

### Childhood Neglect: Improving Outcomes for Children

#### Learning Outcomes

To review outcomes and measure whether interventions are successful.

**Audience** Groups 2-6 (Working Together 2010)

**Time** 30 minutes

#### Key Reading

Department of Health, Cox, A. and Bentovim, A. (2000) The family assessment pack of questionnaires and scales. London: The Stationery Office.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008144](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144)

Farmer, E. and Lutman, E (2010) Case Management and Outcomes for Neglected Children Returned To Their Parents: A Five Year Follow -Up Study. Briefing note. London: Department for Education.

Hoggarth, L. and Comfort, H. (2010) A Practical Guide to Outcome Evaluation. London: Jessica Kingsley Publishers.

<http://www.c4eo.org.uk/>

Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) Strengths and Difficulties Questionnaires <http://www.sdqinfo.org/>

[www.rip.org.uk](http://www.rip.org.uk)

Research in Practice aims to promote positive outcomes for children and families through the use of research evidence.

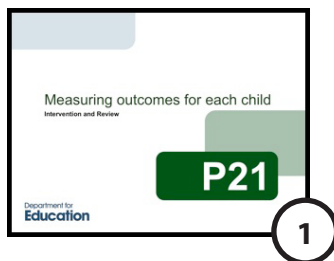
[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence gathers knowledge about what works and interprets this into guidance, practical tools and support services.

Burns, S. and MacKeith, J. (2010) The Outcomes Star. East Sussex: Triangle consulting social enterprise Ltd. Online versions available [www.staronline.org.uk](http://www.staronline.org.uk)

#### Links to Common Core

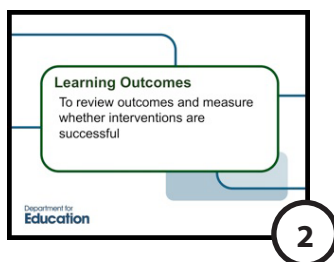
**Common Core 1** Effective communication and engagement with children, young people, their families and carers (skills: consultation and negotiation). Identify what each party hopes to achieve in order to reach the best possible and fair conclusion for the child or young person.



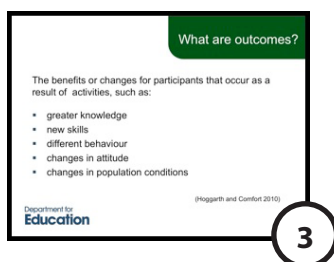
This presentation focuses on change for the children and families we work with. Often families who come to us for services have so little self-confidence, or are so beset by difficulties, that they feel they can not achieve any change. If we can demonstrate or show to them that things are getting better, and that it is the efforts that they have made, which has caused this change, this is hugely significant for their motivation and sense of having some control over their lives.

Having an outcomes focus helps us to assess children's needs, plan our work and review whether our activities have brought about change. This is important in all our work with children including those experiencing neglect. Farmer and Lutman (2010) state that:

'...the children who had experienced the most severe neglect had the poorest outcomes... There needs to be more clarity about how to make a case in care proceedings for neglect cases and a way of working which builds up evidence of children's progress or lack of it...'



Learning outcomes.



There are many definitions of outcomes with subtle differences in their emphasis. For example, at time outcomes may refer to improvements in a child's health or development, but some outcomes may impact on the parent's capacity to parent, which impacts positively on the child, whereas other outcomes for parents may not. In this presentation, we are looking at changes for children and families as a result of our services or activities.

Our starting point is that outcomes are about the effects of what we have done to improve the child's health and development i.e. our interactions and not just about the services that have been delivered.

This is illustrated in the following quote (see next slide).

Measuring outcomes  
for each child

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**Why have an outcomes 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.

Department for Education (Hoggarth 2010)

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Liz Hoggarth, a senior research fellow of the Youth Affairs Unit at De Montfort University, Leicester, has written and trained on outcomes evaluation, especially for those working with children and young people in statutory and third sector organisations (Hoggarth and Comfort 2010).

In this presentation we will consider the benefits of an outcomes based approach, how it can form part of everyday practice and what resources and measuring tools are available to help us in our work. The presentation will focus on outcomes and neglect, highlighting the importance of professional knowledge and research.

**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)

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**Measuring change**

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.

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## Bullet Point 2: Keeps us focused

All research into effective interventions for neglect stresses the significance of a longstanding relationship with a trusted professional and the need for long-term support services. Neglect is often chronic in nature, involving a complex interplay of entrenched family difficulties. Long-term professional commitment may contribute to the building of more secure family attachments.

Frequently, long-term work is associated negatively with the idea of dependency. Research suggests this can be avoided through the use of agreements, goals and reviews. We need to ensure that the passing of time does not de-sensitise practitioners to the neglect suffered by children and that their outcomes are monitored and evaluated to prevent drift.

## Bullet Point 3:

Help assess parents' ability to respond to a child's needs  
Assessing the ability of parents to change is extremely difficult and most effectively carried out by professionals from a range of disciplines. However, most parents who neglect their children want to be good parents and have strengths that can be harnessed. An outcomes focus helps us assess parental ability to change.

**What is meant by 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.

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Relevant, comprehensive information is crucial in neglect cases - it can be helpful to use the analogy of a jigsaw puzzle with different information fitting together to assist us to make sense of the whole picture.

However, reams of irrelevant information and recording can draw attention away from the significant issues. Good practice highlights the importance of keeping a chronology or record of significant events and incidents. This evidence provides a clear indication of family history and need, which in turn helps to inform the setting of measurable outcomes for the child.

**Types of 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.

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**Discussion point:** Before showing Slide 9, ask participants to quickly identify different types of evidence. These might include:

- **Recorded observations:** for example, the house has been clean for a week, child has attended nursery regularly on time. This can include observations from others; for example, team around the child, professionals, neighbours.
- **Standardised assessment:** for example, completion of Parenting Daily Hassles Scale in the Family Pack of Questionnaires and Scales (Department of Health, Cox and Bentovim 2000). These can be used as a measurement tool. The Strengths and Difficulties Questionnaire is a validated behavioural screening tool for use with 3-16 year olds (Goodman 1997).
- **Testimonial:** which can include feedback from the child/parent or from others, for example, a teacher or neighbour.
- **Numerical:** quantitative, for example, school attendance, or the height and weight of a child. However, it is important that this evidence is strengthened by other information, for example, indicating how the child presents at school and is able to take up learning opportunities.
- **Objective:** when working with neglect, it is important to build evidence of children's progress, or lack of it, including children's height and weight gains, and developmental progress in reaching milestones.

5 critical points

Direct work with children:

1. seeing children  
2. observing children in different situations  
3. engaging children  
4. talking to children  
5. activities with children.

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Part of measuring change is about communicating effectively with children. Lefevre (2010b) has developed a 'taxonomy of core capabilities for effective communication with children and young people'. These fall in to 3 domains:

- knowing
- being
- doing.

Knowing includes:

- Knowledge and understanding about child development.
- The impact on communication of the child's inherited traits/ impairments/capabilities.
- How adverse experiences affect children.
- The purpose of communication.
- How social work role and task may affect communication.
- Appropriate methods, models and skills.

Being includes:

- Emotional and personal capacity and value base and ethical commitments.
- Treating children as competent with a right to participate.
- Being respectful and reliable.
- Taking an anti-oppressive approach.
- Recognising one's own feelings.
- Being sincere, honest, congruent, open.
- Showing warmth, humanity, humour, enthusiasm.

And Doing includes:

- Skills and techniques for communicating with children.
- Being child centred.
- Going at the child's pace.
- Listening.
- Using play.
- Using a variety of tools.

**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.

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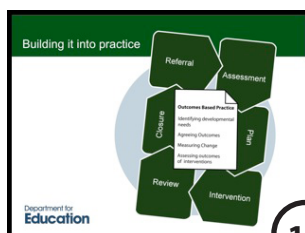
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The starting point for identifying the outcomes is an assessment of a child's developmental needs and their parents' capacity to meet those needs. Thinking about providing services before an assessment can lead us into thinking about our assessment as an assessment of eligibility for a service.

While this is important, it is not an assessment of a child's developmental need. If a parent is neglecting their child we need to understand why it is happening and what are the causes of the neglectful behaviour.

Only then can we state what we hope to change (our outcome) and the means by which we intend to do so (our outputs or service).

Establishing what unmet need exists requires us to assess the child, their parents' capacity and the family and environmental factors, and to gather information from them and others involved with their family to analyse this information and draw on what research tells us.



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It is most important that an outcomes based approach should be part of every day practice. It is part of the assessment, planning, intervention and review cycle and processes that underpin work with children and families irrespective of our professional backgrounds.

**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.

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From Farmer and Lutman (2010):

Returning children to their parents. There needs to be more clarity with parents about what changes need to be made, over what timescales before children are returned to them, with a clear contingency plan which is actioned if changes are not forthcoming, together with intensive packages of assistance.

Parental alcohol and drugs misuse. Practice in cases where parents misuse alcohol or drugs needs to include clear expectations that parents will be required to address their substance misuse before children are returned to them and that their use of substances will be closely monitored and reviewed before and during return. In addition, more access to treatment for parental substance misuse problems is required.

Make them SMART	
<b>S</b> pecific	what is it we are trying to measure?
<b>M</b> easurable	will it be possible to tell if an outcome has been achieved?
<b>A</b> chievable	don't set unrealistic outcomes - intermediate outcomes (distance travelled) are important
<b>R</b> elevant	the outcomes should regularly be derived from the assessment and professional knowledge and research
<b>T</b> ime	review progress.

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In our work, we should aim for long-term outcomes, but we stand more chance of achieving these and being able to measure and evidence change if we break down the long-term outcomes into outcomes that are planned in smaller, practical and more achievable steps. These are known as SMART outcomes, and should lead services towards their final goals – the long-term outcomes and overall aims.

It is important that when working with neglect, that the outcomes have clear timescales and are subject to regular review. This helps prevent drift and guards against workers becoming 'de-sensitised' for example, considering a child to be smelly but happy (there was a case where a child died of septicaemia due to having dirty nappies).

It is important to ensure that a rule of optimism is not triumphing over the evidence (Brandon et al. 2009). Ineffective interventions over a long period of time can lead to children not being safeguarded. If the outcomes are SMART, then practitioners are more likely to recognise child protection concerns, take statutory action to effect change leading to better long term outcomes for children.

**Examples of outcomes**

Should be a positive statement of change or benefit for children and families and should include reference to the recipient of this change.

Examples

- "There is an improvement in the physical living conditions of the child or young person"
- "Parent is able to respond appropriately to child's emotional needs"

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**Outcome indicators**

- 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

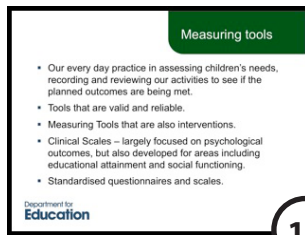
**Activity**

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

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Remind participants that baseline assessments, ongoing assessment and reviews with accompanying recording are powerful measurement tools.

Remind participants of things to remember, including that measurement tools are there to assist professional judgement, not to replace it. Checklists and similar tools should not be used just for the sake of it. They should be used because they make a contribution and they can help.

### Case specific measures

At its simplest practitioners need to establish case specific baselines at the start of intervention with a child or young person i.e. what was s/he like before they had any help from the service?

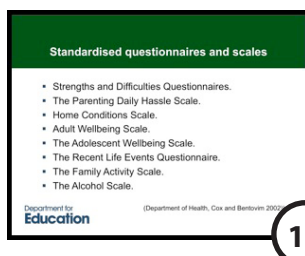
Then at each point of review the same questions need to be asked again and the impact of the intervention should be plotted in relation to whether it has impacted upon the child or young person's developmental progress.

### Make these measures attractive

Tools have to be designed with the target audience in mind, and use age appropriate language and images; for example, cartoons and pictures, and smiley faces for children. A simple visual aid to use is a ladder.

### Be consistent

If the ladder is used, it has to go from a baseline at the bottom to where it is hoping to get to at the top. They should be used consistently with all children and families so that data can be aggregated. Numbers or symbols can be used to identify where the person is on a scale.



Useful questionnaires and scales are included in the pack (Department of Health, Cox and Bentovim 2002).

Strengths and Difficulties Questionnaires (Goodman 1997)

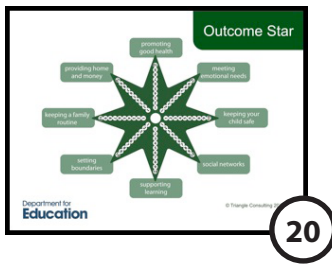
**The Strengths and Difficulties Questionnaire (SDQ)** is a brief behavioural screening questionnaire about 3-16 year olds and provides information about a child's behaviour, concentration, emotions and relationships with other people. Scores help to identify areas of particular concern and the need for support or further assessment, but do not constitute a diagnosis in itself.

The Goodman's SDQ is recognised by other professionals as a qualitative measurement tool and local authorities are required to use it with looked after children.

**Home Conditions Scale (The Family Cleanliness Scale (Davie et al. 1984)).** This scale helps with assessing the living circumstances of a child.

**The Parenting Daily Hassles Scale (Crnic and Greenberg 1990; Crnic and Booth 1991).** This scale aims to assess the frequency and intensity or impact of experiences that can be thought to be a 'hassle' to parents. It has been found that parents generally like filling this scale out, because it touches on many aspects of being a parent that are important and familiar to them.





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The Outcomes Star™ created by Triangle Consulting is a tool for measuring change over time when working with vulnerable people. A star is used to represent the whole person with each axis reflecting a key area against which progress can be assessed. This slide shows the version for work with parents/carers.

The Outcomes Star™ measures progress for children and families receiving support in order to maximise independence or achieve other goals. There are different versions of the Star for different sectors (for example, homelessness, substance misuse, mental health, young people and families.)

However all versions consists of a number of scales and a Star chart onto which the children and families score on each scale is plotted. The attitudes and behaviour expected at each of the points on each scale are clearly defined in detailed scale descriptions and summary ladders giving the scores some objectivity. These descriptions are based on an explicit model of change that creates coherence across the whole tool.

## Notes