Working More Effectively with Neglect

Joanna Nicolas

Child protection consultant and trainer
NATIONAL PICTURE

- Community Care surveys 2012 and 2013


- Department for Education. “Missed Opportunities: Indicators of neglect - why and what can be done? November, 2014

COMMUNITY CARE SURVEYS

- 2012 - 60% of social workers said they felt pressure to downgrade neglect and 59% said “quite” or “very” unlikely to respond swiftly to neglect

- 2013 - 78% of social workers said thresholds for neglect had risen due to budget cuts and caseloads
Not taking sufficient account of family history or failing to grasp the impact of neglect on the child were found in almost half of the assessments in the 124 neglect cases.

- Holistic view missing. Incidents dealt with in isolation.
- The impact of neglect underestimated.
- Lack of, or feigned compliance led to significant delays.
- Professionals found it hard to challenge parents when plan was not progressing.
Missed Opportunities: Indicators of Neglect - What is Ignored, Why and What Can be Done? Department for Education, November, 2014

- Neglect rarely produces a crisis that demands proactive, authoritative actions
- Professionals become habituated to how a child is presenting
- Need to get better at considering the enormity and pervasiveness of parenting behaviour
- Reluctance to pass judgement, particularly when deemed to be culturally embedded or associated with social disadvantage
- Neglect is considered to be at least as damaging, if not more so, than other forms of maltreatment because its impact is the most far-reaching and difficult to overcome. Neglect in the early years may be the most damaging from the point of view of long-term mental health or social functioning but effects all the way through
Neglected children differ from other maltreated children in that they show more evidence of delayed cognitive development, poor language skills and poor social skills and coping abilities.

There is some evidence that children who experience neglect without other forms of maltreatment have worse outcomes than those who are both neglected and physically abused.

Neglect in the early years has long-standing consequences.

Neglect in childhood is associated with a range of mental health problems in adulthood, including suicide attempts and substance misuse.
WHAT HAMPERS US RESPONDING TO NEGLECT?

1. A lack of knowledge of the potential extent of its impact
2. Resource constraints influence professional behaviour and what practitioners perceive can be achieved when they have concerns about neglect.
3. A number of additional “mind-sets” hamper professional confidence and action - “It’s normal in that family”. “I don’t want to sit in judgement on a mother who has no money and is a victim of domestic abuse”.
4. The conflict for workers between empowerment and decisive and ultimately disempowering action
ACTION FOR CHILDREN SURVEY
1,101 PROFESSIONALS SURVEYED

- More than 40% of social workers surveyed feel powerless to help neglected children
- Nearly a third say they lack the time and resources
- 30% of police officers felt powerless to intervene
- 23% of doctors felt powerless to intervene
- 37% of teachers felt powerless to intervene
ABIGAIL

Abigail was nearly 3 when she was admitted to hospital. Abigail was unable to walk and had a number of other problems caused by physical, emotional and developmental neglect. These included severe nappy rash, anaemia, malnutrition, head lice infestation and decreased bone mineralisation (i.e. weak bones).

There were a number of older siblings. What came from the serious case review was that they had had similar issues. Neglect was endemic in the family.

It was dealt with as a child in need case and the parents refused permission for social care to speak to the school. The school held vital information.
“They are all late walkers in this family”

Nappy rash, June - November, 2012. During assessment maltreatment continues

Parents would not engage, missed appointments

Afterwards older sibling said that the parents would lie all the time. Mother threw lumps of nappy cream away, so professionals thought she was using it

Partnership and empowerment inhibit professional curiosity

Overly optimistic. Focus on the one positive, not the overall picture

Specific incidents dealt with but no holistic picture

It is the robustness of the plan that can make a difference, not the plan itself

Disguised compliance

The family was hard to contact, so done by letter
1. What is the legal definition of neglect?

2. Is on-going neglect as damaging as on-going physical, emotional or sexual abuse?

3. Does our professional response to neglect differ to that of our response to physical, sexual or emotional abuse?

4. Should a child suffering neglect always be made subject to a child protection plan?
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”.

(Working Together to Safeguard Children. 2013).
### EFFECTS OF NEGLECT
(DEPARTMENT FOR EDUCATION. CHILD AND FAMILY TRAINING. 2014)

<table>
<thead>
<tr>
<th>Infants 0-2</th>
<th>Early Childhood</th>
<th>The School Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor growth/intellectual capacity under stimulation nappy rash, infections, hospital attendances failure to thrive</td>
<td>short stature, dirty, unkempt delay in learning new skills learning slow and painful language delay</td>
<td>severe educational deficits: learning disabilities, poor problem solving poor reading, writing and maths</td>
</tr>
<tr>
<td>withdrawn, lethargic, depressed self stimulating behaviour e.g. rocking</td>
<td>lacking social skills either aggressive or withdrawn indiscriminate friendliness</td>
<td>disruptive/overactive in class desperate for attention few friends overcompensation</td>
</tr>
<tr>
<td>no learned trust</td>
<td>shame and self doubt lack of confidence and expectation of failure poor self concept</td>
<td>encopresis/eneuresis guilt/self blame self harming disturbed eating patterns</td>
</tr>
</tbody>
</table>
DIFFERENT FORMS OF NEGLECT

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

(Horwarth 2007)
DEVELOPMENT OF THE BRAIN

- 80% of the brain develops before a child is three.
- The brain develops in a sequential and hierarchical fashion. This means that each brain area will have its own timetable for development. “Use it or lose it” (Perry)
- “The earlier and more pervasive the neglect is, the more devastating the developmental problems for the child”. (Perry)
- Neglect has a profound effect on the developing brain of a young child, potentially affecting all areas of cognitive, social and emotional functioning.
- There is a significant and enduring connection between neglect and a child’s cognitive ability and educational performance.
PROPORTIONED DEVELOPMENT OF THE BRAIN

Cortical

Limbic

Midbrain

Brainstem

Feeling and emotions

Breathing and heartbeat

Executive functions

Survival functions
DEVELOPMENTAL NEGLECT AND TRAUMA

- Cortical
- Limbic
- Midbrain
- Brainstem
THE IMPACT OF NEGLECT

- The internal world of the child, which underpins emotional development, identity and relationships is also rendered vulnerable by neglect:
  - Parental apathy, lack of stimulus and attunement can result in children developing an internal model of powerlessness and lack of belief in self-efficacy
  - Children less likely to be resilient. Resilience = a secure base, good self-esteem and a sense of self-efficacy. Resilience acts as a buffer to adversity
  - Appearance and poor hygiene can lead to social isolation and undermines the social skills required for social integration
  - Children more likely to develop insecure attachments and show impaired social competence

(Research in Practice. 2010)
THE ATTACHMENT BOND

The infant brain is profoundly influenced by the attachment bond. When the primary carer can create a loving, stress-free environment, where the needs of the child are prioritised above their own the child’s nervous system becomes “securely attached.” The strong foundation of a secure attachment bond enables the child to be self-confident, trusting, hopeful, and able to deal with conflict and stress. The child will feel safe and be able to develop meaningful connections with others. The child will be able to balance emotions and make sense of their life and create positive memories and expectations of relationships.
Resilience is the ability to withstand and rebound from disruptive life challenges, strengthened and more resourceful.

(Research in Practice. 2010)
THE LIKELY IMPACT OF EXTREME NEGLECT
THE MINNESOTA PARENT-CHILD PROJECT

A longitudinal study that has followed a sample of 267 children since 1975, born to mothers identified as being at risk of parenting problems due to unstable life circumstances, youth, poverty, lack of support and low education. A major focus has been on the antecedents of abuse and neglect, as well as the long-term consequences of maltreatment on children’s development. Each of the maltreatment groups were compared with non-maltreatment groups. The children were identified as suffering physical abuse, physical neglect and emotional neglect.

(Erickson & Egeland)
FINDINGS FROM THE MINNESOTA PARENT-CHILD PROJECT (1)

- At age 1 2/3 of the neglected children had an anxious, or insecure attachment to their primary carer. (Highly dependent on but unable to be soothed by their primary carer).
- At age 2 neglected children were easily frustrated, non-compliant and displayed considerable anger.
- At 3 ½ neglected children displayed poor impulse control, rigidity, a lack of creativity and more unhappiness than any of the other groups.
- At 4 ½ neglected children displayed poor impulse control, extreme dependence on their teachers and general maladjustments in the classroom.
“In many ways our study shows the consequences of emotional neglect to be even more profound than physical neglect, or other types of maltreatment. At 4 ½ their nervous signs, self-abusive behaviour and other behaviours are all considered to be signs of psychopathology. Although the maltreatment they suffered was the most subtle of all the groups, the consequences for the children were the most striking.”
FINDINGS FROM THE MINNESOTA PARENT-CHILD PROJECT (3)

As the children became older the neglected children were more socially withdrawn, unpopular with their peers and became more aggressive and less attentive as they grew up. They performed significantly lower than their peers academically. Only 5% of the children were not receiving some level of special education.

When they became adolescent the children whose primary carer was psychologically unavailable scored highly in terms of delinquency, aggression and social problems and were more likely to attempt suicide than all the other groups.
At age 17½ 90% of the maltreated children received a diagnosis of mental illness. The highest rate was the “psychologically unavailable” group in which all but one child received a diagnosis of at least one psychiatric disorder and 73% were diagnosed with 2 disorders, or more.

The physically neglected children had high rates of school drop out and academic failure. “Maltreatment in the early years had devastating consequences for the children’s overall functioning in adolescence”.

26
EXERCISE

1. What might be the signs of disguised compliance?
2. What is the significance of missed appointments?
3. What does good working together look like?
SEVEN ELEMENTS OF CHILD DEVELOPMENT

- Health
- Education
- Emotional and behavioural development
- Identity
- Family and social relationships
- Social presentation
- Self-care skills

/Framework for the Assessment of Children in Need and their Families/
HOW CAN YOU BEST MEET THE NEEDS OF THAT CHILD?

1. Common Assessment Framework (CAF)?
2. Child in need plan?
3. Child protection plan?

Whatever the plan, regular and detailed reviews, with oversight, are essential. Consider the protective factors and the risks. Risk should be used to describe factors that may impair a child’s development. Risk factors may not have an immediate effect; rather they may set off a longer-term chain reaction.

(Horwarth)
CAPACITY TO CHANGE

Capacity is made up of two components - motivation and the mental capacity. If one is missing, change is unlikely to happen.
WHAT HINDERS US?

- Disguised compliance
- Fears about being considered judgemental
- A focus on the parent, not the child
- Failure to understand the child’s world
- A fixed view of the family
- Not my area of expertise
- Reluctance to refer
- Superficial working
- We see love as a strength
WHAT HELPS (1)

- Robust supervision - discuss your concerns
- Think about what YOU can do
- Understand the child’s day to day life - With the child/parent do a detailed account of a typical day, weekday and weekend
- Remember to deal with the practical, as well as the process
- Use a chronology to clarify your mind and build evidence
- Intervene early
WHAT HELPS (2)

- Look at the cause, not the symptom
- Be clear with the family from the start
- Listen to the child
- Empower families. Don't “do to them”
- Do a chronology if you want to set out what has happened
- Use the Escalation policy, if necessary
- Ask yourself every day/every week - Is the situation improving for the child. What is the evidence of sustained change?