



# Childhood Neglect

## Focus on Young People (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](http://www.childandfamilytraining.org.uk) and on DVD-ROM from Bill Joyce, National Training Director, [bill.joyce@childandfamilytraining.org.uk](mailto:bill.joyce@childandfamilytraining.org.uk)

### Terms of use

The presentations, notes, exercises, guidance, handouts, family case studies, work practice scenarios, and audio and video material used in this training resource were commissioned and published by the Department for Education as *Childhood Neglect: Improving outcomes for children*, available at <http://bit.ly/1gUyu1W>

© Crown Copyright 2011

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence.

To view this licence, visit <http://bit.ly/19e4CYF> or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)

Where any third party copyright information has been identified you will need to obtain permission from the copyright holders concerned.

The 'Introduction', 'Childhood Neglect: Choosing an appropriate course' and 'Notes for trainers' in the 'Trainers' manual' and on the *Childhood Neglect: A resource for multi-agency training* DVD-ROM have been developed by Child and Family Training and funded by the Department for Education.

© Child and Family Training 2013

These materials may be reproduced and adapted for the delivery of courses on childhood neglect on condition that the source is acknowledged as Child and Family Training. For any other purposes, permission must be sought from Child and Family Training.

### 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:

Project consultant: Jenny Gray

Project management: Bill Joyce

Project development: Carla Thomas

Editing: William Baginsky, [www.in-edit.co.uk](http://www.in-edit.co.uk)

DVD-ROM and DVD-video: Adrian Jefferies and Dave Ward, [www.iliffeward.co.uk](http://www.iliffeward.co.uk)



# Childhood Neglect

Are teenagers neglected?

## Analysis of serious case reviews (2002-2005)

A quarter of the 161 children who died or who were seriously injured were over 11 years old, including nine per cent who were over 16 years of age. (Brandon *et al.* 2008)

- What is adolescent neglect – how is neglect defined and described?
- What are the causes and consequences of neglect?
- Whose business is it?
- What can professionals do about it?

## Judgements

- Why is this young person dirty?
- Can't be bothered to wash?
- Never been taught or shown how to take care of themselves?
- No hot water, soap or towels in the house?
- At what age do we think that a young person is responsible for their own care?

Neglect is usually seen as an act of omission

For adolescents, in particular, acts of commission should also be considered, for example, being abandoned by parents or being forced to leave home. (Stein *et al.* 2009)

There may be differences between viewpoints, for example between the views of social workers, other professionals and young people themselves. Awareness of these different viewpoints is a starting point for establishing a working consensus. (Hicks and Stein 2010)

## Rochester Youth Development Study (US)

Longitudinal study of community-based sample of young people aged 14-31 suggests that persistent adolescent maltreatment has stronger and more consistent negative consequences during adolescence than maltreatment experienced in childhood only.

Older young people are more likely to be blamed, less likely to be seen at risk of harm, and less likely to be referred to children services. (Rees *et al.* 2010)

'Neglect is when parents ignore you...when parents leave you and you get hurt.... if you are bullied at school and you have no one to turn to neglect is scary.' *Young person's view*



## Childhood Neglect

'When is it that an adolescent is just not taking care of themselves because they can't be bothered, or when is it because they have been neglected and not been taught those basic skills at an early age?' *Professional's view* (Hicks and Stein 2010)

Young people may underestimate neglect -this may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to their families.

Neglect is often seen as a persistent state - it is necessary to look at patterns of neglect over time and recognise the impact of both acute and chronic neglect. (Hicks and Stein 2010)

There is a difficulty in making a distinction between emotional abuse and neglect - these are associated, especially when neglect is seen as an omission of care. What matters is not the label but the consequences for the young person's health and development.

Neglect is often seen as culturally specific -the concept of neglect will vary according to contextually acceptable standards of care. However, caution is required in placing too much emphasis on cultural factors. (Polnay and Polnay 2007)

### **Neglect from different viewpoints**

Older young people less likely to be seen as at risk of long-term negative outcomes.

Young people aged 11 to 17 often seen by professionals as:

- more competent to deal with maltreatment
- more resilient
- more likely to be contributing to and exacerbating situations through own behaviour
- more likely to be putting themselves at risk of harm.

### **Referral and assessment**

Assessing risk of harm and referrals – young people at risk of significant harm were as likely to be referred by professionals as with young children but professional perceptions of the initial risk of harm was affected by age.

Process – child protection process seen as less relevant for young people (more geared towards children and young people), does not allow young people enough involvement/control and plans not as effective if parents not committed to keeping people at home. (Rees et al. 2010)



# Childhood Neglect

## Parenting capacity

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

## Vulnerable young people

### Disabled young people

- Experience higher rates of neglect.
- Communication impairments may make it difficult to tell others what is happening and may be more isolated.
- Not receiving regular services can increase likelihood of neglect.
- Need to distinguish between symptoms of disability and signs of neglect.

### Looked after young people

- Likely neglect prior to being looked after –
- physical health
- education
- emotional needs.

Important to promote stability and secure attachments through high quality of care.

### Impact of parental difficulties

Parental mental health problems, learning disability, domestic violence, substance and alcohol misuse increase likelihood of neglect.

These problems often increase parents' emotional unavailability.

Young people more likely to be left alone, lack parental supervision and positive role modelling.

### Young carers

Older children and adolescents may be drawn into caring, to the detriment of their own care.

Young people may not receive support at key developmental stages, such as puberty, early and later adolescence.



## Childhood Neglect

Lack of supervision and boundaries may result in young people being exposed to greater likelihood of harm and experiencing more problems

### Consequences of neglect

On the following areas of a young person's life:

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

### Effective information – primary

**Universal Services** - have a key role to play in promoting inclusion and supporting young people to achieve positive outcomes.

**Parents** - support services for parents can enable them to develop and sustain an 'authoritative' parenting style, combining control, acceptance and warmth.

### Effective information – primary

Undertake a multi-agency holistic assessment (CAF) as this will:

- help practitioners from different agencies assess young people's additional needs for services at an early stage;
- develop a common understanding of those needs between different agencies;
- agree a process of working together, and which agency will provide services to the young person and family;
- identify, if appropriate, a lead professional to assist the young person and family.

### Effective information – primary

**Concrete interventions** - for example, linked to housing, clothing.

**Social supports** - to promote inclusion and link families into parenting support, social opportunities.

**Cognitive behavioural support** - links into social skills training and further education.



# Childhood Neglect

**Individual interventions** - drug and alcohol, mental health, counselling services.

**Family focused work** - family therapy, Family Group Conferencing. (DePanfilis (2006) summarised in Stein et al. 2010)

## **Intensive family interventions**

Features of the model:

- multi-agency approach/teams;
- focus on most problematic families – formerly families displaying anti-social behaviour but more recently a move towards targeting families with children on the edge of care;
- whole family approach;
- dedicated key worker;
- practical and emotional support;
- persistent and assertive working methods;
- families agree to a contract and support plan;
- cost effective.

## **Impact of intensive family interventions**

- Reductions in anti-social behaviour.
- Reductions in housing enforcement actions.
- Reduction in truancy, exclusions and associated learning problems in children and young people.
- Decline in child protection concerns.
- Reduction in drug and alcohol problems.
- Reduction in mental health problems.
- Significant improvements in children's health, wellbeing and educational attainment.
- Cost effective and provide a social return on investment.

## **Community interventions**

- Multi-Systemic Therapy (MST)
- Licensed and evidence based.
- Community intervention for children and young people aged 11-17 years and their families.
- For young people at risk of out of home placement in either care or custody and families have not engaged with other services.



## Childhood Neglect

- MST team works with young people and families to increase parenting capacity, and to increase young people's engagement with education and training.
- Children chosen for this scheme usually have challenging behavioural problems.
- Children will usually have experienced multiple placement breakdowns.
- Children are sent to live with specially trained foster parents and supported around the clock by a team of professionals from health, education and social care.
- Individual treatment programmes are created for each child.

For more information see [www.mtfce.org.uk](http://www.mtfce.org.uk)

### Summary of key messages

- Definitions of neglect need to take account of age.
- For young people neglect may include a parental act of commission.
- There may be differences in viewpoint between professionals.
- Young people may underestimate the impact of neglect on their lives.
- Not always a persistent state – look at patterns over time.
- Difficult to distinguish between emotional abuse and neglect.
- Consider not only the neglectful behaviour but also the experience of the young person.
- May be overlap between neglect and other forms of maltreatment – consider the whole picture.
- Consider cultural factors carefully and refer back to the Assessment Framework dimensions.
- Consequences of neglect can be severe and extend into adulthood.
- Some groups of young people are particularly vulnerable to neglect.
- Universal services have an important role to play in recognising and responding early to signs and symptoms of neglect.
- Multi-agency approaches are effective in responding to neglect.
- In cases of persistent neglect, support should be multi-faceted with concrete, social, developmental, cognitive, individual and family approaches taken.





# Childhood Neglect

## 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).

# Childhood Neglect

## 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 **organise** 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

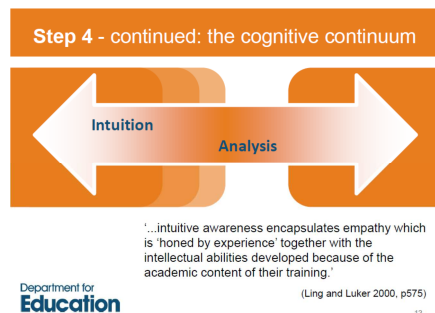
- What evidence indicates this child/young person is being neglected?
- How does the parent(s) behaviours (acts of commission or omission) impact on their children's health and development?
- What are the pre-existing and current strengths?
- What are the child's views?

# Childhood Neglect

- 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



## Childhood Neglect

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 plan 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.



# Childhood Neglect

## Understanding cumulative harm

### 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.



## Childhood Neglect

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)

# Childhood Neglect

Be alert to:

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

(Bromfield, Gillingham and Higgins 2007)

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

## Making an Assessment

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

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

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

Include parents in planning and assist families in solution-focused thinking.

(Bromfield and Miller 2007)

## The role of schools

Outside the home, school is the environment where children spend most of their time.

Teachers and schools can do much in synergy with others to promote the health and wellbeing of all children.

The school setting represents a significant potential source of health among children; enjoying school is associated with positive self-esteem, lower levels of risk-taking behaviour and higher levels of self-related health. (Brooks 2010 p10)

Schools have a statutory responsibility to improve the well being of pupils. (Ofsted 2009)

The neglected child in school may have:

- gaps in their education
- general learning disabilities
- poor problem solving abilities
- poor reading, writing and maths skills
- few friends
- little confidence. disruptive or overactive in class
- desperate for attention or
- desperate to keep out of the 'limelight'
- try too hard
- blame themselves for a wide range of issues. (Adapted from Aggleton, Dennison and Warwick 2010)

## Professional judgement

Teachers use professional judgement in noticing changes in children through:

- learning disabilities
- peer and friendship groups
- clothing and appearance
- attendance and responses to school activities
- home support.

An engaged school picks up early signs of distress and works with other agencies to address concerns.



# Childhood Neglect

Which agency?

*'My teeth hurt a lot and the other kids say that I have smelly breath... my dad jokes that if I don't stop complaining, he will pull them all out for me!'*

*A lady that came to our school to do a check said that my mum needs to take me to the dentist but I haven't been yet...' Susan Miller*

- School and the dentist have identified the issue and recommended action but Susan is still coming to school with sore teeth. School staff need to be proactive.
- They could, for example, involve Susan's class in a health project with free dental samples i.e. a toothbrush and toothpaste.
- If this is not something her class would do, involve Susan in a group supporting younger children with their work on dental health.

*'I am late for school most days, but I get away with it ... I think my teacher expects it now and he doesn't say much.'* Troy Miller

- Use school connections with local health promotion activities and workers to work together towards a solution.
- What systems are in place to 'welcome' latecomers like Troy to school?
- Can he be welcomed in and supported to get to the next class?
- Is there a pattern to how and when he comes in?
- Which lessons does he miss?
- Does he go straight into class or have an identified base to go to before joining the next lesson?
- Who and where does he work to 'catch up' on what he misses?
- Can the school work with him to change the pattern through focusing on subjects he enjoys?

*'I used to love school... it was great in the juniors and my teacher was really kind to me but it is not the same now that I have gone to High School.'* Troy Miller

- The school building and staff can provide the connections to welcome the neglected child into school.
- All schools have a system for late-comers.
- It is easier in junior school for children to focus on the support of one person: their teacher, the head, the janitor or one of the dinner staff.
- Every school can establish a support systems for late-comers: so they not only register but are supported to start their school day:
- use bases/ support rooms/study areas/libraries
- identify a place to collect work/equipment/wait for the start of the next lesson

## Childhood Neglect

- provide a specific task/role for child to integrate them directly into the school day.

*Anyway it is embarrassing if I have to go in without the proper uniform on, and I only have one set - I'm not going if I look mucky...sometimes my mum forgets to put it in the wash.'* Shireen Evans

- School staff can offer support, without drawing attention to the child, by enabling access to pieces of uniform and school facilities.
- What are the key parts of the uniform?
- What do children need to wear to feel part of the school?
- Are there spares in school?
- Enable children to use school facilities; for example, washing machines, showers in secondary schools

*'... you see my mum doesn't like writing the letters when I have been off, so I get all the questions.'* Shireen Evans

Place less emphasis across the school on the responsibility of the child to provide letters from their parent/carer.

- School staff record attendance, who takes dinners, work completed, passes, fails, marks, issues raised with parents, names for school trips.
- Much of it is now on automated systems but responses are needed from parents / carers.
- Work with the child and parent to provide the data needed.
- Contact the parent by phone, accept statements from the child, work with general permissions for the school year.
- Make systems flexible to adapt to individual families.
- Ensure all school staff are aware of the flexibility.

*'I want to do the homework but I get in trouble 'cos I don't get it in on time. I can never find my stuff and there is nowhere quiet in our house to do it – if I put it down anywhere it get's thrown out or screwed up for fire lighting.'* Troy Miller

- Homework is an activity to embed learning and practice skills. Teachers need to be aware in planning lessons that some children will be unable to do that at home or school.
- Homework clubs, at lunchtime or after school, provide support for all children to complete work in school.
- But for some, attending lessons takes all the energy they have for learning whatever supports are available for homework.
- Schools can be creative with cupboards or lockers and provide neglected pupils with space to keep their books in school.
- Every school collects a large amount of lost property every year, keep it.

## Childhood Neglect

- Have spare equipment for each curricular area.
- Have an unchallenged system for everyone, that children can access as they need to.
- Sometimes the simple provision of a small piece of equipment can ensure that a child takes part in something they are really keen on; for example, rubber feet to cover verrucas during swimming lessons.

*'My favourite lesson is food tech because we get to cook and then take the stuff home, but it's got really embarrassing because I never have the ingredients that I am supposed to take in so I use my mates stuff and we share.'* Troy Miller

- Creating space for a child to attend after school activities often needs work with other agencies; sometimes flexibility can provide the answer.
- For example: they could take a sibling home and come back, join in the second half of the session.
- Use part of school fundraising to provide bursaries for children to attend trips.
- Extra-curricular activities often provide time and space to develop skills in activities the child is really keen on.
- Build links with local clubs to support all children to access activities they are interested in.

Class and subject teachers need to work with support teachers to ensure that:

### **Neglected children may have:**

- gaps in their education
- general learning disabilities
- poor problem solving abilities
- poor reading, writing and maths skills
- few friends
- little confidence.
- disruptive or overactive in class
- desperate for attention or
- desperate to keep out of the 'limelight'
- try too hard
- blame themselves for a wide range of issues.
- Class and subject teachers need to know that children are neglected to understand the responses and behaviour of children to:

Schools can support neglected children:

- ensure their inclusion in learning activities
- balance the effort the children put or don't put into their lessons
- recognise and reward the work children do.

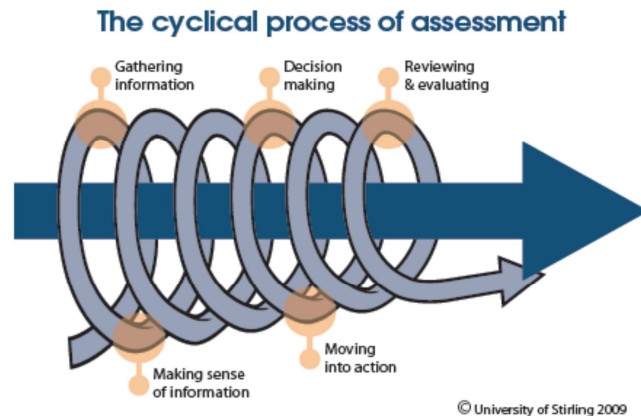


## Childhood Neglect

- school systems for disruptive behaviour may need adapted to support neglected children.
  - gaps are identified and ways found to meet learning needs
  - learning disabilities are recognised in the work children are given
  - children experience success across the curriculum
  - positive teacher/ child and child/ child relationships are promoted
  - a mixture of learning experiences exist through activities and groups.
- 
- the way they are welcomed into school.
  - with equipment from pencil and paper to PE clothes.
  - providing opportunities for success in the classroom.
  - in the way they arrange the teaching activities and groups.
  - through health and wellbeing in the curriculum.
  - by addressing learning disabilities.
  - working closely with other services

Understand that some interventions may need to be long term.

## Appendix 1



### 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 led 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



## Childhood Neglect

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 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 2

### Relevance of historical information

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

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

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

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

### Prediction

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



# Childhood Neglect

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

## **Significance**

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

## **Reliability**

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

## **Assessing motivation**

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

## **Therapeutic value**

The developmental literature (for example, Daniel et al. 2010) recognises the benefits of adults having a coherent story of their childhood. Working with families to develop a chronology may provide a potential opportunity for family members to gain an increased sense of security, as well as a more cohesive sense of identity and resolve issues around difficult events in the past. Children may have partial and confused ideas of family history and many memories may be quite abstract and





## Childhood Neglect

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

# Childhood Neglect

such an event occurs, much chronological detail may go unnoticed and workers may fail to recognise the neglected child in need.

## Reference and further reading

### Publications

- Aggleton, P., Dennison, C. and Warwick, I. (2010) *Promoting Health and Well-being through Schools*. Abingdon: Routledge.
- Brandon, M., Belderson P., Warren C., Howe D., Gardner R., Dodsworth J., and Black J. (2008) *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A biennial analysis of serious case reviews, 2003–2005*. London: Department for Children, Schools and Families. <http://bit.ly/19XSfjf>
- Bromfield, L. and Miller, R. (2007) *Specialist Practice Guide: Cumulative harm*. Melbourne: Department of Human Services, State Government Victoria.
- Calder, M. (ed.) (2008) *Contemporary Risk Assessment in Safeguarding Children*. Lyme Regis: Russell House.
- Calder, M. and Hackett, S. (2005) *Assessment in Child Care: Using and developing frameworks for practice*. Lyme Regis: Russell House.
- Carson, D and Bain, A. (2008) *Professional Risk and Working with People*. London: Jessica Kingsley Publishers.
- Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity. Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence* (2nd edition). London: The Stationery Office.
- Cox, A. Bingley Miller, L. and Pizzey, S (2009) 'Assessing children's needs – a model of assessment, analysis, planning interventions and identifying and measuring outcomes for the child.' In A. Bentovim, A. Cox, L. Bingley Miller and S. Pizzey (eds) *Safeguarding Children Living with Trauma and Family Violence: Evidence-based assessment, analysis and planning interventions*. London: Jessica Kingsley Publishers.
- Daniel, B., Wassell, S. and Gilligan, R. (2010) *Child Development for Child Care and Protection Workers* (2nd edition). London: Jessica Kingsley Publishers. (See Chapter 4 'Resilience and vulnerability' and Chapter 5 'Protective factors and adversity'.)
- Edlington Case (The): A review by Lord Carlile of Berriew CBE QC <http://bit.ly/1f1AfgY>
- Helm, D. (2010) *Making Sense of Child and Family Assessment: How to interpret children's needs*. London: Jessica Kingsley Publishers.
- 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>
- McLeod, A. (2008) *Listening to Children*. London: Jessica Kingsley Publishers.
- Munro, E. (2008) *Effective Child Protection* (2nd edition). London: Sage.
- Nair P., Schuler M.E., Black M.M., Kettinger L. and Harrington D. (2003) 'Cumulative environmental



## Childhood Neglect

risk in substance abusing women: early intervention, parenting stress, child abuse potential and child development.' *Child Abuse and Neglect*, 27, 9, 997–1017.

Nixon, J., Parr, S., Hunter, C., Sanderson, D., et al. (2008) *The Longer-Term Outcomes Associated with Families Who Had Worked with Intensive Family Support Projects*. London: Department for Communities and Local Government. <http://bit.ly/17RxDV3>

Reder, P. and Duncan, S. (1999) *Lost Innocents: A follow-up study of fatal child abuse*. London: Routledge.

Reder, P., Duncan, S. and Gray, M. (1993) *Beyond Blame: Child abuse tragedies revisited*. London: Routledge.

Rees, G., Gorin, S., Jobe, A., Stein, M., Medforth, R. and Goswami, H. (2010) *Safeguarding Young People: Responding to young people aged 11 to 17 who are maltreated*. London: The Children's Society.

Stein, M., Rhys, G., Hicks, L. and Gorin, S. (2009) 'Neglected adolescents: Literature review.' Research Brief. London: Department for Children, Schools and Families. <http://bit.ly/H5INR1>

Swenson, C.C., Schaeffer, C.M., Henggeler, S.W., Faldowski, R. and Mayhew, A.M. (2010) 'Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial.' *Journal of Family Psychology* 24, 4, 497–507.

Warin, J. (2010) *Stories of Self: Tracking children's identity and wellbeing through the school years*. Stoke on Trent: Trentham Books.

### Tools and resources

The Adolescent Wellbeing Scale

<http://bit.ly/H7OLzY>

<http://bit.ly/H5ppU2>