Understanding Neglect.

Neglected children:

Neglected children are children and young people first:

- They have a full range of developmental needs, however in some cases some or all of their needs are not being met to the extent that they are suffering, or likely to suffer significant harm.
- Neglect is one of the most enduring and damaging experiences for a child or young person to endure

Dimensions of children’s developmental needs:

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

These are all covered in detail within the Assessment Framework (Department of Health, Department for Education and Employment, and Home Office 2000).

Whilst there may be a range of assessment tools in use that are specific to neglect, effective practice with neglect can be guided and supported by the Assessment Framework. The dimensions of parenting capacity and family and environmental factors should be borne in mind when considering neglect.

Neglected children have:

- Some of the poorest long term health and developmental outcomes
- Are at high risk of accidents
- Are vulnerable to sexual abuse
- Are likely to have insecure attachment patterns
- Are less likely than other children to:
  - Develop the characteristics associated with resilience
  - Have access to wider protective factors

While awareness of the impact of neglect has increased over recent years, there may still be views that neglect is not as serious as sexual or physical abuse, and thus remains difficult to evidence, progress swiftly and offer the support to improved children’s outcomes. It is important to be aware of the extent to which neglect can be coupled with other forms of abuse, but also of the serious short and long term impact that neglect alone has on children’s health and development.

In some ways it is relatively simple to identify a child whose needs are not being met. However, ‘neglect’ is a basis of intervention is a complex phenomenon that is difficult to define. A range of views of what constitutes adequate care, defining children’s needs and determining what constitutes neglect has been problematic. Professional opinions may differ, thresholds perceived differently and evidencing neglect can lead to drift or poor action planning.

Children whose developmental needs are being neglected are often defined as ‘children in need’ requiring family support from children’s social care services. Clearly such children and their families may well benefit from such support. However, it is unhelpful if an assumption is made that there is no basis for such an in-depth assessment of whether the child is suffering, or likely to suffer, significant harm.

What is 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 misuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home and 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 2015)

The description of neglect set out in Working Together makes it very clear that action can and should be taken to safeguard and promote the welfare of the child in circumstances where the evidence suggests that serious impairment to the child’s health and development is likely. This is important to highlight and reminds participants that the aim should be to prevent impairment rather than only acting after it has occurred.

Neglect is often characterised as acts of ‘omission’ rather than ‘commission’, but the distinction is not always that clear cut because neglect and abuse often coexist and acts such as leaving the child in the care of someone unable to look after them properly can be seen both as commission and omission.

Children can experience different forms of neglect:

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

Neglect is an umbrella term and covers many different aspects of omission of care. When undertaking an assessment and planning intervention, practitioners may find it helpful to consider whether all the child’s developmental needs are being neglected or whether it is confined to specific dimensions. Horwath’s (2007) set of sub-categories of neglect gives helpful pointers.

Some factors associated with neglect:

- Being born prematurely
- Having a disability
- Having run away from home
- Being an adolescent out of an adult’s control

There are child factors that are likely to be associated with an elevated increase in the likelihood of neglect - this does not mean children are responsible for their own neglect. Instead some children are statistically more likely to be neglected because of certain intrinsic features.

Neglected adolescents:

An NSPCC prevalence study on child maltreatment found that 20% of young adults in the UK reported having experienced inadequate supervision as children, including being allowed out overnight without parents knowing their whereabouts as a teenager. (Cawson et al 2000)

There tends to be a focus on neglect of babies and young children because they are acutely vulnerable to the impact of neglect. However, there is an increasing evidence-effect of years of neglect becomes very apparent; but it is important also to be alert to the onset of neglect in teenage years, perhaps because of changes in a family’s circumstances.
UK research found that a quarter of young people who run away from home were forced to leave home by their parents. Young runaways, who run away from home, more than other teenagers feel their parents don’t care about them (Safe on the streets team 1999. Rees & Siakeu 2004)

Effects of neglect:

Skuse’s model (1984) is a useful contribution to help practitioners order their thoughts on neglect and group them in a structured way when undertaking assessments.

<table>
<thead>
<tr>
<th>Type of effect</th>
<th>Infant 0 - 2</th>
<th>Early Childhood</th>
<th>The school years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>Poor growth/intellectual capacity; under stimulation; nappy rash; infections; hospital attendance; failure to thrive.</td>
<td>Short stature; dirty; unkempt; delay in learning new skills; learning slow &amp; painful; language delay.</td>
<td>Severe educational deficits; learning disabilities; poor problem solving; poor reading, writing &amp; maths</td>
</tr>
<tr>
<td>Behaviour</td>
<td>Withdrown, 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>Emotional</td>
<td>No learnt trust</td>
<td>Shame and self-doubt; lack of confidence and expectation of failure; poor self-concept</td>
<td>Encopresis/enuresis; guilt; self-blame; self-harming; disturbed eating patterns</td>
</tr>
</tbody>
</table>

(Adapted by Skuse 1994)

Why is neglect so important?

It is bad for children’s bodies?

- Foetal neglect
- Delayed growth within the womb
- Non-organic failure to thrive
- Vulnerability to illness/accidents
- Poor medical care

Is it bad for children’s learning?

- Lack of exploration
- Delayed speech & Language
- Impoverished play & imagination
- Special educational needs/learning disability
- Later educational failure
- Poor life skills

The negative effects of neglect on children’s cognitive development and associated capacity to benefit from formal schooling must not be underestimated. Sometimes the focus of practitioners, perhaps especially in children’s social care, is more on social and emotional development, but the research evidence about the longer term effects of neglect on children’s cognitive development is stark and makes it imperative that the ‘Education’ dimension is considered in its widest sense and from as early an age as possible.

Is it bad for children’s emotions?

- Disturbed self-regulation
- Negative self-identity
- Low self esteem
- Clinical depression
- Increased risk of substance misuse
Recently there has been an increase in the research evidence available about the potential effects of neglect upon brain development. Both physical and emotional neglect can affect brain development in the early years.

Children typically learn to regulate their emotions with the support of caring and sensitive (attuned) adult attention. The experience of insecure attachment relationships is therefore likely to impact upon the child’s capacity to regulate their own emotions and can be associated with longer term problems with emotional development.

Is it bad for children’s relationships?

- Insecure/disorganised internal working model
- Attachment disorders
- Transmission of relationship problems to significant others, for example, peer, teachers, substitute carers, professionals.

Why is neglect so important?

It is bad for our society:

- Long term effects on adult physical and mental health and on individuals’ social and occupational adjustment
- Financial cost of treating or incarcerating victims
- Possible association between child neglect and future anti-social and criminal behaviour
- Intergenerational transmission of neglectful parenting and future generations

There is some discussion and thought that if investment is made in intensive and earlier interventions to support families that are struggling, the costs for society in the long-term will be reduced in both human and financial terms.

The Allen report (2011) also highlights the costs to society of not providing appropriate support during early years and early in the development of problems with parenting. The Munro review (2011) and the Tickell report (2011) reinforce these messages.

What is Good enough parenting?

- ‘Good enough’ parents show pride and pleasure in their child’s progress together with many other positives such as affection, tenderness, interest and delight which will increase the child’s confidence and self-esteem.
- There are also, at times, negative feelings towards their children such as frustration, fatigue, anger, boredom, anxiety, fear, disappointment and others, which parents learn to accept as normal when occurring only occasionally.

Summary

Neglect is serious because:

- Neglect can cause impairment of health and development and impair aspirations and achievement.
- At its worst, neglect can kill.

**GRADED CARE PROFILE (GCP)**

What is the Graded Care Profile?

- The graded care profile is an assessment tool based on psychologist Maslow’s hierarchy of needs used to assess neglect.
The tool explores areas or “domains” adapted by Maslow’s Hierarchy of needs (1943)

1. Physical care 3. Love
2. Safety 4. Esteem

- The assessment tool is to judge the parenting which is observed against simple predetermined criteria.
- The results of the assessment pinpoint those areas of deficit which require further attention.

**The Neglect tool (GCP)**

The current tool being used in Hertfordshire has been adapted by Islington which was initially developed by Jane Wiffin on behalf of Hounslow LSCB, and has been further refined by a Brent LSCB. The original concept came from work undertaken by Dr Leon Polnay and Dr O P Srivastava at Bedfordshire and Luton Community NHS Trust and Luton Borough Council.

The areas explored have adapted Maslow’s domains and have in addition considered the stimulation & education of a child and parental/carer motivation to change. This is illustrated below:
CONTENT

PHYSICAL CARE
Food
Quality of housing
Stability of housing
Child’s clothing
Animals
Hygiene

HEALTH
Safe sleeping arrangements and co-sleeping for babies
Seeking advice and intervention
Disability and illness

SAFETY & SUPERVISION
Safety awareness and features
Traffic awareness & in car safety
Handling of baby / response to baby
Responding to adolescents
Supervision of the child
Care by other adults

LOVE & CARE
Carer’s attitude to child, warmth & care
Boundaries
Adult arguments & violence
Young caring
Positive values
Adult behaviour
Substance misuse

STIMULATION & EDUCATION
Unborn
0-2 years
2 – 5 years
School
Sport & Leisure
Friendships
Addressing bullying

PARENTAL MOTIVATION FOR CHANGE

Pre-reading for Graded Care Profile training. June 2015.
Why the Graded Care Profile?

- Judging the quality of care is an essential component of any assessment. But how well do we do it?
- Judgements we use are often subjective and prone to bias
- Intangible: It is often difficult to capture and compare
- Cumulative evidence is difficult to capsulate.

Benefits:

- Child focused
- High threshold for recognition
- Evaluates strengths and weaknesses
- Allows progress to be assessed
- Helps target support to where it’s needed

How do we know the GCP works?

- Srivastava and colleagues from the local safeguarding community and the University of Bedfordshire have been evaluating the use of the graded care profile since its adoption by Luton Area Child Protection Committee in 1999 and have been impressed with the results achieved.
- For many users, the most important aspect of the tool’s success has been the fact that it can be employed by practitioners from any agency involved in child welfare. The profile gives the agencies a common language, a common frame of reference.
- Another advantage often cited during evaluations is the profile’s user-friendliness.
- Parents comments have been the time spent with the practitioner completing the GCP, the dialogue used that enables them to understand why the concern and how to rectify or improve the situation. Its suggested that the learning from the tool is as beneficial long term
- It is easy to learn and use. It has been found that experienced practitioners need as few as two hours’ training to become competent in using it.
- They find it so easy to apply in practice that it can be used by parents and carers to rate themselves and to identify their own difficulties, and by children to assess the parenting which they receive.
- The structure of the assessment process means that strengths are highlighted alongside weaknesses, and areas of concern are identified sufficiently precisely to allow intervention to be targeted specifically at areas of weakness, which can result in considerable resource savings. I.e. anything that is scored in column 3 or 4.
A Family centre, for example, can expect to stop receiving rather vague referrals asking for generalised “parenting training”. Instead, the graded care profile provides them with a concise analysis of the care being given which allows them to devise shorter but more intensive programmes.

**Easier reassessments**

- In theory at least “assessment is a process not an event” but, in reality, busy workers often see assessment as a task to be completed once before moving on. The graded care profile makes periodic reassessment easy.

- It was designed to be used by workers to make a baseline assessment at the beginning of intervention and then to be reapplied regularly to gauge progress.

- This is an aspect of the tool which families have found particularly helpful, as it has provided them with specific targets to aim for and a clear idea of what it is they are trying to achieve and how they will be judged.

**When do you use it?**

Can be done when there are:

- Concerns about parenting
- A child exhibiting problems
- Children Protection
- Children in Need
- Programme of Intervention required
- Any other concerns

**Suitable for all families**

- It is suitable to use with all families, including those with parents who have, for example, learning difficulties, differing cultural and ethnic backgrounds, mental health issues

**Uses**

- Pre-referral assessments
- Snapshot assessments
- Contribution to CAF
- Contribution to Core Assessment (parenting capacity)
- Self-assessment (parents and carers)
- Young person’s assessment of parenting
- Tool to facilitate discussion
• Reliable standardised evidence
• Tool for setting goals

**Grades of Care**

<table>
<thead>
<tr>
<th></th>
<th>1 CHILD FOCUS CARE GIVING</th>
<th>2 ADULT FOCUS CARE GIVING</th>
<th>3 CHILDS NEEDS ARE SECONDARY TO ADULTS NEEDS</th>
<th>4 CHILD’S NEEDS ARE NOT CONSIDERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All child’s needs met</td>
<td>Some essential needs met</td>
<td>Most essential needs unmet</td>
<td>Essential needs entirely unmet/hostile</td>
</tr>
<tr>
<td>2</td>
<td>Child first</td>
<td>Child priority some of the time</td>
<td>Child second</td>
<td>Child not considered</td>
</tr>
<tr>
<td>3</td>
<td>Best</td>
<td>Adequate</td>
<td>Poor</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>

**ASSESSMENT & ACTION PLANNING**

• The results of the GCP that fall into columns 3 and 4 may form an action plan
• Score as actually fits the manual –
  
  DO NOT JUSTIFY BY REASONS
• The discussion with the parent should result in understanding and empowerment to produce change
• The action plan needs to be agreed by the parent and needs to be realistic
• The action plan is evaluated and modified periodically in conjunction with the parent
Consider doing a GCP?

- If you decide the GCP is appropriate, contact the CAF Helpdesk to enquire whether a GCP has already been carried out with this child/family and who the lead professional is (or was)

- Prior to carrying out the GCP, ensure a full discussion about GCP takes place with the parent/carer and the consent/sharing information form is signed by the parent/carer participating in the GCP process.

GCP process

- If the parent/carer DO agree to participate a GCP, log it with the CAF Helpdesk.

- If the parent/carer DO NOT agree to participate there may be a need to consider a referral to children services, but you must still work with the family and continue assessing the situation.

- As part of the GCP, include a date to review any actions identified

- After carrying out a GCP review, log it with the CAF Helpdesk

CAF Helpdesk

- CAF Helpdesk 01438 737575

  or email:

  caf-enquiries@hertfordshire.gov.uk
Key Reading


Further reading


Pre- reading for Graded Care Profile training. June 2015.