

Managing Neglect: Local Challenges – Learning from case reviews.

Edi Carmi

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Workshop agenda

- National learning from serious case reviews where neglect has been a major feature (Neglect & Serious Case Reviews, Brandon et al 2013, UEA and NSPCC)
- Individual case to highlight the challenges for practitioners in working with neglect
- Local strengths and challenges to best practice: group discussion

Key National Findings (Brandon et al 2013:)

- Neglect more prevalent in SCR than previously understood: 60 % of 139 reviews from 2009–2011 involved neglect, but not always identified
- For 59 children (of 645 between 2005-2011), a CP neglect plan was in place at the time of their death or serious harm
- For 42 children the plan had been discontinued
- Proportion of children subject to SCR who were subject to CP plan dropping, BUT no drop in those whose plan had been discontinued i.e. Risks of serious harm did not end with ending of CP plan!

Characteristics of children and families

- **Children's Ages:** Neglect features across all age ranges and the most serious outcomes not confined to the youngest children.
 - Majority of serious case reviews concern infants and pre-school but
 - More likely to be a CP neglect plan among older children
- **Gender:** Higher % of SCRs concerned girls with CP neglect plan than boys (57%/43%): contrast to CP neglect plans nationally (not SCR cases) where only 44 per cent of plans are for girls.
- **Family size:** SCRs tend to feature families of a larger size (4+ siblings). More pronounced if children had a CP plan for neglect, where almost 1 in 5 families were large in size
- **Parental drug and alcohol misuse:** higher where children had a past/current CP neglect plan than in reviews for others
- Rates of **domestic violence** were not higher.

How neglect features in cases of child fatality and serious harm?

- **Types of fatality:** Between 2005–2011 57 children with a current / past CP neglect plan whose death prompted a SCR:
 - 3 died from a physical assault
 - Most (34) not directly caused by maltreatment but some concerns before the incident e.g. Accidental death and suicide of YP
 - None of 6 children died from extreme deprivational neglect (mostly starvation) ever subject of a CP plan so risk not recognised
- **Neglect and physical abuse where a child died:** over half [56%] with a CP neglect plan, but only just over a third [37%] with a CP physical abuse plan
- **Neglect and physical abuse in cases of serious harm (where the child did not die):** Physical abuse and neglect found together in 44% where children suffered grave harm but did not die.

Implications for policy & practice

- Possibility that for small minority of cases neglect will be fatal, or cause grave harm, should be part of a practitioner's mindset.
- Practitioners, managers, policy makers and decision makers should be discouraged from minimizing or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift
- The key aim for the practitioner working with neglect is to ensure a healthy living environment and healthy relationships for children.
- Prevention and early access to help and support for children and their families are crucial, but so too is later stage help for older children who live with the consequences of longstanding neglect.

Typology of neglect related circumstance in the SCRs (1)

- **Malnutrition:** ‘life-threatening loss of weight or failure to gain weight or serious consequences of neglecting to nourish the child’.
 - None of the children who died or nearly died from malnutrition were in the child protection system
 - The family’s contact with any agency was almost non-existent by the time of the child’s death or serious harm.
 - Increased isolation of a family adds to the invisibility of the child or children so malnutrition is not recognised (e.g. when children isolated because they cease to attend school or nursery or are home-schooled).
 - Isolation of child from outside world means very poor relationships between the child and caregiver (so poor that the child may have ceased to exist for the adult) cannot be observed
 - Changes in the parents’ or carers’ behaviour (for example an increasingly hostile manner of engagement or a complete withdrawal from services) can signal life threatening harm for a child being severely neglected and malnourished.

Typology of neglect related circumstance in the SCRs (2)

- **Medical neglect** : child dying or nearly dying because parents neglected to comply with medical advice.

Learning points:

- Significance of changed circumstances missed by professionals e.g. increased stress on caregiver while coping for a child with complex health needs, and diminished willingness /capacity to give medication
- Professionals tended not to challenge parents' behaviour when medication given erratically or consider reasons for parents' reduced compliance with advice
- Undue professional optimism can mean impact of medical neglect and danger for the child is missed so no referral made to social care
- Health professionals sometimes appear to shield parents from children's social care.

Typology of neglect related circumstance in the SCRs (3)

- **‘Accidents’** : Child accidentally harmed / killed but elements of forewarning within a context of chronic neglect and an unsafe environment. Learning points:
 - Drift and lack of urgency among professionals, even when risks of harm highlighted by a CP plan in the category of neglect
 - Systemic problem when drift and confusion prompted by overwhelming workloads, high staff turnover and high vacancy rates alongside numerous unallocated cases
 - Professionals tolerant of dangerous conditions and poor care, with children’s demeanour and behaviour optimistically interpreted as ‘happy and playful’, but living in an unsafe environment and signs of poor developmental progress

Typology of neglect related circumstance in the SCRs (4)

- **Sudden unexpected deaths in infancy, within a context of neglectful care and a hazardous home environment:**
 - Particular vulnerability of young babies in highly dangerous living conditions can be missed
 - Especially relevant when working with large families where the needs of individual children can be lost
 - False reassurance of baby's safety (even when the infant is the subject of a CP plan for neglect) - A good relationship between a baby and parent cannot keep the infant safe if co-sleeping with a parent who has consumed drugs or alcohol
 - Intervention to prevent SUDI where there are known risk factors (smoking, substance misuse and co-sleeping) is not always followed through with families

Typology of neglect related circumstance in the SCRs (5)

- **Neglect in combination with physical abuse:**
assumptions about neglect masked the physical danger to the life of the child:
 - Gradual dilution and forgetting of concerns about the risk of physical harm - overtaken by a ‘this is only neglect’ mindset
 - Neglect label meant that the real risks from physical assault as well as from neglect were not taken seriously
 - Danger is that in categorising children as experiencing neglect, less attention is paid both to the neglect itself and to the other risks they face. *In particular, neglect does not preclude physical abuse.*

Typology of neglect related circumstance in the SCRs (6)

- **Suicide among young people:** long-term history of neglect having a catastrophic effect on a child's mental wellbeing.
 - Young people with long experiences of chronic neglect and rejection find it very difficult to trust and may present as hard to help.
 - Root causes of behaviour needs to be understood so responses of carers and professionals do not confirm young people's sense of themselves as unworthy and unlovable
 - Young people in care often feel compelled to go back home even if it means more rejection. Once back home, young people and their families need a high level, intensive support not a low level service.
 - At the age of 16 young people lose the protection of school and have no equivalent protected route to adulthood and few routes out of a neglectful situation at home.

SCR Case Study:

Jamilla Tower Hamlets (November 2014)

- 18 year old mother, subject of forced marriage and domestic violence in Somalia
- Returns to UK with help of Forced Marriage Unit in October 2012, pregnant with 2 young children
- 4 month old baby died from malnutrition October 2013
- 2 older siblings aged 3 and 19 months exhibiting signs of neglect and home in a poor condition

Jamilla SCR (2): Findings

- Focus of multi-agency assessment and response based on current levels of functioning within families; insufficient consideration of potential risks from underlying vulnerabilities
- Enhanced health service provision had systemic weaknesses: lack of consistent midwife and lack of specification of minimum 'enhanced' service levels
- Risk of invisible children coming into the UK
- Current perceptions of neglect insufficiently highlight the risk of acute neglect, as opposed to persistent, chronic child maltreatment
 - Speed at which neglect can have drastic consequences
 - Impact of one-off incidents of neglect

Causes & intervention

- What do you understand to be the causes of neglect?
- Is it omission or commission by parents?
 - ❖ Is it 'loving but incapable / inadequate parents' who need support OR
 - ❖ Is it abusive parents who have chosen to neglect their child/ren and so intervention is required to protect the children from harm?
- How does understanding of causation influence intervention?

Local strengths and challenges

- What are the strengths locally in supporting your work with neglect?
- What are your main challenges?