

Cambridgeshire



C A M B R I D G E S H I R E  
L O C A L S A F E G U A R D I N G  
C H I L D R E N B O A R D

**CHILD NEGLECT**  
**RESEARCH HANDBOOK**  
**TO INFORM PRACTICE**

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# FOREWORD

We know from local serious case reviews that neglect is one of the most challenging and complex areas of practice for anyone, whether a volunteer, professional or manager, working with children, young people and their families. This handbook is therefore a contribution to improving the outcomes for those children and young people who are neglected by their families, as it aims to support good practice. It is also a tangible outcome of the LSCB's commitment to a framework of good practice for neglect. The components of the framework are:

- promoting effective tools for assessing families where neglect may be a feature
- disseminating research in promoting effective practice; and
- providing forums for reflective practice and analysis.

The handbook has been written by Josie Collier, Independent Social Work Consultant, but was very much influenced by the input of a group of local multi-agency professionals. The LSCB is grateful for their time and knowledge, which has ensured its' relevance to everyday practice and which is soundly evidence based, drawing as it does on a wealth of research.

Please do take time to 'dip in' and have a read. It provides a prompt for good practice, a comprehensive reading list if you want to look at the research in more detail and managers may even like to consider using it in individual or team supervision.

**Carol Wells**

**LSCB Training and Practice Development Manager**

## HOW TO USE THIS HANDBOOK

The handbook aims to summarise some of the key themes that may arise when practitioners are working with families where there are concerns about neglect. **The following themes are covered:**

- defining neglect
- identifying neglect
- predicting neglect
- the causes of neglect
- assessing neglect
- intervening in cases of neglect; and
- the supervision of neglect cases.

In each area some of the important points that may arise in practice are outlined, then accompanying extracts of research findings are summarised. At the end of some sections there is a practice checklist for practitioners to work to, to use in planning and in supervision.

## Why use research when working with child neglect?

- there is consensus in the research about the powerful and damaging effect neglect has on children's lives
- to not use it to inform our practice may lead us to leave children 'living with the corrosive effect of long term chronic neglect'
- the consensus is that neglect is **not** mono-causal, therefore interventions should be multi-faceted. Research can guide us in what may work. However intervention studies do not promise a 'quick fix' for child neglect
- there are increasing numbers of large scale reviews of research that can help practitioners through the evidence. (Tanner and Turney 2003)

### Best Practice Principles in Working with neglect

A recent study by Gardner (2008) outlined the following elements of basic good practice with neglect.

**This could be used as a checklist in supervision and case reviewing and audit:**

- a timely response to all expressions of concern regarding neglect
- an understanding of the child's day-to day experiences
- adequate child care must be addressed as **the** priority
- practitioners must engage with the whole family including extended family members
- clarity is required on parental responsibility and expectations
- a full assessment of the child's health and development
- on-going monitoring for patterns and changes over time
- practitioners should avoid assumptions and stereotypes
- track families whose details change
- keep records updated
- regular systematic planning and review of outcomes and service effectiveness including the views of children and family members
- address underlying problems in a systematic way; and
- engage in regular independent case audit.

# DEFINING NEGLECT

## What is child neglect?

The definition below is from Working Together to Safeguard Children (2006)

**“Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical harm or danger; ensure adequate supervision (including the use of inadequate care givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs”**

## Focus on practice – general considerations around neglect

A recurrent theme in the research is that there can be confusion and misunderstanding between professionals in identifying neglect. **Particular issues that serve to confuse include:**

- Neglect is an act of omission – did this parent or carer *intentionally* neglect this child? The focus on this question can detract from identifying the causes of neglect.
- Who is neglecting the child? Are there organisational issues which mean that the child’s needs are not met e.g. a disabled child not getting services, or a looked after child not in an adequate placement, or a child excluded from school?
- Understanding both the parenting behaviours and the impact on the individual child of that behaviour is complex.
- Neglect can present to professionals as a one-off incident, episodic (during a family crisis or a period of parental mental illness) or chronic.
- Mothers, in the main, are the focus of practitioners when working with child neglect. However, this focus may not be in the child’s best interests.

## Research extracts – general considerations around neglect

Stevenson (2007) warns against the focus on a ‘forensic model’ of child protection investigation in neglect cases as an obstacle to holistic longer-term interventions. Neglected children are better served when professionals take an ecological approach.

There are two perspectives: Stevenson (2007) points to a focus on a wide range of parental behaviours which are often more visible. Dubovitz et al (2005) suggest a child-focus rather than a parent-focus regarding the concept of neglect – i.e. the potential or actual harm a child may suffer if s/he doesn’t get basic needs met? This can ensure the child’s well-being rather than blaming the parents.

Tanner and Turney (2002) and Zuvarin (1999) focus on the chronicity and persistence of neglect as a feature not to be ignored. However, Gardner (2008) warns of the danger in viewing neglect *only* as a chronic phenomenon and hence waiting for it to persist before intervening – the professional response must be swifter.

Whilst neglect is likely to be ongoing, one-off incidents and episodic neglect can affect the health and development of the child (Horwath 2007). It is possible that one-off incidents are part of a wider background of the neglect of the child.

Some studies have shown that neglect has a higher rate of recurrent identification, due to services not being effective in reaching them (Fluke in Gardener 2008); This study showed that neglect is the form of maltreatment most likely to be associated with *future maltreatment*, with the likelihood of a future neglect increasing with each reported event.

# IDENTIFYING NEGLECT

## Focus on practice – types of neglect

Neglect is complex and hard to define clearly. It differs by type, severity, frequency and impact.

Neglect is the most common category of maltreatment recorded of children to be subject to a child protection plan – 43% of all children subject to a plan in 2005-6 in England and Wales were deemed to be suffering neglect.

Increasingly, the psychological impact of neglect is being recognised, which makes a clear distinction between neglect and emotional maltreatment difficult to identify as they often co-exist.

Neglect often co-exists with other forms of abuse and indeed is often a pre-condition to allowing other abuse to take place.

Being clear about what the child experiences and the possible harm that may arise will allow for preventative safeguarding, rather than waiting for the impact on the child to become irreversible.

## Focus on practice: Signs and symptoms

Below are the Cambridgeshire LSCB procedures on the signs and symptoms of neglect.

**Where any of the following are present the practitioner should discuss the child's needs with a senior member of staff in order to decide the most appropriate course of action:**

**Physical signs** e.g. growth not within the expected range; recurrent infections; skin conditions; unkempt dirty appearance; inadequate clothing; unmanaged/untreated health conditions; frequent accidents or injuries.

**Developmental signs** e.g. developmental delays; poor attention/concentration; lack of self confidence/poor self esteem; educational underachievement (including erratic or non school attendance).

**Behavioural signs** e.g. over-active, aggressive, impulsive behaviours; indiscriminate friendliness, withdrawn with poor social relationships, wetting, soiling or destructive behaviours, substance misuse or running away, school non-attendance, sexual promiscuity, self harm, offending behaviours.

**Signs in the home environment** e.g. dirty, hazardous environment, personal or environmental odour, poor state of children's bedding, inadequate ventilation or heating, lack of play opportunities, isolation of parents and children from the local community.

## Research extracts: Types of neglect

Horwath (2007)– in reviewing all of the definitions found 6 different types of neglect based on how a child was not having their various needs met:

- **medical**
- **nutritional**
- **emotional**
- **educational**
- **physical; and**
- **lack of supervision and guidance.**

These 6 types cover consideration of the less obvious, less visible forms of neglect such as overfeeding a child; or not showing children appropriate boundaries.

In the United States, De Panfilis (2006), the author of the US government's guide to child neglect, is clear: there are three types of neglect – physical, psychological and emotional.

Howe et al 1999; Howe 2005. The emphasis is on understanding the parent/carer's care-giving style, but acknowledging all of the complex factors alongside. His is a strong argument for attachment theory as the foundation for all work. Howe points to two types of neglecting behaviour: disorganised neglect and depressed, passive neglect.

Emotional neglect can occur where physical needs **are** met, whereas physical neglect will always have some emotional impact on the child (Minty 2005 NSPCC).

## Practice checklist: Is this neglect?

- can you list the parental behaviours towards the child that you feel could cause harm to the child?
- can you list the different ways in which you feel the child is being or could be harmed?
- do you understand the child and family's history: are there previous incidents or episodes of neglect?
- are you aware of other adults in this child's life – who does this child mean something to?

**In deciding whether to refer to social care, please refer to Chapter 2 of the Cambridgeshire LSCB procedures.**

# PREDICTING NEGLECT

## Focus on Practice: Can we predict neglect?

Whilst it is important to acknowledge that there is a wide variety of 'good enough' parenting styles in existence, shaped by culture and experience, there are some parents/carers, who due to their own experiences may not be able to offer good enough care to their children.

Below are extracts from research, where the authors have described common characteristics of neglectful parents/carers. These are not absolute i.e. the young age of a mother does not mean she will neglect her baby, however these are possible factors that practitioners should be aware of, that can often provide a description of the family that the practitioner is working with.

Practitioners should ensure that the judgements made about parenting are objective and not based on assumptions about different cultures or communities.

### Research extracts: Can we predict neglect?

This is difficult due to the entanglement with other forms of maltreatment.

Stevenson (2007) argues that there is not a neglectful families syndrome, but that practitioners will be familiar with the look.

Daniel (2005) cited 19 characteristics attributed in the research to neglectful mothers. Some of these: being less able to plan; lower intelligence; impulsive; high anomie; immaturity; depression; exhaustion; low understanding of children's needs; poor relationships with adults; poverty; isolation.

Brandon et al (2008) identify similar common factors amongst mothers in their study of Serious Case Reviews where neglect was a feature. These include a history of neglect in their own childhood by caregivers with possible mental or physical ill health (therefore having an attachment disorder); time in care, frequent house moves; concerns about sexual abuse; leaving home in teens; multiple pregnancies; mental health issues; alcohol and substance misuse; strong ambivalence to helping agencies; and a sense of 'survival' without support. Fathers, where a history was available, shared these factors. Additionally there was evidence of criminality; where males in the house were not necessarily fathers there was sometimes ambivalence and hostility to helping agencies.

# THE CAUSES OF NEGLECT

## Focus on practice: What causes neglect?

In order to be able to successfully intervene in neglect cases, there needs to be a full understanding of all of the factors, taking an ecological approach to understand what prevents adequate parental capacity to respond to a child's needs.

Included in this must be consideration of all possible causes on each of these three 'levels':

- The parent themselves – e.g. are they very young? Do they have a learning disability or mental health problem?
- Do they exhibit behaviours that can impact on their ability to care for a child e.g. do they misuse alcohol or drugs, or experience domestic violence? Was their own experience of being parented damaging enough to impact on the care they give their own child.
- Are there wider environmental issues – are they isolated in their community? Do they suffer discrimination? Do they experience poverty?

It is important that practitioners do not confuse the symptoms of neglect with the causes of neglect, as any interventions must primarily tackle the cause. An example of this might be to focus only on ensuring that the family home is tidy and clean (a symptom) rather than ensuring that the parent or carer receives treatment and support with substance misuse or a mental illness.

**In deciding whether to refer to social care, please refer to Chapter 2 of the Cambridgeshire LSCB procedures**

### Research extracts: parental issues which may cause neglect

#### Parental Mental Health

Depression is the most common form of mental illness affecting mothers (Minty 2005). This is especially concerning when it is post-natal depression as it can interfere with the mother's ability to respond to her children's needs (Howe 2005).

There is much more research about depressed mothers than fathers. But we do know that the presence of a non-depressed parent significantly reduces the developmental risk to the child (Howe 2005).

Crittenden describes 'depressed neglect' – there is a lack of cognition and affect on the part of the parent. Horwath (2007) asserts that in some such cases change will not be possible and practitioners should be realistic about this, and thus be able to change the plan to protect the child.

Research in Practice published an impact and intervention review of parental mental health by Tunnard (2004). The key points were that parental mental health does not result in child neglect in most cases, simply because of the parent or carer's condition. The research reviewed also suggests that services should be flexible enough to be able to meet the changing needs of families where the mental health condition alternately improves and deteriorates.

## Parental Learning Difficulties

Stevenson makes the point that the concerns for 'justice' for learning disabled parents (i.e, the right to be a parent) vs. the need to protect children polarises the literature (Stevenson 2007). This is often reflected in practice in the professional network.

For Stevenson, the key issues to understand are: the parent's ability to anticipate risk to the child; manage diverse and complex situations; the possible rigidity of the parent's thought processes, thus making adaptation to change i.e. in the child's needs or behaviour difficult.

Horwath identifies six key issues in assessing the parenting capacity of learning disabled parents: cognitive functioning (an IQ below 60 is not a good indicator of adequate parenting capacity); co-morbidity i.e. a diagnosis of mental illness or substance misuse; poor self-esteem; a lack of positive role models; a lack of support; and adverse social conditions (2007).

Other parents with an IQ in the range 60-80 may find the combination of a learning disability, and the complexity of the tasks (e.g. large numbers of children, children with medical needs) compromises their ability to meet the needs of their children without support. In addition, parents with learning disabilities who have experienced trauma in their own past are likely to need additional support (Tymchuk, 1992).

McGaw and Newman (2005) point to a likely genetic link with developmental delay, which can be compounded by poor stimulation. However they also indicate that when the children, especially boys, overtake their parents in terms of intellectual capacity there may be significant behavioural issues.

## Parental Substance Misuse

Horwath gives a good outline in to how various drugs affect the individual, which may in turn lead to failures in meeting the child's health, physical, emotional needs and failure to protect a child from unsuitable people and other dangers (2007).

The Advisory Council on the Misuse of Drugs point to these as factors increasing the risk to a child: daily heroin use; daily alcohol use with the use of illicit drugs; regular stimulant abuse; sharing needles; unstable accommodation; living alone or with strangers; living with another drug user; and criminal justice involvement.

Howe asserts that the significant effect of taking 'mind-altering' substances is that they interfere with the reciprocal, trusting and responsive communication between the parent and the child, rendering the parent unable to read the signals and increasing the child's confusion and distress when this occurs (2005).

The Research in Practice review of Impact and Intervention studies (Tunnard 2002) found that heroin use and neglect tend to be found together, above other substances. Parental drug use increases the likelihood of children being at risk of neglect and emotional abuse, but not other forms of abuse. Where the financial and emotional resources are committed to the pursuit of drugs, the degree of neglect will be higher.

The issue of children taking on inappropriate caring roles beyond their years should be emphasised.

## Domestic Violence

It is now acknowledged in legislation that where children witness domestic violence it should be regarded as 'harm' (Adoption and Children Act 2002 s120).

Horwath proposes the concept that the parents' pre-occupation with safety can become all-consuming, and lead to other aspects of parenting being in deficit e.g. the mother is exhausted, has low-self esteem, or is depressed. There is the possibility of emotional unavailability and social isolation (Howe 2005), with the violent parent unable to deal with the distressed and fearful behaviour that they themselves have induced in the child.

Abusive partners as fathers are less involved in parenting, and when they are, these moments tend to be negative interactions (Buckley 2005), increasing the likelihood of emotional neglect and harm.

## Practice Checklist: Parental issues?

- have you asked the parent **and** the child about the impact of their difficulty on daily life?
- how does their illness/behaviour impact on their functioning and on their responses to their child?
- do you have an understanding of the care-giver's own history?
- have you considered how other adults play a part in the children's lives?
- does the parental behaviour cause the child to take on inappropriate caring roles, either for their parents or carers or for their siblings?

## Research extracts: causal factors in the wider environment

### Poverty

Crittenden (1999) – There are parental characteristics that result in families living in poverty. These hold the key to child neglect, not the poverty itself for example parental learning disability.

Thoburn et al (2000), 98% of families whose children were at risk of suffering emotional maltreatment or neglect were characterised by the extreme poverty of their material situation.

Stevenson (2007) stresses that we must know the financial position of families when assessing their children; understand the impact of poverty on individual members of family; and consider particular difficulties in managing money and include financial advice or assistance in to a plan. She also asserts that the wider impact of social isolation is also key i.e. where do this family sit in community – can they access support?

## Children from black and ethnic minority backgrounds

This is a hugely diverse group. There are difficulties for practitioners in terms of language and communication which must be overcome in order to protect children.

A practitioner who is 'culturally competent' prioritises the child's need for protection, but also understands the cultural background and nuances of the family. This means that the practitioner can identify which family issue is cultural, which is neglectful and which stems from both (Korbin and Spillsbury, 1999 in Stevenson 2007).

Stevenson (2007) warns practitioners to avoid taking the extreme positions of 'cultural dogmatism' vs. 'cultural relativism'.

Prior and Glaser (2006) are clear that attachment theory is applicable across all cultures i.e. the child's seeking out of the caregiver to satisfy their needs or in the face of a threat and the way in which the parent responds to that child does not differ.

## Practice checklist: The wider environment

- have you asked about finances?
- is their housing appropriate e.g. wheelchair accessible; not crowded?
- is there extended family that support the child and immediate family?
- what links does the family have in the community?
- is there an adult who is literate living in the house?
- does the child or family suffer from any sort of discrimination in the local community or at school?

# WHO NEGLECTS AND WHO IS NEGLECTED?

## Focus on practice: Who neglects?

This needs to be given as broader consideration as possible. However, under UK legislation it is the parent/carer with responsibility who must ensure that the needs of their child is met and if not present have ensured that any alternative carer will meet the child's needs. However this does not mean that other key adults are not complicit in the neglect of a child.

In the case of disabled children, there are sometimes instances where helping agencies do not respond well enough to meet their needs. Is this then neglect?

### Research extracts: Who neglects? Mothers and fathers

- Turney (2005) criticises much of the literature as focussing on mothers – argues they are pathologised; that this leads to only partial assessments; fails to recognise the complexity of the caring relationship and neglect.
- Working with fathers can be beneficial, although in some cultures it is hard for men to ask for help (Gardner 2008).
- Daniel and Taylor (2005) argue that fathers and male carers must be visible; included in assessments, including risk assessments; the child's view of that male must be sought; and included in any interventions, including family centre work.
- Horwath (2007) discusses the concept of societal neglect and prompts us to think about how availability of health services, the quality of social welfare, the responsiveness of protective agencies and the criminal justice system, and larger social conflicts and wars can contribute to difficulties in achieving parenting capacity.

### Practice checklist? Who is responsible for the child?

- does the child live with their mother and father?
- where are any parents that are not in the house?
- do you know if anyone else lives in the house with the child?
- do you know who takes part in the care of the child?
- are you aware of any parents that do not live with the child, and if they have contact or not with the child?
- are there service shortfalls which mean that the child's needs cannot be met?

## Focus on practice: Which children are neglected?

Each child is entitled to have their needs assessed individually.

It is possible for children across the age range to experience neglect, and therefore no child in a household should be excluded from professional assessment e.g. because it is **assumed** that they are too old to suffer neglect or too young to experience their parent's substance misuse.

Neglect is insidious – it will have an impact on all children in the household.

Some children will be more vulnerable to neglect than others.

Some practitioners may be reluctant to identify neglect in vulnerable children where families have traumatic stories of huge adversity, violence or loss, i.e. disabled children, refugee children.

### Research extracts: Vulnerable children

In an NSPCC research update on neglect (Bovarnick 2007) the following children were identified as being particularly vulnerable to neglect:

- **premature children, or with low birth weight**
- **disabled children** (see page 16)
- **adolescents** (see page 16)
- **runaways**
- **children in care**
- **asylum seeking and refugee children**
- **children from black and ethnic minorities.**

## Disabled children

The neglect of disabled children is a “woefully neglected” area in the literature – Beckett suggests that this may reflect a lack of attention in practice (2003). The NSPCC suggests that the neglect of disabled children has been invisible.

The heightened vulnerability to neglect of disabled children was measured and found to be 3.8 times more likely to be neglected (Sullivan & Knutson 2000), for many reasons e.g. stretching the family’s capacity to be able to care; not being able to communicate their needs (Bovarnick: NSPCC 2007); and in part due to traits the child brings to the relationship with the parent (Howe 2005).

Kennedy and Wonnacott (2005) emphasise the importance of addressing ‘disabling barriers’: discrimination; lack of service provision; pity for carers affecting judgement; and the perception that a disabled child is somehow worth less.

Miller (NSPCC 2002) emphasises the needs for intervention strategies on different levels – intra and interpersonal; community and society – to ensure effective safeguarding of disabled children.

## Adolescents

The NSPCC found that 20% of young adults reported having experienced inadequate supervision as teenagers – staying out overnight without parents knowing where they were.

A quarter of runaways are forced to leave home by their parents

Parents tend to play down risk; therefore practitioners need to be sensitive to teenagers’ own perception of risk (Bovarnick: NSPCC 2007) which may be much higher.

Gardner (2008) highlights the concerning profile of older children that had been neglected over a long period as studied by Brandon et al (2008) in their review of Serious Case Reviews, including self harming and suicide. Brandon et al (2008) also identified ‘agency’ neglect in helping these ‘hard to help’ young people.

The ‘neglect of the neglect’ of teenagers is currently being studied by the NSPCC and Mike Stein at York University – the findings will be available on the NSPCC website in 2009.

## Practice checklist: Vulnerable children

- have you considered the added vulnerability of the child and what that adds to their experience?
- have you gained the child’s view of their situation?
- have you had the opportunity to reflect on the case in order to ensure objectivity in your judgements?

# THE IMPACT OF NEGLECT

## Focus on practice: The impact of neglect

The different types of parenting behaviours may have different effects on the child, some more straightforward than others e.g. if the child does not get taken to a doctor, she may become more ill, whereas the psychological effect of an emotionally unavailable parent on an infant's development is more difficult to identify.

It is important to acknowledge psychological unavailability as the 'psychological counterpart of physical neglect' (Gardner 2008). When using a tool such as the Graded Care Profile, this is reflected – it considers both of these key aspects of neglect.

### Research extracts: The impact of neglect

Howe (2005), Stevenson (2007) and Horwath (2007) amongst many others, all emphasise the enormous impact of child neglect on the child's development. Words such as 'damaging' and 'devastating' are frequently found in the literature and the findings resonate with the message that neglect affects all facets of a child's development.

Egeland et al (1983) initiated a longitudinal study (The Minnesota mother child project) that looked at types of abuse and neglect and linked these to developmental outcomes. Out of the four different types of abuse, neglected children appear to fare the worse.

Hildeyard and Wolfe (2002) reviewed the existing research and grouped findings regarding the impact of neglect on infants and pre-schoolers; school aged children and younger adolescents; older adolescents and young adults. They found that *neglected* pre-school children could be distinguished from *abused* children in cognitive and language development and that emotional neglect was particularly detrimental; that neglected school-aged children had avoidant attachment disorders; were more withdrawn and struggled most at school. As adolescents and young adults, there was an increased chance of running away from home; being involved in criminal activity; being violent; and of lower intelligence.

Howe (2005) described the effects of disorganised neglect as leading to fractious, irritable toddlers, who learn to turn up the 'volume and frequency of their distress signal' or engage in seductive behaviour. Depressed passive neglect, he asserts, leads to listless and incurious children – they seem to have given up.

Horwath (2007) has a very useful chart summarising across the lifecycle the impact of abuse in different areas. It may help practitioners to access this.

### Practice checklist: The impact of neglect

- **Are you able to clearly describe the aspects of this child's development which give you cause for concern?** It may be useful to think about this in the following dimensions: intellectual and cognitive development; health and physical development; emotional and psychological development; and social and behavioural development.

# ASSESSING NEGLECT

## Focus on Practice: Assessment

In Cambridgeshire, children about whom there are concerns about neglect may be assessed in two different ways. Where a child has 'additional needs' the Common Assessment Framework will be used by a variety of professionals in different settings to assess the child's development; how well their parents or carers can support their development; and how the wider environment impacts upon them.

Should the child be deemed to have 'complex needs' then a core assessment should be carried out by social care, using a similar framework – the Framework for the Assessment of Children and their Families (DoH 2000).

In 2008, an additional tool has been introduced for the use of all professionals involved in safeguarding children. **This is the Graded Care Profile, a tool which describes care-giving behaviour in the following four areas, divided in- to subsections. This can be used to complement and inform the findings of assessment and as a tool to monitor change and progress:**

- **physical care: nutrition; housing; clothing; hygiene; health. Cawson et al (2000) revealed that 6% of young adults recall inadequate care; this was found likely to be an underestimation**
- **safety: in carer's presence; in carer's absence**
- **love: from carer; mutual engagement; and**
- **esteem: stimulation; approval; disapproval, acceptance. Cawson et al reported that 18% of young adults recall humiliation and/or attacks on their self-esteem in childhood.**

These four areas cover the different types of neglect discussed earlier.

## Research extracts: What makes a good assessment where neglect is a concern?

Brandon et al (2008), in their review of Serious Cases warn of the **'start again syndrome'**, where practitioners, overwhelmed by the complexity of the family, put aside knowledge of the past and focus on the present, supporting parents to make a fresh start. **Any new or re-assessment of a family must take into account the family's history in order to make sense of the present.**

Stevenson (2007) says there are six pre-requisites for a good enough assessment of parenting:

- Knowledge of evidence on specific effects of parental issues on care-giving e.g. substance misuse, learning disability
- Ongoing regular re-appraisal of the situation
- A realistic picture about the parents' will to change
- Realistic expectations of what is 'good enough' parenting
- Identification of individual needs
- Impact of poverty as an integral part of the assessment, not just a 'context' but as a daily stressor.

Horwath (2007) includes a discussion around factors inhibiting or distorting assessment. These include professional difficulties; the nature of contact with carers and making sense of case files. There is also a focus on supervisory neglect and a four dimensional model of assessment including: the severity of the incident; professional perspective on reasonable supervision; the child's perspective of the situation; and the carer's characteristics.

**A Research in Practice briefing on Understanding and Working with Neglect (2005) highlights the following principles for best practice in assessing neglect**

- pro-active assessment – don't wait for the accident / incident
- addressing the causes, not the symptoms
- using an ecological framework
- multi-disciplinary assessment – and access to research
- understanding families' histories and patterns of interaction
- matching interventions to identified needs
- appropriate timescales for intervention and change
- work with parents; and
- work with children within a resilience framework.

## Practice checklist: Assessing neglect

Please use the principles above to check the quality of your assessment.

# INTERVENTIONS

## **Focus on practice: What interventions are useful when working with neglect?**

Interventions with neglect are likely to be multi-faceted to tackle neglect's multi-faceted causes. There may be a combination of formal and informal responses involved, including concrete resources, social supports, working on individual issues and on relationships between family members.

Interventions should be congruent with the findings of the assessment, clear in their purpose and reviewed for their effectiveness on a regular basis. They must be aimed at tackling the causes of neglect rather than simply the symptoms.

Trust between the worker and the family is vital to success. The practitioner is at the centre of change.

There should be as few workers involved as possible.

In some cases, where the neglect is on-going and chronic, there may need to be an acceptance that long-term intervention and resources are required. In other cases, where the plan is not effective in making and sustaining changes, the child may be removed from the home.

Vital to the success of any intervention is communication between the agencies involved in the process. There is guidance around information sharing contained in the LSCB Information Sharing Guidance (March 2008), for staff working in preventative and responsive safeguarding services.

Reder and Duncan (1998) described different themes in their review of Serious Case Reviews in the way that families engaged or sometimes didn't with helping agencies. Regular appraisal of the nature of the family – practitioner engagement should take place in supervision in order to ensure that the family is complying with the plan.

## Research extracts: Interventions with carers

Home visiting – McMillan et al (2004) Intensive ante and post natal home visiting reduced the chance of neglect from 19% to 4%, where there was one of the following: single parenthood, a teenage parent or poverty. However the resource commitment is significant, 9 visits in pregnancy, 23 in the first two years after birth.

Horwath (2007) outlines cognitive behavioural interventions such as Triple P Parenting where parents learn to play with their child; are taught to teach their children new skills; and to use discipline effectively. In another programme parent – child interaction is videoed and then played back and observations made.

Locally, Webster-Stratton parenting classes have been successful. There are more intensive programmes evidenced in the US that sit within the family's social ecology such as Project Safe Care and Project 12-Ways; which include parenting training, money management, and home safety; and most importantly the opportunity to practice their new skills to consolidate their learning.

But Tanner and Turney (2005) warn that neglectful parents may need much support to access this type of programme as the factors of depression; isolation, and low self-efficacy work against success.

Multi-systemic therapy (MST) is increasingly used in Cambridgeshire to work with neglect and Cambridgeshire OCYPs are participating in an international research project to look at the effectiveness of MST in such families.

In Cambridgeshire family group conferencing is also used.

Stevenson (2007) suggests shared and complementary care. These could work well where neglect appears episodic due to, for example parental mental illness.

## Interventions with substance misusing parents

Tunnard (2002) offers this in summary:

- Parents need practical help with daily stresses; to build on parental motivation; to reduce isolation; and to work with fathers too.
- Children need support as young carers; offer groups and discussion opportunities and recreation, whilst being given a chance to integrate with peers and the wider community. Also support with positive changes i.e. new boundaries for behaviour and different rules at home.

## **Interventions with learning disabled parents**

**McConnell and Llewellyn (2002) suggest the following principles for parenting training:**

- tailored to parent's learning needs
- geared to motivating the parent through gaining their interest
- based in the home
- concrete and systematic
- based on modelling, feedback, reinforcement; and
- reinforced through maintenance training.

McGaw and Newman (2005) provide further key messages around working with learning disabled parents (see bibliography).

See also DoH guidance (2007) Good practice guidance on working with parents with a learning disability.

## **Interventions with parents who are mentally ill**

**Tunnard's 2004 review of the literature made the key points:**

- Interventions must “think family” thus helping to build family cohesion and optimally, creating a family mental health service.
- Intervention should be early – predicting the ups and the downs of any family's life as a result in changes in the mental health condition.
- Allow children to reflect and talk, acknowledging them as young carers, rather than attempting to conceal their parent's condition from them.

## **Interventions with domestic violence**

**The LSCB procedures recommend that the most effective intervention for ensuring safe and positive outcomes for children living with domestic violence is usually to plan a package of support that incorporates:**

- risk assessment
- trained domestic violence support
- advocacy
- safety planning (for the non abusing parent who is experiencing domestic violence); and
- protection and support for the child.

It is vital that the child is spoken to and domestic violence not just regarded as an ‘adult problem’.

## Research extracts: interventions with children

There are few studies based specifically on needs of the neglected child (McDonald 2001).

Allin et al (2005) mention the following:

- Fantuzzo et al suggested idea of 'peer-initiated' play interaction to help the withdrawn child in classroom (1996).
- Udwin et al – imaginative play therapy for emotionally deprived young children.

Hill et al (2007) suggests strategies for building resilience across the life-cycle. Key to this is school and community resources.

Rosenberg & Cantwell (1993) add that experiencing an enduring relationship with an adult is key to building resilience in children and young people.

## Practice checklist? Interventions

- have you implemented interventions that will tackle all of the **causes** of neglect that your assessment found?
- are you, the family and the child clear about the objectives of the planned interventions?
- are you clear about how you will measure that the interventions are working?
- do you have a process for reviewing, and then changing or adapting the interventions if necessary?
- what will happen if the intervention does not work, and do the family and child (if appropriate) understand what will happen?
- if the interventions are successful, who will monitor any changes that the family have made to ensure they are sustained.

# SUPERVISING NEGLECT CASES

## Focus on practice

Supervision where neglect is a concern presents challenges to even the most competent supervisors. The complexity of the case and the often chaotic details of the family can overwhelm practitioners and supervisors alike, causing them to become de-sensitised to the neglect, or to focus on specific issues whilst ignoring others.

**The LSCB procedures suggest that a supervisor should offer the following to a member of staff (para 9.2):**

- a safe environment to reflect on their work
- a source of advice and expertise
- scrutiny and challenge to practice in order to assess the competence of the worker.
- an opportunity for the practitioner to explore cases in depth in order to promote objectivity, evidence based analysis and sound professional judgment.
- consideration of the way in which feelings about the work might affect both thoughts and actions.
- enable practitioners to clarify their roles and responsibilities and how these relate to the roles of others in the professional network; and
- assess training and development needs and ensure that these are met.

### Research extracts: Supervising neglect cases

Horwath (2007) has a useful chapter on supervising neglect cases in social work, however the messages are not only relevant for this profession.

**Locally, in Cambridgeshire, the LSCB conducted an audit and review of the supervision of safeguarding practice across the key agencies. Relevant from the key findings to working with neglect were:**

- That agencies should give all staff the opportunity to reflect upon safeguarding work, in order to develop their skills and knowledge and to allow for an acknowledgement of the emotional impact of the work. This should also include an opportunity to reflect upon the role of staff in the multi-agency safeguarding network.
- That agencies ensure that first-line supervisors of staff whose work may include aspects of safeguarding are supported in developing their skills and knowledge.

In short, the opportunity for staff and supervisors to take a step back from cases where neglect is a feature and review their judgements and interventions is vital for the implementation of change in the lives of children for the better.

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## Books recommended for good overview and summary of the research into child neglect and its application to practice

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Daniel, B and Taylor, J eds. (2005) 'Child Neglect: Practice Issues for Health and Social Care', Jessica Kingsley, London – containing chapters by Buckley, Gough, MacDonald; Turney; Minty; Kennedy and Wonnacott referred to in handbook

DePanfilis (2006) 'Child Neglect: A guide for Prevention, Assessment and Intervention.' U.S. Department of Health and Human Services Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau; Office on Child Abuse and Neglect

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Stevenson, O. (1998) 'Neglected Children and Their Families' (2<sup>nd</sup> Edition recommended 2007). Blackwell Publishing, Oxford

Thoburn, J; Wildong J and Watson J (1990) 'Family Support in cases of emotional maltreatment and neglect' The Stationary Office London.

## Other publications referred to in the handbook – also useful but sharing focus on other forms of child maltreatment.

Beckett, C (2003) Child Protection: An Introduction. Sage London

Brandon, M; Belderson, P; Warren, C; Howe; D; Gardner, R; Dodsworth, J; Black; J (2008) 'Analysing child deaths and serious injury through abuse and neglect: what can we learn?' DfES, London

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Reder P and Duncan S(1999) 'Lost innocents; A follow up study of fatal child abuse'

## Research overviews

### **Barnardos ‘What Works...?’ series including:**

McGaw, S and Newman, T (2005) “What works with parents with learning disabilities?” website

### **Joseph Rowntree Foundation:**

Utting, D (ed) (2007) ‘Parenting and the different ways it can affect children’s lives: research evidence; Joseph Rowntree Foundation, London. This summary of 7 research projects on parenting includes Hill et al (2007) on resilience. On JRF website

### **NSPCC Inform have a range of research briefings on their website, including:**

Miller, D (2002) ‘Disabled children and abuse’

Bovarnick, S (2007) ‘Child Neglect’

## Research in Practice

Tunnard (2002) ‘Parental drug misuse - a review of impact and intervention studies’ Research in Practice

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Tanner, K and Turney, D (2003) 'What do we know about child neglect? A critical review of the literature and its application to social work practice' *Child and Family Social Work* 2003, 8, pp 2

Tymchuk, A and Andron, L (1990) 'Mothers with mental retardation who do or do not abuse or neglect their children' *Child Abuse & Neglect*. Vol. 14.

## Useful Websites for research for practice

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

Then look at 'publications and resources' – there are practice guides, resources packs, systematic reviews on a wide range of themes

<http://www.scie-socialcareonline.org.uk/>

Has link through to Research in practice evidence bank – research reviews and research and policy updates

<http://www.jrf.org.uk/bookshop/>

Search 'parenting' whole series of reviews on parenting and outcomes, parenting and resilience edited by David Utting

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

Useful for the 'What Works' series.

[www.childtraumaacademy.com](http://www.childtraumaacademy.com)

<http://www.childwelfare.gov/library/>

US govt site – lots of research

<http://www.nspcc.org.uk/Inform>

UK site, includes two briefings on neglect; on disabled children and Gardner's work

<http://www.cochrane.org/index.htm>

Systematic reviewing for health care

<http://www.campbellcollaboration.org>

Systematic reviewing for social care

<http://www.everychildmatters.gov.uk>

<http://www.dfes.gov.uk/research/programmeofresearch>

UK government sites

<http://www.rcpch.ac.uk/>

Search child protection for Royal College of paediatricians for 'child protection reader'

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**CHILD NEGLECT  
RESEARCH HANDBOOK  
TO INFORM PRACTICE**

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design: out of the bleu 01767 687287