

### Childhood Neglect: Improving Outcomes for Children

#### Learning Outcomes

To understand the importance of looking beyond single incidents (cumulative harm).

**Audience** Groups 2-8 (Working Together 2010)

**Time** 30 minutes

#### Key Reading

Bromfield, L. and Miller, R. (2007) Specialist Practice Guide: Cumulative Harm. Melbourne, Vic: Department of Human Services, State Government Victoria.

Daniel, B., Wassell, S. and Gilligan, R. (2010) Child Development for Child Care and Protection Workers (2nd edition). London: Jessica Kingsley Publishers.  
(particularly: Chapter 4 'Resilience and vulnerability' and Chapter 5 'Protective factors and adversity')

Nair P., Schuler M.E., Black M.M., Kettinger L. and Harrington D. (2003) 'Cumulative environmental risk in substance abusing women: early intervention, parenting stress, child abuse potential and child development.' Child Abuse and Neglect 27(9): 997-1017.

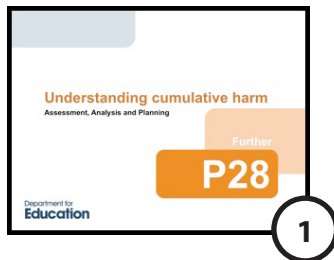
#### Links to Common Core

**Common Core 3** Safeguarding and promoting the welfare of a child (skills: relate, recognise and take considered action). Make considered judgements about how to act to safeguard and promote a child or young person's welfare.

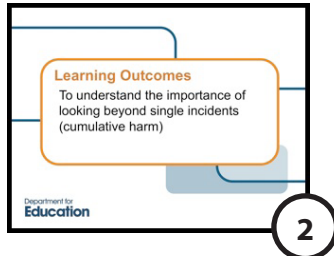
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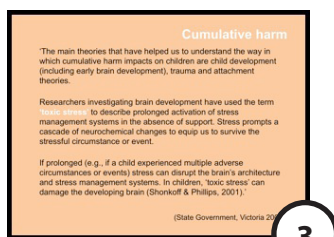
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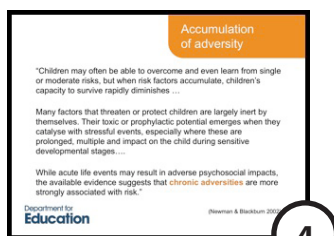
This presentation focuses on the impact of accumulation of adversity upon a child. Vulnerability to the effects of adversity is elevated in an accumulated fashion and, therefore, at the outset it is important to remind practitioners that the concept of cumulative harm is especially important in neglect.



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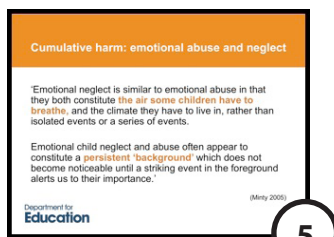
This slide and the following two slides set out some quotations relating to cumulative harm and the issues of an accumulation of factors – both chronic and acute.

The highlights in red are to pick out some key issues that would lend themselves to further discussion with participants. For example, the concept of 'toxic stress' and the impact on the developing organism is gaining more attention and underpins much of the current focus on the need for effective intervention during the very early years of a child's life.



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The concept of 'chronic adversities' is especially salient for understanding neglect which is normally (but not exclusively) characterised by its chronic nature. The research on outcomes affirms that chronic neglect leads to some of the poorest outcomes for children.



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The highlights in red are to remind participants of the challenges that neglect poses to a system that can be preoccupied with incidents. There is a persistent discourse amongst practitioners that it is difficult to evidence chronic situations and that it is often only when there is an incident that action is taken.

The evidence on cumulative harm should provide practitioners with the underpinning evidence they need to make a strong case for taking action as a result of chronic circumstances, not just incidents.

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**Cumulative harm**

- 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.

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This slide reasserts the notion that the cumulative harm can in itself constitute evidence to use when building a case for intervention, including statutory intervention.

**Cumulative harm**

- 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.

(Bronfield & Miller 2007)

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For children, the harmful effects of cumulative adversities can be profound. It is likely that practitioners will already be conscious of the concept even if they are not familiar with the term, which may be a helpful term to help them to articulate their observations of the corrosive effects of neglect.

**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.

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Parents can be affected by the cumulative harm of many years of adversity from their own infancy onwards. Frequently this cumulative harm is also exacerbated by an accumulation of factors. Nair et al. (2003) undertook research in which they examined the impact of 10 risk factors on the parenting of 161 women known to be misusing substances (so the substance misuse was a given as an existing factor also).

**Discussion point:** Quick fire: ask participants to try and identify 10 risk factors.

The research team measured:

- maternal depression
- domestic violence
- nondomestic violence
- family size
- incarceration
- no significant other in home
- negative life events
- psychiatric problems
- homelessness
- severity of drug use.

They found that parenting stress and 'child abuse potential' were greater for women with five or more risks.

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**Impact of cumulative harm**

- 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.

(Bronfield & Miller 2007)

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The concept links with developmental theory as well as the emerging literature on the physiological impact of adversity in childhood. The work of Bruce Perry has been helpful in providing insight into the effects of neglect upon developing brains – he has graphic images of the brain of a chronically neglected child which is substantially smaller than that of an emotionally and physically nurtured child (see [www.childtrauma.org](http://www.childtrauma.org)).

**Impact of cumulative harm**

- Stress is normal and releases chemicals in brain to help us respond, but prolonged stress can damage the developing brain.
- Cumulative harm can overwhelm even the most resilient child: attention should be given to the complexity of the child's experience.

(Bronfield & Miller 2007)

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As above.

**Barriers to recognising cumulative harm**

- 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.

(Bronfield, Gillingham & Higgins 2007)

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This and the next slide describe some of the barriers to recognition of neglect.

**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.

(Bronfield, Gillingham & Higgins 2007)

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**Discussion point:** Participants can be encouraged to relate these to their own experience and identify other barriers – and, more importantly, how they can be overcome.

**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.

(Bronfield & Miller 2007)

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The term 'cumulative harm' is not explicitly used in Working Together (HM Government 2010). Practitioners need to be alert to the signs of an accumulation of issues affecting the children's health and development over time (and perhaps also the parents). Significant harm may be suffered as a consequence of cumulative harm.

**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.

(Bronfield, Gillingham & Higgins 2007)

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This slide points to the extent to which cumulative harm can affect all in the family members so that chronic factors can affect parenting capacity over time, thus establishing entrenched patterns of neglect.

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**Possible indicators of cumulative harm**

Be alert if:

- 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.

(Bronfield, Gilgoham & Higgins 2007)

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The list of pointers here could be helpfully used to structure either a referral for further assessment and intervention or as the basis for an assessment report.

**Identifying cumulative harm**

**Frequency** have there been previous allegations for similar issues?

**Type** signs that child has experienced other types of child abuse & neglect in addition to those reported?

**Severity** has caused or likely to cause significant harm if repeated over a prolonged period?

**Source of harm** does current situation make child more vulnerable to other perpetrators?

**Duration** how long have problems that lead to current involvement been present?

(Bronfield 2009)

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**Making an assessment**

- Short and long term effects matter.
- What has been the impact on the child to date?
  - Is the child meeting developmental milestones?
  - Are there any signs of trauma?
  - What is the quality of parent-child relationship?
- What are the likely outcomes for the child should their circumstances remain unchanged?

(Bronfield & Miller 2007)

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This slide and the next provide some pointers for assessment.

**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.

(Bronfield & Miller 2007)

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## Notes

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