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Evidence-Informed Practice, Practice Informed Research

CONFRONTING DILEMMAS IN RESPONDING TO NEGLECT

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Dilemma 1

- Neglect is a key part of day to day practice for all those working with children – the most common form of child maltreatment (Radford et al 2013) and the largest category of CP plan (46%, DfE 2016)

- The volume of day to day practice in children’s social care is steadily increasing - while funding continues to be cut. Helping has to extend beyond children’s social care
Serious case reviews in context of increased child protection activity (Sidebotham et al 2016)

- Over the 10 years of our SCR studies: huge increase in the volume of child protection work
- But: no increase (or drop) in numbers of children suffering fatal or serious harm
- Instead: consistent evidence of motivated professionals working extremely hard with emotionally charged caseloads
Why does neglect matter?

- Neglect has far reaching health and welfare consequences across the life span (Norman et al 2012; Brandon et al, 2014; Allnock 2016)
- It affects children of all ages (adolescents are the most neglected age group [Rees et al 2011]).
- It co-exists with other abuse - features in around 60% of SCRs and is a risk for other forms of harm (Brandon et al 2012; Sidebotham et al 2016)
- It often co-exists with poverty (Bywaters et al 2016) and places considerable financial burdens on societies (Mason and Bywaters, 2016)
But ...

• Professionals struggle to understand and respond to neglect (Gilbert et al 2009; Stevenson 2007)

Why?

• Uncertainty about how and when to act? How much risk to tolerate? Also concerns about increases in state intervention directed at the poor (Bilson and Martin 2016; Bywaters et al 2016)
The Neglect ‘filter’

“Not knowing how best to help can create a ‘neglect filter’ which enables neglect to be screened out with thoughts such as ‘it’s not that bad really’ or ‘they are happy underneath it’ or ‘I’ve seen worse.’” (Daniel et al 2011:16)
Some consequences of dilemmas

- Lack of confidence?
- Paralysis?
- Defensiveness?
- Compassion fatigue?
Difficult questions and decisions

The pre/post children’s social care continuum

- How can we act early (whilst being aware of excessive scrutiny on poor families)?
- Does this mean tolerating higher risks of harm?
- Is working with neglect really my job and part of my primary task? Am I mandated/skilled enough to do this complex work?
- What can I do? How can I avoid ‘developmental limbo’ (Stevenson 2007)?
- Can I support both the child and the parents?
- What happens to families and children going in and out of children’s services? (stepping up/stepping down)

Who is responsible/culpable for neglect – is it parents or state?
HOW MUCH NEGLECT TO TOLERATE AND WHO IS RESPONSIBLE? - DEFINITIONAL CHALLENGES
Working Together definition of neglect

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 (HM Government, 2015 p.93).

*Wales have removed persistent from their definition

**the WT definition puts parents and carers in the frame

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 caregivers); or
- ensure access to appropriate medical care or treatment.
WHO International definition

“Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas:

- Health
- Education
- Emotional development
- Nutrition
- Shelter and safe living conditions

The parents of neglected children are not necessarily poor. They may equally be financially well-off.” (Butchart and Finney 2006:10)
MAKING WORKING WITH NEGLECT PART OF THE DAY JOB. THE EXAMPLE OF GENERAL PRACTITIONERS
Neglect and GPs (Woodman et al 2013)

• Qualitative GP study: Concerns about neglect and emotional abuse dominated GPs’ narratives. They described intense and long-term involvement with families with multiple social and medical problems.

Possible actions that GPs took with neglect:
- For whole families - monitoring and advocating,
- For parents - coaching
- For children - opportune healthcare
- Referral to or working with other services
- Recording concerns.
Facilitators of GPs’ actions

- Trusting relationships between GPs and parents
- Good working relationships with health visitors
- Framing the problem/response as ‘medical’ (core business)

GPs are building relationships with parents to improve child’s wellbeing in relation to neglect.

With support, GPs could be ‘lead professional’ (see also Sidebotham et al 2016 for GPs as repositories of care)

Other disciplines are also finding ways of working with neglect
WHAT CAN I DO? CONFIDENT AND COMPETENT PRACTICE
• Maltreatment is relationships gone wrong (Glaser 2011)
• With neglect this manifests as a caregiving environment that is either emotionally or physically unsafe – or both
• Emotional and physical safety for the child (health, development, experiences) are the sites for evidence and for helping
• Make a relationship with the child – get to know them, their world, and their family
What do children think about neglect?

- Of all maltreatment, the least easy for children to recognise (Cossar et al. 2013)
- Hard to tell/talk about (Cossar et al. 2013; 2016 Allnock and Millar 2013)
- Hard to get help – especially on your own terms
- Loyalty to family (eg ‘help my mum too’ Cossar et al. 2016)
Understanding the child’s world: simple questions

Attend to *behaviour* as well as ‘wishes and feelings’. Consider:

- What does the parent mean to the child?
- What does the child mean to the parent?
- What’s it like to be a child in this family (or out and about) now? (Brandon et al 2012)
The daily lived experience of the child (Horwath in ed Gardner 2016:80)

Figure 3.1 The clocks/circles: Capturing perceptions Of the daily lived experience of the child
Parents too?

• Relationships or systems? Understand the shame associated with poor parenting and scrutiny – be compassionate as well as rigorous (Gibson 2016; Bywaters et al 2016)

• Provide practical support for children and parents. Help parents to be in a position to care for their children safely. Where you can – do something

• Acknowledge the long term and environmental aspects of neglect and reasonable limitations of parents’ capacity – including if the child needs to be removed

• Provide follow up support for parents when children are removed
Key aims for practitioners working with neglect

• Help to ensure:

a) A healthy living environment and
b) Emotionally healthy relationships for children
c) That you *know* the child

But it’s not easy – better support is needed from agencies, policy and the public
Authoritative child protection
(Sidebotham et al 2016)

**Authority**
Involves both confidence and competence - professional curiosity and challenge from a supportive base

**Empathy**
Grounded in the centrality of the rights and needs of the child, while being sensitive to the needs and views of the parents

**Humility**
Enables practitioners to recognise their limitations, to acknowledge their skills and strengths, and to improve their practice
Further Resources

Research in Practice SCR Mini-site:

– Introductory films
– PowerPoint with audio on systems methodology
– Practice briefings and video introductions
– Links to other resources on SCRs

• http://seriouscasereviews.rip.org.uk/
REFERENCES


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