**Presentation Notes**

**Childhood Neglect:** Improving Outcomes for Children

**Learning Outcomes**
To recognise signs and symptoms of children and young people who are, or may be, being neglected.

**Audience**  Groups 1-6 (Working Together 2010)  
**Time** 30 minutes

**Key Reading**


**Links to Common Core**

**Common Core 2** Child and young person development (knowledge: understand how babies, children and young people develop). Know that development includes emotional, physical, intellectual, social, moral and character growth, and know that they can all affect one another.

**Common Core 3** Safeguarding and promoting the welfare of the child (skills: personal skills). Understand the different forms and extent of abuse and their impact on children’s development.
This is clear evidence that neglect affects young people as well as young children.

This presentation seeks to address the following questions.

Often comes down to judgements – young people develop and become competent to self-care at different ages; some teenagers become self-sufficient earlier than others.

However, given that parenting also involves tuning into an individual child’s developmental needs, there will need to be discussion with the parents or carers to ascertain the extent to which they are aware or, or concerned about, the young person’s level of self-care.
Discussion point: It could be helpful to engage participants in discussion about issues of judgement. They could be asked to discuss questions such as:

- Is there usually consensus within your team about when a young person’s needs are being met by their parents and carers, at what age should young people become self sufficient for example?
- Do you take the time as a team to debate and discuss these issues?
- Do you take the time to debate this with colleagues from other agencies?
- Are there differences of view across different professions?

A longitudinal study – the Rochester Youth Development Study – has so far followed a community-based sample of young people from the ages of 14 to 31. The first findings on age-specific outcomes of maltreatment were published in Thornberry et al. (2001).

This has been followed by several other articles from the study exploring the same issue. Thornberry et al. (2010) distinguished the causal effects of childhood-only maltreatment which were primarily seen through internalizing problems in early adulthood, from the effects of maltreatment experienced during adolescence which ‘had a stronger and more pervasive effect on later adjustment’. These wider effects include criminal behaviour, substance use and health-risking behaviours.
Rees and colleagues’ (2010) research with professionals identified that generally young people who are older are less likely to be perceived to be at longer-term risk of negative outcomes from neglect.

The research team looked at age profiles of the young people and it appeared that overall risk of harm from neglect is perceived to be lower particularly for young people aged 16 and 17.

The young people were thought to be more competent in dealing with maltreatment, more resilient and more likely to be contributing to and exacerbating situations through own behaviour.
The same research team also interviewed young people and professionals to explore their views of maltreatment experienced by young people aged 11-17. Some of the factors identified by professionals when assessing risk of possible significant harm of young people related to young people’s own contribution to situations; young people were often seen as ‘putting themselves at risk’.

In terms of decisions about whether to make a referral to children’s social care services, there was a significant difference between agencies with professionals such as the police being more likely to make a referral in response to a given scenario than the other professional groups such as teachers, youth justice workers and voluntary sector workers (Rees et al. 2010).

Thresholds were regarded by professionals as higher for older young people; for example those aged 15 and older. Some of the key dilemmas for professionals in making referrals and undertaking assessments for this age group included:

- The complexity of some cases where there was two-way violence.
- Referring to children’s social care services against young people’s wishes; for example, confusion about how to deal with sexual relationships between young people and older adults.
- Concerns about losing relationships with the young person and their family if a referral was made.

Some professionals were concerned about whether to make a referral to children’s social care services when the likelihood of a response was not known.

Referring professionals also identified five broader challenges in terms of meeting the needs of young people aged 11 to 17 who are maltreated:

- Resource and capacity issues were regarded as a key issue for safeguarding work in general and for this age group in particular.
- Challenges relating to multi-agency working were identified including information sharing and consistency of thresholds for intervention across agencies.
- The need for training and accessible support for a range of professionals working with young people who may be being maltreated.
- Working with parents was viewed as a significant challenge in relation to young people aged 11 to 17. Trust was a key issue and the potential for enhancing parenting skills was identified as an important strategy.
- Finally, referring professionals felt that there were some specific challenges in engaging with young people in this age range in order to ensure their safety.
How does this translate for young people?

Consider aspects of parenting capacity together with knowledge of what is age-appropriate for young people, and discuss what this means for their care:

- **Basic care giving** – food, shelter, warmth.
- **Ensuring safety** – who is the young person exposed to? Inappropriate adults in household, for example, adults around them using substances, anger and aggression in home, fear of assault – physical or sexual?
- **Emotional warmth** – do they have someone to turn to, do they feel cared for, and do parents show warmth to their children?
- **Stimulation** – access to, for example, peers or activities. Forced to stay in bedroom for days on end?
- **Guidance and boundaries** – coming in on time, getting up on time, parents condoning risky behaviours, knowing what is acceptable.
- **Stability** – for example, stable home life, accommodation, stable parenting.

This, and the following three slides describe some of the factors associated with elevated vulnerability to the experience of neglect.
This slide looks at dimensions that are key to young people's welfare:

**Health** - Inadequate medical attention, and poor food and diet have a long lasting impact on physical health. We need to recognise anxiety, depression, low self-esteem and proneness to suicide in teenagers, drug and alcohol abuse and early sexual activity.

**Education** - Neglectful parenting is associated with poor academic achievement and misconduct at school. It also affects ability to achieve qualifications and subsequent employment options that in turn is likely to impact upon achievement of economic wellbeing.

**Emotional and behavioural development** - Neglectful parenting is often associated with anti-social behaviour, young people getting into trouble and violent conduct.

**Identity** - Neglectful parenting impacts upon self-esteem and self-image. Teenage years are important in developing self identify with physical appearance being an important factor. Neglected young people are sometimes seen in ill fitting shoes, unwashed clothing, have no essential PE kit or school uniform, and often do not have access to the latest fashion, for example.

**Family and social relationships** – There is a close association between parental neglect and behaviours in young people: running away from home, substance misuse, sexual exploitation and risky sexual behaviours, and potentially young people being stigmatised and bullied by their peers.

Responses to this type of behaviour are sometimes enforcement led with young person seen as disaffected or angry rather than as neglected - this sometimes results in a police/anti-social behaviour team response and ultimately puts young person in an even more difficult position. For example the young person may become subject to behaviour contracts, Anti-Social Behaviour Orders, or criminal convictions.

**Social presentation** - Neglect impacts upon the way that young people behave in groups and communities. Have parents advised or guided the young person on how to behave in certain situations - public gatherings, in a shop, attending medical appointments - or does their behaviour single them out as different?

**Self care skills** - Neglect may impact upon self-care skills, such as dental care, washing, general cleanliness, ability to prepare and balance meals, seeking timely medical care and this may impact upon long-term health outcomes for young people.
Primary Intervention
Primary intervention (also known as prevention) aims to address the factors associated with neglect in order to prevent it occurring in the first place.

Schools, parents, youth, recreation services and health all have much to offer to young people and their families.

Stein et al. (2009) looked at parenting styles that underpin the parenting capacity domain of the Assessment Framework. It is the ‘authoritative’ parenting approach which combines love, emotional warmth, basic physical care, safety, stability, guidance and boundaries as well as stimulation that is most likely to contribute to young people’s all round wellbeing (Stein et al. 2009).

Secondary Intervention
The focus of secondary intervention is intervening when problems arise – or early intervention in the history of a difficulty. For example, a teacher may notice a sudden deterioration in the appearance or cleanliness of a young person which is very much out of character. If this cannot be addressed by informal measures, such as discussions with the young person and parents and offers of assistance are declined, then it is important that an early assessment takes place to determine the appropriate level and types of intervention. It may be helpful to use the Common Assessment Framework (CAF) at this stage.

Tertiary Interventions
Tertiary interventions aim to prevent the recurrence of problems that have already come to light, and have usually persisted beyond, or have not responded to, early interventions. Stein’s (2009) recent research review identified that there is little available literature on social work and therapeutic interventions in relation to adolescent neglect.

Intensive family interventions, such as the Reaching Out: Think Family approach of the last Government, are targeted at families exhibiting anti-social behaviour and who were at risk of homelessness (Social Exclusion Task Force 2007).

These interventions encapsulate work detailed on former slide.

For those wanting to know more about Social Return on Investment (SROI) – direct them to NEF website, link at the end of the presenter’s notes.
Multi-Systemic Therapy
MST is a licensed and evidence based, community intervention for children and young people aged 11-17 years and their families, where young people are at risk of out of home placement in either care or custody and families have not engaged with other services. The MST team works with young people and their families to:

- increase parenting capacity
- increase young people's engagement with education and training
- promote pro-social activities for parent and child
- reduce young people's offending behaviour
- increase family cohesion
- tackle underlying health or mental health problems in the young person or parent, including substance misuse.

Multidimensional Treatment Foster Care
Children chosen for this scheme will usually have very challenging behavioural problems and will have experienced multiple placement breakdowns. They are sent to live with specially trained foster parents who are supported around the clock by a team of professionals from health, education and social care. Individual treatment programmes are created for each child.

Each set of foster parents looks after just one child for between six months and a year, concentrating on behaviour management to promote emotional stability and the skills needed to live in a family.

The programme is based on teaching children new skills in their foster home, school and social environments. The focus is on supporting and encouraging positive behaviour and setting clear and consistent limits. Keeping children away from peers who are a bad influence is also central. Multidimensional Treatment Foster Care was originally developed and evaluated in the USA as a cost-effective alternative to residential treatment for adolescents with complex needs and challenging behaviour, including offending behaviour. Some local authorities have been trialling this approach in England since 2003 with funding from the Department for Children, Schools and Families.

For further information see www.mtfce.org.uk
Summary of key messages.

- Definitions of neglect need to take account of sign.
- For young people neglected may include a parallel set of vulnerabilities.
- These specific differences in interpretation between.
- Young people (may underestimate the impact of neglect on their lives).
- Not always a persistent state – look at patterns and trends.

Summary of key messages.

- Difficulty in distinguishing 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.

Summary of key messages.

- Communication of dependant between severe and contextual arrangement.
- Some groups of young people are particularly vulnerable to neglect.
- Organisational routines play an important role in identifying and responding adequately to signs and situations of neglect.
- Multi-agency approaches are effective in responding to.
- In cases of persistent neglect support should be multi-agency.

Notes

Neglect and young people