Neglect Multi-Agency Practice Guidance

For those working with children, young people and families in Essex

Status	Version 1
Author	ESCB Policy & Procedure Sub-committee
Date	March 2017

Contents **Page**

1. Introduction	3
2. Definitions and Types of Child Neglect	4
3. Recognising Signs and Indicators of Child Neglect	7
4. Risk and Protective Factors Associated with Child Neglect	8
5. Neglect and Significant Harm	14
6. Effects of Neglect	14
7. Learning from Serious Case Reviews	16
8. Assessment of Child Neglect	18
9. Chronologies	23
10. Working with Resistance	25
11. Supervision	28
12. References, Further Reading & Resources	30
13. Appendix 1: Assessment of parental motivation to change	32
14. Appendix 2: Chronology template	36

"*Child neglect is the most pervasive form of child abuse in the UK today. It robs children of the childhood they deserve – that is their right – and leaves broken families, dashed aspirations and misery in its wake. And, while we know more about the causes and consequences of neglect than ever before, it remains the biggest reason for a child to need protection. As a society, it is in our power to change this*".
Action for Children, 2010

Definition of "child or young person"

A child is "*anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989*".
(**See Children Act 2004**)

1. Introduction

Awareness of child neglect and its consequences on the future well-being and development of children has increased during the last two decades. It is notoriously difficult to define and varies by type, severity and persistence. Research shows that it often co-exists with other forms of abuse and adversity. To make the management of neglect even more complex, numerous reviews have commented on the dynamics of professional uncertainty regarding thresholds and criteria and what constitutes significant harm. Thus, neglect can lead to a difference of opinion and professional optimism in relation to 'good enough care'.

Neglect is the most common reason for child protection plans in the United Kingdom. Analysis of Serious Case Reviews has made the link between neglect and childhood fatalities. Apart from being potentially fatal, neglect causes great distress to children and leads to poor outcomes in the short and long-term. Consequences can include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child.

This document (adapted from Solihull LSCB Neglect Toolkit) contains guidance designed for multi-agency managers and all those working with children and their

families to support their understanding, identification, assessment and interventions in childhood neglect. This includes helping you to consider at an early point, the likelihood of the parent's capacity for change, which needs to be made on the basis of timely outcomes for the child.

2. Definitions and Types of Child Neglect

"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 and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

HM Government 'Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children', 2015.

This is the official Government definition of neglect and is important as it supports a consistent understanding of neglect amongst multi-agency partners. It provides a guide and a threshold in the identification, assessment and decision-making process of neglect and is the criteria for determining if a child is subject to a child protection plan.

However, the definition can only be useful if there is a clear and shared understanding of neglect – and its impact upon a child's health and development - in its broadest sense.

Neglect, (in contrast to other forms of abuse where specific and critical incidents can highlight significant harm) often presents us with less tangible and more diverse indicators which makes it harder to identify. Further, differences of opinion about what constitutes *"persistent failure"*, *"serious impairment of health or development"* and *"adequate"* make this definition, as with others, more open to interpretation; resulting in confusion and lack of consensus amongst those working with children and their families about what neglect actually involves.

An additional difficulty that those working with children and families may have in identifying neglect relates to concerns about imposing their own standards and values on other people and a reluctance to be *judgemental*. Yet those working with children and families are tasked to make '*professional judgements'* based on the

best evidence available and within a co-ordinated multi-agency response. The definitions of neglect, an understanding of the impact upon the child's health and development and effective working together can help those working with them to distinguish between being *'judgemental'* and articulating a defensible *'professional judgement'*.

In seeking to clarify neglect further, some areas to consider are:

a. **Persistence:** Neglect is usually – but not always - something that is persistent, cumulative and occurs over time. It can continue without a critical event, or incidents may be widely spaced, but its effects are corrosive to children's development. Its presentation as a "chronic condition" requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern.

   Gardener (2008) warns of the danger of viewing neglect as a chronic phenomenon as this involves waiting for a time when 'chronic' is deemed to be present – this delays professional response to children's safeguarding needs.

   Neglect can also occur as a one-off event e.g. where there is a family crisis or a parent is under the influence of drink/drugs. It is possible that one-off incidents are part of a wider background of the neglect of the child, thus any incident-based reports need to be assessed to identify whether there are patterns, however widely spaced.

b. **Acts of Omission and Acts of Commission:** Neglect is often – but not always - a passive form of abuse and the definition from *Working Together* 2015), refers to *'failures'* to undertake important parenting tasks, what is often referred to as 'acts of omission'. It is not always easy to distinguish between acts of omission and acts of commission however and both can occur simultaneously. For example, a parent leaving a child in the supervision of an unsuitable person involves both an omission to provide appropriate supervision and intent in leaving the child with someone unsuitable. The issue for those identifying and assessing neglect is less about understanding intent and more about assessing the child's needs not being met, and whether the parent has the capacity to change. Neglect may be passive, but it is nevertheless harmful.

c. **Neglect often co-exists with other forms of abuse**: Certainly, emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse, child sexual exploitation can and do co-exist with neglect. The existence of neglect should alert those working with children and families to explore if children are being exposed to other forms of harm.

d. **Parents and carers with complex and multiple needs:** A wide range of circumstances and stressors exist for parents whose children are neglected including poor housing, poverty, lack of capacity or knowledge about children's needs, disability, learning impairment, asylum or refugee status and other circumstances which might weaken parental capacity.

Brandon (2012), in a review of serious cases involving child deaths, collectively called parental substance and/or alcohol misuse, domestic abuse and mental health difficulties the 'toxic trio'. These have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people. Parents do need support to address their complex circumstances and needs, so that they can parent their children effectively.

Those working with children and families may feel great empathy for parents and develop a tolerance for actions or inactions, which are detrimental to the child. This type of parent-centred approach invokes a risk that the focus on the child, the actual or potential harm s/he experiences and the impact on the child's development become marginalised. Keeping a focus on the child has to be a priority.

"Child neglect must be understood in its broadest sense – when a child is not having their needs met and when this is having – or is likely to have – a detrimental effect on their health, development and wellbeing" (Action for Children, 2010)

Types of Neglect

Howarth (2007) identified six types of neglect and this breakdown is helpful for workers to begin considering where the child's needs may be being neglected. A thorough and methodical way of addressing failure to meet need will assist in identifying and planning interventions in neglect.

Medical – minimising or denying illness or health needs of children; failure to seek medical attention or administer medication/treatments.

Nutritional – not providing adequate calories for normal growth (possibly leading to failure to thrive); not providing sufficient food of reasonable quality; recently there have been discussions about obesity being considered a form of neglect.

Emotional – unresponsive to a child's basic emotional needs; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity. This can also lead to failure to thrive in very young babies.

Educational – failure to provide a stimulating environment; failure to show interest in education or support learning; failure to respond to any special needs related to learning; failure to comply with statutory requirements regarding attendance.

Physical – failure to provide appropriate clothing, food, cleanliness, living conditions.

Lack of supervision and guidance – failure to keep a child safe, including leaving a child alone; leaving a child with inappropriate carers; failure to provide appropriate boundaries.

3. Recognising Signs and Indicators of Child Neglect

Neglect can impact on children in numerous ways and children can show signs of neglect in a variety of ways; dependent on their age, the severity, frequency and duration of the harm, their resilience and the availability of alternative sources of care and support. Children may exhibit many, some or none of these indicators.

By themselves, many of these signs do not necessarily prove the existence of neglect but they do indicate that something for the child is not right and thus, there is a need for further exploration and assessment into the child's circumstances. Being curious, talking with and listening to children, observing them and their interactions with their parents and seeking a multi-agency perspective are key to gaining a wider understanding of what may be happening in the child's life. Recognition and a prompt response to indicators of neglect are crucial if the neglected child is to be safeguarded. The longer a child is exposed to neglect, the more difficult it will be to reverse the adverse effects of neglect.

It is important to recognise that neglected children are likely to also be exposed to other adversities such as the effects of poverty, poor housing, isolation from sources of support, parental mental ill-health etc. Overall, the interaction of multiple adversities including abuse and neglect, impact negatively on childhood development. When assessing neglect, the child's age, stage of development and specific needs (e.g. those relating to disability) should be a focus.

The National Institute for Health and Care Excellence (NICE) has produced guidance: 'When to Suspect Child Maltreatment', which has sections on 'neglect'; 'emotional, behavioural, interpersonal and social functioning' and 'parent - or carer - child interactions', including indicators of harm.

Disabilities

Disabled children are at (about 3-4 times) higher risk of being abused and neglected (*Sullivan & Knutson*, 2000). However, disabled children are not a homogenous group and careful assessment of their unique circumstances is required. Nevertheless, some of the increased risk factors for disabled children are:

- They have a prolonged and heightened dependence upon their carers, which may make them more susceptible to neglect and, for example, may be isolated
- The caring responsibilities for parents may increase stress levels and lower their capacity to parent effectively
- Disabled children may be less likely to be able to protect themselves or be less able to speak out about their experience of being parented
- Workers relate the signs and indicators of distress or harm to the disability and not necessarily to the possibility of maltreatment
- Workers can accept a different or lower standard of parenting of a disabled child than of a non-disabled child (*Brandon et al*, 2012)

Culture

There are many differences in patterns and methods of parenting across cultures. Yet, there isn't any culture that accepts abuse and neglect of children.
Parents may explain their approach to parenting in terms of cultural factors and it is important to explore and seek to understand the perspective of parents. However, caution is required in placing too much emphasis on cultural factors; the main focus has to be about the impact on the child's health and development. When working with a family, it is useful to gain an understanding of the extended family and who should be included in the interventions for example:

- If you have questions about a family's culture, ask them in a nonthreatening, honest manner.
- Look for opportunities to learn about other cultures, either formally or informally.
- Ask the family who should be involved, as this may include extended family members and friends.
- Look closely at your own racial and cultural attitudes and values--personal biases often run deep.
- Be careful when ascribing certain characteristics to specific groups--every individual is unique.
- Consider the role that work, pride, and shame play.

4. Risk and Protective Factors Associated with Child Neglect

Risk factors raise concern that the care given by parents and carers may be compromised. Risk factors do not inevitably mean that parenting capacity is reduced but does need to be assessed: if care given to the child is deemed to be good, then

concerns about risk factors may be dispelled. However, some risk factors may still affect care adversely in the future if the severity worsens or if the care required becomes more demanding (e.g. a child is unwell). Some risk factors (e.g. substance abuse, mental illness) may mean that the care the child receives is inconsistent or unpredictable, which affects their health and development.

The priority and focus, when assessing risk factors, is the safety and wellbeing of the child.

Factors which indicate strengths in parenting capacity are also important to address. As noted above, when relating to risks, strengths in parenting do not always relate to good care being provided to the child in a consistent and predictable way.

Research (from reviews into serious cases) suggests that certain family and environmental factors may be seen as predisposing risk factors in child neglect.

These include:

Factors in Parents/Carers

- History of physical and/or sexual abuse or neglect in own childhood; history of care
- Multiple bereavements
- Multiple pregnancies, with many losses
- Economic disadvantage/long term unemployment
- Parents with a mental health difficulty, including (post-natal) depression
- Parents with a learning difficulty/disability
- Parents with chronic ill health
- Domestic abuse in the household
- Parents with substance (drugs and alcohol) misuse
- Attitude to parenting
- Early parenthood
- Families headed by a lone mother or where there are transient male partners
- Father's criminal convictions
- Strong ambivalence/hostility to helping organisations

Factors in the child

- Age of the child
- Birth difficulties/prematurity
- Children with a disability/learning difficulty/complex needs
- Children living in large family with poor networks of support
- Children in larger families with siblings close in age
- Level of vulnerability / resilience
- Young carers

Environmental Factors

- Families experience of racism/discrimination
- Family isolated
- Dispute with neighbours
- Social disadvantage
- Multiple house moves/homelessness and security

The assessment of risks and strengths in parenting requires a holistic, multi-agency assessment using professional judgement. The table below indicates some of the risk and protective factors to support such professional judgement. Where neglect is suspected, the list can be used as a tool to help assess whether or not the child is exposed to an elevated level of risk. This list is neither exhaustive nor listed in order of importance:

Elevating Risk Factors	Strengths and protective factors
Basic needs of the child are not adequately met	Support network / extended family meet child's needs. Parent or carer works meaningfully and in partnership to address shortfalls in parenting capacity
Substance misuse by parent or carer	Substance misuse is 'controlled'; presence of another 'good enough' carer
Dysfunctional parent-child relationship Lack of affection to child Lack of attention and stimulation to child	Good attachment. Parent-child relationship is strong
Mental health difficulties for parent/carer Parent/carer learning difficulties	Capacity and motivation for change; capacity to sustain change. Support available to minimise risks. Presence of another 'good enough' parent or carer
Low maternal self-esteem	Mother has positive view of self. Capacity and motivation for change
Existence of Domestic Abuse	Recognition and change in previous patterns of domestic abuse and sustaining tis change
Age of parent or carer	Support for parent/carer in parenting task. Parent/carer co-operation with provision of support services; maturity of parent/carer

Negative, adverse or abusive childhood experiences of parent/carer	Positive childhood. Understanding of own history of childhood adversity; motivation to parent more positively
History of abusive parenting	Abuse addressed in treatment
Child left home alone	Appropriate awareness of a child's needs. Age appropriate activities and responsibilities provided.
Failure to seek appropriate medical attention	Evidence of parent engaging positively with agency network (health) to meet the needs of the child

Poverty

Those working with children and families should guard against the risk of 'excusing' or minimising neglect because a family is in poverty. Neglect is about a child's needs being unmet through a parent or carers action or inaction to such a degree that there is impairment of a child’s health and development. This can occur in families that are in poverty or in those who could be considered as 'well-off'. It should be noted that many parents are able to bring up their children happily and effectively in spite of limited financial resources – the parenting task is invariably more difficult, but these parents are able to maintain a focus on meeting their child’s needs.

Substance Misuse

If parents or carers misuse either drugs or alcohol and this use is chaotic, there is a strong likelihood that the needs of the child will be compromised. Any concerns of substance misuse need to be assessed thoroughly and the household carefully checked for dangers and risk of immediate harm.

Parental addiction to substances including alcohol can alter capacity to prioritise the child’s needs over their own and in some cases alters parenting behaviour so that the child experiences inconsistent care, hostility or has their needs ignored.

It is essential that there is a collaborative and joined up approach between those working with adults involved in substance misuse and those working to safeguard children so that there is a clear understanding between both sets of staff about:

- The level and type of substance misuse, prognosis for change, commitment to reduce or control substance use.
- Whether the findings of any assessments are based on self-reporting or have been verified. It is essential that self-reports of reduction or cessation of substance misuse is verified prior to significant reductions in safeguarding

activities. It is not effective safeguarding practice to take self-reports about addictions to substances at face value.

- The implications for parenting capacity and good care being offered to the child consistently in relation to the misuse of substances.
- The key message contained in *Hidden Harm - Responding to the Needs of Children of Problem Drug Users* (2003) was that parental problem drug use can and does cause serious harm to children of every age. The report states that reducing the harm to children should be the main objective of drug policy and practice and concludes that:
    - Effective treatment of the parent can have major benefits to the child
    - By working together, services can take practical steps to protect and improve the health and well-being of affected children.
    - The number of affected children is only likely to decrease when the number of problem drug users decreases.
    - Whenever substance misuse is identified as a concern, a thorough assessment of the impact upon parenting and potential implications for the child must be completed.

Mental Health Difficulties

It is known that mental health problems in parents and carers can significantly impact upon parenting capacity. Type of mental illness and individual circumstances are factors that need to be taken into account in any assessments. The following may be possible contributory factors when assessing neglect:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistency on parenting.
- Delusional beliefs about a child, or being shared with the child, to the extent that the child's development and/or health are compromised.

Specialist advice about the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health worker in these cases. It is essential that there is a collaborative and joined up approach between those working with adults who have mental health difficulties and those workers safeguarding children, so that there is a clear understanding between both sets of staff about:

- The degree and manifestation of the mental health difficulty, treatment plan and prognosis.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the mental health difficulty.

Learning Disabilities

Many parents and carers with a learning disability have an instinct to parent their child well, whilst others may not. However, even with a good caring instinct, parents

and carers with a learning disability may have difficulty with acquiring skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as commitment and capacity to undertake the parenting task are key areas to assess.

It is a priority that the child's health and development needs are met both now and – as those needs change - in the future and that the child is not exposed to harm or significant harm as a result of parenting which deprives them of having their physical and emotional needs met. Thus, any interventions will also need to consider the level and length of time that support for parents will be required to assist them to parent adequately, and to ensure that plans made in this regard are viable and robust.

Specialist advice about the nature and severity of the learning difficulty is required as well as the impact on parenting capacity. It is essential that there is a collaborative and joined-up approach between those working with adults who have learning difficulties and those working to safeguard the children so that there is a clear understanding between both sets of staff about:

- The degree and manifestation of the learning difficulty, support and services available and prognosis
- The implications for parenting capacity and good care being offered to the child consistently in relation to the learning difficulty

Domestic Abuse

Growing up in a violent and threatening environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical harm. Those working with children and families need to remain alert to the indicators of neglect, whenever domestic abuse is raised as an issue, and equally consider whether the child is exposed to domestic abuse when working with cases of neglect.

Age of the Child

Babies and toddlers depend almost exclusively on their parents or carers to meet their basic physical and emotional needs. Babies who are not fed cannot compensate by eating at school and babies who are not cleaned do not have the capacity to do this themselves. Generally speaking, the younger the child, the greater the vulnerability and the more serious the potential risk in terms of either their immediate health or the longer-term emotional or physical consequences.

The neglect of adolescents is an area that has received less attention, both in practice and research terms, but it is essential that the health and development needs of adolescents are considered by those working with children and families. Adolescence may well be a time when young people experience abandonment by their parents or carers or where they are forced to leave home (acts of commission). This is particularly worrying as it may be likely that those young people have

experienced long term physical and emotional deprivation (persistent neglect) such that their resilience and ability to fend for themselves is impaired (although it may be over-estimated by young people themselves as well as their parents and workers). It also leaves young people potentially exposed to harm such as sexual abuse, sexual exploitation and the risks to their health and development as a result of homelessness, lack of education etc.

5. Neglect and Significant Harm

Significant harm is harm which is *considerable, noteworthy or important.* There are no absolute criteria on which to rely upon when judging what constitutes significant harm. Sometimes, a single incident (such as a sexual or physical assault) may constitute significant harm but more often it is an accumulation of events, both acute and longstanding, which interrupt, damage or change the child's development. The harm has to be attributable to a lack, or likely lack, of reasonable parental care, so it is important to identify the respects in which parental care is falling, or is likely to fall, short of what it would be reasonable to expect. The point at which the threshold of significant harm is crossed depends upon a number of factors and will be largely reliant upon professional judgement, the completion of accurate and effective assessments and multi-agency information sharing and work.

It is necessary for those working with children and families to think of neglect in the context of actual significant harm being suffered now or the likelihood of significant harm being suffered in the future. It is more difficult to identify the likelihood of significant harm in the future where a child hasn't yet suffered any kind of harm. The 'likelihood' of significant harm means that it is a real possibility that it will occur and such a conclusion must be based upon facts established on the balance of probabilities.

For cases of neglect, a referral to the police for a discussion around criminal threshold should happen when either a case is acute from the outset or the persistent and long term cases do not see improvements.

6. Effects of Neglect

Persistent and serious neglect can have damaging and disastrous effects on all aspects of childhood, a child's health and development and life-chances and have catastrophic repercussions throughout the life of the child. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm.

The degree of impact will differ in relation to individual children and their circumstances, the nature of the neglectful parenting and factor in the child resilience. The range of potential impact may lie on a continuum that starts with developmental delay / impairment and ends with significant long-term harm and in some cases death. Research by the University of East Anglia in 2013, which analysed 645 serious case reviews in England between 2005 and 2011, found that

59% of children who died or were seriously injured were on a child protection plan for neglect during or prior to the injury/death.

Neglected children have some of the poorest long term health and developmental outcomes and are:

- at high risk of accidents
- vulnerable to sexual abuse and exploitation
- likely to have insecure attachment patterns
- less likely than other children to develop characteristics associated with resilience or have access to wider protective factors

Neglect is bad for brain development

Research has highlighted the impact of neglect on the baby's developing brain, including insecure attachment and sensory deprivation. This is key to helping our understanding about how early neglect can have life-long consequences and the importance of early intervention. There is a need for optimism and indeed the brain does continue to have 'plasticity' but early intervention is crucial.

"*Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds.*" (Teicher, 2000)

Babies are born with neurons (brain cells); the number of which are capped at birth and by the age of three, a baby's brain has reached almost 80% of its adult size. From birth, connections are made between the neurons as a result of receiving stimulation and by environmental factors. Repeated positive stimulation such as physical affection, social interaction and being comforted results in richer and strengthened connections. Thus, growth in each region of the brain largely depends on receiving stimulation. This stimulation provides the foundation for learning so that brain development is 'experience dependent'.

Where neural connections are not made (e.g. in the absence of stimulation or where hostile, neglectful or frightening care is experienced), neural connections are not made or are weakened ('pruned') and wither such that the child cannot achieve their full potential. Through these critical early experiences, the structure of the brain becomes 'hard wired' and sets the foundation for later life. Over time, atrophy becomes increasingly harder to reverse. Although the brain retains 'plasticity' and change remains possible, progress is more challenging. Poor brain development can lead to difficulties in regulating emotion, lack of cause-effect thinking, inability to recognise emotions in others, memory, focus and lack of conscience. Secondary difficulties can thus emerge because neglect has cumulative effects, e.g. difficulties in learning, forming relationships etc.

Neglect is bad for the child's relationships and emotional development

We can see that the early infant-parent relationship or 'attachment' is key to determining brain development. A secure attachment pattern, based on circumstances whereby a child feels confident in their carer's availability and who can predict their care-giving response will feel safe enough to explore the world and, gradually, to become more autonomous. This child will also be supported to manage difficult feelings and emotions and this will help them to develop their resilience and coping mechanisms. Fundamentally, this sets the foundation for the child to successfully develop and manage other relationships throughout life.

In contrast, a neglected child cannot rely on their carer's availability and is likely to experience inconsistent, unpredictable or hostile care. Based on these insecure patterns of attachment, the child will develop strategies for survival that will depend upon the way their carer relates to them. These strategies are learned and replayed within other relationships:

- **Insecure, anxious or ambivalent attachment**
  A child with this type of attachment pattern may feel insecure about their care giver and display behaviours such as clinginess, attention seeking, approval seeking, lacking in confidence and anxious behaviour. Such children become too anxious when the carer is not around.

- **Insecure avoidant attachment**
  A child with this type of attachment may display attachment-seeking behaviour towards others and are avoidant of their own carer. It does not matter to them whether the carer is around or not. Some will go on to become more self-reliant where as other may become very vulnerable to exploitation by others.

Research indicates that children who have experienced neglect are likely to have greater difficulties in assuming parenting roles successfully in later life.

Neglect is bad for the child's learning

Neglect can impair learning throughout a child's life, including from the ante-natal period in the ways described above. Poor nutrition, impoverished opportunities, unmet health and educational needs, poor routines and living in chaotic or frightening environments all contribute significantly to limiting learning, performance and educational outcomes.

Neglect is bad for the child's physical development

Foetal neglect, foetal addiction to substances, delayed growth within the womb, non-organic failure to thrive, faltering growth, vulnerability to illness/infections/accidents, poor access to medical care, not treating routine conditions, e.g. head lice, pain caused by untreated conditions, access to harmful substances, poor nutrition

(resulting in poor growth, anaemia), poor sleep, are some of the ways in which children's physical development is impaired by neglect. Research also indicates that there are poorer health outcomes for children who have experienced neglect in contrast to the non-neglected population.

7. Learning from Serious Case Reviews

A number of reviews and analyses of Serious Case Reviews have taken place seeking to summarise the learning from serious cases and below is a synthesis of these to help to consider practice issues (the References section at the end offers suggestions for further reading).

A large percentage of children who were subjects of Serious Case Reviews involving serious incidents and death were known to agencies in relation to long-term neglect. This indicates the severe extent of the harm that neglect can do. It should be mentioned that whilst there are particular characteristics of children that make them more vulnerable to harm, children of all ages and the spectrum of ability have been represented in serious case reviews.

Lack of challenge

Reviews found that there had been insufficient challenge by those working with children and families to parents and carers whose comments or explanations for injuries being accepted at face value, even where those explanations seemed unrealistic. Often, there was a focus on the adult parent or carer in relation to their complex needs, allied with a desire to support them and be optimistic about their parenting of their child. Many reviews have described the 'rule of optimism' which is a tendency by those working with children and families towards rationalisation and under-responsiveness in certain situations. In these conditions, workers focus on adults strengths, rationalise evidence to the contrary and interpret data in the light of this optimistic view. They confuse parental participation with meaningful engagement by parents.

Losing focus on the child

This was at a cost to maintaining a focus on the child who risked becoming 'invisible' in their own safeguarding interventions. Reviews described those working with them as having a poor understanding of what life was like for the child now, or what life would be like for the child in the future if nothing changed. Steps were not taken to establish the wishes and feelings of children and young people or for their voice to be sufficiently heard.

Sources of Information

Most of the serious case reviews identified sources of information that could have contributed to a better understanding of the child and their family. This included further information about or from fathers and extended family, historical knowledge, information from other agencies, the cultural background and research findings.

Significant males

Many reviews commented on the issue of 'hidden males', i.e. fathers or father-figures who either absented themselves or were not known, but who had a significant influence in the family and on the welfare of the child. In a number of reviews, these male figures were not known or not engaged with by workers and the risk they posed in the home was either not understood or misunderstood, thus jeopardising the safeguarding activities.

Information sharing and assumptions

Most of the reviews noted difficulties in inter-agency information sharing and multi-agency working together. Some reviews noted 'silo' working whereby those working with children and families did not look at the needs of the child beyond their own specific brief. There were also concerns that poor co-operation and information sharing meant that workers assumed – incorrectly – that someone else was undertaking an important aspect of information sharing such as reporting a concern.

Start again syndrome

A number of reviews explored concerns about the 'start-again' syndrome or 'assessment paralysis', whereby assessment was viewed as the child protection intervention rather than as a process which helped to identify the most appropriate intervention.

Recording

Recording – or rather the absence of clear records which are referred to and used to plan and make decisions – has regularly been a feature of learning from serious case reviews. This includes chronologies which help in the management of neglect which involves harm experienced by the child over a prolonged time. It is imperative that chronic harm is not viewed as a series of single incidents or episodes but that a longer-term developmental perspective is taken.

Supervision

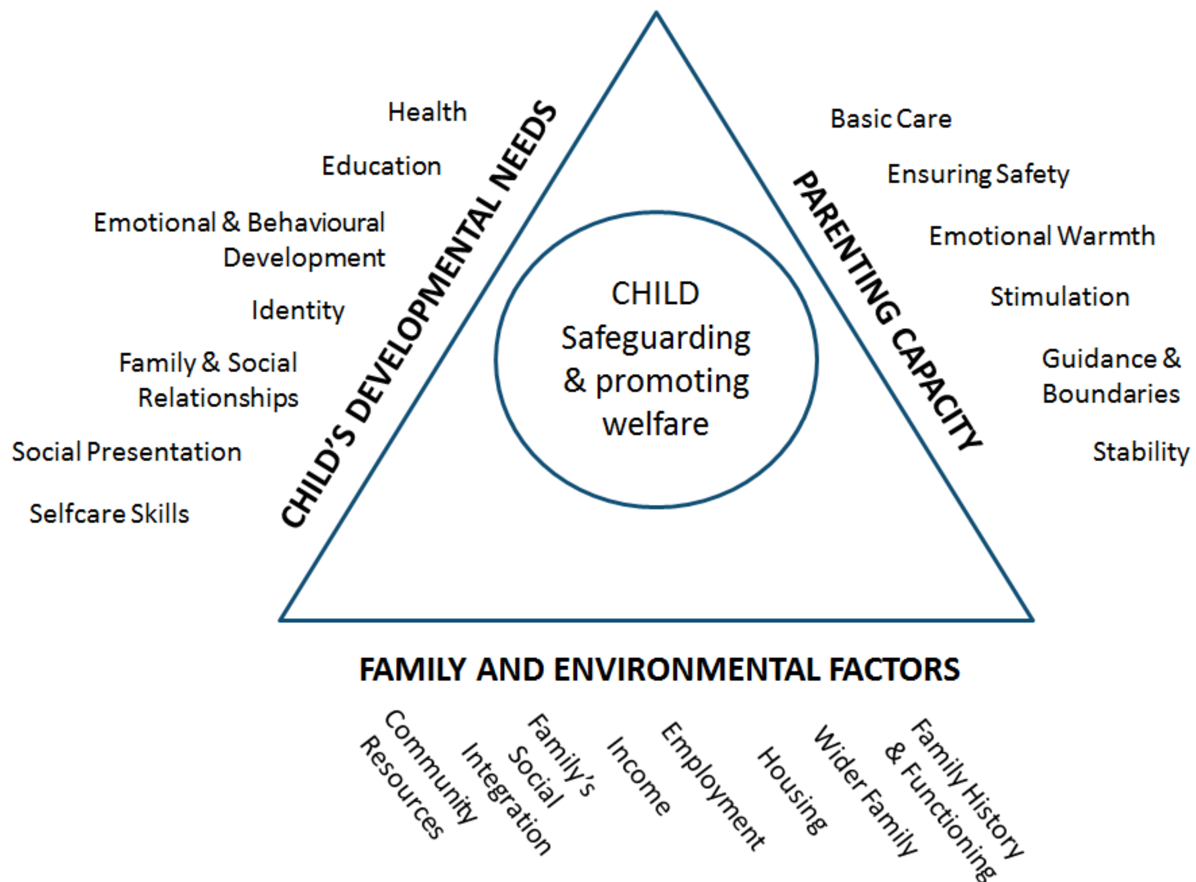
Many reviews have highlighted short-comings in supervision and the lack of opportunities for workers to participate in reflective supervision and critical thinking in child protection cases. Such supervision can provide opportunities to question underlying assumptions – or fixed ideas – about the circumstances in the family; support multi-agency working, guide the work with families presenting with complex difficulties, ensured holistic assessments and that the child's views are both gained and influence decision making about children and their families.

8. Assessment of Child Neglect

An assessment must address the most important aspects of the child's needs and the capacity of the parents or carers to respond to these needs within the wider family and community context. These are the three 'domains' of the Assessment

Framework, shown below. An important principle of the Assessment Framework is that assessments are based on inter-agency collaboration and contribution and are not the sole responsibility of one agency.

The assessment should be informed by a variety of relevant sources, develop a critique and an analysis, make conclusions about risks and protective factors and create plans for a way forward. These plans need to be implemented, monitored and reviewed.



[The Framework for the Assessment of Children in Need and their Families, DH, 2000]

Key areas to consider when undertaking an assessment

- **Understand the family's circumstances**
  A clear understanding of the family's background and previous involvement with services is required at the start of assessments and can be gained by completing a Genogram (family tree), social history and starting a chronology.

- **Isolated incidents of neglect are rare**
  It is likely that there will be several, possibly fairly minor incidences of neglect, which over time begin to identify patterns of parenting and heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour within

the family context and therefore the usefulness of compiling chronologies cannot be over stated.

- **Talking with parents about the neglect**
  It is often difficult to raise issues with parents about neglect because it requires those working with children and families to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process, those working with children and families need to ensure that their specific concerns are clearly and explicitly understood by parents, who can then be informed about what needs to change in the care of their children, why and in what timescales. It is important to be honest, clear and sensitive, not to use jargon and check that parents have understood what has been said to them. The whole family is key to the process of assessment, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes.

- **Involve fathers, father-figures and the wider family**
  Fathers, father figures and the wider family need to be engaged in the assessment in order to understand the role they have in the child's life. Care of children is likely to be more effective where there is positive support from fathers and most children want and benefit from this contact. Where fathers may pose a risk to the child, it is imperative that they are engaged with the assessment process so that risks are identified, understood and managed.

- **Parents are likely to have many needs of their own**
  Examples of these could include substance misuse, learning disability, mental health difficulties, domestic violence and abuse, all of these requiring high levels of support. It is important to offer support and services to parents and carers who will ultimately enhance their care of the children, however this must never be allowed to compromise keeping a clear focus on the needs of the child.

- **Avoid drift and lack of focus**
  It is important to plan the assessment and have clear time-scales for finalising written assessments. Remember that before, during and after undertaking formal assessments, the safeguarding interventions and service delivery still needs to be inputted as required to protect the child. These services and interventions can inform the assessment process.

- **Guard against becoming 'immune' to neglect**
  Those who work regularly with families where there is neglectful parenting can become de-sensitised and can tend to minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming

desensitised. It is also valuable for workers from different agencies to meet, e.g. in professionals meetings or Case Learning Meetings to discuss issues, share concerns and keep neglect issues in focus.

Appendix 1 contains further information and tools to support those working with children and families to assess parental motivation to change.

- **Assess sources of resilience as well as risk**
  Assessments should not overlook the importance of sources of resilience and opportunities for building upon areas of a child's life that reduce the risk. Resilience has been described as *"qualities which cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person to cope, survive and even thrive"* (Gilligan, 1997). There are many aspects of resilience; the key area is secure attachment with one other person and other areas include a sense of self-esteem, a safe friendship group, problem solving skills, social skills, abilities, talents, or interests and hobbies. Assessing resilience in a child needs to be done with care as some children may present as being able to cope or minimise their sense of vulnerability.

- **Observe the parent-child interactions**
  Observations can inform assessments of attachment and offer insight into the relationships between parents and child, and child and other siblings. Unrealistic expectations or skewed interpretations of a child's behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described by the parents as 'nasty' – as though the child's crying is a deliberate action designed to irritate the parent.

- **Address the child's basic needs**
  The assessment process should continue to consider the child's basic needs and routinely check aspects of care e.g. food in the cupboards and fridge, sleeping arrangements, hazards in the home, toilet and bathing facilities. Those working with children and families will need to look into rooms and cupboards to observe these aspects rather than take what parents say at face value. Gaining agreement to do this is important and relates to discussions held with the parents at the engagement stage of the work.

- **Assess each child within the family unit as a unique individual**
  Not all children in a family will be treated the same or have the same roles or significance within a family. For example, there may be a child who is perceived to be different, perhaps due to an association by the parent/s with a difficult birth, the loss of a partner, the child's age or needs, an unplanned child or a stepchild or a change in life circumstance. Negative feelings may be projected onto one child but not others in the family.

- **Maintain a focus on the child**

In complex situations such as working with neglect, it is easy to lose sight of the child whose needs can be over-shadowed by the needs of the parents or where parents are reluctant for workers to have access to the child. The significance of seeing and observing the child cannot be overstated in such complex and chaotic circumstances. Guidelines for keeping the child in focus include:

- Children should be seen in their family unit and in other settings, i.e. school, nursery, respite care, to observe any differences in their demeanour and behaviour. They should be seen on their own. The child's views should be sought in relation to where they would be comfortable to meet with you.
- It is important to use age and interest appropriate tools, games and other methods to communicate with children. These are relevant to begin to engage with the child and get to know them as a person so that there is an understanding about what life is like for the child every day in their home. Remember that neglect is less about an event or an incident but about the daily lived experience of a child who doesn't get their needs met.
- Speak with the child in their first language or using the communication methods with which they are comfortable. This may require you to use interpreters or to seek specialist advice.
- Children value being treated with respect, honesty and care. This involves listening to them and showing that you have heard, remembered and have taken into account what they have expressed. It also involves making sure that they are not let down e.g. missing appointments with them or making last minute changes to plans that have been agreed with them. These behaviours can impair any relationship that they want to form with you and reinforce any negative feelings about themselves.
- Children should be spoken to and observed to determine the quality of attachment they have to their parents and siblings and other members of the family.
- Consideration should be given to each child within the family. How are they different or similar, e.g. in appearance and personality? Are any of the children in the family more resilient than others to the care they are receiving? What can be discovered about their health and development (using the dimensions of the Assessment Framework)? Theories of child development should be used as a benchmark by which to measure concerns about a child's presentation and welfare.
- Give children age appropriate explanations about why you are involved and what information you will discuss with their parents.

Be confident about the assessment

A good assessment that those working with children and families can be confident in is one that includes:

- All relevant information (and comments on the unknowns or grey areas)
- An evidence base, including tools, guidance, research
- Analysis and evaluation of the information. Analysis is key to any assessment and involves interpreting and attaching meaning and significance to the information that has been gained and to observations that have been made. If the information that has been gathered is a description of 'what' has happened, the analysis should reflect on 'so what does that mean' for the individual child now and in the future
- Reasoned conclusions and professional judgements
- Plans for the logical next steps and timeframes, i.e. the 'now what'. It is imperative that those next steps are implemented and their effectiveness monitored and measured
- Update and revision (assessments have to be an ongoing process not a single event) in the light of new and emerging information.

Specialist assessments can be useful but should only be commissioned in specific, agreed circumstances where there are additional complexities. Examples of such situations may include:

- Children born to parents with additional needs such as diagnosed mental ill-health difficulties, parents with a disability or long term illness who may face particular challenges which may impact on their parenting capacity. Joint working between those working with adults and workers in children's services should occur.
- Children born to mothers who use drugs during pregnancy may suffer from withdrawal and exhibit distressed or restless behaviour which parents find difficult to manage. Parents may lack motivation because of drug use and may find meeting the needs of their children difficult. A pre–birth assessment may be required in these cases to inform planning. Joint working between those working with adults and workers in children's services should occur.
- Babies born prematurely or with low birth weight may mean that parents find coping with the high dependency needs of the baby to be very stressful and this may have a negative effect on the ability of the carer to form attachment to the baby. These children are more likely to have feeding difficulties, chronic illness, and neurological, behavioural and cognitive disabilities than other children

9. Chronologies

Chronologies are imperative for a true picture of family history. A chronology seeks to provide a clear account of all significant events in a child’s life to date. This brief and summarised account of events provides accumulative evidence of patterns of concerns as well as emerging need and risks and can be used to inform decisions on support and safeguarding services required to promote a child’s welfare.

Chronologies are particularly important when working with neglect where there may be fewer critical incidents but where children live in families where they are exposed to long term harm. Chronologies can help identify these patterns of harm.

Chronologies do not replace routine case recording, but offer a summary view of events and interventions in a child’s life in date order and over time. These could be, for example, changes in the family composition, address, educational establishment, in the child or young person's legal status, any injuries, offences, periods of hospitalisation, changes to health, interventions by services. The changes that are noted could be positive or negative events in the child’s life.

The chronology should be used by those working with children and families as an analytical tool to identify emerging patterns and help them to understand the impact, both immediate and cumulative, of events and changes on the child or young person's developmental progress.

Chronologies are done for these reasons:

- Done effectively, it helps to place children at the centre of everything we do
- An effective chronology can help identify risks, patterns and issues in a child’s life. It can help in getting a better understanding of the immediate or cumulative impact of events
- It helps us to make links between the past and the present; helping to understand the importance of historic information upon what is happening in a child’s life now
- Good chronologies enable new workers to become familiar with the case
- Importantly, a good case chronology can, at a later stage, help children, young people and families make sense of their past
- A good chronology can draw attention to seemingly unrelated events or information
- Using chronologies in practice can promote better engagement from children and families
- Accurate chronologies can assist the process of assessment, care planning and review
- When carried out consistently across agencies, good chronologies can improve the sharing, and understanding of the impact, of information about a child’s life

Compiling a chronology

How chronologies are compiled, how they are used and referred to in practice will make a significant difference to improving outcomes for children. In undertaking a chronology:

- Commence chronologies at the start of involvement in a case
- Enter relevant information as it occurs, including the date of the event and the source of the information
- Include only factual information – analysis and professional opinion on events should be recorded within the case records or assessment documentation
- Enter information throughout involvement in the case; an out of date chronology cannot provide full information for further analysis and planning
- Be brief in chronologies; normally one line
- Make reference to where in the case records more detailed information can be found.
- If chronologies are to help with the ongoing analysis of the case, they must be reviewed and used as a 'live' document in these ways:
    - When adding information to case chronologies, consider its relationship and relevance to previous information. (E.g. numbers of missed appointments; A&E appointments; police call outs to a home; numbers of injuries over time etc). Ask yourself after making a new entry "what is the impact of the known information on this child and what else do I need to do?"
    - Build in regular reviews of the chronology to assist in case planning and evaluating progress, for example, in preparation for reviews and discussion in supervision
    - Share the information being placed in chronologies with children, young people and families as appropriate. This can be to a) check for accuracy of information b) check children and families' views and perceptions of the information/ events

A sample chronology template can be found in Appendix 2.

10. Working with Resistance

Resistance is used here as a catch-all phrase to indicate a range of parental behaviours which serve to keep those working with children and families at bay and from identifying, assessing and intervening in neglect. Working with resistant families is very challenging indeed, and good multi-agency working and effective supervision is essential to support those working with children and families to help maintain the focus on the needs of the child. The quality of supervision available is one of the most direct and significant determinants of those working with children and families

ability to develop and maintain a critical mind set and work in a reflective way; this is pivotal when working with resistant families.

Resisting behaviours by family members can seriously hamper professional practice and leave already vulnerable children subject to significant harm. In terms of prevalence, a 2005-2007 analysis of Serious Case Reviews found that 75% of families were characterised as 'uncooperative' (*Brandon*, 2008).

The existence of resistance may be identified when parents:

- Only consider low priority areas for discussion
- Miss appointments
- Are overly co-operative with those working with them
- Are aggressive or threatening
- Minimise or deny events or responsibility or the effects on the child

Parents and carers resist in numerous ways and their reasons for doing so vary. At one end of the continuum, parents may genuinely not understand the problem or the way it has been defined and feel they are unfairly caught up in a process which is not their responsibility. At the other end, some parents understand they are harming their children and wish to continue to behave in this way without interference. In the middle are parents who fear authorities, have had previously poor experiences of authority, lack confidence and feel anxious about change. They may struggle to work with individual workers. Research indicates that families want to be treated with respect and in a non-judgemental way, be kept fully involved in processes and receive services which meet their needs in a timely way.

When considering if resistance is a dynamic in the family, it is helpful to clarify the behaviours and reasons for these. This is because sometimes what appears to be resistance is in fact a family's frustration regarding the type and quality of service they are receiving which is not meeting their need, rather than an attempt to divert attention from the safeguarding concerns in their family.
Resistance can be grouped into four types:

- Ambivalent
- Denial/Avoidance
- Violent/Aggressive/Intimidating
- Unresponsive to intervention/disguised compliance

Ambivalent

Parents may have mixed, conflicting feelings towards the agency, the individual worker or the safeguarding issue. Most parents who are involved in safeguarding interventions will experience mixed feelings but some, in extreme situations, may remain stuck in their ambivalence. Behaviours related to ambivalence include avoidance of people, meetings or of certain topics; procrastination, lateness for

appointments or superficially undertaking the tasks required. Ambivalence occurs when families are not sure of the need to change or are ‘stuck’ at a certain point.

Denial/Avoidance

This could manifest as a result of feelings of passive hopelessness and involve tearfulness and despair about change. It may also be about parents wishing to hide something relevant or being resentful of outside interference. Indicators include an unwillingness to acknowledge the neglect; purposely avoiding those working with children and families; avoiding appointments or cutting visits short due to other apparently important activity.

Violent/Aggressive/Intimidating

Parents who actively display violence or anger or make threats which could either be obvious or be covert or implied (e.g. discussion of harming someone else); use threatening behaviour e.g. deliberate use of silence, bombarding professionals with e-mails and phone calls or entering personal space; use intimidating or derogatory language, or swear, shout and throw.

Unresponsive to intervention/disguised compliance

Disguised compliance is identified by Fauth et al (2010) as *“families where interventions are not providing timely, improved outcomes for children”.* Reder et al (1993) state that it is where a parent gives the appearance of co-operation to avoid raising suspicions, allay professional concerns and diffuse professional intervention. Indicators of disguised compliance include:

- No significant change at reviews despite significant input
- Parents agreeing about the change needed but making little effort
- Change occurring but only as a result of external agencies' efforts
- Change in one area of functioning not matching change in other areas
- Parents engaging with certain, preferred, aspects of a plan, and aligning themselves with certain workers
- A child's report of matters conflicting with that of the parents

This can be classified as ‘passive-aggressive’ resistance because co-operation is noticeable but is superficial and the compliance covers up hostility, antagonism and anger. Disguised compliance occurs when parents want to draw those working with the children and families attention away from allegations of harm and by giving the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

It is a significant concern because the apparent compliance can affect the engagement of those working with children and families and can prevent or delay understanding of the severity of harm to the child. Examples of disguised compliance include a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as health workers for a limited period of time, or

cleaning the house before a visit from a professional. Disguised compliance has been reported to be a dynamic in many Serious Case Reviews and the learning from these indicates that the following practice is helpful:

- Focus on the child: see and speak to the child, listen and take account of what they say
- Cross check what parents say, question the accounts they give, get additional opinions and remain curious. Above all, don't take at face value explanations that parents give for significant events or incidents.
- Address the safeguarding aspects for children who are living in chronic neglect
- Don't be overly optimistic without good enough evidence. Be curious about what is happening to the child
- Consider in supervision and with the multi-agency network what strategies to employ when families are hostile and able to keep those working with them at arm's length
- Share information with other workers and other agencies, check your assumptions with your colleagues; explore with each other the parents' accounts of events.

Appendix 1 discusses further assessment of parental motivation to change and shows a model to help with the identification of compliance and whether it is genuine commitment, tokenism, avoidance or externally motivated compliance which seeks approval from others. Refer to Appendix 1 for further details, and the model (with additional detail) is here:

GENUINE COMMITMENT
Talk the talk & walk the walk

- Parent recognises the need to change and makes real efforts to bring about these changes

TOKENISM
Talk the talk

- Parent will agree with those working with them regarding the required changes but will put little effort into making change work.
- While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions

COMPLIANCE/APPROVAL SEEKING
Walk the walk: disguised compliance

- Parents will do what is expected of them because they have been told to "do it"

- Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change

DISSENT/AVOIDANCE
Walk away
- Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process
- The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (i.e. perpetrators of sexual abuse or fictitious illness). Taken from *Horwath and Morrison* (1999).

11. Supervision
"*The risks of recurring maltreatment are higher with neglect than other types of abuse. Workers need support to prevent them becoming overwhelmed or professionally paralysed and to help them to think and act systematically in cases of neglect and to avoid the "start again" syndrome*."

Analysing child deaths and serious injury through abuse and neglect: what can we learn? (DCSF, 2008)

Safeguarding supervision of those working with children and families is a key element of a robust and effective safeguarding system and it has a clear link to the protection of children. All agencies should have a mechanism for ensuring that cases of neglect are regularly reviewed in supervision.

The complexity of a family's situation can be overwhelming for those working with children and families in many ways and it is important to bear in mind the following aspects for workers who may:

- Become desensitised to the effects of neglect, especially if working in this area comprises a large part of their work or if they have become acclimatised to an individual neglectful family
- Get so drawn into working with the complexities that parents face, that they lose focus on the child
- Find it hard to make objective assessments and struggle to identify what is good enough parenting in a particular family or resolve any differences between their own views and those of others in the professional network
- Be unsure of when thresholds for escalating safeguarding actions have been met
- Mirror the chaos and helplessness within a family and therefore not take action in a timely or effective way

- Be anxious to challenge parents through a lack of confidence or fear of an aggressive response
- Be drawn into the dynamics of disguised compliance such that they do not challenge parents and accept what they say at face value
- Focus on specific issues and ignore others
- Need support to participate fully in the multi-agency work in a particular family

Supervision needs to acknowledge these feelings and aspects and look at ways of minimising the effects.

Regular appraisal of the nature of the engagement between the family and those working with them should take place to ensure the balance between support and challenge to families is maintained. Without this balance, there is a risk that the case will drift, the family and worker relationship becomes collusive or loses focus.

Lack of direction and drift has been characteristic of a number of cases where neglect has resulted in tragic deaths. Effective supervision gives focus and purpose to the work and allows those working with the children and family to ‘step back’ from cases and reflect on the family’s situation as well as on their own judgements and interventions. Supervision should be used to clarify and focus on:

- Exploring the case, assumptions and hypotheses held – to promote objectivity, evidence based analysis and sound professional judgement
- Clarifying roles and responsibilities of the worker and those involved in the multi-agency response; support for worker in managing stress to ensure that they can carry out their responsibility
- The intended and desired outcomes for the child
- The needs of the child and developmental progress and their presentation
- Assessment of parenting capacity, and parents motivation and capacity to change
- Identification of clear targets and timescales and methods of monitoring these
- Ensuring that the work is undertaken within the framework of legislation, policy, procedures and agency objectives in safeguarding children
- Reviewing the plan and ensuring there is no drift

Supervision should also address any process whereby there is selection of information, which points to reducing interventions or closing cases where there is serious neglect. This is likely to be unrealistic and can result in a ‘revolving door’ syndrome because the chronicity of neglect means that services will become involved in families again in the future.

Regular reviews undertaken in this way in supervision can help to identify ways forward in the management of cases, e.g. calling a professional's meeting, arranging co-working in a complex case or joint visits being established. Supervision should also consider the worker's learning and development needs.

12. References, Further Reading and Resources

Advisory Council on the Misuse of Drugs, (2003) *Hidden Harm - Responding to the Needs of Children of Problem Drug Users*, Home Office, London

Brandon, M et al (2008) *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we Learn? A Biennial Study of Serious Case Reviews 2003-2005* DCSF

Brandon, M et al, (2012), *New Learning from Serious Case Reviews,* DfE, London

Brandon, M et al (2013) *Neglect in Serious Case Reviews (2012-2013),* UEA

Cuthbert C et al (2011) *All babies count: Prevention and Protection for Vulnerable Babies*. London: NSPCC; 2011.

Department for Education (2013), *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children,* London

Department for Education (2010), *Learning Lessons from Serious Case Reviews : Ofsted's evaluations of serious case reviews 1 April 2009 to 31 March 2010,* Ofsted DfE

Department of Health (2000), *Framework for the Assessment of Children in Need and their Families,* HMSO, London

Gardener, R (2008), *Developing an Effective Response to Neglect and Emotional Harm to Children*, NSPCC/UEA, London

Gerhardt, S (2004) *Why Love Matters; How Affection Shapes the Baby's Brain* Routledge, London

Gilligan, R. (1997), *Beyond permanence? The Importance of Resilience in Child Placement Practice and Planning*, Adoption and Fostering, 21*(1), 12-20.*
Howarth, J (2001) *The Child's World*, Kingsley, London

Howarth, J & Morrison, T (2001) *Assessment of Parental Motivation to Change*
Howarth, J (2007) *Child Neglect: Identification and Assessment,* Palgrave MacMillan, Hampshire

Hildyard, C & Wolfe, D (2002), *Child Neglect: Developmental Issues and Outcomes,* Child Abuse and Neglect, 26:679-695.

Reder, P, Duncan, S & Gray, M (1993) *Beyond Blame: Child Abuse Tragedies Revisited* Routledge, London

Sullivan, P. & Knutson, J. (2000) *Maltreatment and Disabilities: A Population-based Epidemiological Study* Child Abuse & Neglect, 24 (10), 1257-1273.

Resources

Effective Support for Children & Families in Essex

Essex Safeguarding Children Board
Resources on Neglect, Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures, plus a range of training opportunities including safeguarding children level 1 (free online course) and safeguarding children level 2 course (face to face, fee paying course).

Department for Education
This link takes you to the safeguarding children pages of the website where there are numerous articles, reviews and research papers related to child neglect as well as wider safeguarding concerns.

NSPCC
Spotlight on preventing child neglect; an overview of learning and research.

Learning from case reviews: Summary of risk factors and learning for improved practice around neglect

Research in Practice (RIP)
RIP supports workers and agencies to ensure evidence informed practice, to achieve the best outcomes for children. The site contains a wide range of resources, research and policy updates as well as access to learning events.

Appendix 1

Assessment of parental motivation to change

This is based on *"Assessment of Parental motivation to change"* by Jan Horwath and Tony Morrison in: Jan Horwath (ed.) (2001): *The Child's World*. London: Jessica Kingsley.

The assessment framework guides those working with children and families to assess the child's developmental needs, as well as the parent's capacity to meet these needs. If an assessment suggests that a child's health and development are impaired or likely to be impaired, the assessment needs to identify the changes needed, both in terms of parenting and support services. If the change needed is change in the parenting, then this should lead to an assessment of the parents' capacity to change. This is in order to assess their willingness to work to achieve and sustain the changes required of them.

Change must be assessed over time. Capacity to change is made up of motivation and ability, and the authors suggest that if either of these is missing, the parent in question will lack the ability to change. They suggest that the use of DiClemente's model of change (1991) might be helpful:

Stages of Change incorporating Seven Steps of Contemplation (based on Prochaska and DiClemente, 1982 and Morrison, 2010)

Assessments often focus on information gathering but often fail to consider and understand motivation and change and to engage parents in that process. This model can be used with parents, especially when their engagement with professionals is involuntary.

The basis premises are:-

- Change is a matter of balance. If the motivational forces are greater than the status quo forces, change will be likely to happen.
- For the process to work, those working with them need to assess and work with parents in terms of their readiness to accept or deny the need for change.
- The blocks to change in terms of the model above are pre-contemplation and relapse.

Pre-contemplation

Most families are at this stage at the start of contact with the agencies. They may have a vague notion of wanting change, but not that they need to change. Parents at this stage are unable to make a full psychological commitment, as they have not yet come to terms with the need to change. The implications for this are that early contracts need to be reviewed as (if) the parents move into the change cycle.

Contemplation

At this stage, the parents consider that there is a problem, and can explore how to tackle it. Effective intervention will depend on whether external motivation can be transformed into internal motivation. This means that workers need to be able to combine external sanctions with engagement with parents in order to effect change.

Parents may need time to:

- Look at themselves and come to terms with what they see
- Appreciate the child's needs
- Count the cost of change
- Identify the benefit of change
- Identify goals which are meaningful to them

The task of those working them is to assess sources of motivation and:

- Recognise the parents' ambivalence, compliance, genuine commitment and capacity to change
- Recognise that each parent may be at a different stage of the change process
- Those different changes may be required from each parent
- Assess the motivational/status quo sources in the extended family

The authors identify seven stages of contemplation as follows:

i. Accept that there is a problem
ii. Accept some responsibility for the problem
iii. Have some discomfort about the problem
iv. Believe things must change
v. See yourself as part of the problem
vi. Make a choice to change
vii. See the next steps towards change

Determination

At this stage, parents should be able to express:

- Real problems and their effect on the child
- Changes they wish/should make
- Specific goals to achieve
- How parents and workers will co-operate to achieve the goals
- The rewards of meeting the goals
- Consequences if change is not achieved

Those working with parents need to be clear about agreed plans, and plans should be detailed and specific. Plans should be for incremental change, as motivation to change is more likely if there is early support and clear expectations.

Action
This is the point of change, where parents use themselves and services. There can be a danger of confusion and parents feeling overwhelmed (and consequently disengaging) at this stage, so clarity of aims and objectives is essential. Any agreement which was made at the pre-contemplation stage needs to be reviewed to see if it is still valid.

Maintenance
This stage is about consolidating changes made, rehearsal and testing of new skills and coping strategies over time and indifferent conditions.

Pay attention to relapse prevention, essentially work to anticipating stresses and triggers which might arise.

This can be the stage where one parent is able to change, and the other not, thus causing stress in the relationship. If this is due to workers concentrating their efforts on one parent this sets up failure, so including both parents is important. The assessment task is to ascertain if parents are able to internalise changes if external motivators are relaxed.

Lapse and relapse
Change is cyclical, and most of us do not succeed first time. Change comes from repeated efforts, re-evaluation, renewal of commitments and incremental successes. A lapse can usually be dealt with, but a relapse, such as a return of their abusive behaviour is not so easy to deal with.

Overall, the task for workers is to increase the weight of the factors which promote change, whilst decreasing the forces for the status quo. Motivation is interactional, so look to the wider network (partners / professionals / family / friends and community) for sources of motivation, stresses and weaknesses.

Managing ambivalence
Ambivalence is an ordinary response to change, so the assessment of parent’s real commitment is important. The response to change model is useful. It identifies four possible types of response to change, depending on effort and commitment to change:

- Dissent and/or avoidance
- Tokenism
- Genuine commitment
- Compliance

Commitment	Effort		
		high	low
	high	**Genuine commitment**	**Tokenism**
	low	**Compliance; Imitation; Approval seeking**	**Dissent; Avoidance**

Avoidance

Be aware of ambivalence, and assess how parents manage ambivalence.

Main messages

- Assess both parents.
- Be child centred, especially on the timing of change; can children wait?
- Being forced to engage heightens parents' sense of failure and uncertainty
- If parents are unsure; they are likely to respond negatively

Appendix 2 - Chronology template

Name of child:……………………………………………… Date of birth:………………………..

Date	Event *Incident/observations/change of circumstances*	Action/Outcomes	Source of Information *Where this information is recorded/held within your establishment*	Recorded by