

Addressing the neglect of children: neglect and trauma

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SCR regarding three children aged 15, 11 and 6.

- Crossed three Local Authorities**
- Found to have been all three children had failed to thrive in all areas of development**
- all three children had suffered emotional harm**
- all three children had suffered severe neglect, which has resulted in life limiting issues for two of the children**
- there was evidence suggesting that one or more of the children had been sexually abused**
- When moved to Havering received attention, care, concern – the SCR sought to understand what barriers were in place to deliver and effective response to the children**

Themes emerging

1. Appropriate assessment, planning and support when placing children with relatives
2. Addressing the neglect and emotional abuse of Children
3. Recognising and addressing non-organic failure to thrive/weight faltering
4. Parental/carer motivation to change – assessing and addressing false compliance
5. disputes between agencies and managing professional anxiety

The National situation

- **1 in 10 children have experienced neglect.**
- **9% of young adults report being severely neglected by parents or guardians during their childhood**
- **Neglect is the most common reason for taking child protection action**
- **41% of the concerns that we referred to police or children's services, related to neglect**
- **Neglect accounts for 42% of all children who are subject of child protection plans**
- **Neglect is a factor in 60% of serious case reviews.**

Impact of neglect – casting a long shadow from pre-birth to adulthood and beyond



Cumulative impact across the developmental timeline

Impact – what children say AfC

| What is neglect? | What neglect feels like |
|---|--|
| Not enough love | You cover up your feelings |
| Not being able to confide in my mum or dad | It's hard having no friends |
| Parents have no interest in school and not going to parent's nights; not helping with homework | You get the mickey taken out of you but you blame yourself, not your parents |
| It's one thing to say they love you but they have to do things to show it | At school, you can't concentrate on the subject because things are bad in your life and then you feel it's unfair because you get told off |
| Love is a doing word | No one care, no one listens, I am no one |
| <i>The house may be a mess, and appointments not attended, life chaotic but there is no doubt these parents love their children</i> | You are all alone |

Foetal Programming – neglect starts early and has long lasting impact

| | |
|-----------------|--|
| Domestic abuse | Miscarriages and injuries/Prematurity insecurely attachments/ Emotional and behavioral problems |
| Stress exposure | Congenital malformations / Lower birth weight/ Prematurity Sleep problems /Cognitive performance and fearfulness/emotional problems (anxiety and depression), ADHD and conduct disorder/cognitive difficulties |
| Drug use | growth retardation and still birth withdrawal may include hyperactivity, crying, irritability, poor sucking, tremors, seizures, poor sleeping patterns |
| Alcohol use | Foetal Alcohol Spectrum Disorders A range of effects (including physical, behavioral, and cognitive) can arise from prenatal alcohol exposure Alcohol withdrawal may include hyperactivity, crying, irritability, poor sucking, tremors, seizures, poor sleeping patterns. Signs usually appear at birth and may continue until age 18 months. |

Effects of neglect

| Type of effect | Infants 0-2 | Early Childhood | The School Years | Adolescence |
|--------------------|--|---|---|---|
| Development | poor growth/ intellectual capacity under stimulation nappy rash, infections, hospital attendances failure to thrive | short stature, dirty, unkempt delay in learning new skills learning slow and painful language delay | severe educational deficits: learning disabilities, poor problem solving poor reading, writing and maths | Growth/brain development /achievement of puberty |
| Behaviour | withdrawn, lethargic, depressed self stimulating behaviour e.g. rocking | lacking social skills either aggressive or withdrawn indiscriminate friendliness | disruptive/overactive in class desperate for attention few friends overcompensation | Anti-social behaviour Anger/aggression Depression School problems |
| Emotional | no learned trust | shame and self doubt lack of confidence and expectation of failure poor self concept | encopresis/eneuresis guilt/self blame self harming disturbed eating patterns | Self harm Exploitation Eating disorder |

What is neglect?

Children who do not have their developmental, emotional, attachment and safety needs met by those who are responsible for doing so – their primary caregivers

This gets lost – there is a tendency to talk about children being neglected

Do children and YP understand it is not their fault

Criminal Offence

Neglect is a criminal offence under the Children and Young Persons Act 1933 where it is defined as failure "to provide adequate food, clothing, medical aid or lodging for [a child], or if, having been unable otherwise to provide such food, clothing, medical aid or lodging, he has failed to take steps to procure it to be provided"

Working Together 2015

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.

Turns into the six questions

- 1. Persistence and Change**
- 2. Aspects/elements of Neglectful Care giving**
 - Physical Care
 - Health
 - Safety and supervision
 - Love and care
 - Stimulation and education
 - Is it Global?
- 3. What is the Impact – from child's point of view and from the evidence before us – what can we predict using the evidence base for the future**
- 4. Causal Factors**
- 5. Is this an act of omission or commission**
- 6. What other kinds of abuse is neglect enabling?**

1. Persistence and change

- Confusion about **time** - when does **history start**? Tend to start again
- Should be based **on age and stage** of Development
- Remembering **babyhood** and **adolescence** stand out
- How much it **pervades a child's life** is key to understanding the impact and **cumulative impact**
- Long term intergenerational patterns and messages communicated

1. Change

Attitude to change – commitment and action – if you only have one or other you do not have change – false/disguised compliance

“Lack of engagement” or “not engaging in services designed to improve the circumstances and well being of children”

“DNA” or “was not brought” WNB

**Did past interventions make clear the difference between CHANGE INTERVENTIONS & COMPENSATORY INTERVENTIONS
Confusion btw 2 can mask progress**

2. Type of neglect the basis of the

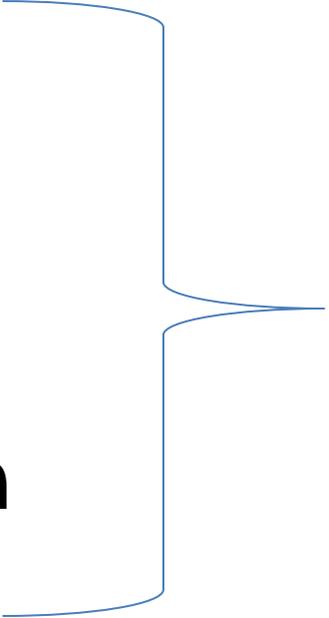
Physical Care

Health

Safety and supervision

Love and care

Stimulation and education



**Global
Neglect**

3. What is the Impact

- **Start with what child says/feels**
- **What is short term and long term developmental impact**
- **Impact on attachment relationships – what is the observed interactions between child/parent**
- **Manifestation on behaviour and emotional wellbeing**
- **“She is a difficult badly behaved child”**
- **Rather than her behaviour is a manifestation of her early trauma /experience of neglect**

4. What is causing the neglect

| Target of change | PAST EXPERIENCES | PRESENT CIRCUMSTANCES | Target of change |
|------------------|---|---|------------------|
| | <ul style="list-style-type: none"> • Early abuse • Poor attachments | <ul style="list-style-type: none"> • DV • Mental health • Substance misuse • Learning disability | |
| Target of change | Meaning of the child | SOCIAL ECONOMIC CIRCUMSTANCES | Target of change |
| | | <ul style="list-style-type: none"> • Extreme poverty • Social exclusion • Poor social capital • No networks | |

Primary and secondary causes

5. Omission versus Commission

- Important to recognise both
- Commission – holding the child responsible/blaming the child for the Quality of Care received
- “you bring trouble on our family by being sick”
- Caring in a way that scapegoats

6. What is neglect driving or enabling

- **Sexual abuse and exploitation**
- **Physical abuse**
- **Emotional Abuse**

So what can you do

- Notice the neglected child**
- Respond to their needs – early help plans**
- Involve other professionals**
- Talk to carers/challenge in child focussed way – focus on best interests of child not failings in adults**
- If need to escalate – don't use social workers as punishment - focus on the need for change for the child**
- Challenge decisions that make no sense when you know children well**
- Do not collude with parents regarding failings of other professionals**

So what do professionals need to do the best job?

- Good quality supervision – its there to help you think not just to check what you have done**
- Clarity about issues of consent – do we really have a child focussed process and system**
- Clarity about information sharing – it should help us deliver child focussed practice**
- Time to build relationships**
- The right tools**