

Obstacles to recognition and response to neglect in social care practice - lessons learnt from research

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Safeguarding children research initiative



- Initiated following the death of Victoria Climbié in 2000; informed by death of Peter Connelly in 2007
- Fifteen studies commissioned. Key themes:
 - Identification and initial response to abuse and neglect
 - Effective interventions
 - Inter-agency and inter-disciplinary working
 - Focus on neglect and emotional abuse

2

Dissemination



- Reports of individual studies: Book Series and Research Briefs
- Davies, C. and Ward, H. (2012) *Safeguarding Children Across Services*, London: Jessica Kingsley Publishers FREE DOWNLOAD AT <http://www.education.gov.uk/researchandstatistics/research/scri/> or Google Safeguarding Children Research Initiative
- Separate briefing papers for health professionals (children and adults), social workers, family justice workers and professionals in education (to follow)

3

Safeguarding Babies and Very Young Children from Abuse and Neglect:

(Ward, Brown and Westlake 2012; Ward, Brown and Maskell Graham, 2012)



- Prospective longitudinal study of 57 babies identified as suffering or likely to suffer significant harm
- All identified before first birthdays; almost two thirds (65%) before birth
- 43 followed until age three; 37 until age five **so far**
- Data from case papers; annual interviews with birth parents/carers; Strengths and Difficulties Questionnaires
- Illustrate findings from other studies in initiative

4

Neglect

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.

Failure to :

- Provide adequate food, clothing or shelter
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision
- Ensure access to appropriate medical care
- Neglect of, or unresponsiveness to, a child's basic emotional needs

Obstacles to recognition and response

- Inadequate dissemination of potential impact of risk factors
- Insufficient understanding of potential impact of neglect
- Insufficient understanding of children's timeframes
- Reluctance to refer and high thresholds
- Misperceptions of the outcomes of care
- Difficulty in focussing on the child

Inadequate dissemination of potential impact of risk factors


- Close relationships between child maltreatment and parents' substance misuse, mental ill health, and domestic violence, particularly in combination (Cleaver, Unell and Aldgate, 2011)
- Failure to meet basic needs; emotional unavailability; inability to protect; inability to focus on the child
- Learning disability associated with neglect and emotional abuse, particularly when domestic violence, substance misuse and/or mental health problems are also present
- Children with disabilities are 3.4 times as likely as their peers to experience abuse and neglect (Sullivan and Knutson 2000)
- Relationships between criminal convictions for violent offences and maltreatment

Key aspects of early childhood development

- Babies are born with immature brains; the human brain is not fully mature until mid twenties
- As a consequence the brain adapts to its environment
- Relationships are key features of environment and process of attachment begins at least at birth
- Early childhood development mediated through relationship with the primary caregiver
- This relationship has an impact on intellectual, emotional and social development in key areas that form building blocks for subsequent growth

Impact of maltreatment and children's timeframes

- Substance misuse, alcohol misuse and domestic violence during the pregnancy can affect the foetus
- Immature brain adapts as readily to negative as to positive experiences
- Process of attachment begins **before birth** (reflective functioning)
- Quality and sensitivity of mother-child interaction at **6-15 weeks** correlates with attachment at **18 months**
- Frightened or frightening parental behaviour associated with disorganised attachment **at 12-18 months**
- Up to 80% neglected/abused children develop disorganised attachments – related to later psychopathology
- Babies placed for adoption **before first birthdays** are more likely to become securely attached to adoptive carers




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9

Impact of maltreatment during infancy in later life

- Maltreatment has a cumulative effect – later brain development relies on earlier development
- Children who have been neglected may:
 - be unable to regulate emotions and respond appropriately to stress
 - fall behind in communication, language and reading skills
 - have difficulties in coping with the social and academic demands of school
 - have difficulties in maintaining supportive social networks




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10

Impact of maltreatment including neglect

<p>Maltreated children higher risk of:</p> <ul style="list-style-type: none"> • School failure • Gang membership • Unemployment • Poverty • Homelessness • Violent crime • Prison • Parenting capacity 	<p>Physiological disruptions in later life:</p> <ul style="list-style-type: none"> • Cardiovascular disease • Viral hepatitis • Liver cancer • Asthma • Chronic obstructive pulmonary disease • Autoimmune disease • Poor dental health • Depression
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11

Maltreatment and children's timeframes

- Neglect and emotional abuse:
 - often manifest themselves early and have a corrosive impact throughout childhood
 - consequences are particularly severe in utero and in the first three years of life
 - impact on very small babies is often unappreciated
 - potential for long-term adverse consequences throughout life span
 - but crises are rare, so action often postponed



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12

Adolescents: evidence that needs wider dissemination

- Adolescent emotional abuse and neglect are widespread, associated with fatal outcomes – and largely ignored
- No common understanding of what constitutes supervisory neglect
- By their sixteenth birthdays approx 2% of adolescents in England have been forced to leave home for at least one night

What might be improved? Training

- Workforce is insufficiently trained in child development and the impact of abuse and neglect
- Workforce is insufficiently trained about known risk and protective factors for abuse and its recurrence
- Poor training leads to poor recognition
- Poor recognition means that interventions are indecisive and delayed

What might be improved: identification

- Persistent failure to attend routine appointments/ failure to seek help following injuries /passivity and sudden weight loss - early indicators of neglect
- School nurses are often first people to whom children signal maltreatment
- Withdrawn and unpopular children
- Delays in language and communication, behaviour problems, Sudden drop in school performance/attendance
- BUT checklists are never comprehensive or a substitute for judgement
- A new baby may divert attention from other children

Obstacles to referrals and responses

- Adult services rarely refer
- Differences in perceived thresholds for services
- Concerns about inappropriate or inadequate responses
- Poor/non-existent feedback
- Tensions between services
- Universal services (schools, health service, police) most likely to see first evidence

Identifying who may safely remain at home

- Assessments of impact of abuse on child's development
- Formal assessments of parent/infant /toddler interaction leading to intervention
- Assessments of parents' capacity to change
- Up to 40% of parents may resist or sabotage professional interventions: not all parents have capacity to change

Identifying who can/cannot be safeguarded at home



- Identifying children most likely to suffer significant harm:
 - Based on systematic review of evidence concerning risk and protective factors and the likelihood of maltreatment or its recurrence (Hindley, Ramchandani and Jones, 2006)
 - Severe, high, medium, low risk of future harm
 - Focussed on parental capacity to change
 - 11/12 severe risk children permanently separated by age three; all by age six
 - Link to plans and written agreements with parents
 - Currently piloted by NSPCC

Parents who change may be:



- Less likely to have experienced abuse themselves
- More likely to have come to terms with removal of an older child
- More likely to have a wake-up call
- More likely to have a supportive network or extended family
- May have support from intensive, evidence based programmes (FDAC, MST, PUP)
- Likely to make substantial changes within six months of a baby's birth
- → need to explore motivation, capacity to sustain change, engagement with services and impact

Misperceptions of outcomes of care

- Care is often thought to be damaging for children BUT:
 - Outcomes largely positive for adopted children – but long term support may be required
 - Outcomes of care positive for majority of neglected children
- But care system needs to provide:
 - More specialist psychotherapeutic support
 - Better support for care leavers

Maltreated children who remain looked after :

Less likely to:

- Have misused alcohol or drugs
- Have committed offences
- Be in pupil referral units/without a school place/persistent truants

More likely to:

- Have close adult ties
- Have a range of special skills, interests and hobbies
- Have better mean scores for health

21

Obstacles to focussing on the child

- Preservation of the family
- Partnership principle
- Empowerment, fairness and their limitations
- Parents' rights
- Focus of attention shifts as children grow older

22

Final points

- Need to understand better the impact of maltreatment on children's development and life chances
- Early identification of neglect and decisive action
- Precise and timely assessments of family potential (pre birth and within the first six months)
- Services to support families for as long as required
- Keep older adolescents in mind
- Potential of substitute care for many maltreated children

23

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24



THANK YOU

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26

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