



RESPONDING EFFECTIVELY TO NEGLECT

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Introduction

- Explore key findings from a prospective longitudinal study of infants suffering, or likely to suffer, significant harm. Funded by DFE, conducted by Loughborough University
- Explore obstacles to effective action in cases of neglect
- Consider implications for practice and policy

Neglect

- Serious and pervasive form of maltreatment
- Occurs across childhood and into adolescence
- Greater risk of recurrence – entrenched by nature
- Associated with cumulative harm

(Sidebotham et al. 2016; Brandon et al. 2014)

Neglect

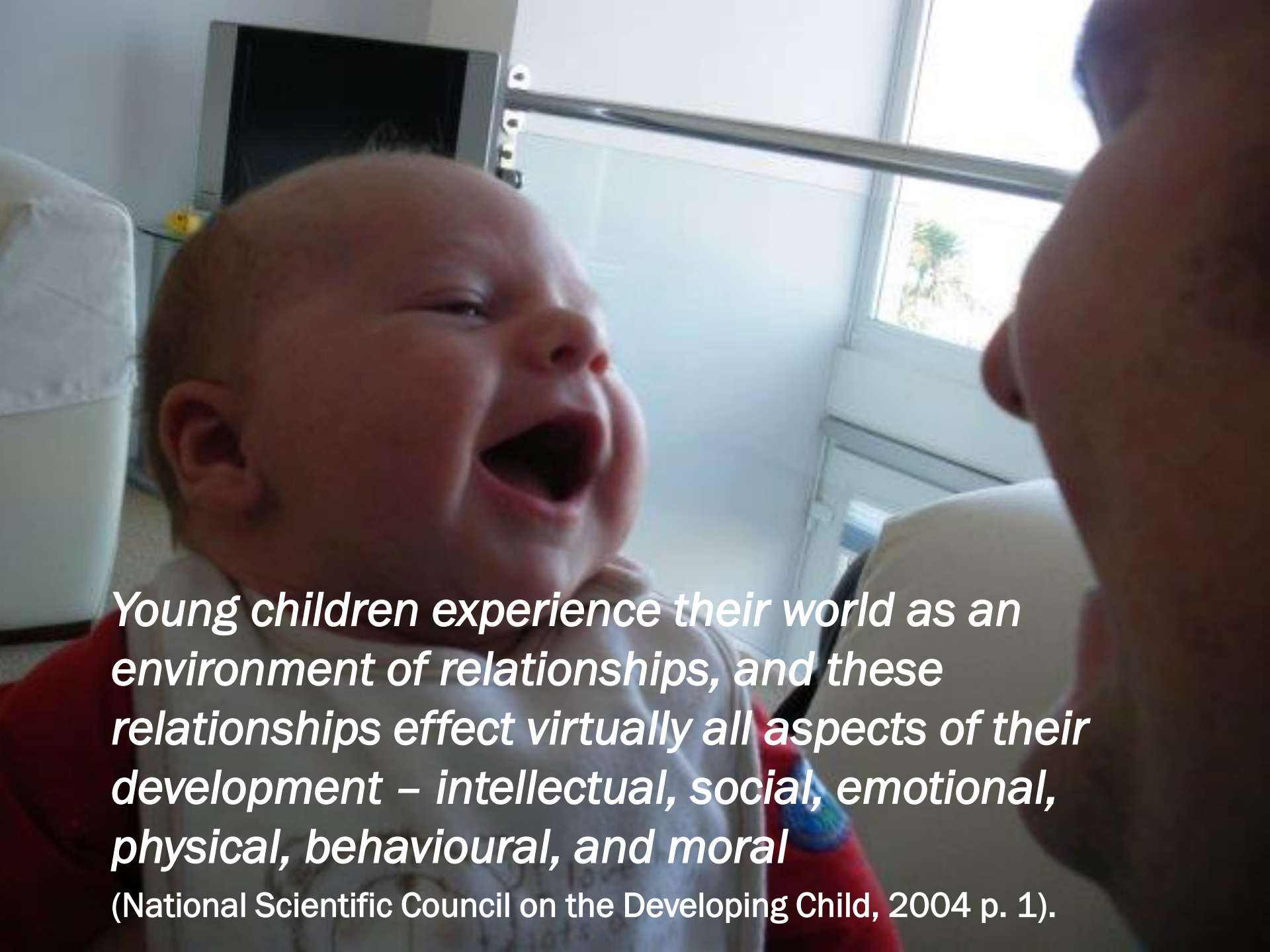
- Robust evidence shows childhood neglect has far reaching consequences across a range of development domains:
 - Health; education; identity; emotional and behavioural development; family and social relationships; social presentation and self-care skills.

(See for instance Brown and Ward 2012)

Neglected babies and young children

- Very young children are dependent on parents for survival. In the first three years their interactions with caregivers play a major role in shaping the development of the brain and central nervous system
- Neglect during this time has detrimental consequences
- Babies will adapt just as readily to a negative environment as a positive environment

(Brown and Ward 2012)



Young children experience their world as an environment of relationships, and these relationships effect virtually all aspects of their development – intellectual, social, emotional, physical, behavioural, and moral

(National Scientific Council on the Developing Child, 2004 p. 1).

Consequences of neglect

- Neglect has a cumulative effect
- Young people who have been maltreated may:
 - Have difficulties in coping with the social and academic demands of school
 - Fall behind in language and reading skills (neglected children in particular)
 - Have difficulties in maintaining supportive social networks/ responding to nurturing environments
 - Increase risk taking behaviour
 - Vulnerable to other types of maltreatment and further victimisation

(Brown and Ward 2012; Hanson 2016)

Extreme neglect

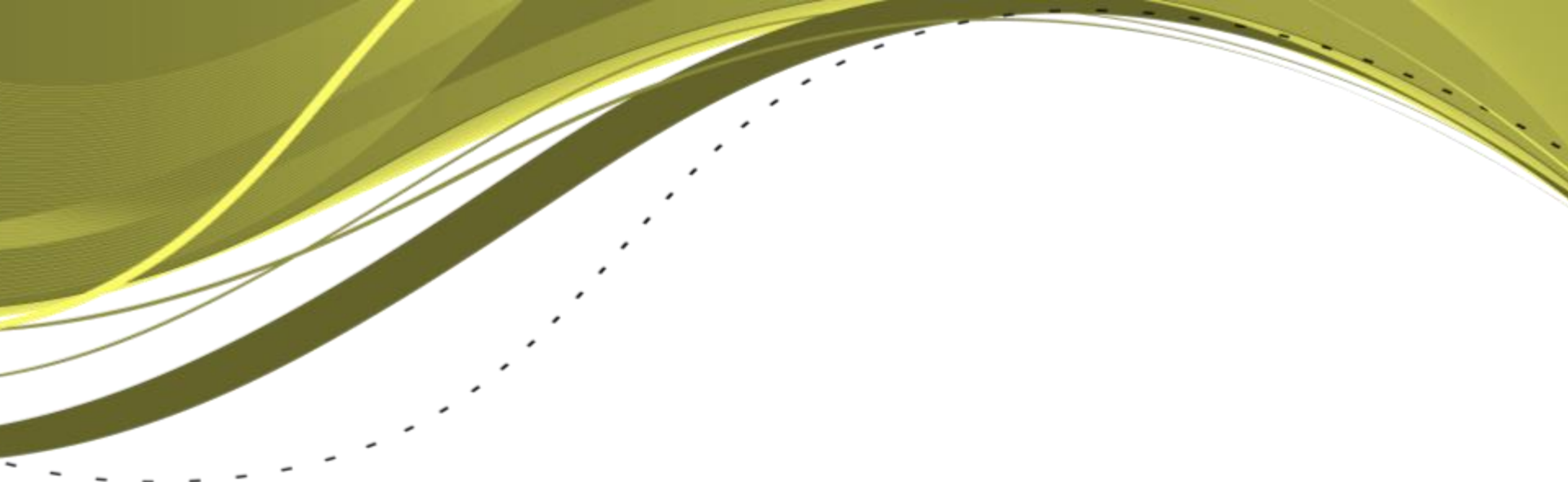
- Analysis of Serious Case Reviews (2011-2014):
 - Neglect underlying feature in 62% children suffered non-fatal harm
 - Just over 50% of children who died
 - 6 children died (age range 4 months to 7 years) direct result of extreme neglect
 - All result of cardiac arrest or multi-organ failure arising from malnutrition
 - All known to children's social care

(Sidebotham et al. 2016)

Challenges of addressing neglect

- Chronic nature of neglect
- Rarely produces a crisis
- Challenge to identify
- Reluctance to pass judgement
- Neglect may not be experienced in isolation

(Brandon et al. 2014; Sidebotham et al. 2016)



**A PROSPECTIVE LONGITUDINAL STUDY OF INFANTS
AT RISK OF HARM:
AGE 8 FOLLOW-UP
LOUGHBOROUGH UNIVERSITY**

The Babies Study



- Prospective longitudinal study of 57 babies identified as suffering or likely to suffer significant harm
- 43 followed until age three; 37 until age five; 36 until age 8
- Trace the decisions that were made about the children's care and the impact these had on their subsequent experiences

(Ward, Brown and Westlake 2012; Ward, Brown and Maskell-Graham 2012; Brown et al. 2016)

The sample and methods

- All identified before first birthdays; almost two thirds (65%) before birth
- Data from case papers; annual interviews with birth parents/carers, social workers and teachers; Strengths and Difficulties Questionnaires' interviews with the children
- Data collected in real time
- Exceptionally vulnerable population and hard to engage in research
- Study dependant on the active participation of birth parents and carers throughout
- Particularly high risk sample – not representative
- Factors effecting life trajectories of extremely vulnerable children and their families

Parents' difficulties

- Violence (at home and in community), substance misuse issues, mental ill health, learning disabilities, experiences of abuse in childhood
- Poverty: housing problems including homelessness, financial problems including bankruptcy, violent neighbourhoods
- Isolation, poor relationships with extended family
- Twenty mothers and an unknown number of fathers had already been permanently separated from at least one older child

The children

- Majority from families already known to children's social care through involvement with older siblings
- 63% were boys
- 69% White British; 31% from BME groups: 69% of these were of mixed heritage
- 14% were identified as having disabilities or special health care needs

The children: at around the time they were born

- Severe risk (12:28%): Risk factors, no protective factors and no capacity for change
- High risk (7:16%): Risk factors, protective factors and no capacity for change
- Medium risk (21:49%): Risk factors, protective factors, capacity for change
- Low risk (3:7%): No risk factors (or previous risk factors addressed, protective factors and capacity for change. Includes two outliers

The children: at age three years

- By age three the children who were traced (n=43) could be classified into three groups of roughly similar size
 - Low risk: Living at home, no ongoing concerns (16:37%)
 - Medium, high and severe risk: Living at home, ongoing concerns (12:28%)
 - Permanently separated from parents (15: 35% children)

At age three years

- 23 (53%) of children were maltreated at some stage before their third birthday
- 16 (37%) were maltreated *in utero*
- 16 (37%) of the children experienced maltreatment whilst their case was open to children's social care
- 12 (28%) concerns still present at age three
- Neglect and emotional abuse most common form of maltreatment; often compounded by exposure to intimate partner violence
- No evidence that 20 (47%) children experienced maltreatment by the time they were three

The children: at around the time they started school (age five years)

- Evidence that 13 (36%) continued to be exposed to maltreatment – neglect and emotional abuse primary concerns
- 5 children at high or severe risk of harm throughout their lives so far
- Domestic violence re-merged for 6 children: parents who had initially extricated themselves from an abusive relationship
- Deterioration of children's circumstances: no new legal orders made between ages 3 and 5 years
- Separated children: half placements extremely fragile, particularly those in kinship care

Children's social and emotional wellbeing: age five years

- Half the sample displaying emotional and behavioural difficulties/ delayed speech and language development
- For one in three children these were sufficiently severe to warrant referral for clinical support - three times expected prevalence
- Behavioural issues: extreme aggression; self-harming; constant need for reassurance
- One third of the children's class teachers reported the children's behaviour to be problematic

The children at age 8 years

- 36 children traced up to their 8th birthdays
 - Living with birth parents with no ongoing concerns: 9 (25%)
 - Living with birth parents with ongoing concerns (medium, high risk): 11 (31%)
 - Separated from birth parents: 16 (44%)

The children: progress through school and Key Stage One – age eight years

- Between ages five and eight years:
 - Evidence that 11 children (31%) continued to be at risk of being exposed to neglect and emotional abuse
 - New risk factors emerged: sexual exploitation and physical abuse
 - 7 children entered care (3 for whom concerns present from birth/ 4 for whom home circumstances had deteriorated since age three

The children's wellbeing: age eight

- Over half displaying severe emotional and behavioural difficulties
 - Boys: extremely aggressive attacked classmates, teachers, siblings, parents/carers and pets
 - Girls: sexualised behaviour, constant need for reassurance, eating disorders
 - Delayed speech and language development
 - Self-harm
 - Four children excluded from school/ segregated from other children
 - Three children medicated (ADHD)
 - Contributing to fragility of placements

Anything going well?

- No evidence that half the children were maltreated
- Indicative of appropriateness of decisions, the effectiveness of interventions and parental capacity for change
- Just under a third of parents overcame substantial difficulties to care for their child – they have sustained this change throughout their child's life so far
- One adoptive placement progressing very well
- Children in foster care seem settled and have long-term permanent plans to remain in their placements

What worked?

- Straight talking social workers
- Close bond with at least one professional
- Gradual withdrawal of services
- What can we learn from the group of parents who successfully changed?

Parents who successfully changed were:

- Less likely to have experienced abuse in childhood and substantially less likely to have experienced childhood sexual abuse
- Able to come to terms with the removal of older children
- Able to acknowledge the risks posed by their destructive behaviour patterns
- Able not simply to engage with services but also to make positive use of the support they offered
- Able to develop supportive informal networks

The birth of a child as a catalyst for change

- No parent overcame substance misuse if they continued to use drugs after the child had been born
- All but one set of parents who made and sustained sufficient changes, had addressed all known risk factors by the time the child was six months old
- A number of parents, including four of those who overcame substance misuse, spoke of a 'wake-up call' that acted as a catalyst for change. No parents in the insufficient change group spoke of such an epiphany

Simon's mother: what made her change?

“My son being born, my son being born, definitely. And I think the scare what social services gave me was a kick up the arse and the scare that I needed...They were going to put [Simon] into foster care...And I thought to myself, I just cannot, you know, you know what, it felt like a movie, I felt like, oh my god, my baby, not my baby. And he was so tiny, I felt like, oh no my baby, I felt like, and I thought you're having a laugh, I couldn't believe, you know...A big shock, a big shock, it was a big wake-up call and it was just a terrible feeling, I couldn't believe it.”

Neglect and poverty

- The proportion of parents who have sustained change decreasing over time
- Fragile families – housing issues, poverty, physical health difficulties, mental illness, isolation
- Not enough understood about relationship between poverty and neglect
- Should not assume causality – rather the need to understand the barriers to addressing the underlying factors than render maltreatment more likely
- Understand the complexity of parenting in challenging and impoverished environments

The role of schools in safeguarding children and mitigating the consequences of maltreatment

- Schools well placed to notice when a child is being neglected
- Some schools going to extraordinary lengths to help the sample children – not always part of an integrated approach
- Nurture rooms appeared successful in helping children with severe EBD, particularly in preventing exclusions
- Good evidence to support school based family intervention programmes
- After school clubs (sports, dance etc.) helping some children

Obstacles to effective action

- Neglect not always difficult to recognise (professionals concerned if children arrive at school hungry, dirty, missed health appointments etc)
- Delayed development, EBD well recognised as potential indicators of neglect
- Individual professional concerns do not always trigger effective action

Obstacles to effective action: Messages for practice

- Professional knowledge-base
 - Extent of impact of neglect not fully understood
 - Changing and developing evidence-base
 - Incident focussed rather than understanding of consequences of cumulative harm – effects of multiple adverse circumstances and events on children's lives
 - Role of supervision crucial
- Resource constraints
 - Cases closed prematurely
 - Services for parents for as long as they need them
 - Services to support kinship carers

Preventing the occurrence of abuse and neglect:

- Tackling underlying issues
- Universal services
- Closer inter-agency working between children's and adult's services

Preventing abuse and neglect by supporting children living with birth parents:

- Support in the longer-term for parents who are able to overcome difficulties
- Keeping families together needs to be supported by resources available for as long as they are needed by the child

Preventing recurrent abuse through separation:

- Kinship carers – inadequate material support to provide a permanent home, and insufficient professional support to help meet the children's complex needs
- Thorough assessments

Preventing long-term impairment to children's health and wellbeing through intensive, tailored services:

- High prevalence in this study of children with severe EBD – indicative of impairment to children's health and wellbeing
- Access to children's mental health services needs to relate to children's needs and not their legal status
- Schools better resourced to help children with psychological needs

The children's future

- Neglect during early years long-standing consequences, can endure throughout childhood, adolescence and into adulthood:
 - As adults, neglected children more likely to develop major depressive disorders; post-traumatic stress disorder; anxiety disorders; suicide attempts; substance misuse; risky sexual behaviours; sexually transmitted diseases
 - Physical consequences – increases risk of hypertension and chronic pain syndromes
 - Childhood aggression associated with adolescent violence and delinquency; violent offences in adulthood

What do you consider to be an acceptable level of parenting?

- Extremely vulnerable babies:
 - Were not fed for so long that they ceased to cry
 - Could explain how to prepare heroin for consumption
 - Were allowed to taste illicit drugs from a spoon
 - Were left to forage for food in the waste bin
- Extremely vulnerable young children:
 - Were locked in their bedrooms for hours on end with nothing to do
 - Routinely arrived at school unfed and in filthy clothes
 - Severe emotional and behavioural difficulties
 - Already experienced exclusion from school; placement breakdown; sexual exploitation

What is acceptable?

- Evidence suggests the children are likely to become extremely vulnerable adolescents and young adults:
 - At risk of sexual exploitation, gang membership, violent crimes, poor educational outcomes and mental illness
 - Possible more placements will disrupt
 - Inter-generational cycle of neglect
 - Vulnerable families: underlying issues need to be addressed

Thank you!

- Happy to answer questions
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