



# Neglect in a context of poverty and austerity

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## Introduction

*To address fully the impact of neglect in our society we cannot look at changing parenting alone. Children's lives must be understood within the context of both the strengths and difficulties within families... and the wider structural issues, such as poverty and unemployment, within our society.*  
(Scott and Daniel, 2018)

Everyone working within children's services will benefit from developing their knowledge and awareness of family poverty. In 2019 UK social work is taking place in a context of rising child poverty exacerbated by national policies that place the brunt of austerity on children and families (Cribb, Hood, Joyce and Keiller, 2017).

- > Child poverty has been rising since 2011. While the total number of children has risen by 3 per cent, the number of children in poverty has risen by 15 per cent. Virtually all of this rise has taken place within working families (Barnard et al, 2018).
- > As changes to tax credits and Universal Credit roll out this proportion is predicted to rise. While overall, absolute, poverty is projected to increase by about one percentage point between 2015 and 2022, absolute *child* poverty is projected to rise by around four percentage points (Cribb et al, 2017). As a result, 30 per cent of children, or 4.1 million, were living in relative poverty in 2017-18 in the UK; 70 per cent of these were in working families.
- > Compared to other OECD countries, the UK has high levels of income inequality and an economy in which 'the redistributive effects of taxation and benefits are amongst the weakest in Europe' (Bywaters et al, 2017a).
- > We have a much clearer picture of the unequal burden of austerity borne by children and families in deprived communities thanks to the Child Welfare Inequalities research project ([www.coventry.ac.uk/CWIP](http://www.coventry.ac.uk/CWIP)). This research makes evident the effects of 'austerity policies eating into the capacity of both families and local authorities to provide for children's wellbeing' (Bywaters et al, 2017a). The work shows how local authorities with the highest levels of deprivation have higher numbers of children involved with statutory social care services and have experienced bigger cuts to the funding they receive, resulting in reduced spending on early help and prevention (Bywaters et al, 2017a).

Though the scale and impact of family poverty can feel overwhelming, individual practitioners have an important role to play in recognising and mitigating its effects.

When almost all the families that children's services work with are experiencing financial hardship, it can become 'the wallpaper of practice' - so familiar that it is not discussed as a factor affecting parents' ability to care for their children (Morris et al, 2018b). When social work is practiced 'within a wider political context where poverty is individualised, stigmatised and the issues of poverty and parenting are being disaggregated' (Haworth, 2018), and within a professional culture that centres on assessing need and risk as 'core business', this can lead practitioners to hone in on individualised issues or behaviours and pay insufficient attention to structural causes of those behaviours (Featherstone et al, 2018).

This briefing explores the complex interaction between family poverty and concerns about neglect of children by their caregivers. It encourages practitioners to reflect on:

- > The impact of poverty on families and their ability to meet their children's needs, including experience of discrimination and stigma.
- > The types of support that can help mitigate the impact of poverty on parenting and children's outcomes.
- > The way that practitioner interactions with families can re-enforce or relieve some of that feeling of blame and disempowerment.

## Definitions of poverty

Poverty is defined in various different ways in policy and research. People are considered to be living in poverty when:

- > They have an income below a fixed amount (**absolute poverty**).
- > They have an income below a certain percentage of the average income (**relative poverty**). Income inequality affects family health, wellbeing and outcomes, even when those on the lowest incomes have enough to meet basic needs (Pickett and Wilson, 2009).
- > They have lived in poverty for a length of time (**persistent poverty**). The impact on outcomes and quality of life increases with the length of time that people experience poverty.
- > They lack two or more of the following in a given month: a home, food, heating, lighting, clothes, shoes and basic toiletries (**destitution**). By this measure a third of a million children in the UK are destitute.
- > They live in areas with a combination of characteristics such as low rates of employment and education, high rates of ill health and disability, high crime rates, poor housing and physical environment, and high concentrations of households living on a low income (**Areas of Multiple Deprivation**).
- > They are unable to afford what is necessary to participate in society, beyond the basics needed to survive; for example family celebrations and social events, transport and digital access (**minimum income standard**). The Joseph Rowntree Foundation estimates that the National Living Wage is insufficient to meet those needs (Padley and Hirsch, 2017).

Practitioners do not need to know whether the families they work with fit into technical definitions, but the definitions do reflect some important points:

- > Resources and opportunities are shaped by the way the economy and society are structured, and by political decisions about the distribution of resources.
- > What constitutes 'enough' money is socially defined. Not having enough can result in exclusion and feelings of being 'outside' of social norms.
- > A lack of resources within the household will often be compounded by a lack of resources in the local community.

Indices of multiple deprivation by postcode can be viewed here:

[www.dclgapps.communities.gov.uk/imd/idmap.html](http://www.dclgapps.communities.gov.uk/imd/idmap.html)

The Minimum Income Calculator can be viewed here:

[www.minimumincome.org.uk](http://www.minimumincome.org.uk)

## Impacts of poverty on children and families

*Social work responses to poverty must be co-produced with service users. Social workers should be very careful not to impose any particular narrative of poverty on others but should recognise that those who have experienced poverty understand it best and they should listen to and learn from that experience.* (Department of Health NI, 2018)

As for parents everywhere, being a parent is a core part of the identity of people raising their children in poverty. Parents take pride in the sacrifices they make to promote their children's wellbeing, and this makes them particularly sensitive to suggestions that they are unable or unwilling to provide adequate care (Hooper et al, 2007). Compounding immediate financial strain and practical struggles is the acute shame and stigma both parents and children experience.

*If your shirt, like mine, has got tags with a different name...they automatically know that it's like handed down from someone else. And like you notice if someone's sleeves are too small or their top rides up or they've got trousers that are too short for them and if they've got really tattered shoes. It's really noticeable.* (Child quoted in Holloway et al, 2014)

The Children's Commission on Poverty led an investigation into school life for children in poverty. Their report and blogs can be read here:

[www.childrensociety.org.uk/what-we-do/resources-and-publications/the-childrens-commission-on-poverty](http://www.childrensociety.org.uk/what-we-do/resources-and-publications/the-childrens-commission-on-poverty)

### Families at increased risk of poverty include:

- > Lone parents (usually mothers) - nearly half of children in lone parent families live in poverty.
- > Families of all ethnicities experience poverty, but children living in Bangladeshi and Pakistani households are more likely to be living in poverty than all others (see Barnard et al, 2018, for nuanced discussion of these data).
- > People with disabilities - 30 per cent of families that include a disabled adult or child live in poverty (Barnard et al, 2018).

### Challenges that families living in poverty are more likely to experience:

- > Physical and mental ill-health, particularly maternal depression, a shorter lifespan and fewer years of good health. Children are more likely to experience health inequalities such as tooth decay, obesity and poorly controlled asthma. A number of mechanisms interact to drive these health inequalities:
  - **Material factors:** Not being able to afford nourishing food, engage in healthy activities or afford decent housing.
  - **Psychosocial factors:** Feelings of powerlessness and stress affecting mental and physical health directly. Unhealthy habits (smoking or other substance misuse) as coping mechanisms. People living in poverty are more likely to report low levels of wellbeing and children report that their self-confidence, friendships and family relationships are all affected.
  - **Structural factors:** Low levels of education leading to reduced opportunities and health-limiting employment. Children are more likely to have lower educational outcomes, and lower cognitive and social and emotional development than their peers (Marmot, 2010; Fell and Hewstone, 2015; Davis and Sanchez-Martinez, 2015; Katz et al, 2007; McCartan et al, 2018).
- > Parental conflict and family breakdown (Stock et al, 2017).
- > Social isolation and lack of social support (Hooper et al, 2007). Poverty can lead children to take on inappropriate employment or caring responsibilities in an attempt to reduce the pressure on their parents (Ridge, 2009).

*One of the big things is that child poverty actually affects your education, not just how you seem at school but actually how you learn at school, whether that's through buying textbooks or ingredients for like, Food Tech, and stuff like that. All of it really has an impact.  
(Young person quoted in Holloway et al, 2014)*

The lives of families living in poverty are often characterised by uncertainty, instability and periods of crisis:

- > Insecure housing and tenuous employment lead to short-term financial difficulties and longer-term challenges in establishing social networks that can provide support.
- > Families living in poverty are particularly vulnerable to decisions made by others (landlords, employers, public services). The feelings of powerlessness and anxiety this raises may be exacerbated by low levels of literacy that make it challenging to understand entitlements for support, contractual responsibilities or legal rights (Hooper et al, 2007).
- > Mental health problems are closely interlinked with housing, debt and benefits issues, which between them can easily tip people into crisis (Porter, 2019).

Crises may occur, in part, because of the slow erosion of practical, social and emotional resources:

- > Lack of space at home erodes private time, opportunities to study and quality of sleep for both parents and children.
- > Difficulties with transport, or because nearby public spaces are not safe, inhibits access to community spaces.
- > Rising costs of basic goods and services erodes budget planning and increases risk of debt.
- > Parents' choices to go without in order to provide for their children lead to poor nutrition, reduced social networks, increased stress levels and a reduced ability to cope (Ridge, 2009; Hooper et al, 2007).

*It affects a lot. When they're in the house they don't have space to run. In school they're running. They're doing everything. The teachers say they are very naughty.  
(A lone parent, quoted in Gill and Jack, 2008)*



Families in poverty experience judgement and blame from the media and wider society (Fell and Hewstone, 2015). It is important to understand the constraints imposed by the context in which 'choices' are made.

*I feel attacked when I open a newspaper, watch TV or listen to the radio. I love looking after my family and I'm needed to do it. But I hate the stigma, shame, insecurity and instability that come with living on benefits. I shouldn't have to feel ashamed.* (Bea, The Roles We Play - [www.theroleswepay.co.uk/Bea](http://www.theroleswepay.co.uk/Bea))

- > When lack of financial resources makes life precarious, immediate needs have to be met, even when there are longer-term negative consequences.
- > Crisis-driven decisions, made in a 'rushed and information-poor environment' and constrained by previous experiences and present circumstances are unlikely to be optimal. Focusing on 'the here and now' is a rational response to living in a high risk environment; plans for a future over which you feel no control can seem futile and a waste of energy. Saving resources to secure that future is certainly out of reach (Hooper et al, 2007).
- > Acts of resistance - breaking rules or deceit - may be expressions of agency otherwise denied, or a means of survival, enabling 'room to manoeuvre' (Jordan, as cited in Lister, 2004).

## What does this mean for practice?

**Poverty is multi-dimensional:** Practitioners need to take the time to understand families' lived experiences (Jack and Gill, 2013). Acknowledging the difficulties families' face provides an opportunity to reflect on the '*extraordinary levels of organisation and determination*' it takes to parent in extreme financial hardship (Burgess et al, 2014).

**Poverty is not just a lack of financial resources, but a social experience of negative interactions with society:** Practitioners can either confront or re-enforce these feelings of stigma, through the language they use and the ways they work (Gupta, 2017a).

**The effects of poverty are cumulative:** People living in poverty, over time and across generations, may well experience multiple disadvantages - fractured social networks, untreated physical and mental health concerns, substance misuse issues. A build-up of cumulative vulnerabilities and disadvantages increases the risk of maltreatment of children by their parents or carers, experiences which may well have lasting adverse effects.

In forming working relationships with adults, young people and children, practitioners need to be alert to associations between present behaviours and past experiences - see the Research in Practice Frontline Briefing on *Trauma-informed approaches with young people* (Taggart, 2018).

Family history and past periods of poverty can provide crucial insights into family functioning and the home environment. Identifying periods of financial hardship on chronologies can be helpful in providing context for understanding the cumulative impact of poverty.

## Poverty-aware practice

*Social work...promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work...*

[www.ifsw.org/what-is-social-work/global-definition-of-social-work](http://www.ifsw.org/what-is-social-work/global-definition-of-social-work)

Social workers are uniquely placed to acknowledge and respond to social injustice. The profession combines theory that identifies poverty as a structural phenomenon and the skills to respond to the human consequences of social injustice through the skilled use of relationship-based practice.

In 2019 there is a resurgent interest in developing 'poverty aware' or 'anti-poverty' practice.

- > ATD FOURTH WORLD is a human rights-based anti-poverty organisation, with over 50 years' experience of tackling inequality and promoting social justice in the UK: [www.atd-uk.org/2018/12/13/when-the-right-to-family-life-is-violated-trust-betrayed-again-and-again](http://www.atd-uk.org/2018/12/13/when-the-right-to-family-life-is-violated-trust-betrayed-again-and-again)
- > BASW's and SWU's anti-austerity campaign: [www.basw.co.uk/resources/campaign-action-pack](http://www.basw.co.uk/resources/campaign-action-pack)
- > Anti-poverty practice framework for social work in Northern Ireland: [www.health-ni.gov.uk/publications/doh-anti-poverty-framework](http://www.health-ni.gov.uk/publications/doh-anti-poverty-framework)
- > The Capability Approach is a theoretical framework that incorporates ideas about wellbeing, social justice and human rights. Increasingly used by social researchers, its use in social work practice is 'under-developed' (Nussbaum, 2011; Gupta 2017b) [www.researchgate.net/publication/324254230\\_Applying\\_the\\_capability\\_approach\\_in\\_social\\_work\\_education](http://www.researchgate.net/publication/324254230_Applying_the_capability_approach_in_social_work_education)

Without clear attention to poverty, practitioners may view their work through a narrowed lens, focused on thresholds of risk and significant harm, as in the quote below:

*... our core business [is] doing parenting skills, parenting capacity change type of things. And this other stuff [ie placing parenting issues in the wider context of poverty and families' need for support]... you haven't got the capacity and if you do it, you run the risk of drowning.*

*For me, does poverty impact my decision-making? No it doesn't. What impacts my decision-making about families is how they are parenting and what they are able to provide their child with.* (Social workers in Morris et al, 2018)

This perspective echoes policies that reject analysis of social injustice and place the focus of child and family social work entirely on individual parents' 'personal irresponsibility'

(Michael Gove, speaking as Secretary of State, quoted in Bywaters et al, 2017a). The Department for Education collects no data on the socio-economic circumstances of families that are subject to child protection or care processes and there is limited opportunity to unpick these issues during training (Bywaters et al, 2016).

### Some attributes of poverty-aware practice

- > Poverty-aware practice belongs across the whole social work practice continuum.
- > Anti-poverty practice should be embedded in routine processes such as assessment, planning and review. All assessments should include consideration of socio-economic circumstances, the impact on the individuals concerned, on household functioning and on people's capacity to change.
- > Do we unthinkingly make demands of parents, perhaps in child protection plans or risk management plans that create financial pressure?
- > Do we demand standards of personal behaviour and self or household management that anyone would struggle to meet?
- > Do we give up on people who haven't turned up for appointments or haven't 'engaged' without considering or tackled the underlying factors that might have caused this? (Department of Health NI, 2018)

*Think about how the services and support you offer families might be understood as blame for their situation, or for risk to their children, for example advising women to leave domestic violence situations to protect their children, when they lack the resources to do so.*

(Featherstone et al, 2018)

Strengths-orientated approaches can help to alleviate some of the feelings of powerlessness and futility experienced by families living in poverty:

- > Advocacy and championing rights on behalf of families with other service providers (public and private) combines the practical and attitudinal. Standing up for families, demonstrating belief in their rights and empowering them to do the same for themselves can be transformative.
- > Recognising and providing outlets for families' skills is important in building a sense of self-efficacy. Parents' understanding of the child protection system itself can offer opportunities for empowering activity, for example by joining a peer mentoring scheme or support group to share their experiences with others.

[twitter.com/yrfamilyyvoice](https://twitter.com/yrfamilyyvoice)

## Practical support

*[Mum] doesn't really like to ask for help 'cos she doesn't, she gets embarrassed. When the bill came I had to like force her to ask family for help because, you know when like there was no money and generally, we were running out of food and I was like "You need to ask nan, you need to ask them to lend you some money until next week"... She doesn't like to ask, she likes to do it on her own but sometimes you just can't...*

(13 year old girl talking about a fuel bill the previous winter  
- Mahony and Pople, as cited in Porter, 2019)

Crisis support is scarce and difficult to access. Local authorities have severely cut spending on welfare assistance and one in seven councils are no longer providing any emergency funds.

- > The Children's Society is campaigning to ensure emergency support is available for families in need. See *Strengthening the Safety Net* research to understand the severe cuts to crisis funding (Porter, 2019): [www.childrenssociety.org.uk/what-you-can-do/campaign-for-change/strengthening-the-safety-net](http://www.childrenssociety.org.uk/what-you-can-do/campaign-for-change/strengthening-the-safety-net)

Providing swift practical support to meet immediate needs demonstrates that practitioners can be relied upon to take families' concerns seriously, and allow them to move on to exploring the more entrenched difficulties. Practitioners and teams should share knowledge to make sure that they are aware of:

- > Where to find up-to-date information and advice about benefits entitlements - [www.cpag.org.uk/universal-credit](http://www.cpag.org.uk/universal-credit).
- > How families can access hardship funds or emergency payments from the local authority or voluntary sector, and how to make a referral to a food bank.
- > Any provision for flexible budgets or direct payments to families under section 17 of the *Children Act 1989*.
- > Support services to signpost or accompany families and advocate on their behalf. Make sure you know what families need to do, or how to find out what they need to do, to:
  - Access free childcare, second-hand children's clothes, toys and equipment.
  - Get housing advice and support.
  - Register with a GP and dentist.

## Recognition and respect

*Social workers are perhaps one of the most intimate relationships we have with the state and it's someone who has a lot of power over us...If that person is not treating us with recognition and respect, what's it doing to our self-esteem, our sense of ourselves...? Whereas if actually you've got at least one person in authority that you feel is on your side and who does recognise you that actually can be a turning point.*

(Family member quoted in Gupta, 2017a)

When working with families where neglect is an issue, the development of a collaborative, authentic relationship is key (Reimer, 2013; Scott and Daniel, 2018). If the constraints placed upon parents by poverty are not acknowledged or addressed, social work involvement may well be experienced by families as reinforcing feelings of powerlessness and stigma (Hooper et al, 2007).

*When I asked the social worker for help it made me feel worthless as a parent.*

(Mother quoted from The Children's Society *Not making ends meet* report - Porter, 2019)

Home visits are an opportunity to begin to build a working relationship. However, achieving this takes planning and preparation, to mitigate visits being experienced by families as intrusive and intimidating. Parents may be feeling vulnerable, angry, fearful and under pressure to engage. Workers may also feel apprehensive, but need to look for the chance to show parents *why* they would want to engage. Building trust has strong practical implications; parents describe becoming more attentive and responsive to what a worker is saying once trust is built (Scott and Daniel, 2018).

*It could be argued that active parent resistance to developing working relationships is a reasonable and healthy protective response, rather than a perception that such families are "untreatable" or deficient.*

(Reimer, 2013)



### Practice tips for home visits

- > Extend everyday courtesies. Recognise your intrusion into the family's lives is an important means of demonstrating respect.
- > Support families to get their own advice and independent support, which demonstrates a respect for their autonomy and rights.
- > Keep your ID badge concealed as you walk up the street or wait in the playground.
- > Arrive on time and check when you need to be gone by for parents to do school pickups, etc.
- > Give people the chance to ask you questions first.
- > Start with what is going well and what parents and children want to change.
- > Give choices whenever possible - "Which room shall we look at first?" "What is the best way for me to keep in touch?"
- > Acknowledge the uncomfortableness of the situation - ask about their worries and hopes as well as their difficulties.
- > Make careful use of self-disclosure when this is safe - "I wish my garden looked as good as this." "I have made plenty of mistakes as a parent." "It is hard to lose someone you love." "It took me years to stop smoking."
- > Bring some age-appropriate toys or pens and paper. Help parents understand that you need to spend time with their child as well as them. Explain how they can help.

When practitioners experience the sights, sounds and smells that result from poor living conditions, emotional responses of disgust, anger and fear are common and understandable. These responses can become associated with particular streets or localities, leading practitioners to have pre-conceptions about the families that live there (Morris et al, 2018) and may well get in the way of forming a working relationship (Ferguson, 2016).

- > Supervision is an important opportunity for practitioners to explore their emotional responses to poverty and how this may affect their assessment and decision-making, and their ability to form an empathetic relationship.
- > Moral distress - when you feel powerless to address the problems families are facing - can be exhausting. Take time to reflect on what you *can* do, rather than what you can't.

- > Language shapes interpersonal interactions. Challenge discriminatory language and stereotyping of families when heard amongst professionals talking between themselves.
- > Professional jargon can be alienating and increase feelings of powerlessness. Take the time to explain what is happening in language the family can easily understand. This takes practice.
- > Families that have had repeated involvement with social care may use professional jargon with apparent familiarity. Use this to prompt a discussion about previous involvement with social care and don't assume they understand the underlying concepts and procedures.
- > Practitioners, teams and managers should make time to reflect on their experiences with families and localities in poverty, and any potential bias these might introduce into how they respond.

### Practice tips for working in partnership with families

- > Negotiate an agenda that includes their issues as well as yours.
- > Make it clear that it is OK to ask for a break - a stop/go card helps some adults and children.
- > Recognise parental autonomy - "Only you can decide whether to go to your drugs appointment." But be clear about consequences - "Your son can't be with you if you keep using ketamine."
- > Give people a chance to think and access to information before making a decision "We could visit the Children's Centre and see whether you like it." "I'll be back next week to talk some more about what you think about your ex helping more."
- > Share your knowledge - provide easy-read information and highlight online advice about key issues like toddler tantrums or new psychoactive substances. Help parents explain to children who you are and what is going on.
- > Give parents information about independent advice and advocacy, such as that provided by the Family Rights Group.
- > Show that you have been holding the family in mind - "I was thinking about what you said about swimming, so I picked up this leaflet."
- > Say sorry if you make a mistake and acknowledge this in your reports - "I was late for three appointments."
- > Help parents and children work out what to tell other people about what is happening, ask about reactions.
- > At the end of the conversation, check how it went and what might need to be different next time.

## The relationship between poverty and neglect Working with neglect

*...There is a strong association between family poverty and a child's chance of suffering child abuse or neglect...The greater the economic hardship, the greater the likelihood and severity of child abuse or neglect.*  
(Bywaters et al, 2016)

Neglect is a multi-dimensional concept, covering a wide range of behaviours that can affect children's wellbeing and long-term outcomes, including not meeting basic needs for food and clothing, lack of supervision, lack of support to access public services, and a lack of nurturing and responsive care (Working Together to Safeguard Children, 2018).

Many children who are not from families in poverty will experience maltreatment and most children in families who are living in poverty will not. 'Poverty is neither a necessary nor sufficient factor but is perhaps the most pervasive factor' (the association between poverty and child maltreatment is explored in Bywaters et al's evidence review for the Joseph Rowntree Foundation (2016).

The impact of persistent neglect on a child's present and future wellbeing can be significant and affects children of different ages differently. In recent years there has been increased attention on adolescent neglect and its association with negative physical and mental health outcomes, peer and family relationships, and vulnerability to other forms of abuse (Raws, 2016a, 2016b; Research in Practice, 2016).

### Explanatory models for the relationship between family poverty and the child abuse or neglect

- > **Direct effects - material deprivation** leaves parents less able to afford the basic items and services that children need to thrive.
- > **Indirect effects - parental stress** of managing day-to-day life in poverty reduces capacity to provide nurturing care.

These effects of poverty interact with other factors:

- Parental domestic violence or substance use.
- Low levels of education, especially literacy.
- Social isolation.
- Mental and/or physical ill health, learning disabilities.
- Shame and stigma.
- Positive adult and child behaviours, promoting social support and resilience.
- The social and physical environment.

These interactions are complex and frequently circular. For example, poverty increases the risk of mental ill-health and mental ill-health increases the likelihood of poverty (Bywaters et al, 2016; Cooper and Stuart, 2013).

Neglect is a societal issue and intervention may be envisaged at different levels:

- > Primary prevention or public health approaches - focused on reducing risk and enhancing protective factors to prevent neglect.
- > Secondary prevention - focused on early help with existing problems, often targeting groups or individuals identified as at-risk.
- > Tertiary prevention - designed to reduce the impact of existing problems where neglect has already been identified.

In the context of chronic underfunding, evidenced, for instance, in the closure of one thousand children's centres since 2009 (Smith et al, 2018) the lack of early help and prevention is acute. Where the only services available are tertiary, the work may be geared at an inappropriate level to address the issues the family face.

When deciding if a child meets the threshold for significant harm through neglect, harms are located as acts of omission or commission by parents, not situated in the context of poverty, debt and poor housing. Given the consequences of long-term neglect on child development, and the evidence that this damage is reversible if children are provided with stable, caring, well-resourced homes, this commitment to focus on the child is laudable (Blair and Reaver, 2016).

It is important to note however that, while there is research providing evidence for foster care as an effective response to neglect, there has been very little exploration of how effective it might be to support birth families with similar levels of financial and professional support provided to foster carers (Featherstone et al, 2017). Would simply increasing the financial resources available to the family increase their ability to care adequately for the children?

What support might be put in place to increase parents' capacity to change through tackling some of the effects of poverty, such as social isolation?

*When you're scrimping on the basics, you don't have the money to cover up the cracks. The state spends money on foster care that could instead be used to help prevent the need for foster care.*

(Jane, activist, ATD Fourth World-UK)

## **Tackling Child Neglect**

### **Key messages (Scott and Daniel, 2018)**

If we want to reduce the number of children entering care, then an approach is needed that takes into account parental needs for financial and other support to allow them to adequately care for their children (Daniel, 2010). This is not to suggest that poverty can or should be seen as an excuse for neglect. Where neglect is perceived as a result of individual failings of parents, this militates for swift and decisive action, but if, with the right support, parents are willing and able to provide the right care, other options can and should be explored (Lister, 2004).

The following key messages summarise text from Scott and Daniel's 2018 rapid review of the literature on intervention for the Scottish Government:

[www.gov.scot/publications/tackling-child-neglect-scotland-2-rapid-review-literature-intervention](http://www.gov.scot/publications/tackling-child-neglect-scotland-2-rapid-review-literature-intervention)

#### **> Building an intervention**

It is important to distinguish between:

- inadequate parenting as a result of a lack of parenting skills and inappropriate expectations of children, versus
- inadequate parenting because of social, environmental or parental risk factors (such as parental depression, anxiety, problematic substance use, financial difficulties, homelessness or mental ill-health).

It may be necessary to focus on addressing contextual problems before it is possible to embark meaningfully on tackling neglect.

In addition to using assessment tools such as the Graded Care Profile, practitioners need to analyse factors affecting the provision of care, and how they interact. Tools like the Graded Care Profile are not designed to help practitioners explore the reasons behind the lack of care, or to consider how structural socio-economic factors affect family functioning (Johnson and Cotmore, 2015).

#### **> Child-centred responses**

Gather a clear understanding of the issues and of the quality of the parent/child relationship. Focus on building the strengths of the parent. Work should be culturally sensitive, whilst guarding against setting different standards for children from minority ethnic groups.

One of the salient features of neglect is a breakdown in the parent-child relationship which becomes a barrier to care-giving (Tanner and Turney, 2000). The difference between a family living in poverty with a strong parent-child relationship and one in which the relationship has broken down is important in deciding what to do next.

> **Engaging with the family**

Developing a collaborative, authentic relationship is key. This needs to balance empathy with objective distance and linking families to community and social support. The relationship itself is a ‘tool’ for modelling relationship and conflict resolution skills.

Parents may test workers - being guarded when discussing their issues, telling different accounts of situations, avoiding contact, or making contact randomly and intermittently. Coming to feel that a worker is someone to trust may be prompted by discovering some similarity, for example a common experience of parenting. This kind of identification can mark a turning point in building a relationship.

Underpinning all of this is a perception of the worker’s respect for the parent. Parents need to feel that workers understand what they are experiencing and that they care. Patience and flexibility, along with being available as needs arise, helps form strong foundations.

- > **Creating a sense of safety** for the child should be an early goal. In a more predictable environment, the child will be better able to develop adequate physiological monitoring and start learning from new experiences. This first phase of work should be done in collaboration with other services involved with the family. Safety of the living environment must be maintained.
- > **Increasing parenting sensitivity.** Parents of neglected children have often been maltreated in their childhood. Their child’s expressions of stress can evoke powerful feelings related to past experiences. Some neglectful parents require nurturing and ‘re-parenting’ themselves, though this should be approached with caution and respect for the fact that parents may be fragile and not ready to receive support.
- > **Comprehensive, multi-layered and flexible response.** Features of successful early intervention and prevention programmes include: clear objectives, regular monitoring, clear achievable goals and modifying the intervention based on family need. Responses need to address how child neglect is experienced within a family, with each family member recognised in their own right and support thought through at each ecological level - individual, family and community.

Think creatively with colleagues about how to integrate services, rather than pile on multiple interventions. Intervention to support neglected children has to be provided on a long-term, not episodic, basis and relating effectively to children and their parents in their homes is a deeply complex practice. Contact needs to be regular (weekly or fortnightly) and longer-term (one to two years and longer).

- > **Social supports and inclusion.** Neglectful parents may have poor social skills that make it difficult to maintain relationships. Behavioural parenting programmes have been successful in building interactional skills, but those with high levels of poverty-related stress and mental health problems derive the least benefit from these.

An emerging message is that sustained change will only be brought about if attention is given to a family’s social support networks in addition to more individualised interventions. Responses should identify existing social supports and assist with developing new ones.

**Practice tips for assessment**

- > Before using a tool for the first time, try it on yourself and your home first so you understand how it feels to complete.
- > Value family knowledge: “What is it really like at that hostel? What did your last social worker do that was helpful? What is the best thing about your school?”
- > Ask about achievements: “How did you manage to cope in that refuge?” Tell me about how you stopped drinking for three months.”
- > When using tools or scales in assessment with families, do this in collaboration. Ask families about the reasons behind the scores, and discuss with them the challenges they face.
- > Notice what is going well, even if this is just a fleeting interaction with a baby.

## Conclusion

Poverty has deep roots in our social and economic structure, and the decisions made by government and policymakers about how to mitigate the effects of low income, unemployment, illness and disability on family wellbeing. Such services and support are shrinking in the face of public service budget cuts and public discourse that blames and alienates those living in poverty.

Working with families in this context, practitioners are left managing a complex set of issues – how do we balance the right of the child to adequate care with their need for a family life? How do we acknowledge the role of poverty in family difficulties while retaining our focus on the impact on the child? How do we ensure that our relationships with families don't reproduce and reinforce the negative experiences they have in wider society?

### **What professionals can do, through careful practice and continuous reflection, is:**

- > Demonstrate to families that they have an understanding of their lived experience of poverty, and how that affects their ability to provide care.
- > Recognise the strengths that families exhibit by facing up to, and managing, the pressures that poverty puts on family life; and combine offers of practical support with emotional and relationship-based help.
- > Model a relationship between families and the state based on respect and recognition.



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