresponsible.
- A man is only considered to be a ‘father’ if living in the household with the children.

Failure to identify the actual, or potential, risks that men pose to their children
- Fathers’ whose role is not assessed.
- Mothers’ current or past partners whose role is not assessed.
- Absent fathers who still have contact and pose a risk of harm to their child.
- Fathers/partners with previous convictions.
- Men who seek out lone women parents in order to gain access to children to abuse them.

Failure to recognise the positive contribution of men to their children
- Fathers as nurturing parents.
- Partners who support mothers.
- Fathers’ extended families as resources to the child and family.
- Children’s own attachment networks.

Study of 244 five year old children
- No significant differences in neglect according to presence or absence of fathers and suggestion that another adult in the household could fulfil the role of ‘father’.
- In sub-sample where 117 interviewed, neglect was less likely when the father:
  - was involved with the family for a longer period
  - expressed more parenting effectiveness
  - was more involved in household tasks
  - was less involved in child care. (Dubowitz et al. 2000)

Assessing the role of fathers/father figures
Both the quality of the relationship [with the child] and the fathers’ involvement seem to be more important than the biological relationship of the father or where he resides.’ (Dubowitz et al. 2000 p.140)

Information must be separately recorded and analysed about:
- The child’s birth mother
- The child’s birth father
- Mother’s current partner/s or other father figure/s in the child’s life
- The nature of the relationship of each of these people with the child
- The nature of their relationships with each other.
- What is his role in the family?
- Is he harming the children?
- Is he spending the money on a substance misuse habit?
- Is he undermining the mother’s confidence?
- Is he violent to the mother?
- Is he bringing dangerous people to the house?
- Is he limiting the mother’s capacity to be an effective parent?

Implications for professionals
- Staff working in probation, adult mental health, substance misuse settings, learning disability settings must all consider the implications for children of their work with adults.
- Health visitors (home visiting nurses) can play a vital role in noticing who is in the household.
- No version of events or personal history should be taken at face value.

Planning to reduce risks of actual or potential harm
- If the father is violent to the child or mother, then address his violence, all responsibility for protection of the child should not be placed upon the mother.
- When a child is neglected consider the father’s part in this neglect (positive and negative contributions) and include him in the plans.
- It must be remembered that where there is domestic abuse, post-separation is most dangerous time for the mother and children.

Assessing potential strengths
- Does the child have a secure attachment to the father/father figure?
- Is the child attached to the paternal extended family (or potentially so)?
- Does the father/father figure show an interest in the child’s pre-school or schooling?
- Does he, or could he, provide physical and emotional care for the child?
- Is he a support to the mother?

Planning to enhance strengths of father’s relationship
- Be clear about your goals.
- Encourage nurturing of the child and especially secure attachments.
Increase paternal involvement with schooling.
Provide relationship counselling for men.
Offer individual support to the father.

Fathers may need help
To address:
- violent behaviour
- alcohol or drug problems
- finances
- housing
- mental health problems
- relationships with partners and/or children
- own childhood experiences of abuse and neglect.

Improving nurturing
Health care workers should encourage fathers to be ‘optimally nurturing’
- include fathers and develop more programmes for fathers;
- facilitate fathers’ emotional and material support to mothers;
- recognise that a father can be a significant figure to the child, even if not in the same household;
- facilitate contact by offering practical and emotional support on a sustained basis. (Dubowitz et al. 2000)

Attention to child’s schooling
- Fathers of neglected children may have had difficult experiences at school and need help to appreciate the importance of education and of the benefits of father involvement.
- Need to consider ways in which the father could be engaged to help with school matters.
- School records may not hold accurate information about both parents.

Promote readiness for a secure attachment relationship with the child
- Support in becoming aware of previous attachment relationships.
- Explore and help develop positive attitudes towards becoming a parent.
- Provide information about behaviours that are known to promote attachment.

- Explore with both parents how they wish to divide tasks and what roles they each envisage taking with the child.

Promote the development of secure attachments
- Help with acceptance of the pregnancy.
Encourage father to organise time and space for a child in his life.
Maximise opportunities for the father to be involved with the baby in the womb.
Build upon the 'engrossment' that the father shows towards his new-born baby.
Encourage, advise and support fathers in sensitive, reciprocal interaction with the child.

Repair or change unhelpful attachment patterns
- Encourage situations of play and fun between father and child.
- Use games, video, role-play and so on.
- Advise the father of ways in which the child might try to repeat unhelpful patterns of attachment from their past.

Understanding the contribution of extended family

Wider family network

Changes in family structure
- Historical, legal and economic changes.
- Shifts in notions of gender and parenting roles.
- Both parents in paid employment.
- Immigration from different cultures.
- Same-sex parents.
- Re-constituted and blended families.

Extended family
- Extended family should be considered in relation to parental wellbeing and access to support; and
- child wellbeing and access to support.
- The experiences of the parents and the children may be interconnected, but may be different - certainly all should be assessed.

Why is extended family important?
To be effective parents require emotional and practical support, which for many is offered and provided within the context of family networks. For children, the experience of supportive extended family relationships is associated with resilience in the face of adversity.

Assumptions and expectations
- Practitioners need to be aware of their own views about what is an ‘ideal’ family.
- Assumptions that two parents are better than one.
- Cultural stereotypes about access to extended family support.

Supporting families and carers
- For many families, relationships between adult partners within the family exert the most influence followed by close relatives beyond the household and then friends, neighbours, professionals.
- Amongst wider family relationships it is usually those between parents and their own parents (usually the mother) which are the most important/influential.

Maternal grandmothers
- Mothers of neglected children tend to maintain relationships with their mothers.
- They often live near them and see them often.
- At the same time, they may hold negative views about them.
- The relationships tend not to be reciprocally supportive - limited opportunities to spend time with parents or to reflect on events. (Coohey 1995; Horwath 2007)

Unhelpful family relationships
‘The social networks of neglectful mothers tend to be dominated by relatives who are critical rather than supportive. Interactions with relatives may be frequent but not very helpful.’ (Gaudin 1993, p18, cited in Stevenson 2007)

Assessment
- Ascertain the facts about the family network.
- Detail the level of material and practical support on offer.
- Explore the emotional quality of the relationships.
- Consider levels of reciprocity.
- Assess risks of harm posed to parents and children by extended family members.

Children and extended family
Childhood Neglect

One study of parents of young children in a disadvantaged area of Bristol noted that despite high levels of family breakdown (40%) experienced by the respondents, for the majority there was regular contact with local kin. (Gill, Tanner and Bland 2000)

**Neglected children and family relationships**
- There is an assumption that neglected children tend to be living with lone mothers – but frequently the mothers do have a partner.
- There may be a number of half-siblings and step-siblings in the same household.
- Children themselves may not always be clear about the biological relationships. (Daniel and Taylor 2001)

**Siblings**
- Only children can be more vulnerable to the impact of parental substance misuse or mental ill-health.
- Siblings can be important attachment figures.
- Children may provide care for younger siblings.
- Siblings can support and comfort each other.

**Neglect and extended family**
- Neglected children can benefit from the availability of wider family.
- Family members can step in during times of parental ill-health or other incapacity.
- They can offer a place for children to go during episodes of domestic abuse.

**However ...**
- Use of drugs can alienate extended family.
- Domestic abuse can be associated with rifts with family or deliberate actions to isolate mothers from others.
- The extended family may also have problems or be unsafe carers.
- If the children's behaviour has been affected by their experience of neglect extended family may be unwilling to care for them.

**Substitute care**
The nature of care is changing:
- Increasing numbers of looked after children have challenging emotional and behaviour difficulties that impact on their substitute families.
- As a result, a significant number of foster care placements break down and children experience numerous placements, further damaging their attachments and sense of wellbeing.
- There is increasing concern over the effect of a lack of consistency in the quality and structures of local authority fostering services.
Kinship care

Benefits include:
- children feeling loved and valued
- having a sense of belonging and identity through strong continuing family ties
- having more stable and lasting placements. (Broad et al. 2001; Harden et al. 2004)
- Kinship care is not a panacea:
  - kinship carers required a different kind of engagement by social workers -
  - a family-centred rather than systems orientated one. (Broad and Skinner 2005)

There are risks associated with greater use of inappropriate kinship placements because of a lack of other fostering alternatives and resource issues. (Broad 2007)

Children’s views

‘If you ever asked her she wouldn’t want me to call her “ma”. I asked her one night how would you feel if I called you “ma”? She said she wouldn’t want that cos you’ve got a mum.

She may not be a very good mum. But I can see why she wants me to call her nana cos the other kids would get mixed up and it would be better calling her nana’ (Burgess et al. 2010, p.299)

Assessment
- ecomaps
- genograms
- toys, dolls, drawings
- family photographs
- family stories and anecdotes
- observation

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)

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**Four factors account for the change process in work with vulnerable families:**

- **40%** characteristic of the user
- **30%** relationship between worker and client
- **15%** method of intervention
- **15%** verbal hope expressed by client

*(McKeown 2000)*
Child focused

‘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.

Addressing 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).
- 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).

Examples
Childhood Neglect

- Project 12-ways (Lutzker et al. 1998).
- Triple-P (Sanders et al. 2004).
- Cognitive-behavioural therapy (see Barlow and Schrader-Macmillan 2009).

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 intervention
- 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.
Appendix 1 – 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 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).
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 2 – 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 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.

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 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 necessarily 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.
Research and links

Publications


Childhood Neglect


