



Childhood Neglect

Introduction to Neglect (option 1)

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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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



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Understanding Neglect

Neglected children

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

Dimensions of children's developmental needs

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

Neglected children

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

..are at high risk of accidents

..are vulnerable to sexual abuse

..are likely to have insecure attachment patterns

..are less likely than other children to:

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

Challenges of definition

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



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

Working Together 2013 – Definition

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

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

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

Children can experience different forms of neglect

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

Some factors associated with neglect

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

Neglected adolescents

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

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

Effects of neglect

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

Why is neglect so important?

It is bad for children's *bodies*

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



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It is bad for children's *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



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- 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

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Assessing Children's developmental needs

The Assessment Framework



Keeping the child at the centre

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

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

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

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

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

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

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



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- They may have limited experience of trusting relationships with adults.

Assessment

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

A chronology

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

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

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

Attachment

- The assessment of attachment requires observation and analysis of the parent/child relationship.



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- From the child's perspective the core requirement is for a consistent, stable and reliable adult who can provide a stable base for exploration, comfort and support.

Analysis

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

The analysis should address:

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

Likelihood of significant harm:

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

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

Risk factors

- Child not seen.
- Child's non-school attendance.
- Chaotic, overwhelmed, hopeless nature of family.
- Parental substance misuse, domestic violence, mental illness, learning disability.
- Parent's history of poor parenting, being in care.
- No family support, isolated.
- Multiple moves, different father figures.
- Low expectation of ability to change things.
- Parental chronic self-harm.



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- Refuses help, advice, keeps distance from services.
- Young person involved in anti-social/criminal behaviour.
- Young person's substance misuse, domestic violence.

Protective factors

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

Planning

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



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Measuring outcomes for each child

What are outcomes?

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

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

Why have an outcome approach?

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

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

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

Measuring change

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

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

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

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

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Why measure change in day to day work?

- Helps all parties to clarify what we are trying to achieve - improves partnership working.
- Keeps us focused - prevents drift - when working on longer term basis with neglected children.
- Helps assess parents' ability to respond to a child's needs and identify what changes need to happen.
- Supports service users to understand why work is taking place and therefore interventions become more meaningful.

Evidence of change

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

Measures

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

5 critical points – direct work with children

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



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Building it into practice

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

Making use of research

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

Make them SMART

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

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Examples

Outcome

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

Activity

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

Measuring tools

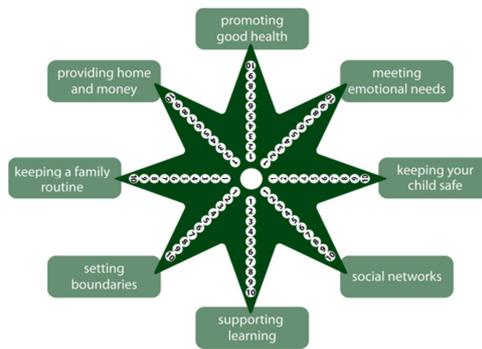
- Our everyday practice in assessing children's needs, recording and reviewing our activities to see if the planned outcomes are being met.
- Tools that are valid and reliable.
- Measuring Tools that are also interventions.
- Clinical Scales – largely focused on psychological outcomes, but also developed for areas including educational attainment and social functioning.
- Standardised questionnaires and scales.

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

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

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The Outcome Stars



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Appendix 1 – A language of feelings

A child develops as a result of interaction with others. That interaction comes about through a process of communication, which might be verbal or non-verbal or both, depending on the stage of development of the child and his or her particular needs. Howe (2005) reminds us that children feel safe and secure when they are sensitively understood. Understanding insecurity in a child is about how both his or her body feels and about how his or her mind feels. To ensure full understanding, there is a need to check that the child has the language he or she needs to convey both experiences and that the meaning that the child attributes to the language is shared by the adult who is their primary caregiver.

Infancy

Children, it is suggested have sufficient language by the age of three. Before that, the infant brain struggles to understand and make sense of the world and is better at recognising, processing and remembering emotional states (Howe 2005). This includes the feelings and emotions conveyed in the adult's facial expression (especially the eyes); voice tone and body language. The infant's expectation is that any stress that he or she is experiencing will be managed for them (Gerhardt 2004). Emotional arousal, effectively conveyed by the infant prompts a response in the mother (in particular) in which she mimics the voice, facial expression and body movement of the infant, highlighting the emotion that the infant is experiencing and naming the feeling that they are aware of and how that feeling will be soothed. The message from the adult is that the distress is manageable; the infant will once again feel calm and comfortable.

Gerhardt (2004) reminds us that 'the very demanding needs of a dependent infant have a biological basis. They are demanding because they are continuous; sometimes hard to fathom without the aid of language and they make no concession to adult needs' (p.210). Interpreting these needs requires attentive caregiving. Where caregiving is compromised, whether by substance misuse; mental health issues or domestic abuse for example – the meeting of the needs of the infant may also be compromised and 'the caregiving might be experienced as essentially abusive, neglectful or most likely both' (Dunn et al. cited in Howe 2005, p.183) however much the infant tries to increase signals of need.

Comments regarding the particular temperament of an infant (having a temper – for example) should perhaps reflect on the urgency of their need and the significant implications for them of that need and other needs not being met.

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Appendix 2 – Child neglect and supporting workers

The significant role supervision and management plays in child welfare and protection has been commented on by a number of reports in the UK including Messages from Inquiry Reports (1980-89), Laming (2003, 2009), O' Brien (2003), Social Work Inspection Agency (2005).

In his Inquiry report in to the death of Victoria Climbié, Lord Laming (2003) commented: 'Effective Supervision is the cornerstone of safe social work practice. There is no substitute for it' (p. 211). The Eilean Siar (SWIA 2005) report considered the ongoing neglect and sexual abuse experienced by children within one family and highlighted the key role that managers have in enabling staff who are in direct contact with children and their families to maintain a focus on the needs of the child, and the capacity of parents to meet their children's needs. It stated

...there is plenty of evidence from previous child abuse inquiries that front line staff who are in daily contact with parents often find it hard to sustain their suspicions about them. There is a vital role for managers to hold this awareness and to challenge and support staff to constantly review and update their opinion of the children's safety in the home (p.126).

Following the death of Peter Connelly in Haringey and the publication of Lord Laming's 2009 report *The Protection of Children in England: A Progress Report* a Social Work Task Force was set up by the Secretaries of State for Health, and Children, Schools and Families to advise the government on social work reform. The Task Force reported in November 2009. Amongst their recommendations about pre- and post-qualifying social work education and training, they also considered the key role supervision played in contributing to high quality social work practice and improved outcomes for service users and carers. The Task force commented that:

Supervision is an integral element of social work practice not an add-on. Through it social workers review their day to day practice and decision making, plan their learning and development as professionals, and work through the considerable emotional and personal demands the job often places on them (2009, p.29).

In their interim report the Task Force had identified three main functions of supervision. These were:

- line management- including managing team resources, workload management, performance appraisal, duty of care, support;
- professional (or case) supervision - reflecting on and responding to the challenging questions thrown up by practice, including implications for the practitioner's welfare or safety; reviewing roles; evaluating the impact of actions and decisions; learning from day to day practice;
- continuing professional development - ensuring social workers are developing the skills, knowledge and experience necessary to do their job well and progress in their careers. Observation of practice and constructive feedback should be part of the process.



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Research and links

Publications

Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000) *Child Maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect*.

London: NSPCC. <http://bit.ly/SUMdc9>

Davies, C. and Ward, H. (2012) *Safeguarding Children Across Services: Messages from research*. London: Jessica Kingsley Publishers. <http://bit.ly/GXRZGx>

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

<http://bit.ly/1cR9mX4> <http://bit.ly/GQSmCx>

Hicks, L. and Stein, M. (2010) *Neglect Matters: A multi- agency guide for professionals working together on behalf of teenagers*. London: Department for Children, Schools and Families. <http://bit.ly/1gK2o6v>

HM Government (2013) *Working Together to Safeguard Children*. London: Department for Education. <http://bit.ly/Yc53ZP>

Radford, L., Corral, S., Bradley, C., Fisher, H. et al. (2011) *Child Abuse and Neglect in the UK Today*. London: NSPCC. <http://bit.ly/ntc6Wu>