Serious Case Review Conference Neglect

#CLSCBNeglect17

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Welcome

John Macilwraith, Director, Children & Families Services, Cumbria County Council

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Aims

- Raise awareness of Neglect issues
- Help you to recognise signs and symptoms and how to respond
- Learn from case reviews locally and nationally
- Launch the Cumbria Neglect Strategy

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Why we are having the conference?

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Why is neglect important?

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What do we know about neglect in Cumbria?

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The Cumbria Context

Deborah Evans, Children & Families Services, Cumbria County Council

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UK study (Radford et al 2011)

- Neglect most common maltreatment
- 16% young adults had experienced neglect
- 9% severe neglect
- 13.3% of 11 -17yr olds experienced neglect
- 9.8% severe neglect
- 5% parents had experienced of neglect

Who might experience neglect

- **Any child/yp** whose parent has challenges: alcohol/drug/mental health /DV or have experienced abuse / neglect themselves
- **Very young babies** (prematurity, admissions to hospital: injury/ accidents /overlying)
- **Older child,** 'hard to help' or self neglect, CSE MFH bullying, violence,
- **Children Looked After / Care Leavers**

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Cumbria Statistics

- 3098 children/young people allocated to a SW.
- 485 subject to Child Protection Plans
- 196 CP Plans recorded as neglect. (40%)
- 26 (of 196) subject for more than 12 months.

In 2016

- 240 children became looked after.
- 133 were on CP Plan at the time they became CLA
- 78 of these plans were recorded with a single category of neglect, (32.5%)

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Children subject to CP Plan

- SW will be expected to complete GCP before ICPC
- Independent Chair will recommend use of GCP for all children made subject to a plan under the category of neglect and repeated as a measure of change.
- Important to ensure that progress is measured in terms of impact and outcomes for child,
- Workers to be aware of disguised compliance, cultural relativity and risk of ‘start again’ assessments.

- Consider the interaction of vulnerabilities in the child and parents
- Consider stresses of parenthood, living with poverty and history of parent
- Consider repeat patterns of parenting and accumulative effect of neglect

Gender and Neglect
Why it Matters
Claire Hyde MBE, Foundation for Families.

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Gender

- “Gender determines the differential power and control men and women have over the socio-economic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks”. W.H.O
- Gendered approaches to neglect may be the key to halting inter-generational damage.

Today in the UK

- Women make up 29% of MPs and 24% of Peers
- Of the 27 parliamentary select committees, 21 are chaired by men (78 percent) and 6 by women (22 percent), almost all of them secured through election at the start of the Parliament
- Since women were first able to stand for Parliament in 1918 just 450 have been elected. Well over half of those women have only been elected in 1997 or since, and it was not until that year that the percentage of women MPs even reached double figures.
- 35% of councillors elected on 3 May 2012 were women. This represents a record high.

Gender and Child Protection

Child protection priorities promoted by UNICEF are designed to address gender inequality through a focus on:

- Strengthening child protection systems, with an emphasis on legal reform, and on strengthening norms and standards that eliminate discrimination based on gender.

Context

- By 2016 the number of looked after children had risen to 70,440 (DfE)
- 56% boys 44%girls
- 22,230 CYP on a child protection plan because of neglect 2015 (DfE)

Neglected girls become mothers….

- 35% of young women were pregnant or became mothers within a year of leaving care and 15% of young men were fathers or expecting a child (Dixon et al, 2006).
- Trends showing a national decline in teenage pregnancy rates not reflected for CLA (Mezey et al, 2015).
- However, as there is no nationally collected data on this issue in England, sample sizes of these studies are not large.
- 92% of lone parents in the UK are women

Impact of Neglect?

- Neglect can negatively affect neurodevelopment (the physical and biological growth of the brain, nervous, and endocrine systems) and psychosocial development (personality formation, including morals, values, social conduct, capacity for relationships with other individuals, and respect for social institutions and mores) (Putnam, 2006).

Intergenerational Transmission

- Evidence suggests that some adults who were abused or neglected as children are at increased risk of intergenerational abuse or neglect compared to those who were not maltreated as children (Kwong, Bartholomew, Henderson, & Trinke, 2003; Mouzos & Makkai, 2004; Pears & Capaldi, 2001).

Lives mapped out.

- Research consistently shows the presence of an intergenerational cycle of care involvement for some families. For example, one study found that **adults who were taken into care when they were children are 66 times more likely than their peers to have their own children taken in to care** (Jackson and Smith, 2005).

Lives mapped out

- A study of 63 young parents in and leaving care also suggested an intergenerational cycle of care involvement. Of these young parents, five had had their children taken into local authority care, one was attending a child protection conference to retain custody of two children, and another had had her baby temporarily removed. A number of others had experience of their children being placed on child protection registers. (Chase et al, 2006).

Evidence from Serious Case Reviews

- Neglect is a key and recurring theme in SCRs. From detailed work on the available 175 SCR final reports, neglect was apparent in the lives of nearly two thirds (62%) of the children who suffered non-fatal harm, and in the lives of over half (52%) of the children who died
- By adolescence the impact of long-standing abuse or neglect may present in behaviours which place a young person at increased risk of harm. Almost two thirds of the young people aged 11-15, and 88% of the older adolescents, had mental health problems.

Serious Case Reviews cont..

- In all nine SCRs where neglect was the key issue the mother was noted as the prime source of harm; this related to six non-fatal neglect reviews, but also to the three SCRs relating to extreme fatal neglect, involving deprivational abuse. Again this in part reflects the fact that the mother is likely to be the sole or main carer.

Serious Case Reviews cont…

During 2015:

- 33 serious case reviews were published
- 20 of which concern children under the age of 5.
- Of these 20, *at least* 4 i.e. 20% have involved a parent who was previously looked after by the local authority.
- In one of these cases both parents were previously looked after by the local authority.

Gender Matters

Research on mothers who neglect their children suggests that they are

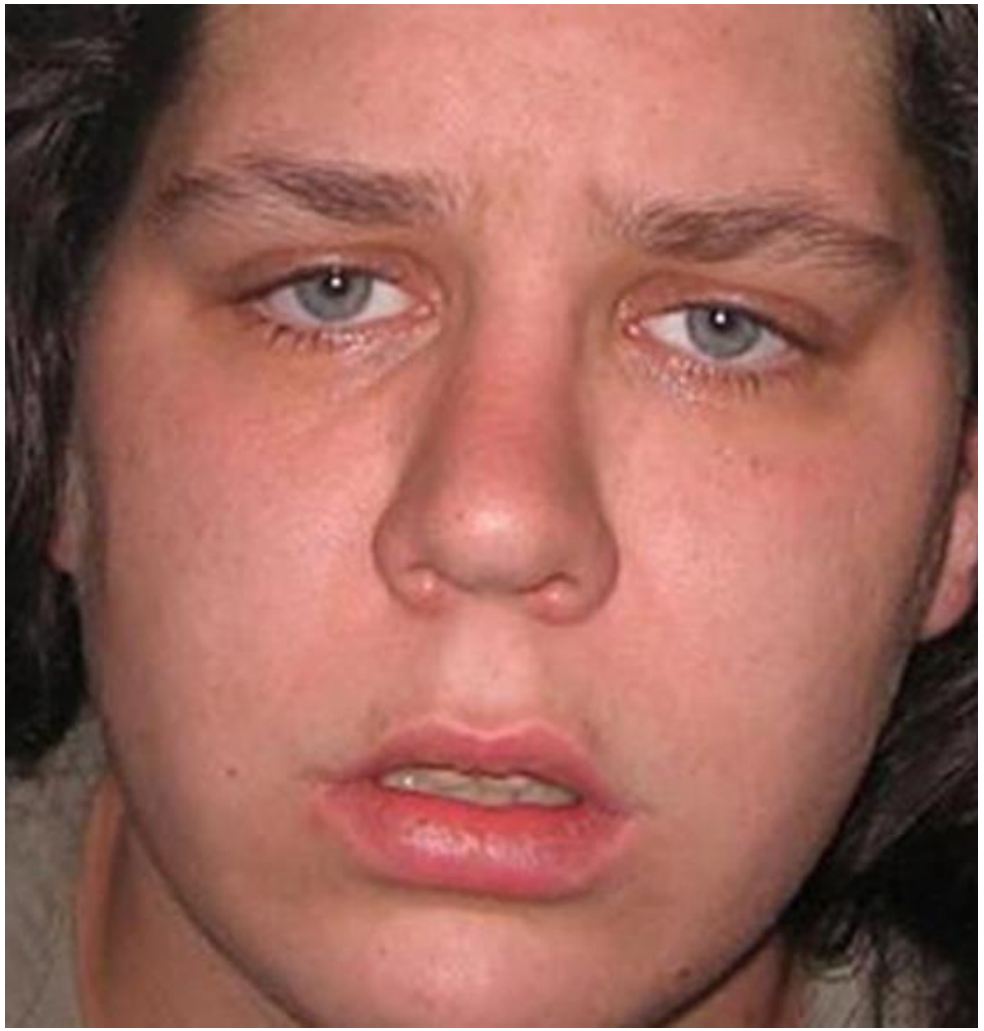
- more likely to be poor
- less able to plan
- less able to control impulses
- less confident about future
- less equipped with sense of self-efficacy
- have psychological and psychosomatic symptoms •
- have had poor educational attainment
- have a high sense of alienation
- struggle to manage money
- lack emotional maturity
- physically and emotionally exhausted
- experience depression
- lack of knowledge of children's developmental needs
- struggle to meet dependency needs of children
- experience feelings of apathy and futility.

(Kadushi 1988, Polansky 1981, Crittenden 1996, Gaudin 1993, Giovannoni 1979, Horwath 2007, Mayhall and Norgard 1983, Taylor and Daniel 2005, Stevenson 2007)

A Case Study

Demon Mother?

Tracy Connelly mother of Peter Connelly ‘Baby P’



Lives Mapped Out

20

What do the ‘demon mothers’ have in common?

- Neglect in childhood
- Early and/or prolonged exposure to violence and abuse
- Early loss
- Negative experiences / perceptions of helping agencies

End results….

Mal-adapted lives

Complex Post Traumatic Stress Disorder

Compromised parenting

Poor outcomes for generation after generation.

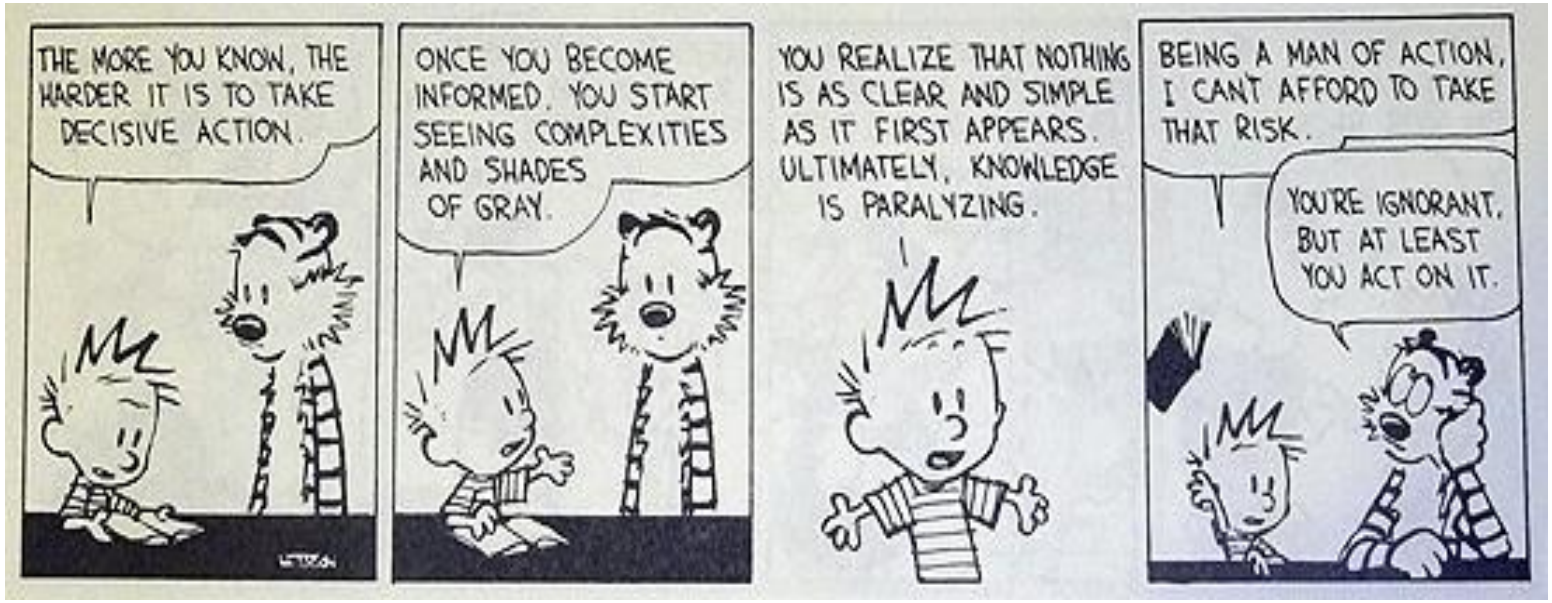
Chronic neglect
Chronic trauma

- Untreated child trauma is a root cause of many of the most pressing problems that communities face— problems for which policymakers are held accountable. These include poverty, crime, low academic achievement, addiction, mental health problems, and poor health outcomes.

What can we do?

- Increase our knowledge and understanding of the impact of neglect, abuse / trauma on how women and children may present e.g. aggressive, compliant, detached.
- Increase our knowledge and understanding of the impact of neglect /early trauma and abuse on the ability to parent and crucially what we can do to support women and girls as mothers.
- Increase our knowledge and understanding of how long term neglect affects child development (adolescents, risk taking, vulnerability, repeat victimisation)
- Recognising what may be happening in parenting/ abusive relationships e.g. tipping point between being a victim and becoming a perpetrator. Risk not recognised to self and others.
- To work safely and effectively with women and children we must acknowledge and address the impact of childhood neglect, trauma and abuse.
- Build our evidence base for what works.

Let’s just do it.



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LSCB Shadow Board

Kerry Hammond
Anne Hughes

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WHY

To make sure young people have a say in services that are there to keep them safe.

WHAT

The board arrange advisory forums where more young people come & give their views as well as working to advise the LSCB board to make sure everyone is working together.

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YOUNG PEOPLES SHADOW BOARD

Open to any young people aged between 11-19 years who want to work to keep children & young people safe.

HOW

By meeting at least 4 times a year to discuss any changes and to create projects.

GOAL

To get the voice of young people who aren't often heard and develop projects to keep young people safe in Cumbria

What does neglect mean to young people?

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Why did we run the forum?

- To improve people's concept of what neglect is.
- To reduce stereotyping towards neglect.
- To see what young people thought neglect is.
- To inform people of the signs of neglect.

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What happened?

- We ran 3 activities on neglect that were run and created by us.
- We had the young people create badges on neglect, create interactive crafty jigsaws and participate in a focus group.
- We talked about and listened to their ideas.

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What was the outcome?

- The young people left full of important knowledge and information.
- The workers also left with useful information.
- The badges the young people designed were entered into a competition.
- The young people gave good reviews of the forum.

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Recommendations.

- To raise awareness of neglect to other children and young people; adults working with them, parents and carers in order to combat neglect throughout Cumbria.

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Cumbria LSCB Neglect Strategy 2016 - 18

Louise Mason-Lodge, Designated Nurse for Safeguarding, Cumbria Clinical Commissioning Group
Deborah Evans, Children & Families Services

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There are varying experiences of neglect but long term exposure to neglect or serious neglect have long lasting effect on children. Therefore, we need to have a proportionate response dependant on the seriousness. Our vision for Cumbria is that fewer children will experience neglectful care and will be raised in a loving family environment.

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Overarching priority of ‘Collaboration and Working Together’

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- Listen and understand the ‘lived experiences’ of children who experience Neglect.

- Provide training for all Practitioners working with children on the Graded Care Profile

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- We will directly address the cycle of inter-generational neglect through working with parents to break the cycle.

- Effectively work with parents and ensure that professionals always maintain a focus on the child or young person's timeframe.

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- Ensure that Assessments do not become static and there is no drift

- Learn from the lessons from local Serious Case Reviews

How will we know if we are making a difference?

- Children having their needs met by their parents and families.
- Children achieving expected milestones in all areas of their life.
- Families asking for help and support when they need it without fear or stigma.

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- Shared ‘universal’ language and use of evidence based
- Early Help Assessments initiated due to low level or emerging neglect.
- Consistent practice and quick response evidenced in all audits.

- Fewer children on Child in Need plan or child protection plan under the category of neglect.
- Fewer Cumbrian children becoming looked after children.
- Fewer Cumbrian children experiencing long term or chronic neglect.

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- Less referrals and re-referrals for neglect to Cumbria Children's Services.
- No serious case reviews of Cumbrian children suffering or dying due to neglect.
- Criticism of inconsistent practice or response from all organisations.

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Develop confidence of all staff in identifying and working with neglect

- Increase in staff undertaking neglect training
- Universal language
- Practice champions

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Break

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Effects of Neglect on the developing brain

Dr Guinevere Chivers &
Dr Deb Lee

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Plan:

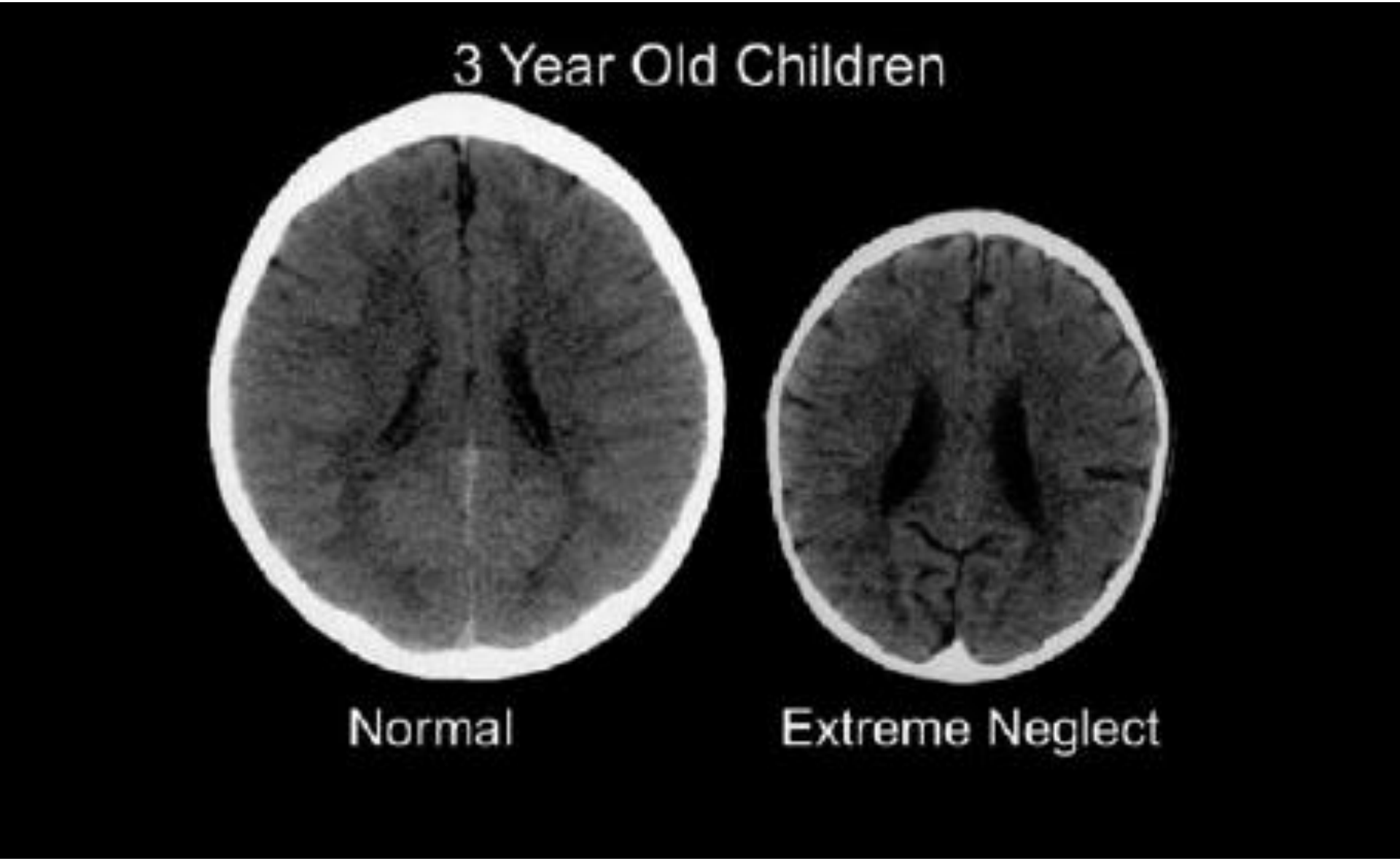
- What is Neglect?
- How big a problem is neglect?
- Why and How does neglect affect the brain?
- Why does this effect matter?
- What can we do
- Summary

What is neglect?

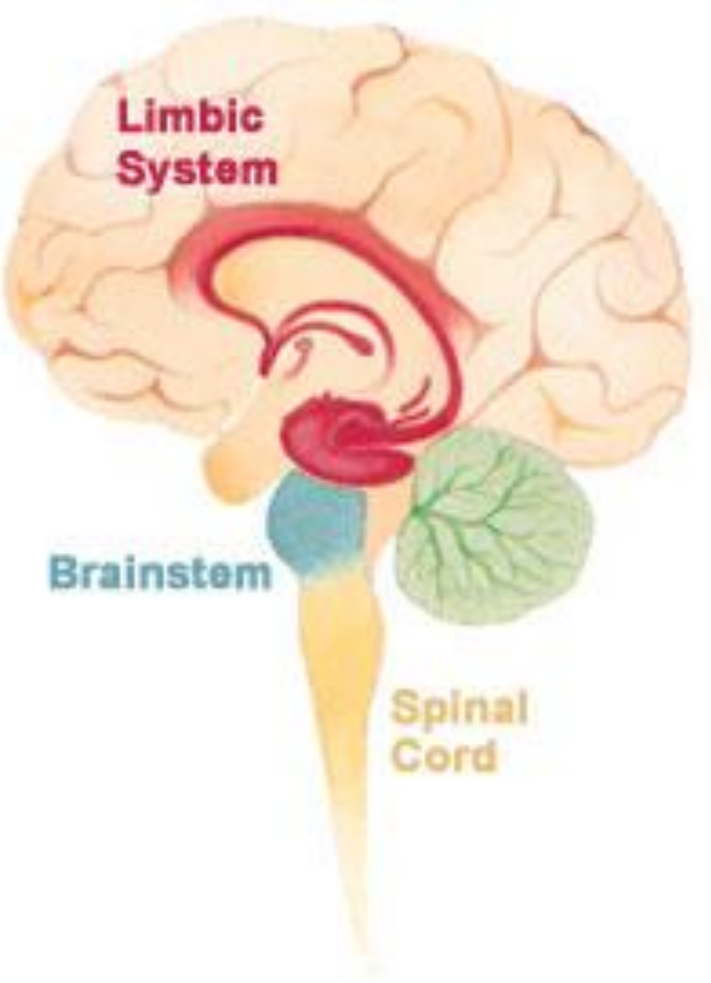
- Neglect is the persistent failure to meet a child's basic needs
- Neglect can be physical, emotional, medical and educational.
- Neglect is the commonest form of abuse
- Neglect causes long term harm and even death

How big is the problem of Neglect?

- 1 in 10 experience neglect: Radford, L. et al (2011) Child abuse and neglect in the UK today.
- 30% of contacts to the NSPCC's helpline were for concerns about neglect
- 36% of the concerns that the NSPCC's helpline referred to police or children's services related to neglect
- Neglect is a factor in 60% of serious case reviews

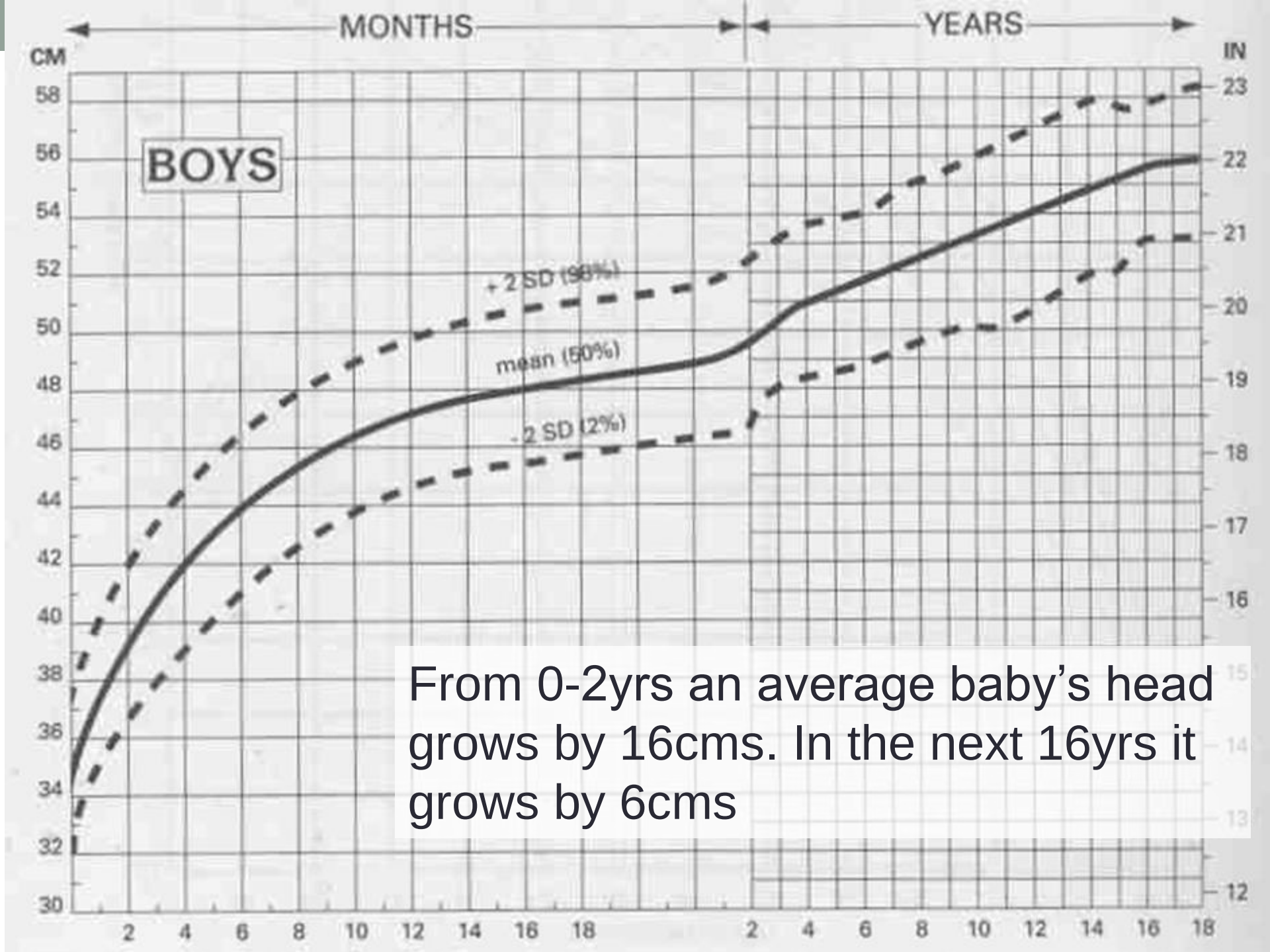

3 Year Old Children
Normal
Extreme Neglect

Why does neglect affect the brain



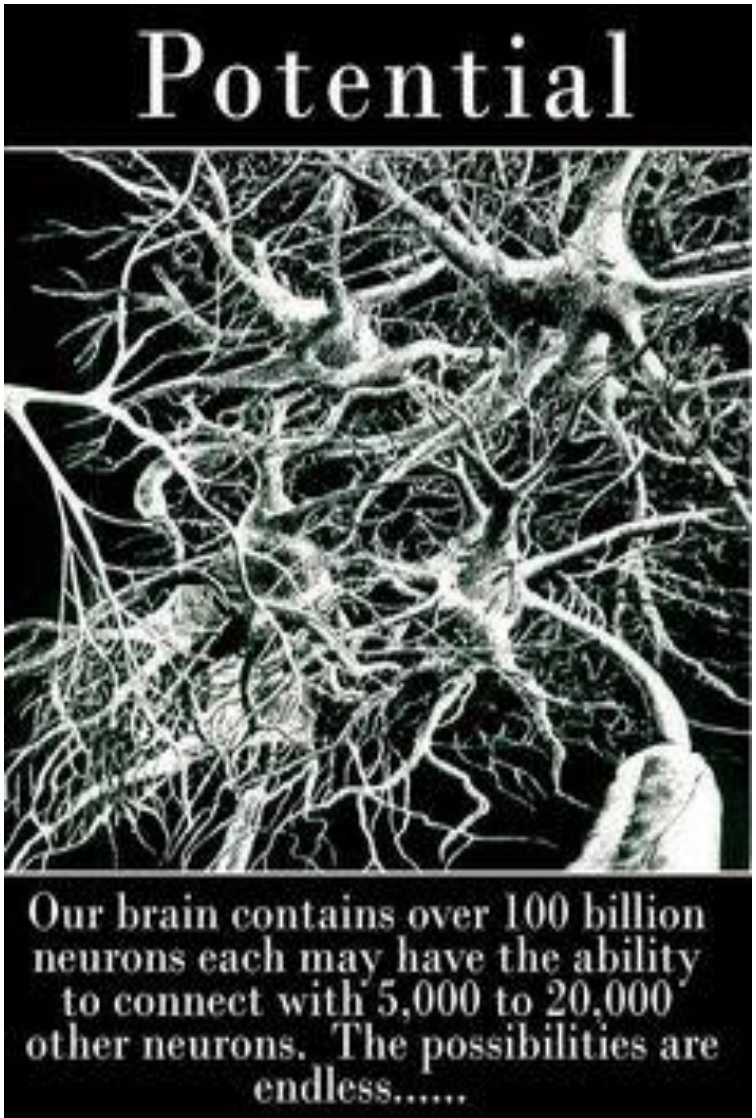
The infant Brain develops in a hierarchical fashion:

- Brain Stem and mid brain, essential for life develops in utero
- The Limbic system (the feeling brain) and
- Cerebral Cortex (the cognitive brain)
- These higher function brain regions grow rapidly in the first 3 years of life and are therefore affected by neglect



From 0-2yrs an average baby's head grows by 16cms. In the next 16yrs it grows by 6cms

What are the effects of neglect on the developing infant's brain?



- Our brains are not formed completely when we're born.
- Brain development after birth is experience dependant.
- Our genes and our experiences work together to create our intelligence, emotions, and outlook on life. And our experiences physically sculpt our brain.
- (Rattan, Good, & Dweck, 2012; Shively & Ryan, 2012).

Neglect and babies

- Babies are disproportionally vulnerable to abuse and neglect
- Babies are Seven times more likely to be killed than an older child
- Amongst serious case reviews: 36% relate to a baby (under one)

- Children's ability to respond to nurturing and kindness may be impaired (Shonkoff & Phillips, 2000).

Interaction and secure attachment

- Parents key role = modulate infant arousal
- Infant crying signals: “calm me down”

A parent responding sensitively and thoughtfully will calm the infant. Repeated experiences of need being met, results in the parent becoming a secure base from which to explore the world

Neglect produces insecure attachments between child and carer [The 3 Bears]

Secure – “Just right”

Neglect – Insecure/Ambivalent attachment –”Too hot”
Neglect – Insecure/Avoidant attachment – “Too cold”

Trauma – Disorganised attachment – “No porridge”

What are the biological effects of neglect?

The younger the child the more likely it is that neglect will affect the child's ability to think, rather than affecting the type of thoughts they have.

- Diagnosing 'attachment disorder'

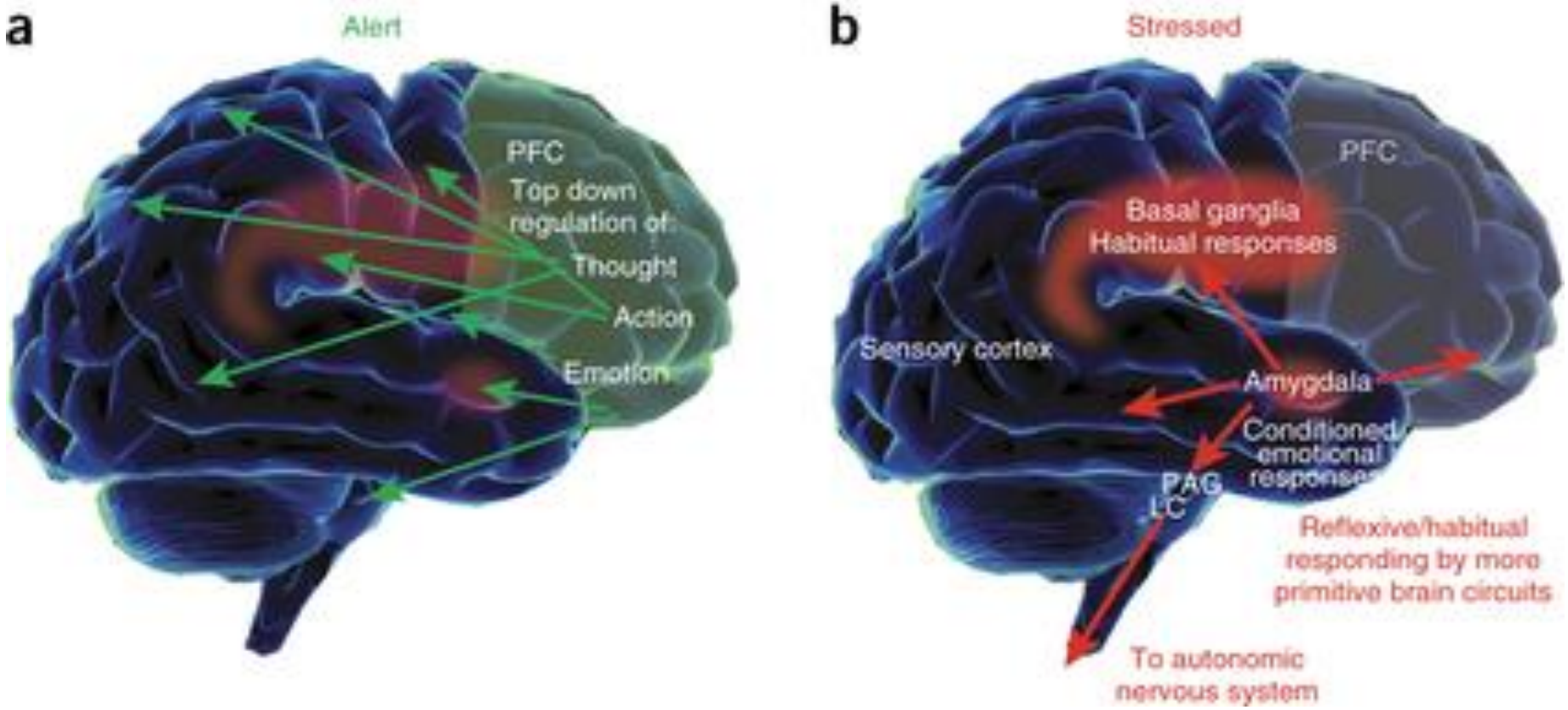
The effect of Neglect in infancy

- Infancy is our greatest opportunity to promote healthy neurological and psychological development.

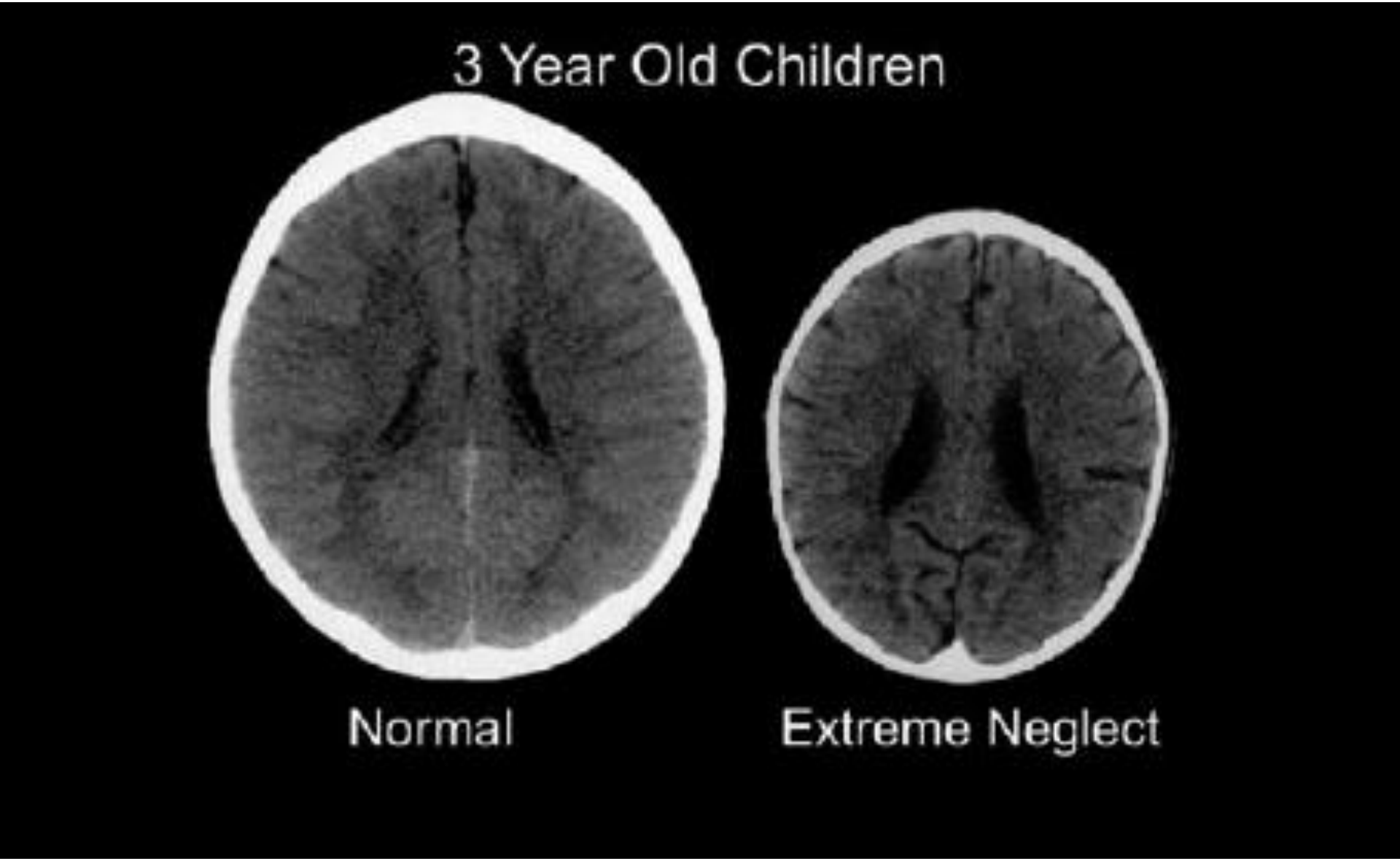
The effect of Neglect in adolescence

- Adolescence is a second opportunity to produce healthy neurological and psychological development.

Biological effects of stress



- Some studies on adolescents and adults, severely neglected, have a smaller prefrontal cortex, which is critical to behaviour, cognition, and emotion regulation (National Scientific Council on the Developing Child, 2012),

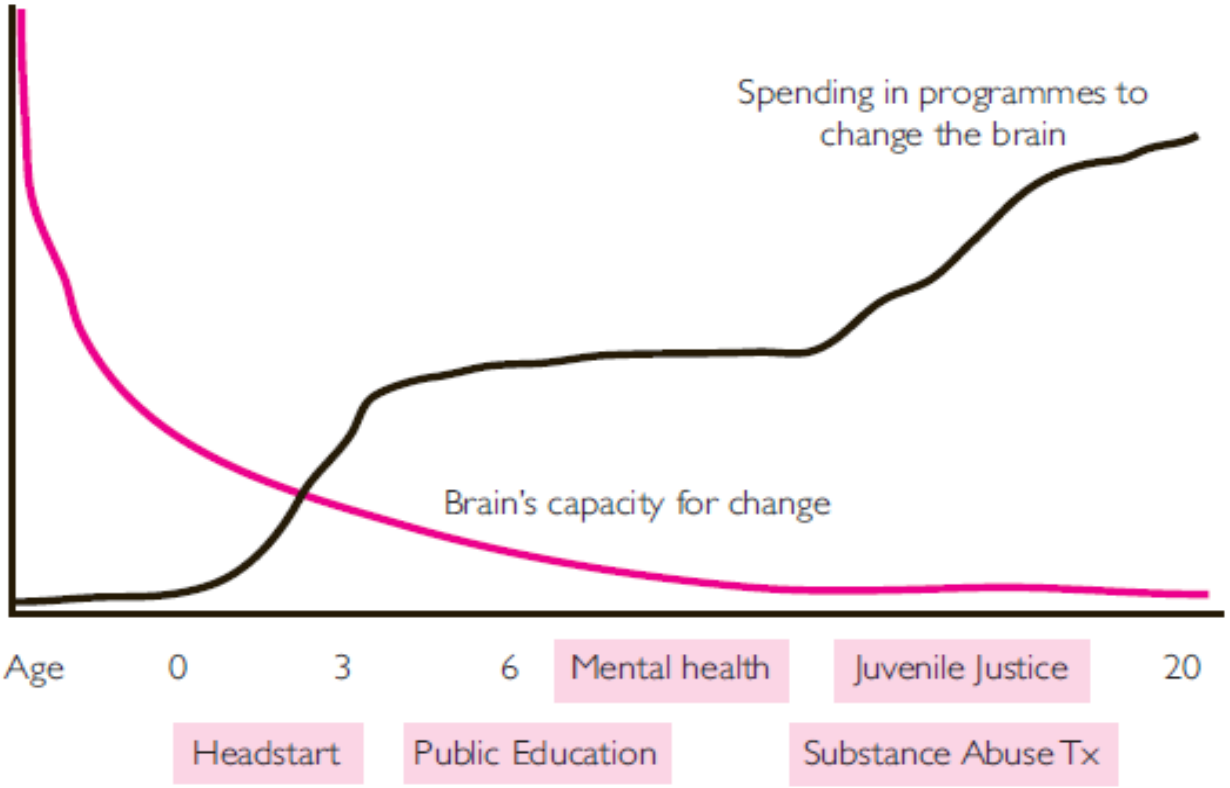

3 Year Old Children
Normal
Extreme Neglect

Stress response system

- Constant activation of the stress response system creates a stress response system permanently set to high alert (this is adaptive)
- This has multiple negative effects on other areas of higher brain development which are compromised
- This results in increased sensitivity to threat: even small stressors provoke large responses, that are slow to calm down
- Weakened cortical areas provide impaired emotional regulation

Brain development in childhood

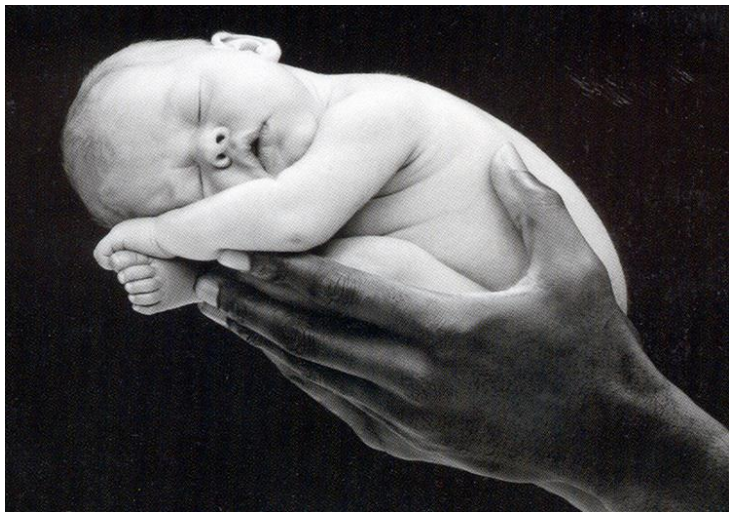
Brain's capacity to change versus public spending on programmes for change



Source: Wave Trust

What can I do?

- Resolve trauma
- Teach about attachment
- Work in partnership to reduce neglect
- Help people balance thinking and feeling
- Match attachment categories
- Advocate for investment in early and adolescent years



Summary

Neglect causes stress and stress has a toxic effect on the developing brain.

- Early neglect impairs a child's ability to think.
- Later neglect affects what the child thinks (about themselves, others and the world)

What we can do is:

- Invest wisely
- Work in partnership

Graded Care Profile

Phil Rigotti

Child Centred Practice

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Graded Care Profile

The original Graded Care Profile (1995) is a tool designed to provide an objective measure of the care of children. The GCP model is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children's developmental needs.

STRENGTHENING PRACTICE

DEVELOPING SKILLED AND VIBRANT PROFESSIONALS

What is it?

The Graded Care Profile (GCP) is a tool that can support practitioners to think about neglect across all the categories of a child's experience.

The GCP is a descriptive scale. The grades indicate quality of care and are recorded using the same 1 to 5 scale in all areas, with one being the best care that can be provided and 5 being the poorest care.

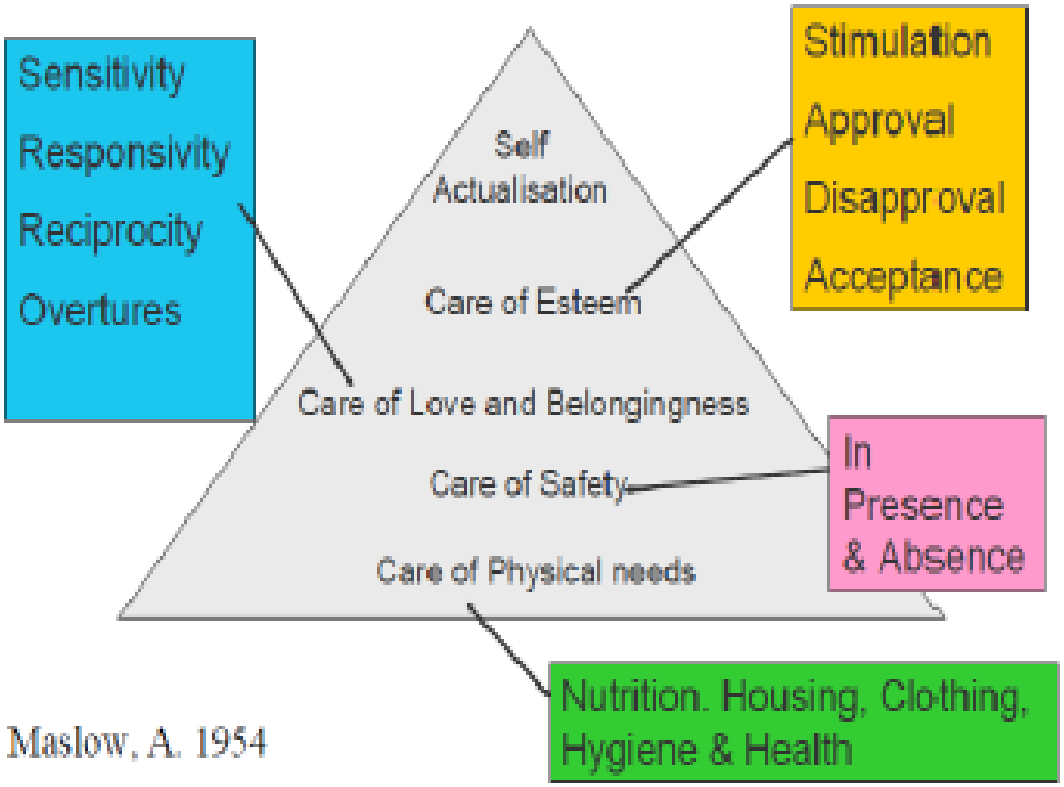
Instead of giving a diagnosis of neglect it defines the care showing both strengths and weaknesses as the case may be.

GCP doesn't review or collate the causes that may have led to suboptimal parenting, but it does provide an excellent way to measure and scale the quality of care delivered whilst keeping the child at the centre.

Maslow's Human Needs Theory

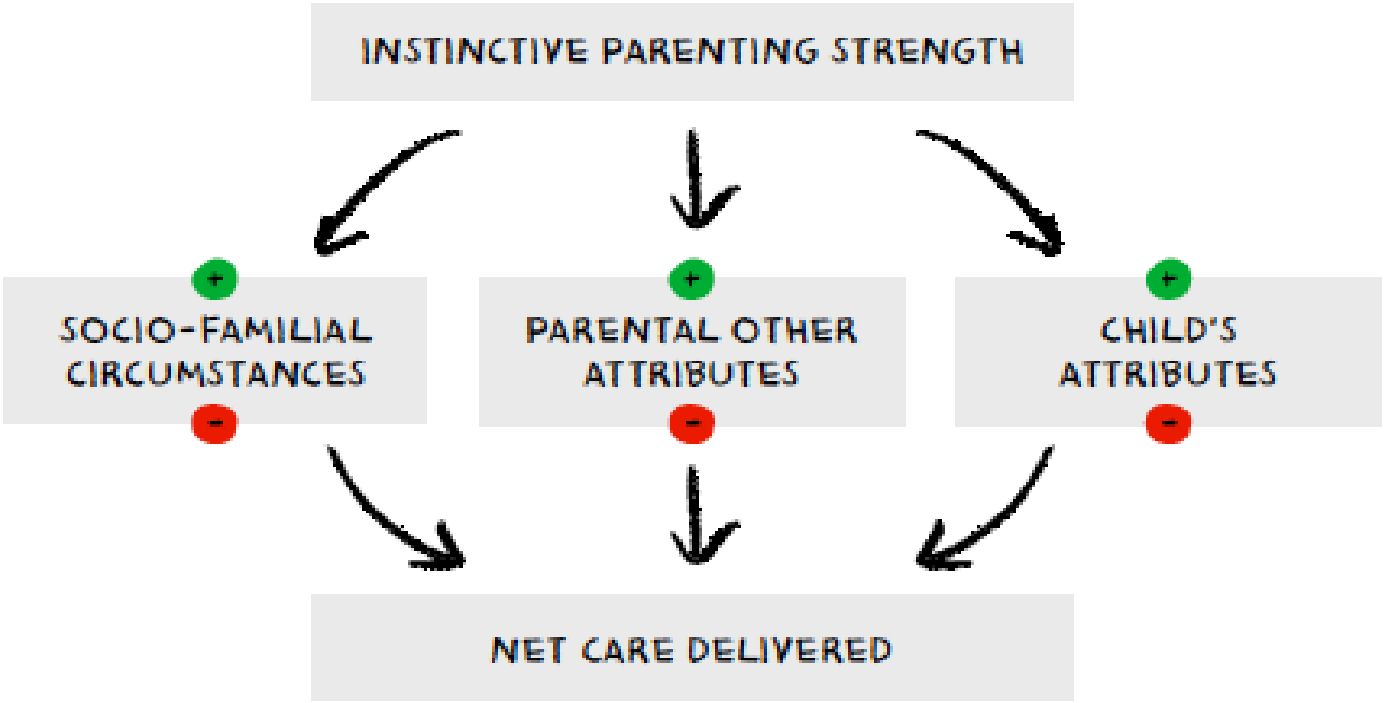
Maslow, A.H. (1954). Motivation and Personality. Harper and Row; New York.

Areas of Care



Maslow, A. 1954

Instinctive Parenting Strength



"a distinct biological trait, well-known to evolutionary biologists, which all human beings have in common with other species."

2. Clutton-Brock, T.H. (1991). Evolution of Parental care. Monograph in Behaviour and Ecology; Princeton University Press

Why use it?

Prevention: it can be and has been used by universal services like health visitors for children where there is suspicion of neglect.

Timely referral: where there's an uneven care profile (grades 4–5) and the carer seems to be engaging, the work on improvement should continue.

Prompt action: where neglect is suspected and the GCP shows mostly grade 5, cases need to be referred promptly to minimise harm or escalated up for legal advice.

The GCP itself doesn't review or collate the causes that may have led to suboptimal parenting, but it does provide an excellent way to measure and scale the quality of care delivered whilst keeping the child at the centre.

Descriptive Behaviours

Physical care					Emotional warmth / love	
Nutrition	Housing	Clothing	Hygiene	Health	Carer sensitivity	Mutual engagement
Safety					**Esteem**	
In presence		In absence			Stimulation	Approval

Disapproval	Acceptance

Each of the sub-categories is then further broken down into a series of items. For example, for nutrition:

Nutrition			
Quality	Quantity	Preparation	Organisation

The Grades

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Level of care	All child's needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essential needs entirely unmet / hostile
Commitment to care	Child first	Child priority	Child/carer at par	Child second	Child not considered
Quality of care	Best	Adequate	Equivocal	Poor	Worst

The Explanatory Table

EMOTIONAL WARMTH / LOVE

	1 – child priority	2 – child first	3 – child and carer equal	4 – child second	5 – child not considered
			CARER		
Sensitivity	Looks for or picks up on very subtle signals, verbal or nonverbal, expression or mood.	Understands clear signals, distinct verbal or clear nonverbal expressions.	Not sensitive enough – messages and signals have to be intense to be noticed.	Quite insensitive – needs repeated or prolonged signals to respond.	Insensitive even to sustained signals or clearly dislikes the child.
Timing of responses	Responds at the time or even before in anticipation.	Responds mostly at the time of signals except when occupied by essential chores.	Does not respond at the time if during own leisure activity. Responds at time of signals if fully unoccupied or child in distress.	Delays even when child is distressed.	No response unless a clear mishap or out of concern at being observed not responding.
Reciprocation	Responses fit with signal from the child; emotionally and materially. Can cope with stress.	Material responses lacking at times but emotional responses warm and reassuring.	Emotions warm towards child if in good mood, otherwise flat.	Emotional response brisk and flat. Annoyance if child in moderate distress but attentive to severe need.	Disliking and blaming the child; acts after serious mishap to avoid being accused of not doing so; warmth may appear un-genuine.
			MUTUAL ENGAGEMENT		
Beginning interactions	Carer starts interactions with the child. Child starts interactions with carer. Positive attempts by carer even if child is defiant.	Carer starts interactions with child. Child starts interactions with carer. Carer may 'give up' on the interaction if child defiant (neutral).	Child mainly starts interactions. Carer sometimes does. Carer negative if child's behaviour defiant.	Child mainly starts interactions. Not very often the carer.	Child does not attempt interactions, carer neither. Child appears resigned (withdrawn) or fearful of carer.
Quality	Frequent pleasure by both.	Quite often and both enjoy equally.	Less often engaged for pleasure; child enjoys	Engagement mainly for practical purposes.	Carer dislikes it when child tries to engage.

The Explanatory Table

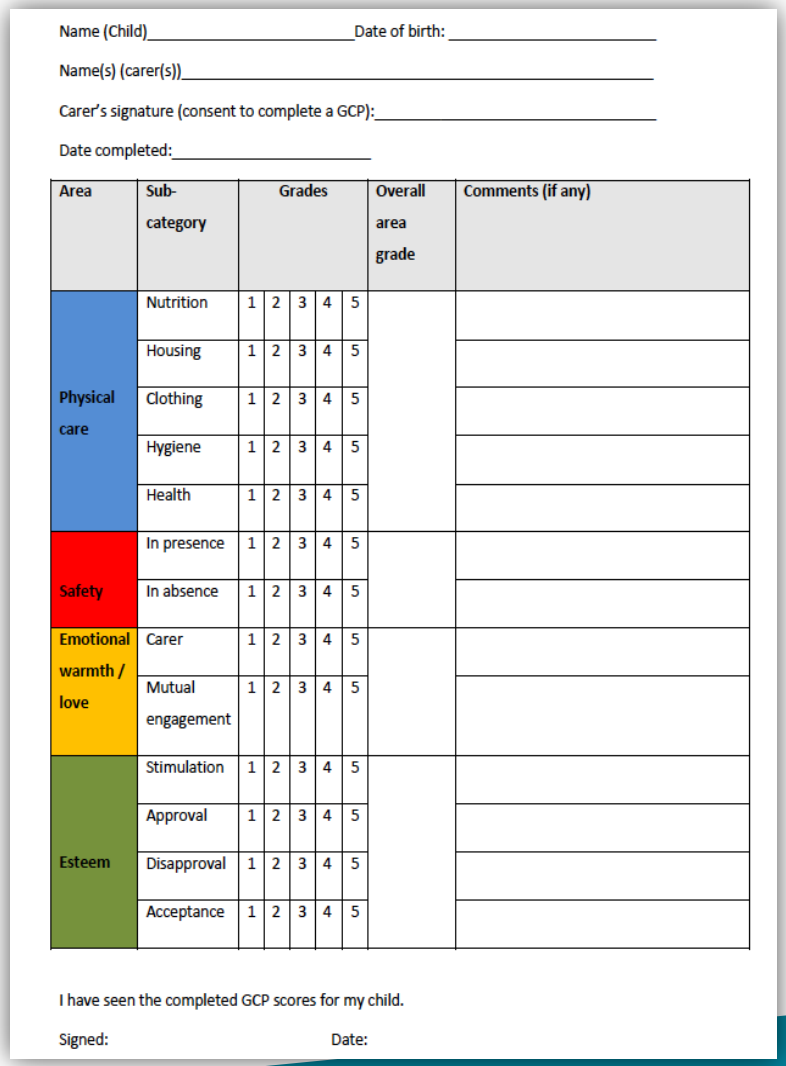
PHYSICAL CARE

	1 – child priority	2 – child first	3 – child and carer equal	4 – child second	5 – child not considered
			NUTRITION		
Quality	Aware and thinks ahead; provides excellent quality food and drink.	Aware and manages to provide good quality food and drink.	Provision of reasonable quality food, inconsistent through lack of awareness or effort.	Provision of poor quality food through lack of effort; only occasionally of reasonable quality if under pressure.	Quality not a consideration at all or lies about quality.
Quantity	Ample; carer has checked these are the right portion sizes.	Adequate; these appear to be the right portion sizes for age.	Adequate to variable.	Variable to low or over feeding of poor quality food.	Mostly low or starved; little or no food or severe over-eating.
Preparation	Specially cooked / prepared for the child.	Well prepared for the family, taking child's needs into account.	Preparation infrequent and mainly for adults; child sometimes thought about.	More often no preparation; child's needs not considered.	Hardly ever any preparation; child lives on snacks, take-away food and / or cereals.
Organisation	Meals carefully organised, seating, timing, manners; appropriate equipment for the child.	Well organised, often using seating, regular timing, manners; appropriate equipment for the child.	Poorly organised, irregular timing, poor seating, manners; limited equipment for the child	Ill-organised, no clear meal time, area; little or no equipment provided for the child. Child drinks / eats from containers.	Chaotic – eat when and what one can; no equipment provided, child / baby left alone to eat / drink.

STRENGTHENING PRACTICE

DEVELOPING SKILLED AND VIBRANT PROFESSIONALS

The Scoring Sheet



Name (Child)_____Date of birth: _____

Name(s) (carer(s))_____

Carer's signature (consent to complete a GCP):_____

Date completed:_____

Area	Sub-category	Grades					Overall area grade	Comments (if any)
Physical care	Nutrition	1	2	3	4	5		
	Housing	1	2	3	4	5		
	Clothing	1	2	3	4	5		
	Hygiene	1	2	3	4	5		
	Health	1	2	3	4	5		
Safety	In presence	1	2	3	4	5		
	In absence	1	2	3	4	5		
Emotional warmth / love	Carer	1	2	3	4	5		
	Mutual engagement	1	2	3	4	5		
Esteem	Stimulation	1	2	3	4	5		
	Approval	1	2	3	4	5		
	Disapproval	1	2	3	4	5		
	Acceptance	1	2	3	4	5		

I have seen the completed GCP scores for my child.

Signed: Date:

The most common scoring (mode) for each area is plotted into the scoring sheet. Where sub-categories scored 4 or 5 this is the over area grade given.

Practice Pointers

Highlights “what it’s like” for the child not “why it’s happening”

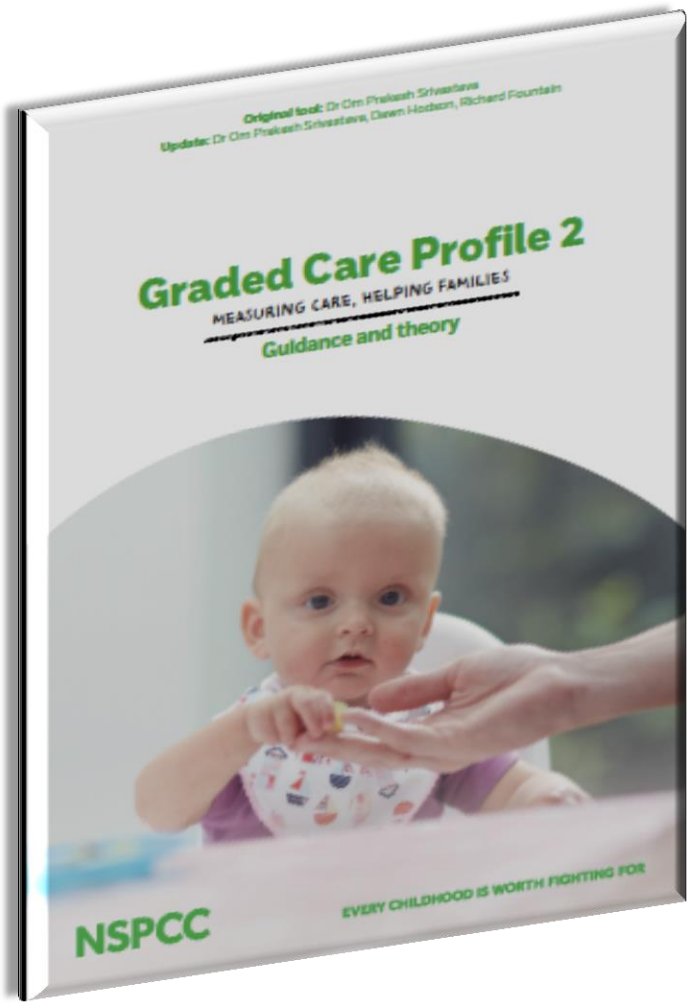
Focusses on the typical state of the home environment and essentially overlook any short term fluctuations – observations should be on a ‘normal’ day.

If there is even a single score of 4 or 5 in any area then this ‘over-rules’ the other scores in that area.

Attempts by a carer to mislead or to lie would normally lead to a score of 5.

Parents and carers should be encouraged to score themselves and other professionals that visit the home should be asked to contribute.

Graded Care Profile 2



- Currently undergoing further trail work with the NSPCC being the sole provider of licensed training.
- New items of obesity and online safety
- Love and belonging changed to emotional care and esteem to developmental care

GCP2 GRADE	DESCRIPTION	RESPONSE
1 2	**No neglectful parenting** Consistent good quality parenting where the child's needs are always paramount or a priority.	Normal universal access: further assessment as and when indicated.
3	**Mild neglect** Failure to provide care in one or two areas of basic needs, but most of the time a good quality of care is provided across the majority of the domains.	Usually does not warrant a report to the Local Authority, but might require a single agency targeted short-term intervention or potentially CAF until resolved. May escalate if care deteriorates.
4	**Moderate neglect** Failure to provide good quality care across quite a number of the areas of the child's needs some of the time. Can occur when less intrusive measures such as community or single agency interventions have failed, or some moderate harm to the child has or is likely to occur (for example, the child is consistently inappropriately dressed for the weather — wearing shorts and sandals in the middle of winter).	This requires a multi-agency co-ordinated intervention, potentially with a CAF or at CIN level (or similar) for further support where needed. All cases need formal monitoring for referral to children's services if they don't improve. If there's evidence of no improvement, if associated with substantial risk factors, or where care is grade 4 in most areas, a referral should be made from the outset. May also be managed at CP level parents aren't engaging with work or there have been concerns for a substantial period of time.
5	**Severe neglect** Failure to provide good quality care across most of the child's needs most of the time. Occurs when severe or long-term harm has been or is likely to be done to the child or the parents/ carers are unwilling or unable to engage in work.	Where care is grade 5 in more than one area, a referral to children's services will be required. If the child is subject to child protection arrangements then the GCP2 should be repeated for each review, or as agreed. If this persists across a period of time or care is grade 5 in all areas, then discussion about a legal option may be required. The GCP2 can be used as part of the evidence for legal planning.

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STRENGTHENING PRACTICE
DEVELOPING SKILLED AND VIBRANT PROFESSIONALS

Break

CUMBRIA LSCB

CUMBRIA LOCAL SAFEGUARDING CHILDREN BOARD

Plenary by Richard Simpson, Vice Chair Cumbria Local Safeguarding Board

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Thank You

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