
Taking steps to prevent child neglect

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NSPCC

Campaign Launch 2016



what is neglect?

1.36 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 caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

examples of physical neglect

Severe and persistent infestation

Consistently inappropriate footwear or clothing without suitable explanation (eg sudden weather change)

Persistently dirty and smelly without suitable explanation eg ingrained dirt

Failure to administer essential prescribed treatment /attend essential follow-up/seek medical advice. Includes dental treatment for caries.

Failure to engage with immunisation and screening programmes

examples of emotional neglect:

- The child or young person may present well but the consistent picture is that (for example)
- they are blamed for family problems
- there is no emotional availability for their interests and concerns
- there is no consistent carer
- they are not encouraged in (or are discouraged from) social activity
- they “disappear”
- they have unexplained outbursts of anger

“ I felt like a ghost in my own home ”

www.coreinfo@cardiff.ac.uk

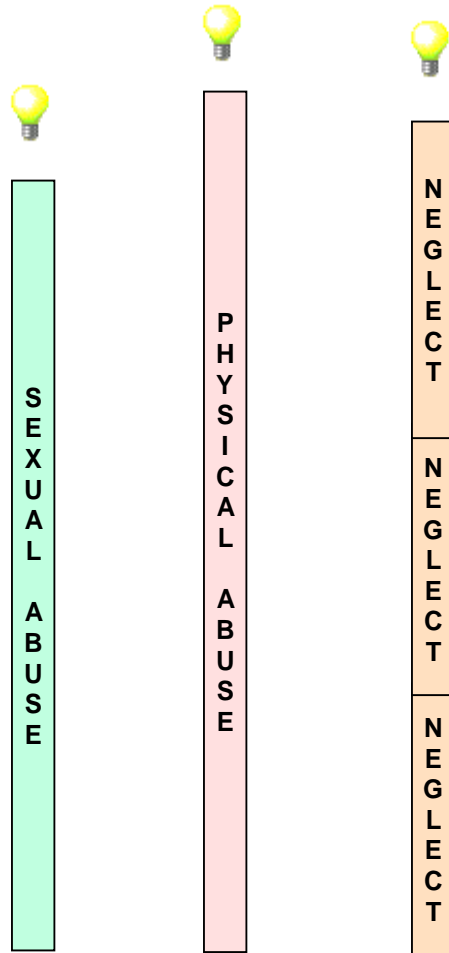
Why should we take every opportunity to prevent neglect?

Acknowledgments to Patrick Ayre and Dr Aideen McNaughton

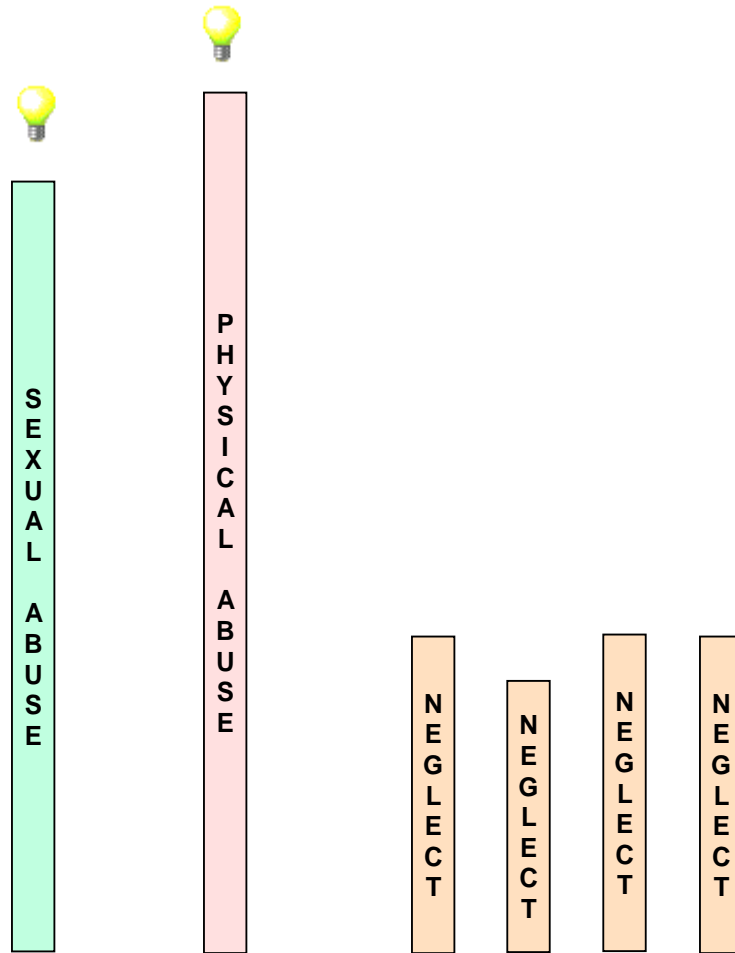


what we would hope to find

Patrick Ayre , University of Bedfordshire



what we found



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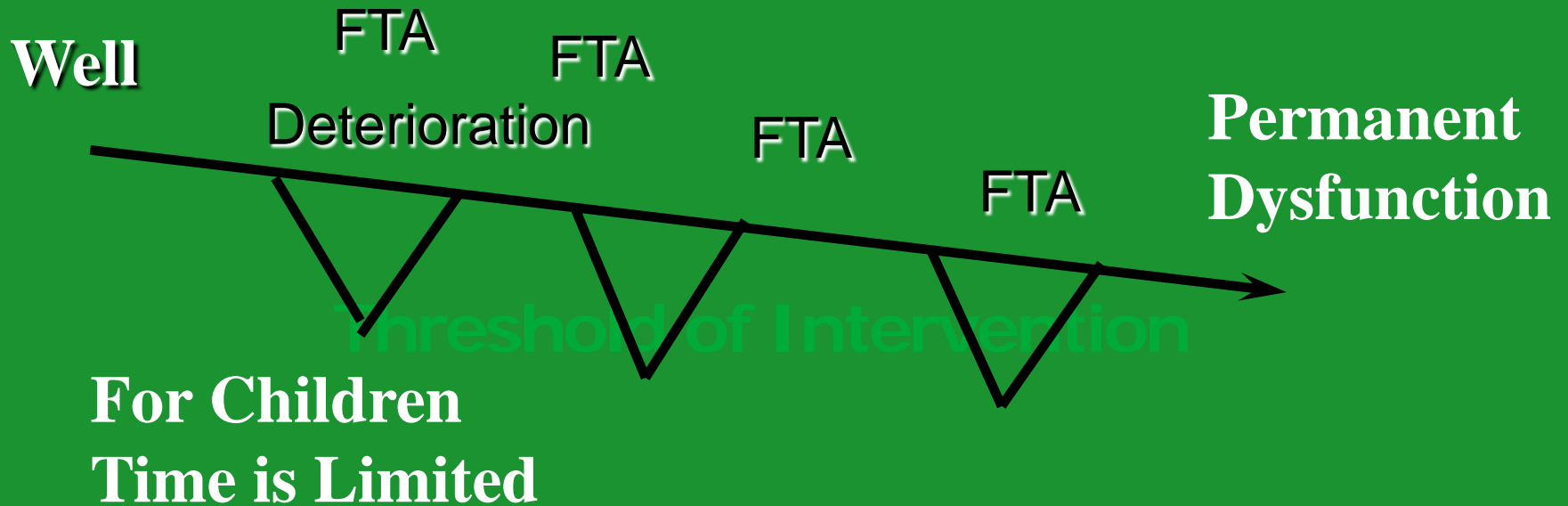
the Developmental Trajectory - with acknowledgments to Prof Jane Barlow

	<i>Emotional/ social development</i>	<i>Intellectual Development</i>	<i>Behavioural development</i>
<i>Infancy</i>	Trust/attachment	Alertness/curiosity AFFECT REGULATION	Impulse control
<i>Toddlerhood</i>	Empathy	Communication/ mastery motivation	Coping
<i>Childhood</i>	Social Relationships	Reasoning/problem solving	Goal-directed behaviour
<i>Adolescence</i>	Supportive social network	Learning ability/achievement	Social responsibility

EVERY CHILDHOOD IS WORTH FIGHTING FOR

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Neglect is often CUMULATIVE HARM
EG Failures to attend (FTA)



EVERY CHILDHOOD IS WORTH FIGHTING FOR

usually around 3 years

David

- Uses a variety of words in short sentences
- Understands simple questions
- Can converse
- Plays longer imaginative games, perhaps with others
- Listens to and remembers simple stories

Few words, no sentences

Little eye contact

“Very quiet and in a world of his own”

Easily frustrated and upset

Over 4 hours of TV a day

usually around 8 years

Janet

- Established friendships
- Self esteem dependent on peers
- Conscience developing can tell difference between cheating/winning
- Self motivated
- Conform to rules
- Recognise emotions and beginning to self regulate
- Motivated to learn

- Not liked by her peers
- Unkind and blames others
- Lies
- Needs adults praise and attention
- Volatile emotions, gives way to aggressive urges and lashes out without meaning to
- Not achieving her potential academically

the adolescent brain

10 to 15 is a critical window of vulnerability and opportunity –
“we cannot leave it to chance” (Professor Peter Fonagy)

- after age 12 neural connections are made and reinforced with use, but unused connections are lost – USE IT OR LOSE IT
- metacognitive skills are developing – learning how to learn; control and reflection systems
- but not as quickly as the impulsive drives ! The young person does not fully know the meaning and implications of their experiences
- the human brain is a Social Brain , specialising in social interaction
- therefore the social environment is at least as crucial to healthy development as the pedagogical environment

usually around 14 years

Shelley

-
- Peers very important
 - Increasing independence and choices
 - Popularity and belonging to groups
 - Appearance: individual style versus 'tribal' recognition
 - Privacy cherished
- Withdrawn/ sad
 - Closed down
 - Unaware of her appearance
 - Exhausted
 - False affect – upset & tearful with youth worker but bright and cheerful with Mum
 - Inappropriate behaviour

New evidence on responding earlier to child neglect

acknowledgements to Dr Alice Haynes



Realising the Potential

Tackling child neglect in universal services in England



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Realising the potential

Tackling child neglect in universal services

Alice Haynes

EVERY CHILDHOOD IS WORTH FIGHTING FOR

why universal services?

Children's social care are struggling to meet demand and most child neglect happens in the community...

We know the benefits of early help...

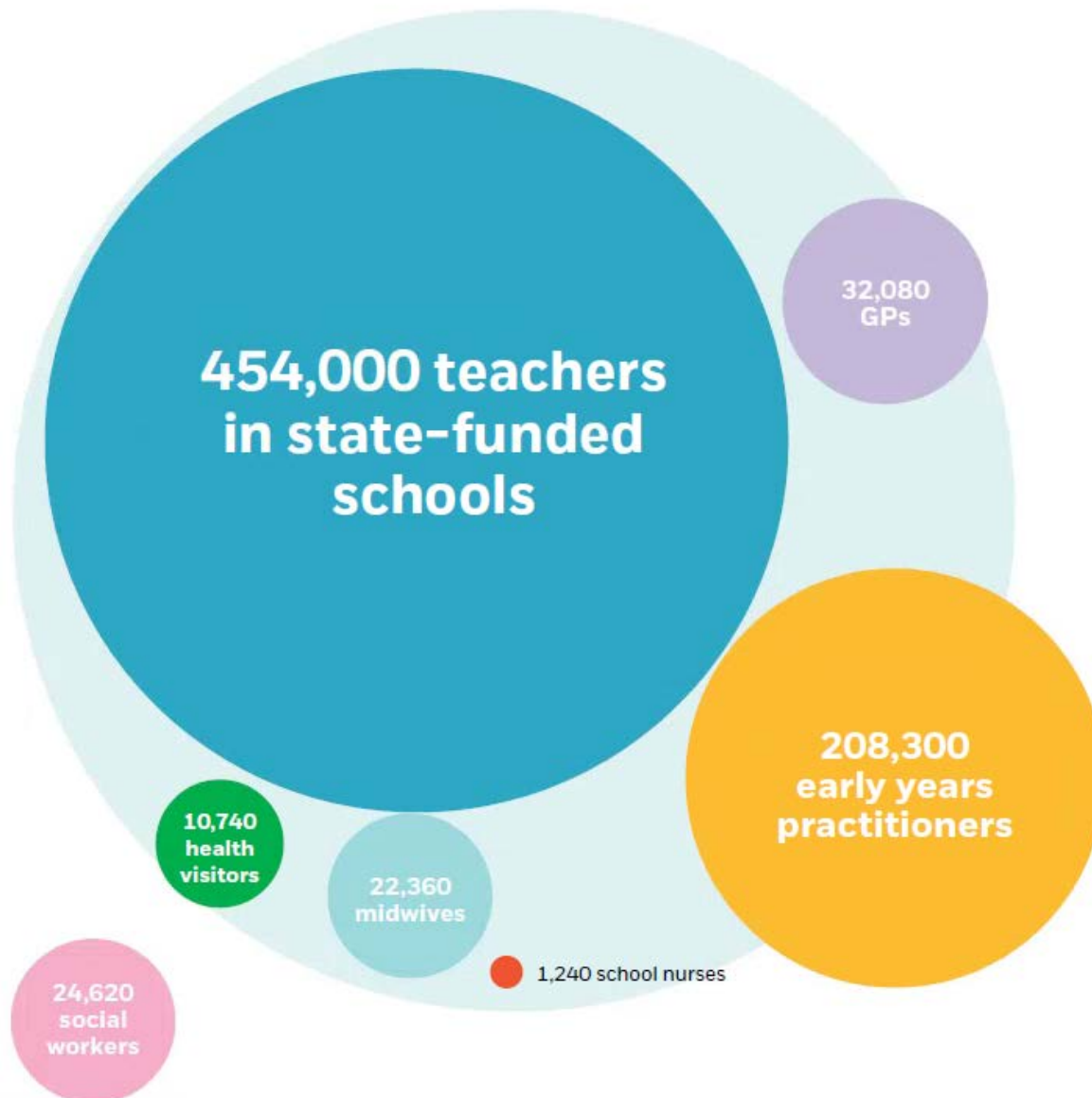
Universal services constitute a large and skilled workforce, working with children and families on a daily basis...

But we know universal services, like social care, are under pressure...

*How can we support universal services
to provide early help?*



size of the workforce



the research: aims and method



Aims: What are the policy guidelines? What are practitioners' perceptions? What early help are they currently providing? What are the barriers? What are the solutions and policy recommendations?

Method:

- Discussion groups and one-to-one interviews with 41 practitioners
- Online survey of 852 practitioners:
 - Midwives, n=227
 - Health visitors, n=93
 - School nurses, n=89
 - GPs, n=46
 - Early years practitioners, n=107
 - Teachers, n= 290
- Discussions groups with 18 children and young people

whose responsibility is early help?

Statutory and non-statutory guidance gives practitioners a role in providing early help but:

- The language used can be vague (requirement to 'help' or 'support' children, but no definition of what that entails); and
- Guidance tends to focus on identification, information sharing and signposting – what about relationships and direct support?



key findings: current provision

You are concerned that a child you are working with might be experiencing low-level neglect and may benefit from early help.

Signposting families: Most common response across most of the groups

Monitoring: More common in education than health - 33% health visitors, 48% of school nurses, 63% of GPs, 80% of midwives did *not* say they would monitor

Contacting other professionals: 82%-89% of health practitioners would, compared to 64% of education practitioners, contact other professionals

Talk to a child: 69% of teachers, 67% of school nurses & 63% of GPs did *not* say they would talk to a child
88% of EY practitioners, 83% of health visitors said they would not talk to a child

key findings: current provision

You are concerned that a child you are working with might be experiencing low-level neglect and may benefit from early help.

Talk to a parent: 90% of health visitors, 83% of GPs, 74% of school nurses, 72% of EY practitioners, 69% midwives and 66% of teachers said they would talk to a parent

Provide parents with practical or emotional support: 96% of health visitors, 79% of EY practitioners, 67% of GPs, 66% of school nurses, 59% midwives and 53% teachers said they would provide direct support

Referral to children's social care: 75% of midwives & 47% of school nurses would refer, as well as 35% of GPs, 32% of health visitors, 31% of early years practitioners and 29% of teachers.

key findings: barriers

- **Workload and time pressures** greatest barrier in health
- **Multiagency working/information sharing** greatest barriers in education - multiagency working also rated as second biggest barrier in health
- Mixed findings on **identification as a barrier**
- Not all participants had received **training** on neglect in the past 3 years, in particular health visitors (18%), midwives (15%) and EY practitioners (14%)
- Many professionals with specific safeguarding responsibilities had not read their **LSCB threshold document**; between 20% and 50% of GPs, teachers, midwives and health visitors

what did the young people say?



Thoughts on health practitioners

I don't know this person [GP], you know, like I'm seeing him or her the first time, I don't really feel comfortable to tell my issues with him. So I think it's very important to have consistency.

I think a lot of kids would just feel like [neglect] isn't something a doctor is meant to be looking out for, they think that, 'Oh, it's a doctor, I go there when I'm ill'. Because that's what people are taught to go to doctors for.

Half the time you don't even know them [school nurses]. I've been at my school nearly two years now and I've only ever met the school nurse once. I only knew she existed this year and I've been there two years.

what did the young people say?



Thoughts on teachers

I think if you're a neglected child, if they're nice to you then that's amazing really; because if your parents are neglecting you and you have no relationship with them whatsoever then the teachers are the best people to go to.

Teachers are embarrassed as well, sometimes. It must be hard for them to know whether to go and say to someone, or if they're just being judgemental.

Just acknowledge it I think. I mean, even if she'd acknowledged it would probably have defended it. But at least I'd known that she'd acknowledged it. But no acknowledgement broke my trust.

what will make a difference?



Clear role expectations

Government and professional membership bodies should:

- Clarify the role of universal services practitioners in providing early help for neglect and set out these role requirements clearly in statutory, professional guidance and professional job descriptions.
- Develop more explicit guidance on how practitioners can provide direct support to children and parents



Relational public service provision

- Interconnected services – decentralising local budgets, multidisciplinary teams
- Relationships between parents/children and practitioners - Postnatal services, case continuity, home visits

what will make a difference?



Professionals who feel confident, valued and supported

Reflective supervision and high quality, interactive training on:

- the impact of neglect on child development
- how to articulate concerns about neglect
- how to convey concerns to parents/young people
- how to develop relationships with parents/young people



A well-resourced workforce

- Financial commitment to early help
- Recruitment of school nurses
- Recruitment/training of family support workers in schools/other settings

Thriving Communities

A framework for preventing and intervening early in neglect



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Thriving Communities

A framework for preventing and intervening early
in child neglect

Alice Haynes, Chris Cuthbert, Ruth Gardner, Paula Telford and Dawn Hodson

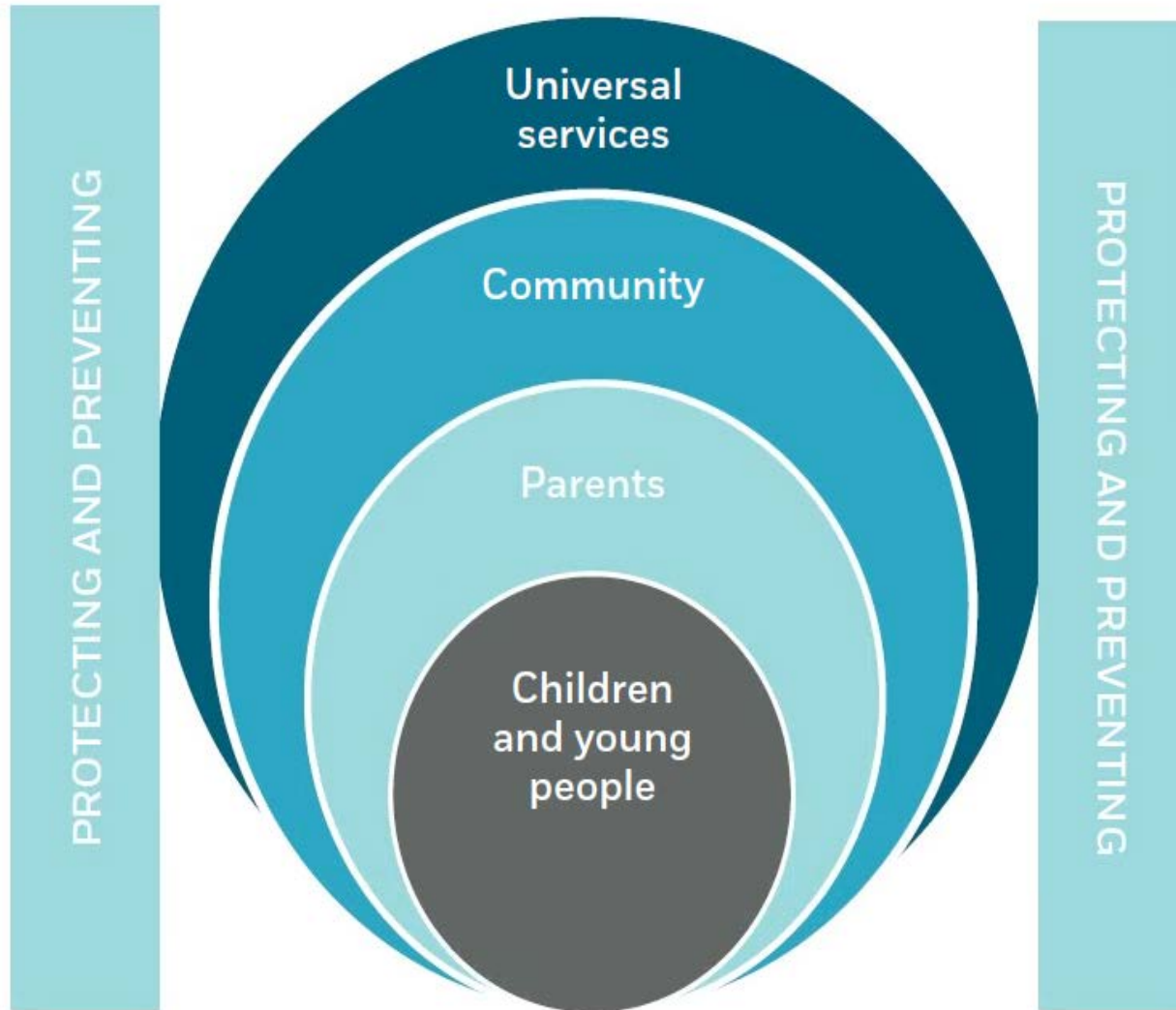
EVERY CHILDHOOD IS WORTH FIGHTING FOR

Thriving Communities Vision

Our vision

A concerted shift to prevention where everyone – children, parents, communities, universal services and local government – works together to help children thrive, preventing neglect before it happens and nipping early problems in the bud.

Thriving Communities Framework



Thriving Communities Framework

Thriving communities: our vision



Children

- Recognise the signs of neglect
- Feel safe to tell



Parents

- Understand their child's needs and how to meet them
- Feel safe to ask for help
- Can access high-quality support when they need it



Universal services

- Understand children's needs
- Recognise the signs of neglect
- Know what they can do to help
- Feel confident and supported to do it



Communities

- Understand children's needs
- Recognise the signs of neglect and understand why it happens
- Know what they can do to help
- Feel confident and supported to do it

**How do we
get there?**



Thriving Communities: what will make a difference?

Knowledge and awareness matters

Increasing knowledge and awareness of healthy child development, neglect and help-seeking in children and young people, parents, community members and practitioners.

Increasing staff in universal services' knowledge of how to provide early help to parents and children.

Relationships matter

Positive and trusting relationships between children and practitioners.

Positive, trusting and challenging relationships between parents and professionals.

Community support for parents.

Increasing universal services capacity through pastoral support.

Multidisciplinary team meetings.

Evidence-based responses matter

Evidence-based tools to support earlier identification and assessment of neglect.

Evidence-based services for preventing and addressing neglect.

Understanding unmet need.

Evidence-based strategic, multi-agency early help provision.

Accessible and effective LSCB threshold documents.

key actions: children and young people

Increasing children and young people's knowledge and awareness of healthy child development and neglect



e.g. PSHE curriculum should include specific content on healthy child development, healthy relationships, parenting and child neglect.

Enabling the development of positive and trusting relationships between children and the practitioners who work with them



e.g. increase the confidence of teaching staff to build positive relationships with children in their care. Children and young people should see the same health professional at each contact, through models of case allocation that facilitate the continuity of care.

key actions: parents

Increasing parents' knowledge and awareness of healthy child development



e.g. universal provision of high-quality, evidence-based perinatal parent education classes that foster an understanding of child development, attachment and the care that children need.

Using evidence-based services for preventing and addressing neglect




e.g. accessible, high-quality, evidence-based, targeted support services for parents with additional needs.

- Safecare, Video Interaction Guidance, Triple P

key actions: communities


Increasing the community's knowledge and awareness of healthy child development, neglect and help seeking



e.g. pilot and evaluate local or national public education campaigns with two components:

- the promotion of understanding about healthy child development and positive parenting;
- the promotion of help-seeking behaviour for emerging parenting difficulties.

Promotion and fostering of community support for parents



e.g. investment in and evaluation of initiatives and services that nurture social networks between parents in communities

what the research tells us

There are services that work to tackle neglect

We have developed, implemented and tested services that help tackle neglect, finding out more about what works for which children and families and why, and about the challenges of implementing new services.

We can design better local systems to pick up early signs

We have also developed, implemented and tested ways of assessing neglect to help practitioners make the right decisions at the right time.

We've looked too at how communities, universal services and local government can play a role in preventing neglect.

Relationships make the difference

To prevent and tackle neglect, we need to support and nurture relationships.

The most important relationship is between the child and their parents. Other relationships like those between practitioners and parents, and between local services, are also key.

discussion points

thinking about what has worked

what does effective support look like in dealing with concerns about child neglect ?

how could this be grown and shared more widely ?

useful references and links

.....
NSPCC Neglect Spotlight Report

<https://www.nspcc.org.uk/globalassets/documents/research-reports/spotlight-preventing-child-neglect-report.pdf>

Child neglect in universal services:

<https://www.nspcc.org.uk/globalassets/documents/research-reports/realising-potential-tackling-neglect-universal-services-report.pdf>

Brandon M et al. (2013) **Neglect and Serious Case Reviews** UEA and NSPCC

Horwath J 2013 **Child Neglect** Palgrave

NSPCC (2015) **How Safe Are our Children?**

Ward H et al (2012) **Safeguarding Babies and Very Young Children from Abuse and Neglect** Jessica Kingsley Publishers (JKP)

Kennedy H et al. (2011) **Video Interaction Guidance** JKP

Rees G et al. (2011) **Adolescent Neglect** JKP

useful references and links

Gardner R (2016 forthcoming) **Tackling child neglect; research , policy and evidence – based practice**. Jessica Kingsley Publishers

Gardner R (2008) **Developing an effective approach to neglect and emotional harm**. NSPCC and UEA

Core Info Systematic Reviews : best evidence on the effects of neglect and emotional abuse

<http://www.core-info.cardiff.ac.uk>

contact library@nspcc.org.uk for more information on **NEGLECT**, including full evaluations of NSPCC's trials of Video Interaction Guidance; Graded Care Profile; North Carolina Family Assessment Scale ; Safe Care and Pathways Triple P