

Handout

Start with the child

It may seem an obvious statement to make but assessments of neglect are most effective and accurate when they take account of the child or young person's own lived experiences and are based on direct observation and contact with that person. However, in practice, it is a message which would appear to be very hard to take on board.

Research has repeatedly identified a number of key variables which affect the capacity of practitioners to maintain a focus on the needs of the neglected child. Some of these stem from the nature of children's developmental needs and the impact of neglect on their ability to be communicate their needs to adults. Some issues relate to parents' interactions with professionals and some difficulties have been identified in professionals' own cognitive and emotional responses to working with neglect.

Children who have experienced chronic neglect are likely to have attributional models which conceptualise the "self" as powerless, of low value and ineffective and ascribe similar characteristics to caregivers and, by inference, other people including professionals trying to support them (Howe 2005). The impact of these early models is a position of "learned helplessness" (Seligman and Peterson 1986) where neglected children are more likely to view themselves and the people around them to be powerless to do anything to alter their position. Neglected children are less likely to know that they are being neglected or to know that something can be done about it.

Although there is now a greater recognition of the impact of neglect on older children, the immediate consequences of neglect for very young children creates particular levels of vulnerability. In almost all studies of serious case reviews, around 50% of the children were under 1 year old. Children's development is highly affected by neglect and abuse in the early years and infants and young children are the least able, developmentally, to signal their needs and distress to helping professionals.

Parents who neglect the needs of their children may be "lonely, unhappy angry people under stress" (Taylor and Daniel 2003, p.162). Parents themselves may have had experiences of being cared for which have resulted in them forming insecure and incomplete models of attachment. In times of stress, such as the intervention of statutory authorities, such models are likely to manifest themselves in the activation of attachment behaviours which seek to control and manipulate (Morrison 2008). 'Fight or flight' responses from adults can result in professionals losing contact with families. Angry, hostile and threatening adults can intimidate and frighten practitioners, which can result in case closure or a lack of authoritative and focused professional response in open cases.

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Alternatively parents who neglect their children may actually be quite endearing, if somewhat frustrating. It is a common feature of working with neglectful families that professionals may really quite like the parents and want them to do well. There are also links between poverty and learning disabilities and neglect which can mean that professionals are less willing to intervene as they may seek to avoid discrimination and may view the neglectful parenting as unintentional. Compassion and empathy for parents can interfere with a clear and subjective assessment of the child's experience of parenting. The same features of neglectful parenting may be the features which dominate and control professional interactions with the family. For example, failure to attend office appointments or to be in for home visits might mirror emotionally neglectful parenting. Home visits may be chaotic and confusing as the house is always full of friends and the television is always on, reflecting disorganised, neglectful parenting (Howarth 2007).

The impact of adversity on parenting capacity can have a significant impact on professional engagement with families. However, the way that professionals conceptualise and understand adversity can also have a significant impact. For example, it has been recognised that neglect of children with disabilities is often viewed by professionals as a facet of disability; creating a model which views the neglect as an expected consequence of the stress of caring for a disabled child. Concentration on the physical aspects of neglected children's lives (and the physical maintenance of the child's body) can result in the failure to recognise and understand the emotional and attachment needs of disabled children.

Children who are neglected are too often categorised as "hard to reach" when it would be more appropriate to view protective services as "hard to access". Children generally are unlikely to seek help directly from statutory agencies (Taylor and Daniel 2003). This places universal services (health and education) in an extremely important position in their potential to recognise the child in need and respond appropriately. Neglected children and young people are simultaneously in need and suffering harm and therefore at risk of falling between the artificial divide in services that encourages classification of children as "in need" or "at risk" (Taylor and Daniel 2003).

Professionals have been found to struggle to maintain a focus on the child's needs in neglect for a number of reasons. Dingwall, Eekelaar and Murray (1983) first identified the "rule of optimism" which too often has predominated thinking in assessments of neglect. This rule dictates that professionals tend to work from a premise of natural love and expect that parents love their children and do not normally seek to harm them. This can result in an undue and unquestioning over-reliance on what parents say. More recently, serious case review studies (Brandon et al. 2008 and OFSTED 2010) have identified that practitioners still place an undue level of acceptance on what parents (particularly mothers) tell them, often taking their word at face value in preference to the views expressed by the children in the family.

Neglect can be cognitively and emotionally overwhelming for professionals. This can result in a number of unconscious self-protective responses by practitioners that may potentially be unhelpful or even dangerous. The enormity of the difficulty, paired with a feeling of hopelessness can result in professionals failing to engage with children and young people meaningfully (Howarth 2007).

Messages for good practice

- Concrete resources are beneficial but their impact needs to be focused on the child's needs and its impact reviewed and monitored.
- Relieving financial poverty does not necessarily relieve emotional poverty.
- To keep children in mind we ourselves need to be kept in mind: supervision and support are crucial.
- Neglectful families are more likely to be isolated and struggle with informal support networks: facilitating better relationships within kith and kin may be advantageous.
- Volunteer support can be an effective part of a care plan.