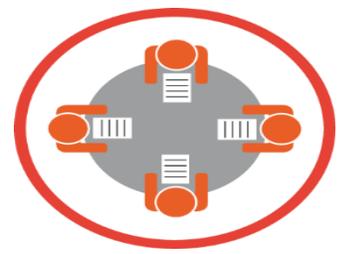


research
in practice



Reflecting on the evidence: messages from the SCR triennial analysis and exploring what neglect means for children and families

Dez Holmes

Research in Practice

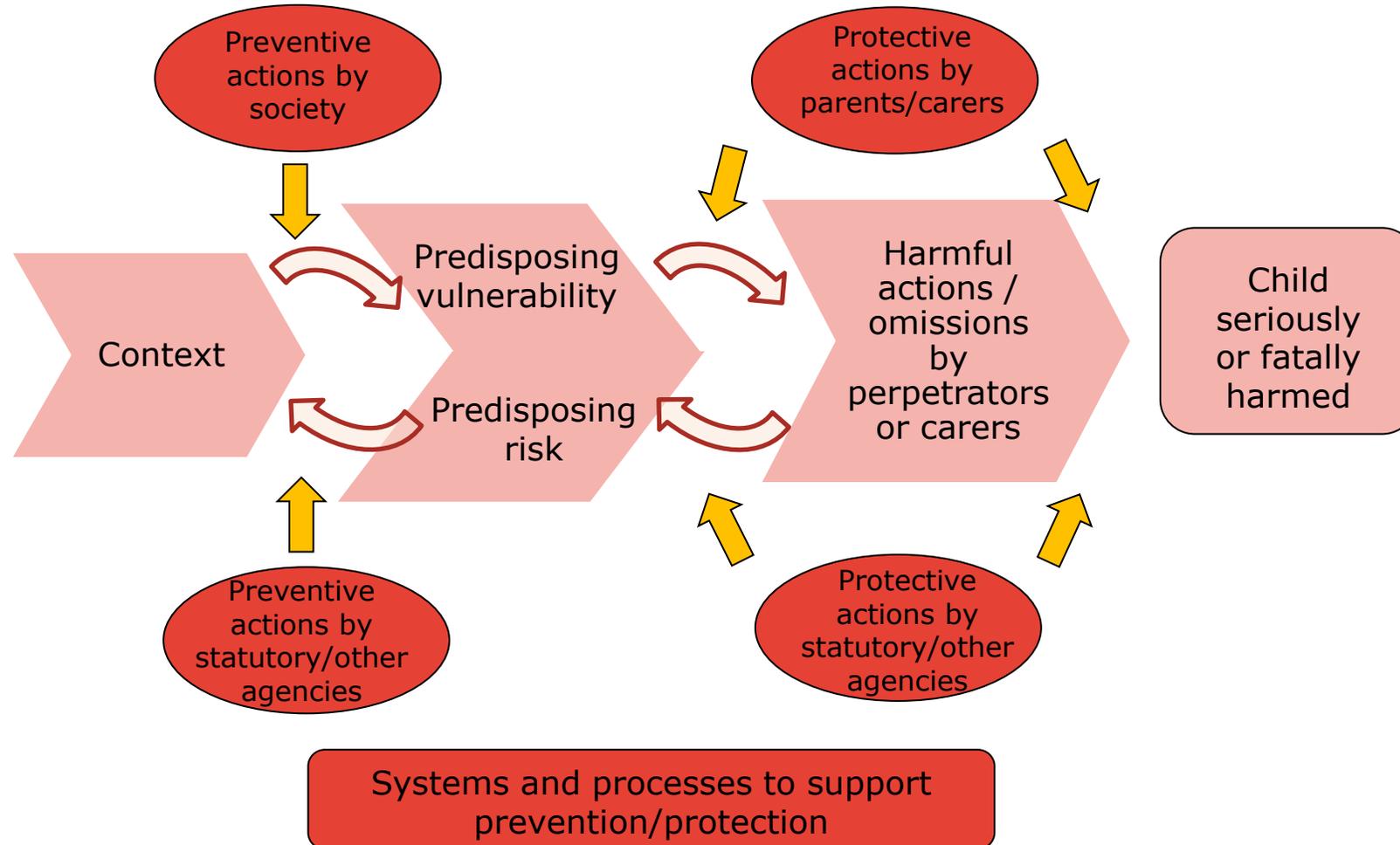
Dartington

Whistlestop...

- > Overview of the SCR triennial report
- > Some things we know about neglect from research
- > What practitioners can find difficult when working with families
- > Impact of neglect on children
- > Don't forget the teenagers... interactions between neglect and other forms of harm in adolescence

Pathways to prevention and protection

(Sidebotham et al, 2016)

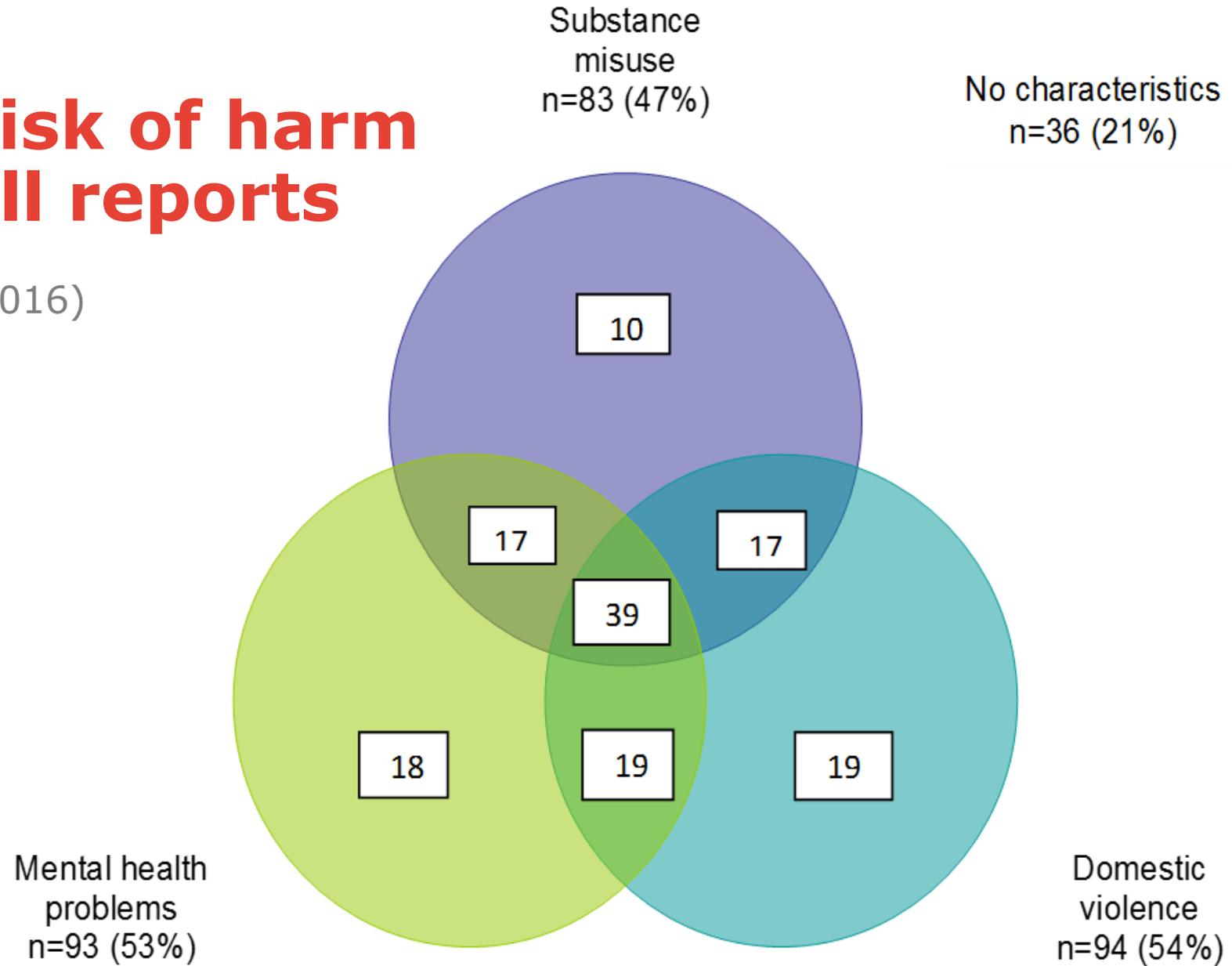


Triennial analysis 2016: overview (Sidebotham et al, 2016)

- > More than 50% of SCRs concerned children and young people below the threshold for CSC.
- > Two age groups stand out as being particularly vulnerable: **babies** and infants; and **adolescents**.
- > Neglect was a factor in two-thirds of the non-fatal SCRs and over half of the fatal cases.
- > Domestic abuse was a factor in more than half of the cases.
- > Most (82%) of the serious and fatal maltreatment happened at home and involved parents or other family. For adolescents increase outside home increases

Cumulative risk of harm in the 175 full reports

(Sidebotham et al, 2016)



Cumulative and interacting risk of harm: parents

- > Domestic abuse, mental health, drug and alcohol misuse (combined or singly)
- > Adverse childhood experiences
- > A history of crime (especially for violence)
- > Patterns of multiple consecutive partners
- > Acrimonious separation
- > Transient lifestyles and social isolation

These factors appear to interact with each other, creating cumulative levels of risk the more factors are present.

'As a result of Father's arrest... any concerns regarding risk of domestic violence were [thought by professionals to have been] effectively eliminated'

(Sidebotham et al, 2016)

Assessment

- > Hearing the voice of the *family* - use family expertise in collaborative working between professionals and families
- > Families may be unaware of the risks / vulnerability
- > Families may not know where to go with concerns
- > Family concerns may not have been heard or acted on
- > Families may see their role as support not scrutiny

'Father was not aware of the assessment... His views were never sought, despite him having parental responsibility, and... he had made allegations to court about his concerns regarding Mother's drinking, mental health and her potential aggression'

(Sidebotham et al, 2016)

Balancing support and scrutiny

- › Most child protection work is complex and long-term
- › Parents need support and to be able to trust professionals
- › A caring, supportive approach does not compromise professional challenge and scrutiny

'The first primary school was in a position to know about the struggles Mother had had in her own upbringing and in her relationship with Father. They were child-centred in their concerns, as well as sympathetic towards Mother. The school staff were consistently involved in attending and sharing information at Child in Need, and later CP, meetings.'

(Sidebotham et al, 2016)

Holding *potential* risks

- > offer support for low-level needs
- > risks change: be aware of changing circumstances that may increase risk
- > listen to children-provide opportunities for disclosure
- > be aware of the parenting responsibilities of adult clients and the potential risks to children
- > be confident in discussing personal relationships with parents and assessing their impact on children
- > engage with wider family members and recognise the impact of isolation from wider family networks

(Sidebotham et al, 2016)

Appropriate information sharing

'Data protection legislation and concerns about information sharing is leading to anxiety and confusion about when information can be shared, and with whom, with or without consent. The culture of patient confidentiality in some organisations, such as those working within "health", means that the focus tends to be on protecting this right rather than on the safety of children.'

(Sidebotham et al, 2016)

How are we still here?

Moving from episodic to long-term models of support and intervention (Sidebotham et al, 2016)

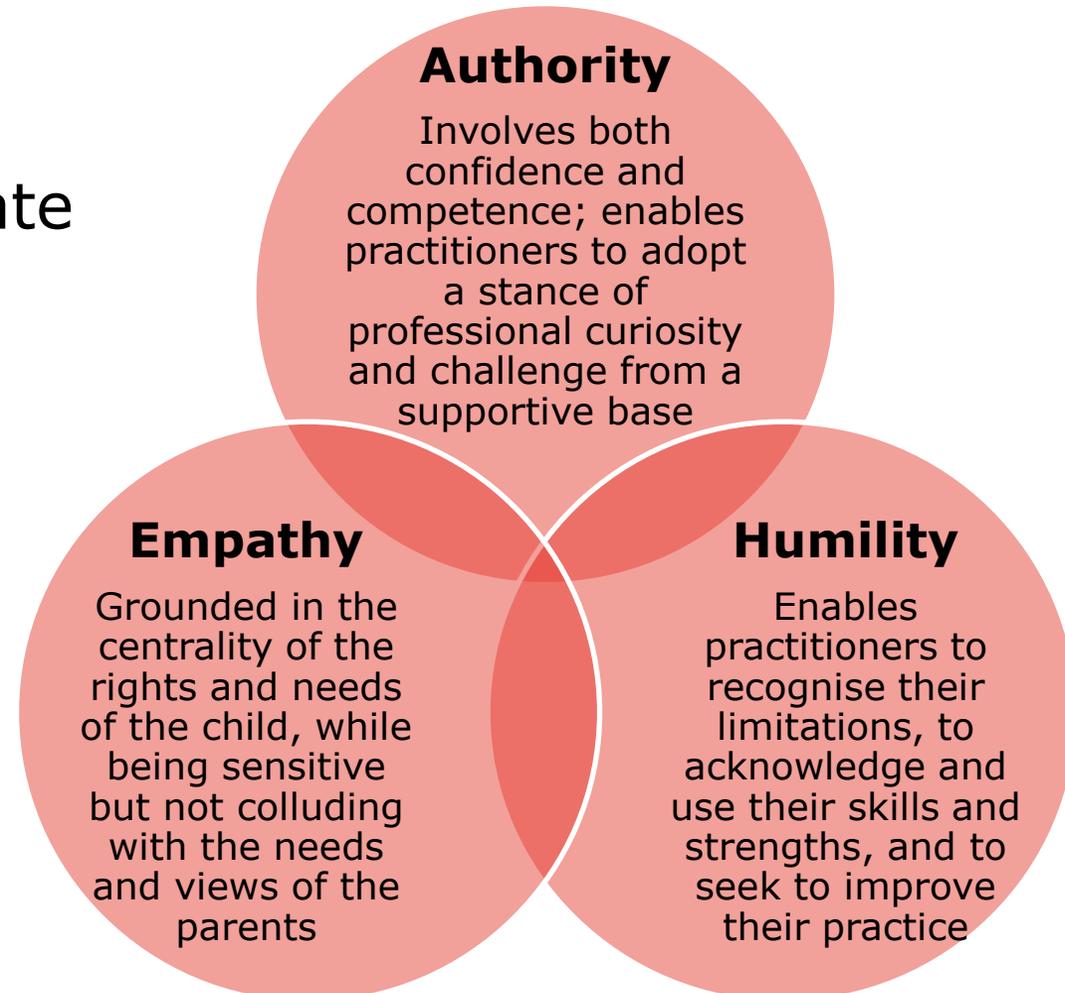
- > Recognising the ongoing, fluctuating and at times cyclical interplay of vulnerability and risk
- > Chronologies and systematic review
- > Promoting resilience
- > Building in monitoring, review and revision

'Most incidents were dealt with in isolation and the cumulative effect of domestic abuse was not sufficiently recognised by any of the involved agencies. The interventions which did take place appeared to do nothing to cease the pattern of alcohol abuse and domestic abuse continuing.'

Authoritative safeguarding and child protection

- > Developing models and cultures of working that mitigate the complexity and ambiguity
- > Providing effective supervision and support

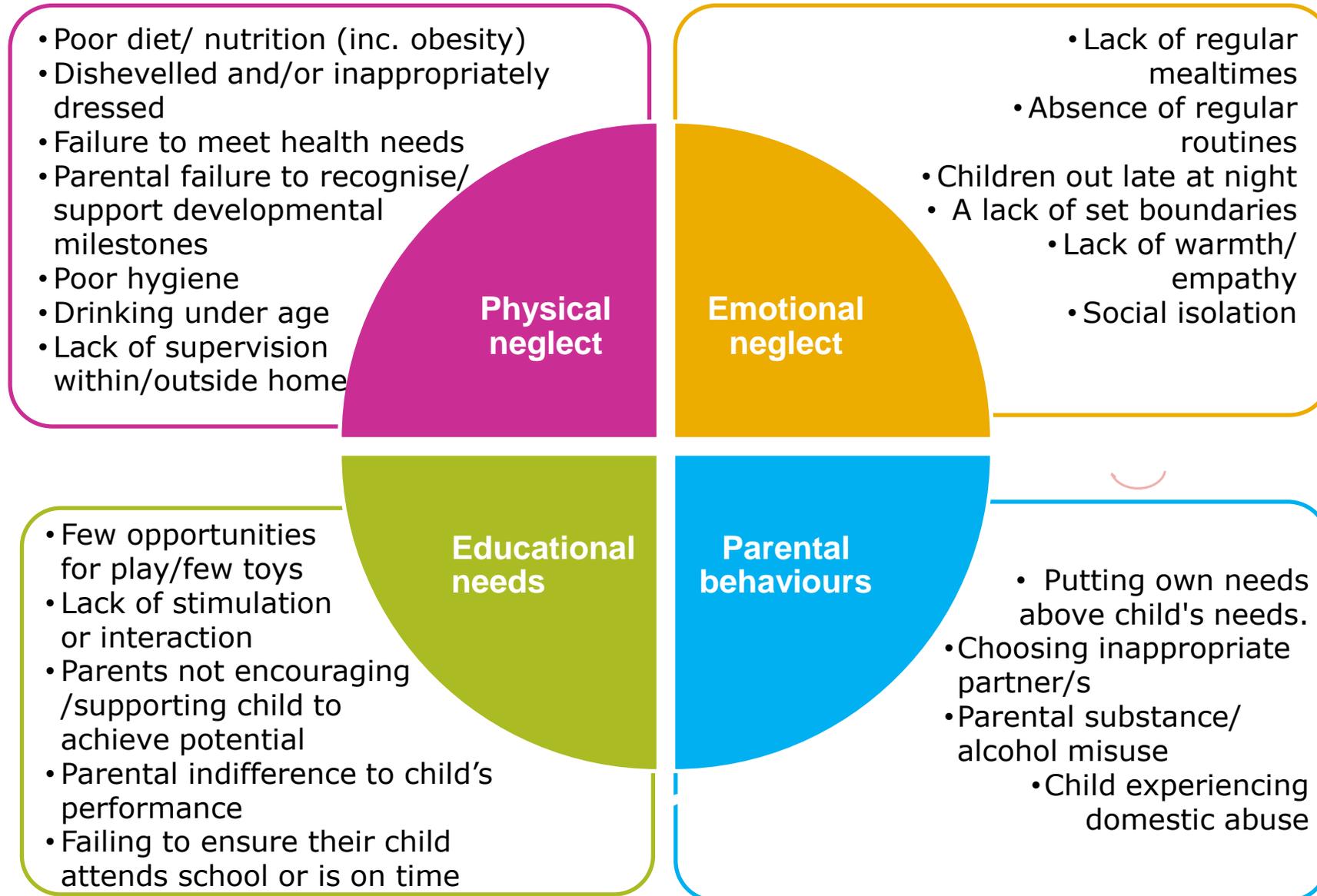
(Sidebotham et al, 2016)



Neglect: what do we know?

- › 12% of these children in the analysis had a CP plan. Neglect by far the most common category
- › Neglect was a factor in two-thirds of the non-fatal SCRs and over half of the fatal cases.
- › Neglect is the most common form of maltreatment in England (Radford *et al*, 2011). 43% of CP plans are 'neglect' (DfE, 2013)
- › Potentially the most damaging maltreatment - its impact is far-reaching and it is difficult to overcome (Gilbert *et al*, 2009)
- › Affects children of all ages (adolescents are the most neglected age group (Rees *et al*, 2011))

research in practice



Risk factors (Brandon *et al*, 2014)

Social and environmental

- > Poverty (Connell-Carricks, 2003; Sedlak, 2010) – increased stress
- > Poor living conditions (Slack *et al*, 2003)
- > Social isolation (Connell-Carricks, 2003)

Parents

- > Maternal mental ill-health, learning disabilities, drug and alcohol misuse, domestic violence (especially in combination) (Schumacher *et al*, 2001)
- > Age – adolescent parents (Howe, 2005)
- > Men – risk or resource? Lack of evidence (Zanoni, 2013)

Children

- > Pre-term/low birth weight babies, complex health needs (Strathearn *et al*, 2001)
- > Age of child (pre-school and adolescents most at risk)
- > Disabled children (Stalker & McArthur, 2012)

Poverty, public health & child protection

- › Poverty and disadvantage increases poor health – *and vice versa*
- › Correlation between poverty and issues affecting parenting capacity (DVA, MH, SM)
- › Correlation between deprivation and child protection, CiN and LAC rates (Bywaters, 2014)
- › Correlation between poverty / disadvantage and ethnicity, gender and disability
- › Poor young women (esp LAC) are particularly vulnerable to DVA (Wood *et al*, 2011)
- › Policy implications – forget the politics, see the people

PSM & neglect

Particular risk factors associated with substance use and neglect:

- > Parenting alone (*but...*)
- > Being a younger mother
- > Child under three
- > More than one child
- > Mother's psychological state
- > Parental use of Class A drugs
- > Domestic violence
- > Deprived socio-economic circumstances

(Nair *et al*, 1997; Brandon *et al*, 2012)

NB: it's complex, not causal – beware of linear thinking!

The impact of neglect

Early impacts	Medium term impacts	Long-term impacts
Changes to body's stress response	Violence and delinquency	Longer term mental health problems
Low self-esteem / negative self-representations	ADHD symptoms	Anxiety disorders
Attachment difficulties	Personality disorders	Suicide attempts
Socially withdrawn	More likely to be arrested for violence	Substance misuse
Aggression / impulsivity	Withdrawn / few friends	'Risky' sexual behaviour
Impaired cognitive ability / problem-solving	Experience relationship conflict	Increased risk of poor physical health

“Persistent”: discrete events vs. chronic experiences?

- › Physical and sexual abuse can be one-off incidents *and* experiences repeated over time.
- › In contrast, the Working Together definition of neglect uses chronicity – i.e. “persistent”.
- › Reliance on ‘chronicity’ can delay much needed responses (Gardner, 2008)
- › Argument that unpredictable or inconsistent caregiving could be as harmful as persistently poor caregiving.

(taken from Brandon, 2015)

However...

Professionals struggle to identify and act on indicators of neglect
(Laming 2003; Gilbert *et al*, 2009)

Why?

- › Uncertainty – how to act? Help at home or in care?
- › Thresholds – how much risk to tolerate?
- › Mind-sets – e.g. fear of being judgemental, focus on parent, “not my area of expertise” etc.

(taken from Brandon, 2015)

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)

The tension of partnership working with parents

There is a linguistic and conceptual dilemma between a wish and need to protect children from harm, and a reluctance to label or blame caregivers who hold a primary role and responsibility in the child's life.

(Glaser, 2002)

Fathers and men: *a blind spot?*

Assessing parental 'intentions'

...to determine the presenting issue (e.g. that there is neglect).	NOT NECESSARY
...for a decision to start to intervene.	NOT NECESSARY
... in deciding the nature of intervention.	ESSENTIAL
... for deciding what formal action to initiate.	ESSENTIAL

Assessing parental capacity to change: what does it mean?

- > What happened?
- > Will they do it again?
- > How can I help?
- > Can they change?
- > Is the child safe at home while they try?
- > How will I know it has worked?

Assessing parental capacity to change requires...

Step 1: Working out what is going on now

Step 2: Agreeing what needs to change

Step 3: Offering help (of a kind that we know works)

Step 4: Measuring what changes as a result

(Dawe and Harnett, 2007)

What gets in the way?

- › Unfounded optimism
- › Relative judgement
- › 'Start-again' syndrome
- › Lack of information, time, feedback, supervision
- › Decision fatigue/avoidance
- › Reliance on clinical judgement alone

What can you do?

- > Structured professional judgement
- > Support and encourage use of standardised tools in practice and in supervision
- > Actively promote partnership working with families
- > Enable support for action when goals not reached
- > Provide high quality training, CPD and supervision
- > Complete regular service audits of decision-making processes

Importance of observation

- › Counter-transference reactions as window into child's world and what it might be like to be there
- › A 'vital part of parenting assessments' (Jones in Horwath, 2010)
- › Identified in SCRs and research on working with resistant and hard to reach families as crucial (Fauth *et al*, 2010; Brandon *et al*, 2012)
- › Observation uncovers 'simulated sensitive parenting' – hard to sustain for long – and the meaning of the child
- › Highlights gaps between what parents say, what they feel, and what they do (cognitive dissonance)
- › Provides evidence base for child's experience – consistency of care, attachment, attunement etc.
- › **And it shows you what parents are doing well!**

Sensitivity, curiosity and persistence

- › Be alert to 'professional desensitisation' when you work with high levels of need.
- › A coping mechanism by professionals overwhelmed by the volume and complexity of their task
- › Managers should alert colleagues to the risks of becoming desensitised in this way.

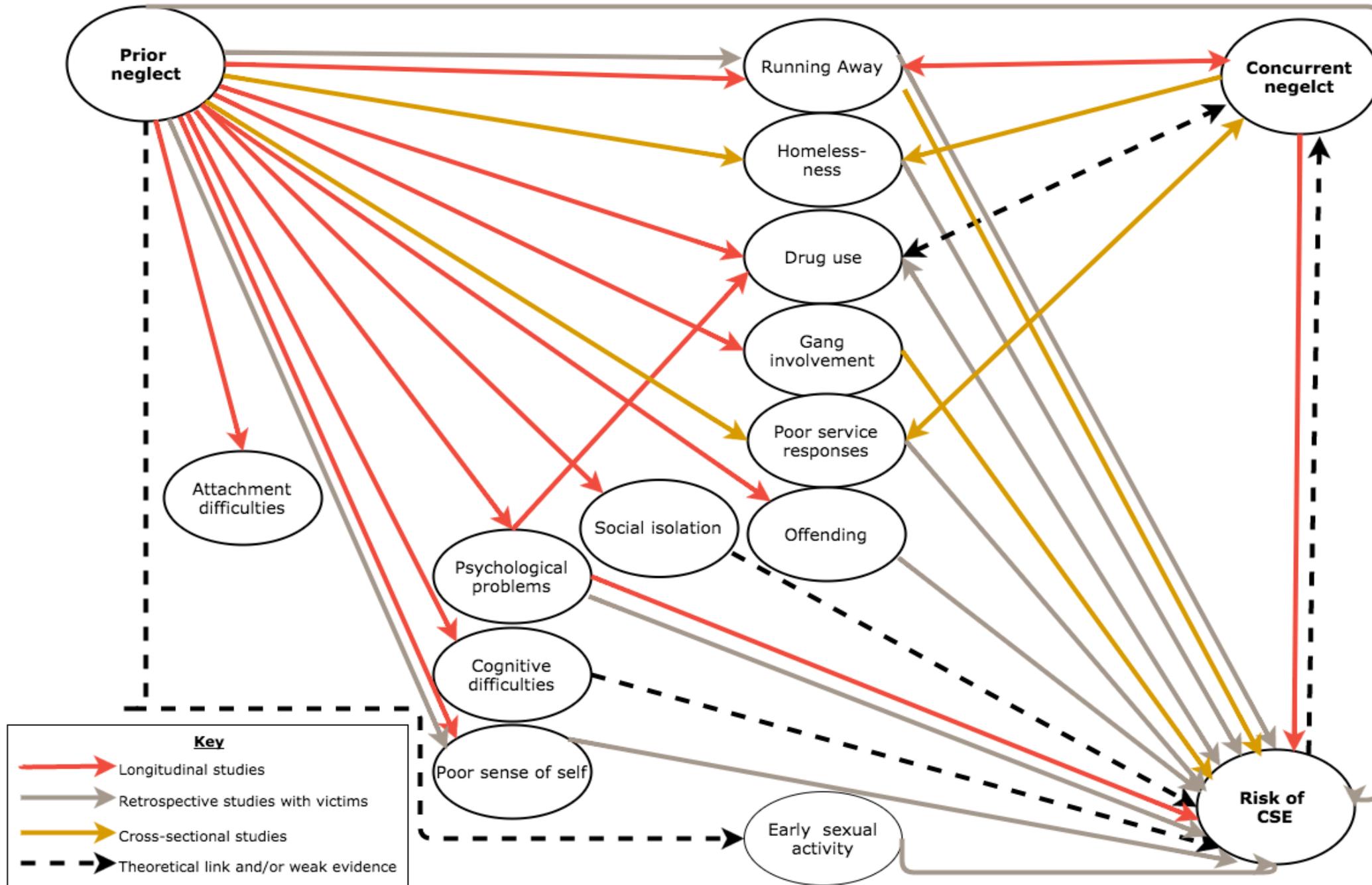
(Sidebotham et al, 2016)

**Don't forget
about
teenagers!**

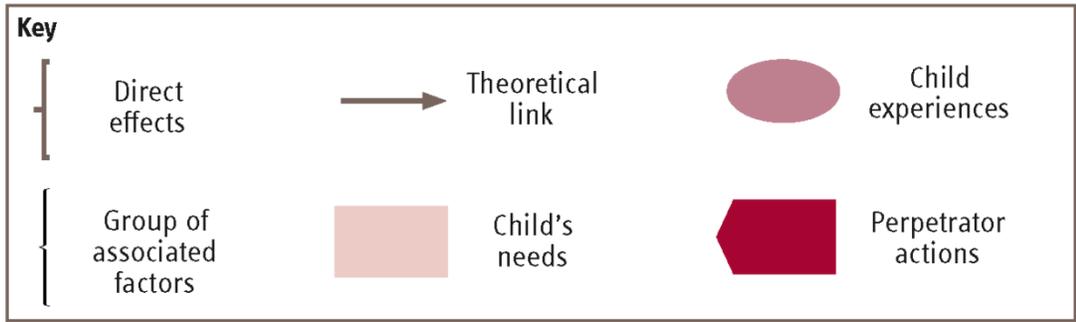
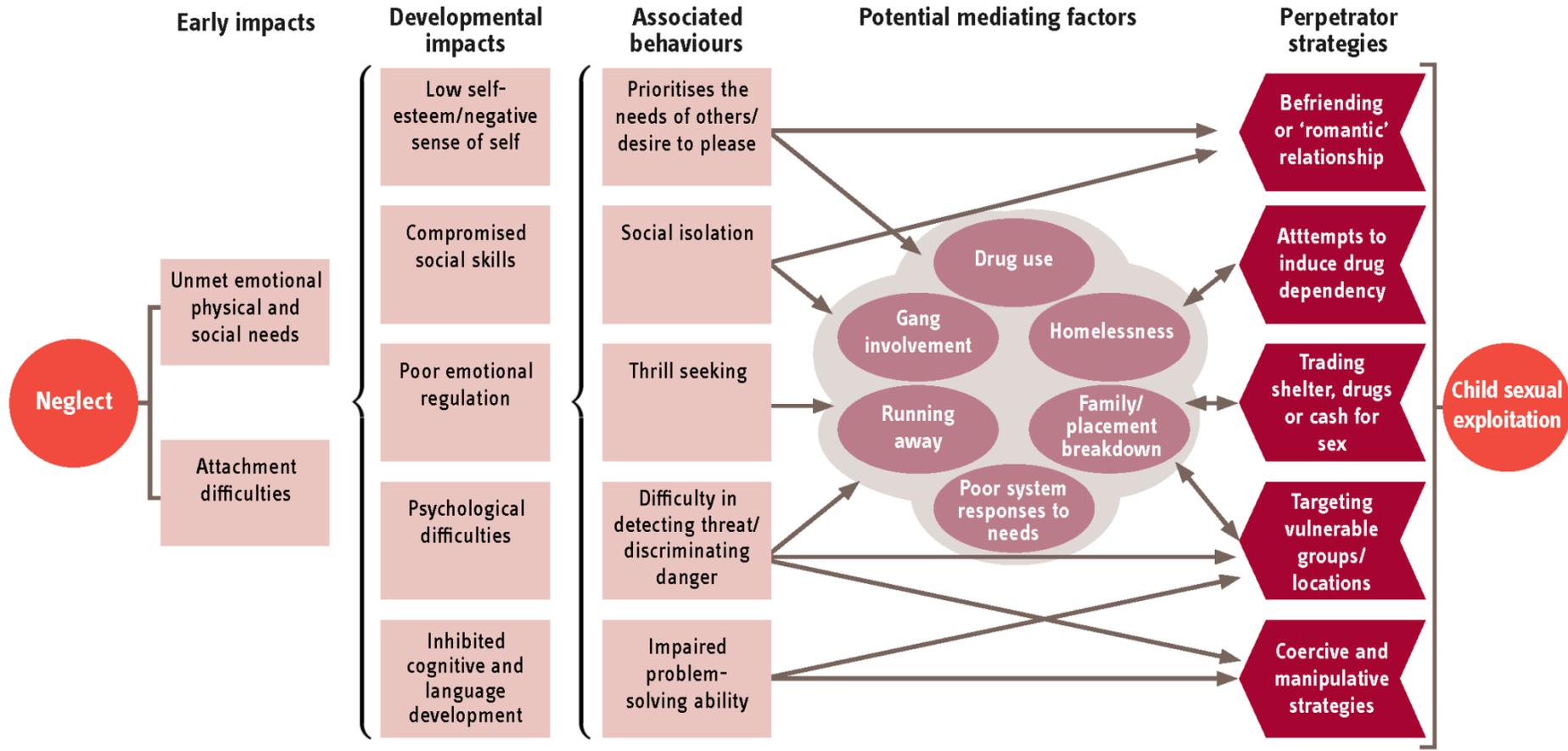
Exploring neglect and sexual harm

- > RiP produced a series of linked evidence scopes, commissioned by NSPCC and Action for Children, aiming:
- > To explore how experience of neglect *may* heighten vulnerability to CSE; IFCSA & HSB
- > To stimulate research and reflective practice
- > To explore the implications of potential links for prevention, early intervention and recovery
- > To do this without:
 - contributing to parent (mother) blaming
 - suggesting all victims of sexual harm have had 'poor upbringings'
 - ignoring the contextual factors (poverty, policy)
 - downplaying the role of perpetrators

The nature of evidence for impacts of neglect and vulnerability to child sexual exploitation



Add n



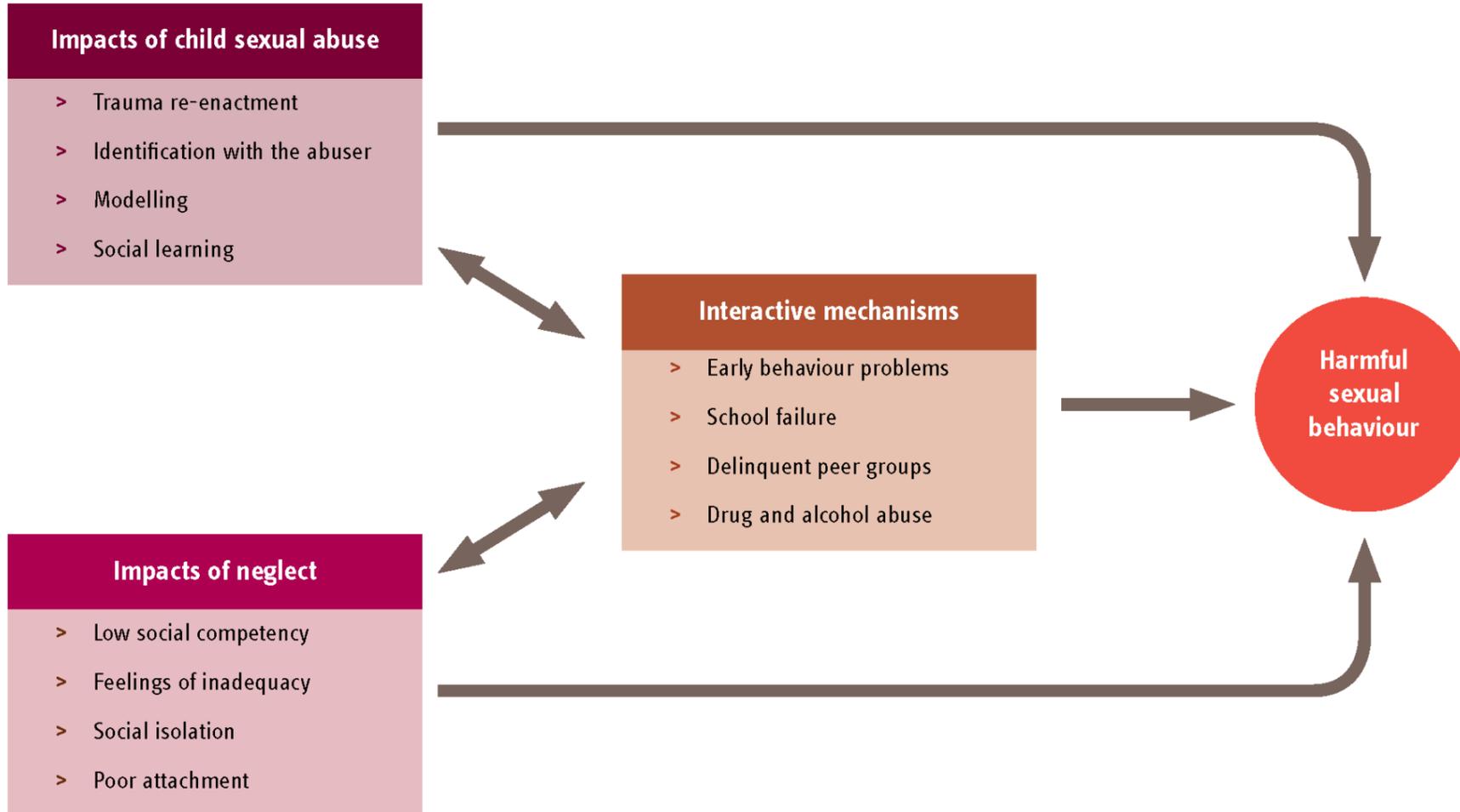
Concurrent neglect and CSE

Neglect may increase vulnerability to CSE

- Parental unwillingness to house young person
- Difficulty coping with increased risk-taking
- Lack of supervision and affection

CSE may increase risk of neglect

- Perpetrators isolate young people from family
- Parental feelings of hopelessness and frustration
- Mistaken blame put on child



Rescue Vs Reform



Relationship-based Practice

- > recognises the complexity of human behaviour and relationships: people are not rational beings
- > understands anxiety as a natural response to distress and uncertainty
- > acknowledges social welfare practice as complex, unpredictable, and full of uncertainty
- > recognises that establishing meaningful professional relationships is the key to engagement

(Ruch, 2005; Ruch *et al*, 2010; Munro, 2011)

Key features of RBP in action

- › Communicating respectfully: trust, honesty and feeling safe
- › Sharing goals: being clear about concerns and taking parent/family with you
- › Practical assistance and understanding parents'/ family's own needs, while ensuring child remains central focus
- › Being reliable, available and building services around family's needs

(Mason, 2012)

Useful (free) resources

- > <http://seriouscasereviews.rip.org.uk/>
- > <https://www.rip.org.uk/resources/publications/evidence-scopes/child-neglect-and-its-relationship-to-sexual-harm-and-abuse-responding-effectively-to-childrens-needs/>

research
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Thank you

