

### Childhood Neglect: Improving Outcomes for Children

#### Learning Outcomes

To overcome factors that impede assessment, analysis and planning.

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

**Time** 30 minutes

#### Key Reading

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: The Journey to Recovery. London: Jessica Kingsley Publishers.

Helm, D. (2010) Making Sense of Child and Family Assessment: How to Interpret Children's Needs. London: Jessica Kingsley Publishers.

McLeod, A. (2008) Listening to Children. London: Jessica Kingsley Publishers.

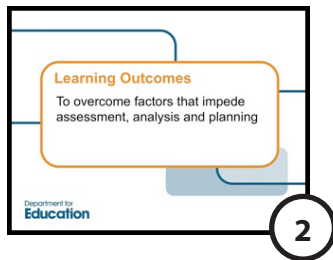
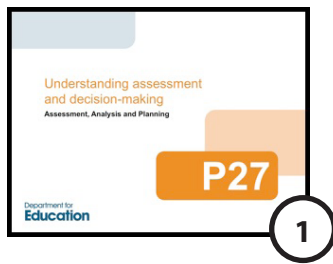
Munro, E. (2008) Effective Child Protection (2nd edition) London: Sage.

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

Reder, P. and Duncan, S. (1999) Lost Innocents: A Follow-up Study of Fatal Child Abuse. London: Routledge.

#### Links to Common Core

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



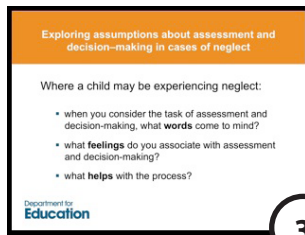
## Learning outcomes.

The task of assessment and decision-making in neglect is especially challenging. The severity of neglect encountered can vary enormously. In some cases there will be early signs that some developmental needs are not being met and in others the neglect could be so severe as to be life-threatening. Assessment and decision-making is undertaken at all stages.

1. Professionals working in universal services will encounter children about whom they have concerns of potential neglect and will need to make assessments as to whether they should take further action.
2. Those who have specific responsibilities for safeguarding and promoting the welfare of children will routinely be involved in assessing neglected children's developmental needs, deciding whether they are suffering, or likely to, suffer significant harm, analysing the information gathered and making decisions about the most appropriate intervention.
3. Those working with children being looked after away from home as a result of neglect will be assessing whether parental circumstances are changing sufficiently to support a return home and making decisions about longer term prospects for the child.

Participants should be reminded of the statutory guidance, Working Together to Safeguard Children (HM Government 2010). Paragraph 5.14 in Working Together to Safeguard Children (2010, p 139):

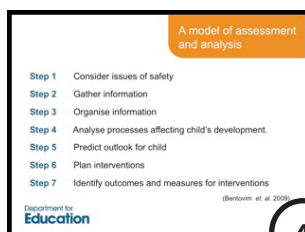
'Where a child is not considered to be a possible child in need under section 17 of the Children Act 1989 the practitioner should consider what other types of services including possibly a common assessment, should be offered. If it is agreed that the child may be a child in need under the Children Act 1989 ..., then a referral to children's social care should be discussed with the child and parents. If they consent, then the child should be referred to local authority children's social care and the processes set out in this chapter followed. If the child is believed or suspected to be suffering significant harm a referral should always be made to children's social care ... If concerns arise about a child who is already known to local authority children's social care the allocated social worker should be informed immediately of these concerns.'



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**Discussion point:** The aim is to encourage participants to explore the assumptions they may bring to the assessment and decision-making process. Participants are asked to consider the words and feelings they associate with the task in the context of neglect. It is likely that they will mention words associated with anxiety, especially about 'risk'. They may well talk about the difficulty of undertaking an assessment of chronic situations, for example, in situations of neglect practitioners often talk of the difficulty of deciding 'when is enough, enough?' and 'what is "good enough"?'

It can be helpful for practitioners to share some of these concerns at the outset. They are also asked to identify what they find helpful in the process. It can be helpful to focus on the positive aspects of undertaking a good assessment, in particular the opportunity to contribute to changing a child's life for the better.



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In cases of neglect there may be a large number of practitioners involved, and perhaps, a history of long term contact. These are questions that managers can consider when an assessment is being planned (Adcock 2000):

1. Who is/are the most suitable worker/s to undertake an assessment with this particular child and family, having knowledge of the child and family, of undertaking child and family assessments and of specific issues such as race, gender or disabilities?
2. What is already known about this child and family that can help when planning an assessment?
3. What is known about the extent of previous professional involvement and the child and family's perception of professionals, as this will influence the way they relate to the current professionals?
4. What further information do we need to know?

Bentovim et al. (2009) set out seven steps to a model of assessment as shown on the slide:

1. Consider the safety of the child, the referral and the aims of the assessment
2. Gather additional information
3. Categorise and organise available information
4. Analyse the processes influencing the child's development
5. Predict the outlook for the child
6. Plan interventions
7. Identify outcomes and measures which would indicate whether interventions are successful.

The rest of the presentation works through these steps, picking out key issues to consider when working with neglect. Step 4 is given most attention because practitioners often struggle with analysis where there is concern about neglect.

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).

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## Step 1 Consider the safety of the child, the referral and the aims of the assessment

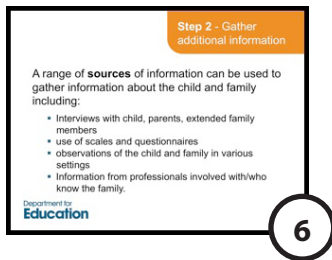
At all times practitioners should remember that the aim of an assessment is to be helpful to the child and family (Adcock 2000), with the child's safety and welfare being paramount.

### Key tasks

- Develop working relationships with child and family, and professionals who know the child and family
- Assure oneself of the child's safety
- Begin process of developing an understanding of the child's needs and parents' capacity to meet these within family and environment
- Provide services as soon as it is clear they are required to meet child and family's needs.

It is crucial to decide whether steps need to be taken to ensure the child's immediate safety. Neglected children, for example, may be suffering severe malnutrition, or there may dangerous failures in 'ensuring safety'. Child death associated with neglect can be as a result of accidents within the home, or outside as a result of traffic accidents. Participants will be able to identify other immediate signs of lack of safety. Children may need to be removed from family/carers – to stay with extended family or elsewhere; or an abusive adult, who is undermining the parenting capacity of the main carer, may need to be excluded from the household.

The aim is not to be alarmist, but to ensure that practitioners do not underestimate the extent to which neglect can potentially pose serious threats to a child's safety.



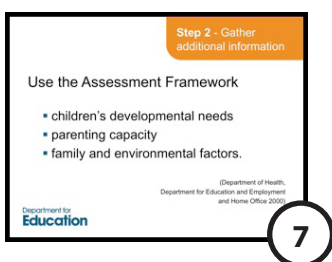
## Step 2 Gather additional information

### Key tasks

- Decide who will provide the necessary information
- See the child alone, with parents and other family members, in different contexts
- See parents, family members together and alone
- Review existing files
- Request reports from professionals or agencies working with child/family
- Use standardised tools e.g. questionnaires and scales to get desired information
- Commission specialist assessments if necessary
- The aim is to make sure sufficient, evidence based information is available to understand the child and family's situation.

Sources of information will include interviews with the child, parents and extended family members, relevant professionals and agencies, and possibly members of the community. Interviews can be supplemented with observations - thought should be given to seeing a child in different environments for example, at home or school, alone or with family.

Other sources include existing files and commissioned reports from professionals and agencies. Due to the chronic nature of neglect, and because there are often large sibling groups, the number of files can be daunting. However, it is essential that this process is not overlooked. There is often crucial information contained in files, including information about fathers and father figures and paternal extended families. A chronology is vital.



## Step 2 Gather additional information (continued)

Information should be gathered according to the dimensions of the Assessment Framework (Department of Health, Department for Education and Employment, and Home Office, 2000). Some participants will be more familiar with the framework than others, so the level of detail can be shaped based on discussion with the group.

### Children's developmental needs

Neglected children, in particular, are likely to have had little experience of anyone considering their perspective. Practitioners may focus too much on what parents (especially mothers) tell them, which can serve to mask the extent of neglect. Children and young people will feel marginalised if adult perspectives dominate.

Where there is concern about neglect it is particularly important to observe the interaction and quality of the child's attachment relationships because of the extent to which neglect can be associated with insecure attachment styles.

Information will be needed about all dimensions of children's developmental needs, but it is often because of neglect of educational or health needs that a child first comes to the attention of professionals and, therefore, it is particularly important to gather information about these areas.

### Parenting capacity

Information needs to be gathered about parenting capacity to meet each child's needs. Where there are concerns about neglect capacity may be compromised in any, or all of the dimensions of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. Some practitioners may focus on physical care and overlook emotional aspects of parenting – however, both are essential for development. The neglect of physical care has an emotional impact and vice versa.

### Family and environmental factors

Because of the often inter-generational patterns in neglect, it is important to consider the parents' history, for example, of neglect, abuse, bereavement as well as current factors such as mental health, domestic abuse, learning disability or substance misuse. Questions to consider include:

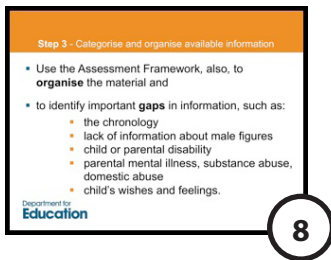
- Have parents benefited from support networks from their own parents?
- How do parents understand their own experiences; can they see possible links between that and their own behaviour as parents?
- Do the parents want their child to have a different experience?

Practitioners should gather information on how the family copes with stressful or difficult situations and consider the extent of the family's support networks in the wider family or community. Neglect is highly associated with poverty and deprivation and it is important to gather information on how these are impacting on the family.

### Standardised tools to help

There are a number of tools, including those commissioned by the Government, which while not targeted specifically at neglect, are very helpful when assessing actual and potential neglect because they address each aspect of the child's life:

- The **Family Pack of Questionnaires and Scales** (Department of Health Cox and Bentovim 2000) which helps a practitioner to look at a range of aspects of a child's developmental needs, parenting capacity and factors relating to individual wellbeing and family life.
- The **HOME Inventory** (Cox and Walker 2002, Cox 2008) which provides an assessment of the child's day-to-day experience, parenting, and the context of care provided for the child.
- The **Family Assessment** (Bentovim and Bingley Miller 2001) which enables workers to assess family functioning and family relationships, including parenting, and the impact of family history
- In **My Shoes** (Calam et al. 2000) which is a computer- assisted interview approach to help professionals communicate with children and vulnerable adults about their experiences, relationships and feelings in the various settings in which they spend their life.



### Step 3 Categorise and organise available information

#### Key tasks

Once information has been gathered,

- the next step is to categorise the information to ascertain what is known
- identify crucial information that is not yet known and needs to be known and to
- prepare for analysis.
- the Assessment Framework provides the basis for collecting together and then analysing the available information on a child's developmental needs and the factors having an impact on them.

Neglect can lead to some of the poorest long term outcomes for children in all aspects of their development. Assessment of the child's developmental **needs** should include consideration of all aspects of a child's health and development and take account of the child's vulnerabilities, any disabilities or impairments, or forms of discrimination being experienced by the child.

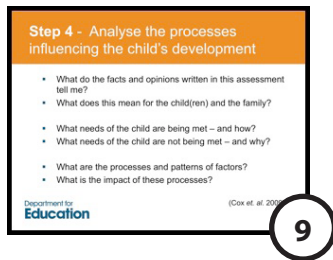
At the heart of assessing whether the child is suffering, or likely to suffer, significant harm as a result of neglect is assessing the extent to which unmet developmental needs will impact, in the short and longer term, on child's health and development. Practitioners must guard against the tendency to focus on incidents and events which is often a common problem in practice with neglect. Attention to the impact of chronic circumstances is, therefore, essential.

Assessment of parenting capacity should include attention to the nature of the parenting the child is receiving. What are the parents/carers **doing** in terms of the care they provide for each child in each dimension of Parenting Capacity? What is the **impact** on the child's day to day experiences – during week days, at weekends and during school holidays? This information needs to be concrete and factual.

Assessment of family and environmental factors should explore the family's networks and how the community may impact positively or negatively on the family. There should also be attention to the impact of structural factors upon parents and, indirectly and directly, upon children.

Throughout the assessment it will be important to monitor the gaps in information. In cases of neglect, for example, there may be gaps in information about the father and the father's extended family. There may also be gaps in knowledge about the extent of illegal activity associated with substance misuse or of levels of domestic abuse. Practitioners must, therefore, remain curious throughout the process.





## Step 4 Analyse the processes influencing the child's health and development

We can think about analysis as two simple questions:

1. What do the facts and opinions written in this assessment tell me about the nature, level and severity of neglect?
2. What does this mean for the child(ren) and the family?

Cox et al. (2009) identify two key questions that can be used to elaborate this for cases of neglect:

1. What needs of the child are being met – and how?
2. What needs of the child are not being met – and why?

The aim is to develop hypotheses about how the factors in each dimension of the 3 domains impact on each other within and across domains.

Cox et al. (2009) explore concepts to help with analysis and it is recommended that presenter's read pp 88 – 95 for more information where the distinction between processes and their impact is elaborated:

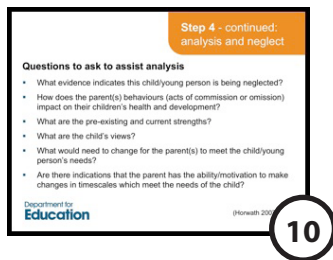
**Processes** - refer to the ways in which individual factors relate to others, for example, factors in the same or different dimensions and domains of the Assessment Framework or the **pattern** of influences. Patterns of influences should be explored before moving onto considering impact. In cases of neglect this is especially important – for example, there can be patterns of improvement during periods of intense scrutiny by practitioners, followed by decline. Recognising patterns can help with planning to avoid contributing to repeating them. Distinctions need to be made between:

- the processes which may have brought something about (for example, parental experience of neglect in their own childhood)
- those which may be keeping something going (for example, parental substance misuse), and
- those which can help to predict what might happen in the future (for example, a parental social network that consists mainly of people who also misuse substances).

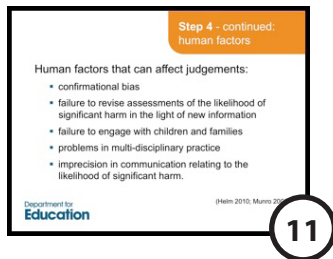
**Impact** - refers to the **weight** or effect of factors and processes on other factors/dimensions or other processes. Which are the factors or processes having the greatest **effect** on child development? What are the severest problems or the greatest strengths? In cases of neglect, for example, if the housing is poor, is it affecting the child's physical health? If family routines are lacking, is the child missing a lot of school?

The analysis should weigh up the degree of **severity** of the **negative** factors across the dimensions with the magnitude of **positive** factors across all three domains points that provide **protective** factors and sources of resilience. Protective factors do not necessarily cancel out risk factors – they can co-exist. For example, a child may have a secure attachment to a member of the extended family (protective factor) and simultaneously be ill-clad and unkempt within their birth family (risk factor).





This slide draws from Horwath (2007) and focuses in specifically on neglect.



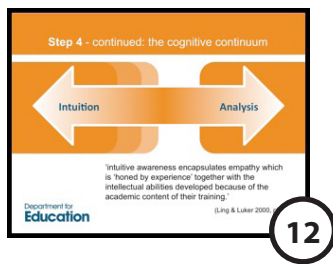
## Step 4 continued

Where there are concerns about neglect a great proportion of available information is uncertain and open to subjective and contested interpretations. Practitioners can confuse the wish to avoid being judgemental with the need to make professional judgements.

**Judgements** are not decisions, but inferences drawn from data. There is a pervasive tendency for humans to make judgements too quickly and to unconsciously select information which supports their beliefs while ignoring or minimising information which challenges these beliefs. This tendency towards 'confirmational bias' or 'verificationism' is so pervasive that simply knowing about it may not enough to guard against it, and supervision is a vital process to test the validity of judgements and ensure that all possible information has been considered fully. At the same time there may be situations where no certainty exists.

Intuitive judgement operates from capacities which have evolved over millennia in humans and may be linked to senses such as sight and spacial awareness. Vivid and concrete information (for example, bad smells in the family home; children that look very dirty) is therefore more likely to be recognised intuitively than information that is abstract (such as a report or case note in a file). We need to be aware of this tendency so that practitioners make full use of information both from the senses and from that held in files (Helm 2010; Munro 2008).

Where there is neglect it is especially likely that different agencies and professionals will hold different pieces of information, therefore different agencies need to know how, why and when to share information appropriately. Barriers to effective inter-disciplinary practice include different professional perspectives and values, lack of understanding about the law and guidance on sharing information, a lack of trust and guarding of resources.

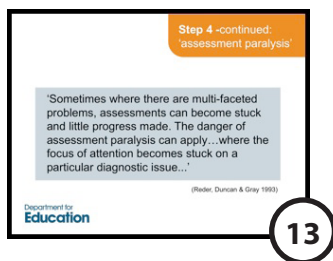


### Step 4 continued

Practitioners will use differing proportions of analysis and intuition depending on some variables in the judgement task. Where time is limited and information is dense and complex, a more intuitive style of judgement is provoked and draws on heuristics or 'cognitive short-cuts' which allow the practitioner to make 'fast and frugal' judgements on the basis of prior experience.

However, this style of judgement is difficult to explain to other people and, without clear and explicit logic, is hard to defend especially in a court. Accountability and the need for explicit, testable rationality means that the practitioner will need to move to analytical means of judgement to test these intuitions when time and information allow. Both intuition and analytical judgements are required.

The quote by Ling and Luker (2000) gives a useful working definition of intuition and breaks down the concept into tangible factors we recognise.

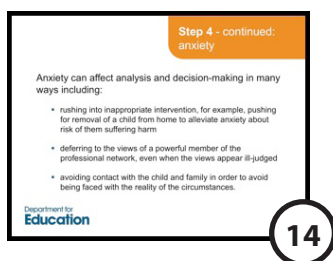


### Step 4 continued

Where there is neglect the focus can narrow to particular issues (such as exactly how much of a substance a parent is using) while the bigger picture is lost and the child's needs go unmet. Tapping into intuitive creative thinking can help to unlock this paralysis when the limits of rationality are reached.

This is particularly important when working with neglect as the impact of working with service users who are depressed, or who feel that nothing or no-one can help, and who are mired in apparently intractable problems, can often mean that practitioners, too, become stuck, timescales begin to drift and plans lose their focus.

**Discussion point:** Ask practitioners to think about times when they have made a breakthrough following feeling that they were getting stuck with cases of neglect. What was it that helped them make insights that were previously unavailable? Possible answers might include time away from the case, unexpected insights (such as while driving), reflection and use of supervision (peer or line managed), the involvement of a different practitioner or a comment from a child or parent.



### Step 4 continued

Anxiety can be corrosive in neglect cases where there may be a long history of apparently intractable problems and large numbers of children, in one family, with a swathe of different developmental needs. Anxiety can drive practitioners to ways of practising which may alleviate anxiety but may not support good assessments. Decisions made in groups can be prone to error, which can be a real problem in cases of neglect because there are often a large number of practitioners from a range of disciplines involved.

'Group think' can occur when a group is swayed by one (usually powerful or higher status) individual and rushes to decisions that have not been sufficiently tested, or when the urge for consensus overrides the need for full consideration of different perspectives. Anxiety needs to be managed not by individuals alone but by teams and organisations.

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.

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Royal Society (1992)

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### Step 5 Predict the outlook for the child

It is important to consider what the likely consequences for the child will be if nothing changes in the current situation. Even if the child's development appears not to be currently affected, severe negative factors in the parenting or family and environmental domains may signify the likelihood of impairment to the child's development. The experience of neglect can be cumulative and gradually corrosive, with developmental delays becoming evident over time (the issue of cumulative harm is covered in P28).

Short-term and long-term consequences need to be considered. Short-term factors relate to how a child is functioning now and in the immediate future; but there may be also important long-term effects for a child if nothing changes in their circumstances. Looking back can be helpful for predicting the outlook for the child. Where there is neglect much can be gauged from examining the effectiveness, or otherwise, of previous interventions and analysing whether there is evidence that the parents or carers were able to respond positively to support. Where there is no previous history, as with a first baby, it is still possible to monitor for signs of improvement. Concrete changes should be looked for - compliance or expressed willingness to change by parents does not always translate into tangible improvements for the child.

**Discussion point:** The concept of 'risk' is often used in practice without a clear sense of what the individual is at risk of or from whom. Ask participants how the notion of risk i.e. assessing whether a child is suffering, or likely to suffer, significant harm, is understood in relation to neglect. For example, how do they assess the possible neglect to a child as a consequence of parental mental health problems?

It is likely that participants will mention issues of substance misuse, parental mental health domestic violence and learning disability (Cleaver et al. 2011) as key risk factors in neglect. They may also talk of the protective benefits of the child of having at least one secure attachment. Participants may also talk of the impact of structural factors such as poverty, poor housing and unemployment.

There can be discussion about the fact that there is no easy formula for predicting the precise effects of any one, or combination of factors on the parental capacity. Professional judgement is, therefore, essential in order to work out (analyse) the impact and balance of these factors and the likelihood of significant harm.

**Step 5 - continued: anxiety**

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 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.'

(Ruth 2002, p202)

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### Step 5 continued

Discussions about significant harm and its likelihood are likely to evoke words related to anxiety and this and the next slide show some quotes about the impact of anxiety on practice and demonstrate why it needs to be addressed.

**Step 5 - continued: anxiety**

**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.'

(Ruth 2002, p202)

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**Step 5 - continued: supervision**

'Effective and accessible supervision is essential to help staff to put in to practice the critical thinking required to understand cases holistically, complete analytical assessments, and weigh up interacting risk and protective factors.'

(Brandon et al. 2009, p325)

'Social work requires an exceptionally high level of skill in analytical and intuitive reasoning. Supervisors plays an essential role in helping social workers to improve on both dimension.'

(Munro 2008, p1)

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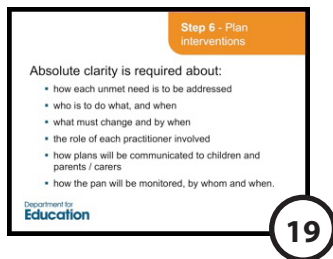
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### Step 5 continued

This slide introduces the importance of supervision for the containment of anxiety. The first quote is from Brandon et al. (2009) and is taken from their report based on an examination of 161 case files (47 in depth), where there had been a Serious Case Review.

Supervision is a process where workers can incorporate thinking, feeling and doing (Morrison 2005). It provides a thinking space to help manage anxiety, for example, when working with neglect cases we know anxiety can inhibit practitioners' capacity to think clearly, especially about the perspective of the child.

Not all professions or practitioners receive supervision like social workers. In groups where there are professionals from different disciplines it will be helpful to engage them in discussion about what opportunities they have for consultation and support.



## Step 6 Plan interventions

Presentations P19 to P24 and exercises E23 to E32 provide in-depth material on intervention: here the focus is on issues to bear in mind when planning intervention to ameliorate neglect.

### Key tasks

- Be clear as to which met or unmet needs each intervention is targeted at
- Be clear about who is to do what and when
- Be clear about how the impact or capacity to change will be monitored and reviewed
- Ensure parents know what they need to do differently, by when and what will happen if they are unable or unwilling to make the required changes.
- Ensure children know what is happening and why
- Ensure all involved practitioners are clear about the plan, the assessment underpinning it and their role in its delivery
- Where children are removed from home ensure there are clear plans for intervention with parents to address the issues that led to removal in the first place, and contingencies are in place should the required improvements not occur within necessary timescales (Farmer and Lutman 2010).

If families are given too many services at the same time the effectiveness may be reduced. It may be more manageable and practical to deliver services in a sequence that makes sense to the child, family and worker (Cox et al 2009).

The professional-family relationship should be a pivotal part of all work with families (Barlow with Scott 2010). A therapeutic relationship may provide parents with opportunities to reflect on their parenting in the light of their own experiences of being parented, and the opportunity to improve their parenting capacity. The expectations of the practitioner and the families must be realistic and explicit. Practitioners are there to help the family and, crucially, the child – they are not a friend of the family. All need to be realistic about the family's capacity for change, and also about what level of service or interventions practitioners can offer and for how long they can offer it.

Non-cooperation must be taken very seriously, especially when it is masked by apparent cooperation – a dangerous feature of some neglect cases.

**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?

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## Step 7 Identify outcomes and measures which would indicate whether interventions are successful

The seventh step is to identify how it will be known whether:

- **there has been any improvement in the child's development, that is, whether the unmet developmental need(s) have been met;**
- **improvement is related to what has been done, that is, the services provided (intervention). For example, was the intended intervention implemented and was it implemented at the frequency intended and with the appropriate skill? Has the process or factor at which the intervention is targeted been changed in the desired direction?**

Outcomes are further explored in presentation (P21) and exercise (E28).

**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.

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Neglect rarely is amenable to brief interventions. Because of the chronic and complex nature of neglect it is usually the case that support will be required over a long period of time and that it will need to address the child's developmental progress and the parents' capacity to sustain change.

The danger with longer term intervention is that focus and authority can be lost, the level of parental care can slip back into neglectful patterns and practitioners can become inured to the child's circumstances. Thus it is essential that assessment and decision-making be seen as an ongoing process and that clear processes for review (re-assessment) are built into all plans.