

### Childhood Neglect: Improving Outcomes for Children

#### Learning Outcomes

To assess the nature and extent of a child's developmental needs.

**Audience** Groups 1-8 (Working Together 2010)

**Time** 30 minutes

#### Key Reading

Birleson, P. (1980) 'The validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale; a Research Report'. Journal of Child Psychology and Psychiatry 22: 73-88.

Brandon, M., Bailey, S., Belderson, P., Warren, C. Gardner, R. and Dodsworth, J. (2009) Understanding Serious Case Reviews and their Impact. London: Department for Children, Schools and Families.

Child and Family Training Services In my shoes.

Available: <http://www.childandfamilytraining.org.uk/tools.html>. Accessed 6th August 2011.

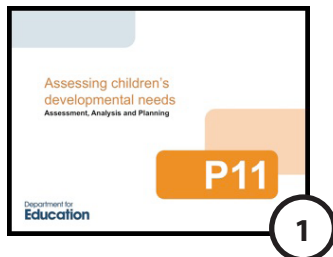
Goodman, R., Meltzer, H. and Bailey, V. (1998) 'The Strengths and Difficulties Questionnaire: A pilot study on the validity of the self-report version'. European Child and Adolescent Psychiatry 7: 125-130.

Horwath, J. (2007) Child Neglect: Identification and assessment. Hampshire: Palgrave MacMillan.

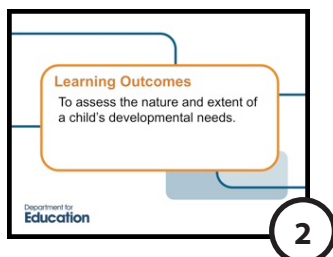
McLeod, A. (2008) Listening to Children: A practitioners guide. London: Jessica Kingsley Publishers.

#### Links to Common Core

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

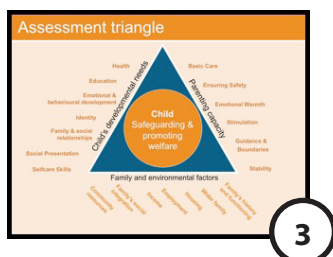


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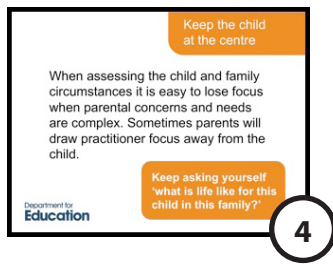
These themes link with the Assessment Framework (Department of Health, Department for Education and Employment, and Home Office 2000) dimensions and are based on clear evidence about what is required for effective practice with neglect.



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A full assessment involves assessing the child's developmental needs, and the parents' capacity to respond to these needs within the family and environmental context. The aim of this presentation is to place a sharp focus on considering the child's developmental needs – but this is not to suggest that such an assessment would be undertaken in isolation or without equal attention to parenting capacity and family and environmental factors. Taking an ecological approach means considering the ways in which family and environmental factors interact with both parenting capacity and child's needs.

Parents, and especially children, may often not have a clear idea as to why information is being sought, how it will be used and how decisions will be made. It takes time to explain the purpose of assessment – make clear that it aims to identify needs of children and how parents and others significant in the child's life can help to meet these needs. A clear understanding from the outset should provide a good foundation for the rest of the assessment and planning process.



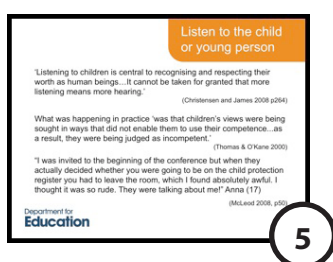
Neglect is characterised by its complexity – many issues will impact upon the child, their family and their extended family. The past history of the child, parents, siblings and other significant people will be complex, but are key. It is easy for a practitioner to become overwhelmed by the sheer amount of information; indeed this is often exemplified by the size of case files, the number of different case files and the number of different places where information may be available. When assessing and planning to meet a child's needs the sheer amount of available information can often obscure the focus on the child.

**Discussion point:** What might prevent purposeful assessment of a child's needs?

This can include:

1. The crisis-lead nature of family life may lead to practitioners to be deflected from planned assessment activities because of having to respond to and deal with emergencies. A clear plan for dealing with crises during an assessment is often essential.
2. Some parents, consciously or unconsciously, may have established a pattern of telling and re-telling their own stories and drawing practitioners into their narrative, thus deflecting from a focus on the child.
3. What may be considered initially to be the short-term provision of immediate resources to sustain a family situation can become longer-term provision without the evidence of a full assessment.
4. The range of different professionals and practitioners involved can result in different priorities for attention. Managing a complex multi-disciplinary context can divert attention from the needs of the child.

Participants may well be able to come up with other factors that can lead to the needs of the child becoming obscured during assessment.



From the outset it is important to stress the importance of seeking children's wishes and feelings as stated in Working Together (HM Government 2010): 'The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding.' Fundamental to safeguarding and promoting the welfare of each child is having a child centred approach. This means keeping the child in focus throughout assessments. Undertaking direct work with the child is key to understanding the meaning of their daily life experiences for them.

**Discussion point:** Participants can be asked to think critically about the ways we enable children and young people to express their views. If these always depend on verbal skills or writing ability, they may not reflect that particular child's developmental stage. Practitioners need to be creative in how they establish children's wishes and feelings.

Taylor and Daniel (2005) also identified that children may not ask for help directly about being neglected. However, Kantor et al. (2004) found that children aged between 6-15 years could identify situations in which they had experienced neglect through use of a specially designed computer programme, particularly if the examples given mirrored some of their own experiences.

Involve the child or young person

A failure to engage children and young people effectively will have short and longer term impact on the quality of the assessment and intervention, and on their self efficacy and self esteem

(Leeson 2007)

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Involving children and young people can also help to improve their self-efficacy (i.e. their sense of being able to influence the direction of their own life), which is one of the building blocks of resilience. Effective engagement with children can be the start of a therapeutic process.

In a very small study by Leeson (2007) four men were interviewed about their experiences of involvement in decision-making processes while looked after. All identified that their lack of involvement in decision-making processes had left them feeling de-skilled and scared about other situations where they might have to make decisions in future. Further research would be helpful on this issue.

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Creativity is required when communicating with any children – but there are specific aspects of the experience of neglect that can make it even more difficult for neglected children to know what their feelings are and to formulate the language to express it.

Many neglected children will be developmentally delayed; some will have additional communication needs. Therefore, additional time may need to be allowed to ensure effective engagement.

Assessment

- Collate a chronology of events and past history from the child's perspective
- Consider the day to day lived experience of the child
- Consider each dimension of the child's developmental needs

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The list shown on this slide is not exhaustive, but aims to prompt consideration of some key aspects of assessment. In a multi-disciplinary context it can be helpful to reassure participants that the aim is not to expect everyone to 'do child protection'. Instead the aim is to galvanise the network of professions to ensure that children can benefit from each of their core services whatever the level of parental capacity.

Neglected children can miss school or health appointments because parents do not support them to access these services – therefore all should coordinate their energies to find a way to ensure that children still get access to these services. Irrespective of the type of assessment being undertaken it is important that all key people with information about the child can contribute their knowledge and expertise. This will help ascertain whether there is global neglect of all developmental needs or whether there are specific needs that are not being met.

A chronology...

- is not an assessment – but part of an assessment
- is not an end in itself but a working tool which promotes engagement with people who use services
- must be based on up-to-date, accurate case recording
- should contain sufficient detail but not substitute for recording in the file
- should be flexible – detail collected may be increased if risk of harm increases

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(Social Work Inspection Agency 2010)

To assist with assessment the importance of collating a chronology cannot be overstated – given the complex nature of cases as described above this may involve collating information about a number of different family members, including each child, as well as collating information from a range of different professional sources. It could be helpful to encourage participants to consider how best to display the information in such a way that helps build the picture of the child's family and circumstances:

'A chronology seeks to provide a clear account of all significant events in a child's life to date, drawing upon the knowledge and information held by agencies involved with the child and family'  
(Social Work Inspection Agency 2010).

Although the chronology is not an assessment in itself it provides the guiding plank for an assessment of the child's needs and the extent to which they have been met or are unmet. Brandon et al. (2008) includes a helpful appendix that also explores chronologies.

Past and current experiences

- The chronology provides an overview of the child's experiences to date and can evidence cumulative harm
- The detailed description of the day in a life of the child (including a weekday and a weekend day) provides insight into the child's lived experience

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A list of the child's experiences to date needs to be compiled including any contact with services and agencies. The chronology should start before birth and capture any available information about the pregnancy and birth. Chronologies of the significant adults' lives will also provide insights into ways in which past events may affect the child's life.

As well as considering the child or young person's experiences to date a 'micro'-chronology of the detail of day to day life is very informative. The information could be compiled about a weekday and a day at the weekend. Horwath's (2007) guide is also helpful:

**Do you get yourself up in the morning?**  
**Do you have anything to eat?**  
**What happens about getting dressed?**  
**What happens if you are going to school?**  
**What happens at school?**  
**What happens if it's the weekend or school holidays?**  
**What happens after school?**  
**What happens in the evening?**  
**What happens at bedtime?' (pp178-9)**

The importance is to think what it is like to be the child; what are they experiencing? The HOME Inventory (Cox and Walker 2000) is an evidence based assessment tool that provides important and useful information about a child's daily life.

When undertaken sensitively, and in the context of a good working relationship with parents and children, the assessment process itself can begin the process of change and improvement.



The child's developmental dimensions as set out in the Assessment Framework provide a basis for assessment. Participants are likely to have received training in the use of the framework – here the focus is on its use with neglected children. Given that the long-term effects of neglect relate to the extent of a child's unmet needs and that assessing this unmet need evidences the risks of harm to neglected children – the dimensions are highly salient for neglected children.

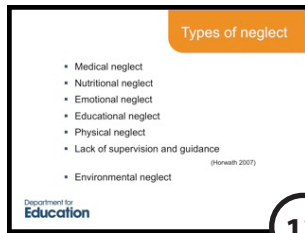
Disabled children's development needs must be assessed with care – a study in the United States suggested that disabled children were 3.8 times more likely to be neglected than non-disabled children (Sullivan and Knutson, 2000). Kennedy and Wonnacott (2006) provide information about some of the specific ways in which disabled children's may be neglected, including:

- feeding may be withdrawn to allow a child to die
- children are not fed enough to keep them 'light' for carrying purposes
- feeding may be too difficult, and parents 'give up'
- parents may not allow gastronomy tubes even in the face of severe malnutrition
- parents may insist on gastronomy tubes despite them not being medically necessary
- food may be used as a reward or denied as punishment
- parents may fabricate or induce illnesses by judicious use/non use of food.

Note: Remind participants that the Department of Health Family Pack of Questionnaires and Scales (2000) provides a helpful resource to support assessment and planning. In particular the impact of neglect upon children can be assessed with the use of:

- the strengths and difficulties questionnaire (Goodman, Meltzer and Bailey 1998)
- the adolescent wellbeing scale (Birleson 1980).

**Discussion points:** At this point it may be helpful to go through each developmental need and discuss the ways in which neglect may impact on each and how the information can be gathered about each.



This slide expands on the Working Together (HM Government 2010) description and helps to remind participants that although in many cases they will encounter global neglect, there can also be a range of sub-types of neglect. When undertaking an assessment, precision in presenting the evidence of the neglect is essential.

**12** Medical neglect occurs when a parent or guardian fails to seek, or delays seeking, medical treatment for their child.

Denial of health care - this is the failure to provide or to allow the necessary care recommended by a competent health care professional for a physical injury, illness, medical condition, or impairment. The best interests of the child should be considered if treatment, such as blood transfusion, is against the parent's religious beliefs.

Delay in health care - the failure to seek timely and appropriate medical treatment for a serious health problem that any reasonable parent would have recognized as requiring professional medical attention. Examples of a delay in seeking health care include not getting appropriate preventive medical or dental care for a child, not obtaining care for a sick child, or not following medical recommendations. Not seeking adequate mental health care also falls under this category.

See <http://www.childwelfare.gov/pubs/usermanuals/neglect/chaptertwo.cfm>

Nutritional neglect occurs when a child is undernourished or is repeatedly hungry for long periods of time, which can sometimes be evidenced by poor growth. Nutritional neglect often is included in the category of 'other physical neglect'.

Poor, or insufficient, nutrition has negative consequences on the child's physical and psychological development. If proper nutrients are not available at critical growth periods, the child's development will not follow the normal and usual pattern.

<http://www.safechild.org/childabuse4.htm>

Emotional neglect can occur in the context of good physical care and therefore can easily be overlooked. The lack of parental psychological availability can affect attachment relationships and impede the child's social and emotional development.

Educational neglect can include chronic lack of attendance or chronic lateness as well as lack of support at home for learning and engagement with school.

Physical neglect is something that participants are likely to be very familiar with. The key point to stress is that physical neglect often has a profound emotional impact as well.

Lack of supervision can include exposure to hazards such as:

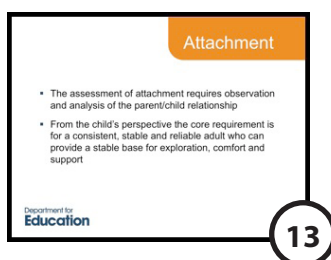
- **Safety hazards - poisons, small objects (for babies and young children), electrical wires, unprotected stairs, drug paraphernalia.**
- **Smoking - inhaling smoke, especially for children with asthma or other lung problems.**
- **Guns and other weapons - guns that are kept in the house that are loaded and not locked away or are in reach of children.**
- **Unsanitary household conditions - rotting food, human or animal faeces, insect infestation, or lack of running or clean water.**
- **Lack of car safety restraints.**

From <http://www.safechild.org/childabuse4.htm>



Environmental Neglect is characterised by a lack of environmental or neighbourhood safety, opportunities or resources. While children's safety and protection from hazards are major concerns for practitioners, most often attention focuses on the conditions in the home and parental omissions in care.

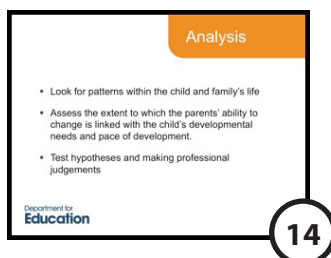
A broad view of neglect incorporates environmental conditions linking neighbourhood factors with family and individual functioning, especially since the harmful impact of dangerous neighbourhoods on children's development, mental health and child maltreatment has been demonstrated. Practitioners should be aware of this impact on the child and family when assessing the child's case and developing plans. For example, they can help parents find alternative play areas in neighbourhoods where there are high levels of drug-use, rather than have their children play on the streets.



Given the centrality of secure attachment to healthy development and resilience, and the fact that neglect is frequently associated with insecure attachment it is important to remind participants that assessment of attachment relationships is crucial. Many participants will be familiar with attachment theory. However, the language of attachment is often used loosely, for example, practitioners will state that the child and parent are 'close' or are 'attached' without setting out the basis for these observations.

A detailed exploration of attachment theory is beyond the scope of this presentation (there is a presentation on assessing attachment available in the pack: N14 Assessing attachment), but participants should be encouraged to ensure that during the process of assessment attention is paid to the quality of attachment to all significant adults and that attachment behaviours are observed and described.

As set out in Working Together (HM Government 2010):



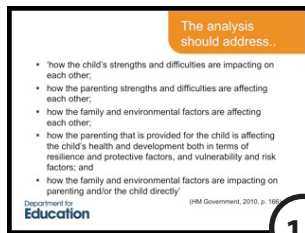
'The way to proceed in the face of uncertainty is through competent professional judgements, based on a sound assessment of the child's needs, the parents' capacity to respond to those needs - including their capacity to keep the child safe from significant harm - and the wider family circumstances.'

(p.34)

In relation to making judgements Horwath (2007) describes different kinds at different stages:

- 'holding' judgement – at the initial stage in relation to safety and stability for the child
- 'issue' judgement – making sense of the information
- 'strategic' judgement – responding to issues and making plans to address them
- 'evaluative' judgement – evaluating effectiveness of interventions.





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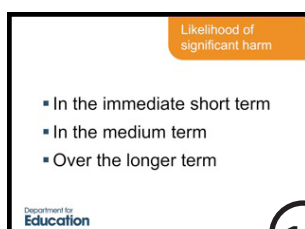
The further quote on this slide from Working Together (HM Government 2010) shows the tasks involved in undertaking analysis.

Making sense of the information is a stage that cannot be missed out, but is often missing in current assessment practice. In assessment reports there can be a tendency to list issues affecting parents and to list signs of neglect in the children. An assessment should conclude with an analysis of the needs to the child and the capacity of the child's parents to respond appropriately to their identified needs within their family and environmental context. Gathering information is not analysing that information. Analysis requires time to think and process the information and to link it with developmental theory. Good consultation and supervision can be highly valuable to support analysis. At its simplest it is asking 'What does this information tell me? Is there more information I need to inform my decisions?'

Analysis of the needs of neglected children is challenging. For example, the nature of neglect means that much of the information in assessment is less tangible or obvious than in assessments of physical or sexual abuse. Being able to identify and make sense of such information requires knowledge, skill and appropriate support.

- **Maintaining a 'how and why' mindset.** Analysis translates data into meaningful information but workers need skill and confidence to manage this process. Laming (2003) advised routine scepticism in practice, or 'respectful uncertainty'. This professional curiosity and ability to tolerate uncertainty is crucial to analysis in assessment so that we ask critical questions of what the information means for this child.
- **Using developmental theory.** We need theoretical models to help compare our subjective judgement with other people and to structure our analysis.
- **Testing our explanations.** There is a strong human tendency to latch onto the first apparently satisfactory explanation and then draw selectively on the available evidence so that we support our original hypothesis. We need support from other people to address this tendency and supervision plays an important part in safeguarding judgements.

**Discussion point:** Participants may benefit from discussion about the process of analysis and what supports effective analysis.



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It is important to focus on the child's needs and include attention to the risk of significant harm that may be present. Unmet need provides a risk to children's development in a range of ways. In addition, neglect can entail specific risk of harm such as accidents in or out of the home due to lack of supervision, exposure to dangerous others (especially new male partners in the home) and risk of health problems from untreated conditions.

Analysis should include attention to short, medium and long term risks of compromised development and the consequences in each dimension of need.

**Risk and resilience**

Analysis has to focus on the interaction of risk and protective factors

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Beesley (2011) compiled a list of the main risk and protective factors to aid practitioners with their analysis of the interaction between them. A summary of Beesley's book is available in the handouts: H16 Identifying neglect – top ten tips.

**Risk factors**

- Child not seen
- Child's non-school attendance
- Chaotic, overwhelmed, hopeless nature of family
- Parental substance misuse, domestic violence, mental illness, learning disability
- Parent's history of poor parenting, being in care
- No family support, isolated
- Multiple moves, different father figures
- Low expectation of ability to change things
- Parental chronic self-harm
- Refuses help, advice, keeps distance from services
- Young person involved in anti-social/criminal behaviour
- Young person's substance misuse, domestic violence

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### Risk factors

**Protective factors**

- Child comes first
- Child has a secure base
- Parent's positive attitude to pregnancy and birth
- Parent's insight into own behaviour
- Parents having experienced good parenting
- Family support available
- Accepts there is a problem
- Motivated to change
- Health visitor, GP in contact with family and alert to signs of neglect
- School staff alert to signs of neglect
- Police, youth offending services alert to signs of neglect
- Mental health services alert to child neglect

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### Protective factors

**Discussion point:** There is no short cut to the task of making sense of all the information, which has been gathered, and it will be helpful to discuss with participants the ways in which they can contribute to this analysis and how they can ensure that the analysis is undertaken properly.

**Planning**

- Plans have to be very specific about what has to change for the child, within what timescale and how change will be measured
- Plans should set out who will do what by when
- Plans be reviewed regularly to establish whether the planned outcomes are being achieved

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Much of what is involved in planning will be known to participants, so it may be more helpful to explore what factors impede effective planning and what has to be in place to ensure that a plan is developed and carried out effectively. Plans should be focused on the impact of actions on the child's developmental needs. Plans are NOT lists of services to be provided. Services may be indicated, but they have to be linked with goals of intervention and improved outcomes for the child.

Finally, it may be helpful to discuss the factors that can impede good assessment, analysis and planning.

**Discussion point:** Work through the points below and ask participants to consider the impact of such influences and how the negative consequences can be guarded against:

- **Values and attitudes.** Deeply seated beliefs about the nature of childhood and the capabilities of children and young people strongly influence the way in which professionals engage with children in assessment.
- **The purpose of assessment.** The ultimate purpose of assessment can become lost or obscured. Remind students to think about the purpose in terms of children's needs. Analysis is an interpretive activity and we need to remain open to different interpretations and explanations within children's lives.
- **Personal motivation.** It is possible that factors such as stress and anxiety can influence our responses to children's needs. For example, being "too busy" to speak with children may sometimes be a mask for trying to avoid the emotional impact of such contact.
- **Practical opportunity.** Time is required to build trust in relationships. Workers need to use time effectively. Ask participants to consider what tools and techniques work well for them in building relationships with children and young people.