

## Understanding and Responding to Neglect

This is a shortened article based on a briefing by Making Research Count, which is also available on this MySkills page.

*Child and adolescent neglect is the most common form of child maltreatment that family court advisors will encounter. It is also among the most challenging areas for practitioners to deal with. This knowledge set seeks to explore the main messages from research.*

### Prevalence of neglect

In England on 31 March 2012, 18,220 children were the subject of a child protection plan under the category of neglect. Indeed 43% of all the children who were the subject of child protection plans in the UK were under a category that included neglect (DfE, 2013). These statistics represents a baseline of neglect.

The NSPCC's most recent prevalence study found one in 6 (16%) young adults were neglected at some point during childhood, with one in 10 young adults (9%) severely neglected during childhood. (Radford et al, 2011). This would indicate that neglect is often not identified by professionals.

Neglect is also a background factor in the majority (60%) of serious case reviews (Brandon et al, 2012).

### Definition of neglect

Working Together to Safeguard Children (DfE, 2013) defines neglect as:

*"...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"*

#### Aspects of neglect include:

- Inadequate food, clothing and shelter.
- Failure to protect a child from physical and emotional harm or danger.
- Inadequate supervision and guidance.
- Denial of access to appropriate medical care or treatment, or a failure to attend to medical issues.
- Failure to respond to a child's basic emotional needs.
- Failure to ensure access to education.

#### Howe (2005) differentiates between passive/hopeless neglect and disorganised neglect:

Passive neglect occurs when the caregiver becomes overwhelmed by the demands of caring for a child and running a home and disengages from both as a coping mechanism. The caregiver presents as helpless, switched-off and depressed (Howe, 2005 p.137)

Disorganised neglect occurs when caregivers lurch from one crisis to another and children receive an inconsistent level of care, which can depend on how the caregiver is feeling at a given moment. There is no link between the child's needs and the caregiver's response (Howe, 2005; p. 119)

## Neglect and the role of resilience

Children appear to cope very differently with neglect, with some appearing to show clear and visible signs of harm while others appearing to cope relatively unscathed. The variable appears to be the level of resilience in the child (Gilligan, 2009; Blewett et al, 2011) or as some authors prefer to describe "protective factors" (Cicchetti, 2013). However, survival can be misread for resilience. In other words, just because a child appears to be superficially intact does not mean that they are not experiencing significant stress and instability in their lives, which has long term implications for their emotional development. Also, neglect is a process and very often not simply an incident or series of incidents. Rather it is the cumulative impact of what can appear less serious issues that inflict long term harm (Stevenson, 2008).

### The impact of neglect on children and young people:

- Faltering growth (if there are no organic factors).
- Exacerbation of existing medical conditions.
- Incontinence. Some neglected children are so used to not being cleaned up that they do not even notice when they have wet or soiled themselves.
- Skin conditions such as scabies or ringworm which are left untreated.
- Infections where injuries are left untreated.
- Dental problems, caused by an absence of dental care, poor oral hygiene or an unhealthy diet.
- Injuries from accidents caused by a lack of parental supervision.
- Poor educational outcomes when parents have taken no interest in their child's education.
- Emotional and social development. Many neglected children experience a lack of love and care from their parents and carers. This can lead to emotional difficulties that impact on many aspects of a child's life including at school, their relationships with other children and adults, having long term implications for their future relationships as adults.
- Mental health problems, including post-traumatic stress disorder, anxiety and depression and memory impairments.
- Low self-esteem and self-image.

### The impact of adolescent neglect:

- In 2012 10,800 young people aged 10-17 were the subject of a child protection plan. Neglect is the most common category for adolescents and is the most prevalent form of maltreatment within the family (NSPCC, 2012).
- Brandon et al (2012) have highlighted how serious this maltreatment can be with a quarter of serious case reviews being undertaken in relation to adolescents.
- Neglected adolescents can be particularly vulnerable to sexual exploitation, running away, self-harm and problematic substance misuse.

### Parental/caregiver difficulties associated with neglect:

On their own, these difficulties are not necessarily indicators of neglect. However, there is a relationship between a combination of these factors and increased likelihood of neglect:

- Parental mental health problems
- Parental substance misuse
- Domestic abuse

- Parents with learning disabilities

In addition, Brandon et al (2009) identified some common themes in the social histories of mothers of children who had been subject of serious case reviews:

- A history of emotional and/or physical neglect, with their own mother (the child's grandmother) being unable to offer reasonable mothering.
- Caregiving by mothers (or other carers) who were mentally and/or physically ill and either failed to seek, or accept or receive effective treatment.
- The mother's father (the child's grandfather) is rarely mentioned.
- Periods of time in local authority care or in the care of relatives.
- Frequent house moves or moves at key times, for example after a death, causing a lack of continuity.
- Concerns about or documented instances of sexual abuse and/or sexual exploitation.
- Leaving home early, in their teens, and evidence of early sexual relationships.
- Multiple pregnancies (4 -11) with many losses due to termination, miscarriage, adoption, a child or children being cared for by a relative etc.
- Strong ambivalence to helping agencies.
- Often 'survival' despite appalling early history and without external support.

In relation to fathers, they are often absent in the assessment and management of cases of neglect. What is known about the profile of the fathers is that they are similar to the mothers, although involvement with the criminal justice system features more strongly (Brandon et al, 2009).

## Practice challenges in relation to neglect

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**The continuum of neglect.** Davies and Ward (2012) argue that neglect is especially challenging as unlike sexual or physical abuse it lies on the continuum of normative parenting. Identifying when a case meets the threshold for being classified as neglect is therefore not always straightforward and requires careful professional judgment that focuses on the lived experience of the child or young person.

**Thresholds.** Horwath (2007) reports that many cases of neglect fluctuate in their severity only periodically meeting the threshold for intervention. This means that in retrospect many of these cases can be seen to drift and cumulative effect in terms of harm of low level but persistent neglect can be missed.

**Keeping a focus on the child.** Practitioners can get caught up in procedural matters and lose focus of the child(ren) in the case. Daniel et al (2011) argue that that this is exacerbated as children who are neglected tend not to *ask* for help.

**The importance of holistic assessments.** Signs of Safety (2010) has become an influential model in England for making sense of this dynamic. However no single assessment model can substitute for a sophisticated analysis and thorough assessment that takes into account the developmental needs of the child and family and environmental factors.

**Multi-disciplinary work.** In both the assessment process and when services are provided Broadhurst et al (2010) warn against how poor coordination and communication between agencies can undermine the work of the professional system. Differing perceptions of

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thresholds based on a superficial understanding of the family can leave some children and their families in a vulnerable position.

**Effective care planning** and the “start again syndrome” identified by Brandon et al (2009), where children are repeatedly assessed when they reach the threshold for neglect but the case file is closed when the most visible difficulties are addressed. However the underlying difficulties in these circumstances are often not tackled. It is crucial that care planning focuses on outcomes for the child rather than compliance and that capacity to change is measured in a realistic way. Case chronologies can be very helpful.

**Recognising “resistance” and disguised compliance.** Labels such as “resistant” are easily attached to families where there is long term neglect. Fauth et al (2010) differentiate between avoidance, hostility, unresponsiveness to treatment and ambivalence in such circumstances. Brandon et al (2009) however also cautions against “disguised compliance” in the sense that just because a family are ostensibly engaging with professionals does not mean that the issues around neglect are being fundamentally addressed.

## Services and neglect

It is generally recognised that there is not a “silver bullet” in terms of a single intervention that addresses the different dimensions of neglect, although early help has been widely recognised as being key in stopping difficulties from becoming entrenched and strengthening protective factors. (Munro, 2011; Allan, 2011).

Tanner and Turney (2005) highlight research from the US that shows that in some cases of long term neglect significant progress can be achieved but this can take up to two years of sustained involvement.

## References

These are available separately on the Myskills page, under ‘Easy order reading list’. Everything listed on it can be ordered from the Cafcass library- [library@cafcass.gsi.gov.uk](mailto:library@cafcass.gsi.gov.uk).