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# **Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?**

**Research report**

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# CHAPTER 1: WHAT DO WE KNOW ABOUT NEGLECT?

## 1.1 Introduction

Neglect is the most common form of child maltreatment in England (Department for Education, 2013; Radford *et al.*, 2011) and the USA (Sedlak *et al.*, 2010). In England, almost half (43%) of child protection plans are made in response to neglect, and it features in 60% of serious case reviews (Brandon *et al.*, 2012). Radford and colleagues' study for the NSPCC found that 9% of young adults had been severely neglected by parents or guardians during their childhood (Radford *et al.*, 2011). Yet a number of high profile child deaths (see Laming, 2003; Lock, 2013) have shown that it is extremely difficult for professionals with safeguarding responsibilities to identify indicators of neglect, to assess whether what they have observed is sufficiently serious for them to take action, and to decide on the most appropriate course of action. The purpose of this report is to help practitioners understand the research evidence and practice learning concerning indicators of *actual, current* neglect and risk factors that are associated with a *likelihood* of actual harm or future harm in very young children. The report is also intended to inform new guidance for social workers and all other professionals involved with parents and their children.

The broad research questions established at the beginning of the project were as follows:

1. To help practitioners understand the research and practice related evidence concerning risk factors in the environment, the parent and the child that are associated with a likelihood of actual harm or future harm in very young children.
2. To help practitioners understand the research and practice related evidence about indicators of actual, current neglect in very young children.

This report was prepared by members of an expert advisory group which met three times and was convened by the Department for Education. The purpose of the project was to discuss and reach a consensus on these research questions and draw on the learning from numerous existing literature reviews rather than setting out exhaustive new searches. The research and literature reviewed in this report is all in the public domain and has not raised ethical issues. Appendix 1 explains the search strategy and the contributions of the members of the expert group who were supported by the researcher Clare Lushey. The report has been subject to independent peer review.

The research questions were honed in the first meeting of the expert advisory group where the scope of the project was restricted to issues concerning the identification of neglect and its consequences in children from the time that the mother is aware of the pregnancy until they reach their fifth birthday. Although neglect has serious consequences for children and young people of all ages, it has a particularly adverse impact on the development of very young children (Connell-Carrick and Scannapieco,

2006, and Erickson *et al.*, 1989 in Naughton, 2013). Toddlers and infants are also more likely than others to die or be seriously harmed by neglect (Petit and Curtis, 1997). The scope of the project was also limited to identification of neglect and thresholds for action, with the important area of intervention to be reserved for a separate study.

The research and practice based evidence cited here includes findings from robust, experimentally rigorous studies, both national and international, and other findings from theory informed psychosocial studies of neglect, which offer tested principles for understanding and intervention (Munro and Musholt, 2014) and academic and practice wisdom recommended by and from the expert advisory group. In order to ensure that the evidence fits a holistic understanding of the child in his or her family and wider environment, an overarching theoretical framework building on ecological concepts (Bronfenbrenner, 1979) is used to draw these different sources together.

## 1.2 What is neglect?

While there is considerable consensus both nationally and internationally concerning what constitutes physical and sexual abuse, there is much less agreement about the definitions and thresholds for neglect (Munro, 2011, Naughton *et al.*, 2013). There is also some overlap between neglect and emotional abuse – a further cause of confusion (see Ward *et al.*, 2012, Hibbard *et al.*, 2012). Notwithstanding these caveats, data from prevalence studies show that an estimated 61% of children in the US with substantiated maltreatment were neglected during 2005-6 (Sedlak, 2010).

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example European Convention on Human Rights, Article 3; United Nations Convention on the Rights of the Child (UNCRC), Article 19. In addition, UNCRC Article 24 outlines the child's right to good quality health care, to clean water, nutritious food, and a clean environment, so that they will stay healthy; Article 28 asserts that children have a right to a standard of living that is good enough to meet their physical and mental needs; while Article 31 states that all children have a right to relax and play, and to join in a wide range of activities. Other articles in the UNCRC could also be said to encompass issues pertaining to neglect.

Defining neglect can also rely on assumptions about parental intentions. This is problematic since one of the distinguishing features of neglect is the omission of specific behaviours by the caregivers without intending to harm the child, rather than the deliberate commission of abusive acts (see Connell-Carrick, 2003). Defining neglect in terms of the *likelihood* of significant harm or impairment to the child's development rather than on whether the child has been harmed, may encourage practitioners to focus on whether a child's needs are being met, regardless of parental intent, and is the approach adopted in this country. Neglect is defined in UK statutory guidance 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. 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 (HM Government, 2013 p.85).

Even with this apparently precise definition, health and education professionals and social workers often find it difficult to recognise indicators of neglect or appreciate their severity. The following characteristics of neglect may make it harder for professionals to recognise that a threshold for action has been reached:

- First, given the chronic nature of this form of maltreatment professionals can become habituated to how a child is presenting and fail to question a lack of progress;
- Second, unlike physical abuse for example, the experience of neglect rarely produces a crisis that demands immediate proactive, authoritative action;
- Third, neglect can in some cases be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency, enormity and pervasiveness of parenting behaviour which may make them harmful and abusive;
- Fourth, there is a reluctance to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded (e.g. the Traveller community) or when associated with social disadvantages such as poverty.
- Fifthly, the child may not experience neglect in isolation, but alongside other forms of abuse as multi-type maltreatment.

(see also Daniel, Taylor and Scott, 2011; NICE, 2009; Farmer and Lutman, 2014).

### 1.3 The harm of neglect - why should we be concerned?

Wilding and Thoburn's (1997) study of referrals to children's social services found that concerns about neglect were given less priority than concerns about other forms of maltreatment: 61% of referrals for neglect received no further action in comparison with 30% of referrals for physical or sexual abuse. Many years on, practitioners still frequently fail to recognise the severity, or underestimate the potential consequences of neglect, thinking that there is no need for urgency (Gardner, 2008, Brandon *et al.*, 2008; Brandon *et al.*, 2013). Similar findings were apparent in a 2012 *Community Care* survey of 242 social workers, where 60% said they felt pressure to "downgrade" neglect and emotional abuse cases and 59% said that it was "quite" or "very" unlikely that children's social care would respond swiftly to children suffering neglect (Community Care, 2013).

#### The harm of neglect

Neglect is considered to be at least as damaging, if not more so, than other forms of maltreatment because its impact is the most far-reaching and difficult to overcome (Gilbert *et al.*, 2009). Neglect in the early years may be the most damaging from the point of view of long-term mental health or social functioning.

### 1.4 Impact of neglect on children's development

Neglect is rarely life threatening but has the potential to compromise a child's development significantly, across multiple domains. Because neglect frequently coexists with other forms of maltreatment, it can be difficult to disentangle its unique consequences. Nevertheless, there is now a relatively robust consensus based on a range of empirical evidence that demonstrates its adverse impact on all the seven dimensions of development identified in the Assessment Framework: health, education, identity, emotional and behavioural development, family and social relationships, social presentation and self-care skills (see Tanner and Turney, 2003; Norman *et al.*, 2012; Hildyard and Wolfe, 2002; Manly *et al.*, 2001).

While neglect is thought to be particularly damaging in the first two to three years of life - a formative period for social, emotional and neurobiological development - it can compromise development throughout childhood and adolescence. There is good evidence from animal studies and increasing evidence from human studies that exposure to neglect, often alongside other forms of maltreatment, is associated with alterations in the development of the hypothalamic-pituitary-adrenal (HPA) axis stress response and differences in brain structure and function. Importantly it is thought that such changes serve to biologically embed vulnerability that may only later manifest in mental health problems (see for instance McCrory *et al.*, 2010; McCrory *et al.*, 2012).



Persistent, severe neglect indicates a breakdown or a failure in the relationship between parent and child. This may be reflected in maladaptive attachment patterns; for example, neglected children are as likely as children maltreated in other ways to develop disorganised attachment styles (Barnett, Ganiban and Cicchetti, 1999). However, they differ from other maltreated children in that they show more evidence of delayed cognitive development, poor language skills, and poor social skills and coping abilities (Hildyard and Wolfe, 2002). They may also present as dependant and unhappy, and display a range of pathological behaviours (see Egeland *et al*, 1983; Ward, Brown and Westlake, 2012). Children who are neglected from early infancy may find that as their need for nurturing or responsive relationships goes ignored, they withdraw from relationships, feel a greater sense of failure and may even blame themselves for the neglect they experience (Manly *et al*, 2001).

There is some evidence that children who experience neglect without other forms of maltreatment have worse outcomes than those who are both neglected and physically abused (Egeland and Sroufe, 1981). Later in this paper we explore the observable indicators which signal impairment in pre-school aged children who are experiencing neglect.

## Cumulative impact

The impact of neglect is not only widespread, affecting a wide range of developmental domains, it is also cumulative. Neglected infants and toddlers show a dramatic decline in overall developmental scores between the ages of 9 and 24 months (Egeland and Sroufe, 1981; Naughton *et al*, 2013). They also show a progressive decline in their cognitive function throughout the pre-school years (Strathearn *et al*, 2001). Neglected infants who initially display secure attachments increasingly develop insecure and disorganised attachment styles as they grow older (Howe, 2005). These findings imply that the longer pre-school children are exposed to neglect, the greater will be the harm. Longer duration of neglect has also been associated with an increased pattern of neural reactivity to social threat (McCrary *et al.*, 2012).

Hindley and colleagues' systematic review of risk factors for the recurrence of maltreatment highlights the cumulative nature of neglect since it is the most likely form of maltreatment for a child to re-experience (Hindley *et al*, 2006).

## Long-standing consequences

Finally, neglect in the early years has long-standing consequences that can endure throughout childhood, adolescence and well into adulthood (Stein *et al*, 2009; Rees *et al*, 2011). Neglected babies and toddlers may develop both internalising (depressed, withdrawn, lacking in self-confidence) and externalising (acting out, aggressive, impulsive) behavioural problems in later childhood (English *et al.*, 2005). Kotch and colleagues (2008) for example, have noted that 'child neglect in the first two years of life

may be a more important precursor of childhood aggression than later neglect or physical abuse at any age' (p.725). Childhood aggression in turn is closely associated with adolescent violence and delinquency (Broidy *et al.*, 2003). Anti-social behaviour and ADHD symptoms displayed by neglected and physically abused children may endure into adulthood, and both groups are significantly more likely to be arrested for violent offences than their peers (Widom, 1989).

Neglect in childhood is also associated with a range of mental health problems in adulthood. As adults, neglected children are more likely to develop major depressive disorders (Widom *et al.*, 2007) and post-traumatic stress disorder (Widom *et al.*, 1999). Physical neglect in childhood is associated with greater functional and social impairment in adults with schizophrenia (Gil *et al.*, 2009). Robust evidence has also been found for relationships between childhood neglect and anxiety disorders, suicide attempts, substance misuse, risky sexual behaviours and sexually transmitted infections in adulthood (see Norman *et al.*, 2012 for further details). There are also long term physical consequences of neglect in adulthood which can include an increased risk of hypertension, and chronic pain syndromes (Anda *et al.*, 2006).

Neglect can also be fatal both when it occurs in isolation and when it happens in combination with other forms of maltreatment. Analysis of the US National Child Death Review Case Reporting System found that among the 2,285 cases examined between 2005-2009 in which abuse or neglect caused or contributed to the death, neglect was the single leading cause of fatal child maltreatment (51% of cases) (Palusci and Covington, 2014). In the UK a recent national analysis of Serious Case Reviews found that neglect was a significant factor in 60% of the 139 reviews undertaken in England between 2009 and 2011. Neglect occurred across all ages and was most common among older children aged between 11-15 years (Brandon *et al.*, 2012). Most children at the centre of a Serious Case Review in this study were not known to children's social care at the time of their death or serious injury. This reinforces the need for neglect to be recognised by professionals from all agencies and not primarily children's social care.

The circumstances of child fatality linked to neglect closely mirror the different types of neglect included in the *Working Together* definition (Brandon *et al.*, 2013; Sidebotham *et al.*, 2011). It is very rare for children to die of neglect directly, for example through starvation. The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children's safety (Brandon *et al.*, 2013; Sidebotham *et al.*, 2011). These issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems (Brandon *et al.*, 2013, p.59).

Serious Case Reviews provide powerful opportunities for learning and offer a reminder that for some children severe emotional deprivation and unsafe living conditions can result in serious harm and even death. The challenge for practitioners is to know when, with whom and how to intervene and with what degree of urgency. Recent learning from Serious Case Reviews has reinforced the need to treat neglect as seriously and as urgently as any other form of maltreatment (Brandon *et al.*, 2013; 2014).

## Protective factors

### Resilience

Although neglect in early childhood can have serious long-term consequences, not all children will show the same trajectory of development. Genetically informed studies have found that certain genetic variants (known as polymorphisms) mean that not all children respond to adversity in the same way. Some polymorphisms appear to increase vulnerability to later externalising or internalising problems following maltreatment, while others appear to be protective (Widom and Brzustowicz, 2006).

In addition to genetic factors, resilience is likely to be influenced by a range of both environmental and child-specific factors that remain relatively poorly understood. Being female (McGloin and Widom, 2001), growing up in a stable living situation, continuing to live with parents (if neglect has ceased) or having a first placement of longer than ten years duration, (Dumont *et al.*, 2007; Stein 2012) appears to increase the likelihood of better outcomes in adolescence and beyond. Having successfully come through stressful life events and having a supportive intimate partner are also thought to promote resilience in young adulthood (Dumont *et al.*, 2007; Sroufe *et al.*, 2005). Dumont and colleagues (2007) for example, found that almost half (48%) of the 676 abused and neglected children in their study showed a 'resilient' presentation in adolescence, but this figure dropped to 34% by adulthood.

### Recovery

Effective interventions can help neglected children and young people recover from impairment. Environment enrichment programmes can help severely malnourished children achieve an adequate standard of development, but only if they are of long duration (Winick *et al.*, 1975). Some specific programmes designed to promote secure attachment (Dozier *et al.*, 2008) or help carers support children through the process of placement change (Fisher *et al.*, 2011) have been shown to reduce abnormal physiological responses to stress in neglected children.

Intensive and highly structured support services can do well in reversing some parents' entrenched problems and behaviour within a reasonable timescale enabling young children, who would otherwise have been permanently removed, to stay with or be returned to their families. The Family Drug and Alcohol Court (FDAC) for example offers multi-disciplinary interventions and on-going assessments of children and their parents. Parents get immediate access to substance misuse services and the court's help in

addressing issues affecting their ability to parent safely, such as poor housing, domestic violence and financial hardship (Harwin *et al.*, 2011; 2014). Findings from the English pilot study showed that more FDAC than comparison families were able to be reunited with their children at the time of the final court order. Follow up two to three years later confirmed these pilot study findings; the children of 36% of FDAC mothers (32 out of 90) were living at home, compared with children of 24% of comparison mothers (24 of 101) (Harwin *et al.*, 2011; 2014).

There is considerable evidence to suggest that many neglected children who are placed away from home in foster care or with adoptive families can catch up on developmental deficits. Forrester and colleagues' (2009) systematic review of outcomes of the British care system found that: 'in almost all of the studies children's welfare improved, while there was none in which it deteriorated (Forrester *et al.*, 2009, p450). Research from France (Dumaret and Coppel-Batsch (1998), Australia (Barber and Delfrabbro (2004), Norway (Slinning 2001) and from USA (Horwitz *et al.*, 2001; Taussig *et al.*, 2001) complements these findings and shows that placing children in care can help them overcome the *sequelae* of abuse and neglect. Some US studies, had more mixed findings however (see Lloyd and Barth, 2011; Lawrence, Carlson and Egeland, 2006). Studies from the UK show that neglected children, in particular, do better overall if they remain in care than if they return home to birth parents who have not overcome adverse patterns of behaviour (Wade *et al.*, 2011; Farmer and Lutman, 2012).

Compelling evidence of recovery also comes from studies of children who had experienced extreme global neglect and were removed from Romanian orphanages and placed in generally well-functioning adoptive families in the UK (Rutter *et al.*, 1998; 2001; 2007) and Canada (Ames, 1997). Those children who came to the UK and were placed with adoptive parents before the age of two had shown impressive catch up by the time they were four (Rutter *et al.*, 1998). After initial improvement, gains continued for up to two years, and sometimes for much longer, and the majority of these children showed impressive and enduring catch up in both physical growth and psychological functioning at ages 4, 6 and 11 (Rutter *et al.*, 2007).

These studies of children from Romanian orphanages all show that, even when children have experienced gross neglect, recovery is possible if they can be placed in a nurturing environment. However, although gains can be impressive, many children do not recover from impairment caused by neglect, and even when catch up is substantial, it is often incomplete. Malnutrition appeared to have less enduring impact than psychological deprivation, and ongoing impairment appeared to be related to the duration of the maltreating experience rather than to variations in the quality of substitute care. Age at entry to the UK (and placement with adoptive families) was the strongest predictor of outcome (Rutter *et al.*, 1998). While those children who came to the UK before they were six months old had almost completely caught up with their peers by the time they were four, and 70% had made a full recovery by the time they were six, children who were

placed with adoptive families after they were six months old were more likely to have ongoing and persistent difficulties (Rutter *et al.*, 1998; 2001; 2007; Kreppner *et al.*, 2007).

The studies of Romanian orphans focussed on children who had experienced exceptional, global neglect. Nevertheless, other studies of less profound neglect (and other forms of abuse) have produced complementary findings. Studies of the international literature on adoption (van den Dries *et al.*, 2009), foster care and adoption in the UK (Wade *et al.*, 2011) and professional decision-making when very young children are likely to suffer significant harm (Ward, Brown and Westlake, 2012) all support the findings which show that the earlier children are removed from neglectful or abusive environments the more likely they are to catch up with their peers, and the less likely they are to suffer enduring impairment.

## **1. 5 Missed opportunities – why is neglect noticed but not acted upon?**

Many indicators of actual neglect are not difficult to recognise. Professionals will be concerned when children come to school dirty or hungry, or they visit homes that are indisputably filthy or unsafe. Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators that children are being neglected. Yet, as numerous Serious Case Reviews show, professionals may individually have concerns about a neglected child, but too frequently these concerns do not trigger effective action.

### **Obstacles to effective action**

Numerous factors have been identified as potential obstacles to effective action. Firstly, professionals may have concerns about neglect, but they may lack the knowledge to be aware of the potential extent of its impact. Secondly, resource constraints influence professional behaviour and what practitioners perceive can be achieved when they have concerns about neglect. Thirdly, a number of additional 'mindsets' hamper professional confidence and action.

In terms of access to relevant knowledge, continuing professional development for all practitioners with safeguarding responsibilities may be a significant issue. The knowledge base is constantly changing in this area, and not all professionals may be sufficiently up to date with new research on, for instance, the longstanding impact of neglect on early childhood development, or research which shows that neglect can be at least as damaging as other forms of abuse, or the circumstances under which it can have fatal consequences. Some pre-qualifying social work training has been found to give too little weight to the acquisition of up-to-date knowledge about child development and the ways in which it is compromised by abuse and neglect (see Brandon *et al.*, 2011; Daniel *et al.*, 2011; 2013; Ward, Brown and Westlake, 2012).

Training does not necessarily help practitioners reconcile some of the inherent conflicts in a professional role which requires them both to value diversity and seek to empower the most vulnerable parents, yet take decisive and ultimately disempowering action when child protection concerns become extensive (see Healy and Darlington, 2009). Moreover, a recent Ofsted examination of professional responses to neglect has found that the benefits of training are not consistently evident in practice, although training was considered to have had most impact when practitioners were able to make direct links between newly acquired theoretical knowledge and their practice (Ofsted 2014, p.31).

Training for social workers, and arguably other frontline practitioners, to ensure that these key professionals are up to date with the major features that may be observed or assessed in a child experiencing neglect, is an important step towards ensuring an appropriate and timely intervention. In addition supervision has a crucial role to play in ensuring that practitioners are supported not only to use their knowledge but also to withstand the emotional demands of the role. The stressful and challenging nature of work with families where there is neglect can leave social workers and others feeling confused and bewildered by what they see (Ferguson, 2005). The Munro Review of child protection offered robust arguments for the need for challenging and supportive supervision (Munro, 2011).

## Resources

Alongside concerns that practitioners are slow to recognise and respond to neglect is the argument that workers are better at spotting warning signs and picking up both the direct and indirect signs of neglect than they are often given credit for (Daniel *et al* 2011; Burgess *et al*, 2014). The bigger obstacles to acting on these concerns may be professional anxieties about what could and should be done by professionals when they are constrained by resources and by their perceptions of insurmountable thresholds for access to other services (Daniel *et al.*, 2011).

The current economic climate of austerity is undoubtedly challenging for both families and professionals. Safeguarding services are under significant pressure and this is being felt by practitioners on the front line across the UK (Burgess *et al*, 2014; Harker *et al.*, 2013). Expenditure across the UK has not been able to keep pace with the increased demand for services to protect children; public expenditure peaked in 2009/10 and has been falling since this date (Jutte *et al.*, 2014, p5). Data from the Institute for Fiscal Studies on the central funding allocation to local government in England show a 26.6% reduction in local authority budgets in the five years since 2010 (Ofsted 2014, p9).

## Mind-sets

Although inadequate resources or insufficient training may act as obstacles to effective action, there is evidence to suggest (not least from analyses of Serious Case Reviews for example Brandon *et al.*, 2009; 2013) that there are a number of professional

assumptions, or mindsets, which prevent indicators of neglect from being acknowledged or being acted upon. These include:

- **Fears about being considered judgemental** as a practitioner especially when working with vulnerable, poor, socially excluded families, or in relation to family culture or lifestyle choices even though these may be harmful to the child (Brandon *et al.*, 2009).
- **A focus on the parent rather than the child** can arise because of the high level of need or vulnerability of the adults in the family. It can also reflect a tension in priorities between adult and children's services with a lower priority for safeguarding children than responding to the needs of an adult primary service user (Farmer and Lutman, 2014).
- **Failure to consider the child's lived experience or understand the child's world** is a common finding in child maltreatment research. This indicates that greater attention should be given to talking with children and those who know them and to observing the behaviour of children of all ages (Ofsted, 2014) in order to see the world from the child's point of view.
- **A fixed view of the family** can cloud thinking and analysis and reduce openness to take on board new information. When this happens, first impressions can lead to a fixed view of the family that is difficult to change (Munro, 2002).
- **Parents' superficial or false compliance.** Reder and Duncan (1999) helpfully drew attention to the potential impact of false or feigned compliance and some of the circumstances in which these relationships arise. Forrester (2012) and Platt (2012) build on this work to suggest ways that professionals can behave with parents to lessen the likelihood of feigned compliance.
- **Not my area of expertise.** Practitioners can lack confidence in taking responsibility for the assessment of the impact of neglect on a child's development, believing that someone else is better placed to act or make a decision (Brandon *et al.*, 2009).
- **Reluctance to refer** concerns to children's social care may occur for numerous reasons, not least based on previous experiences of neglect referrals not being accepted (Gilbert *et al.*, 2009). General practitioners may also be reluctant to refer families in the early stages of maltreatment fearing the response is likely to be non-consultative and overly coercive (Tompsett *et al.*, 2010; Woodman *et al.*, 2014).

# CHAPTER 2: OVERCOMING THE BARRIERS

## 2.1 Indicators of neglect

### The Working Together definition

In this chapter the research evidence presented thus far is linked more clearly to the different strands of the *Working Together* definition of neglect as observable indicators of or risk factors for neglect (HM Government 2013). This may help practitioners to analyse evidence in a way that can provide evidence for intervention (Daniel *et al.*, 2011). The definition is broken down into five areas, which include a failure to:

- a) Provide adequate food, clothing or shelter;
- b) Protect a child from physical and emotional harm or danger;
- c) Ensure adequate supervision;
- d) Ensure access to appropriate medical care (including antenatal care, dental care);
- e) Be responsive to a child's basic emotional needs.

This chapter also considers the differences between risk factors for neglect and indicators of actual neglect in day to day practice. The chapter ends with a framework that helps to consider risk factors and indicators at different levels of intervention.

The observable aspects of these five areas are considered firstly in relation to social and environmental factors, next in relation to factors in the parents and children; in relation to parent-child interaction and lastly observable concern about the child's functioning. Before considering each of these five areas there is a brief discussion about risk factors and indicators.

It is important for practitioners to be able to distinguish between a *risk* of neglect occurring and *indicators* of actual neglect. There are also issues of interpretation to be aware of in relation to both. Starting with risk factors, research regularly reveals that factors associated with an increased risk of neglect may also act as risks for a range of adverse outcomes and not just for neglect or maltreatment; this means that these risk factors are not *predictors* of neglect (Sidebotham 2003). In addition, prospective longitudinal studies reveal that the majority of families where risk factors are found will not go on to neglect or abuse children (for example, Sidebotham *et al* 2001). Risk factors do aid understanding of the child's experience, and do help agencies determine priorities for offering support, however, they should be used and interpreted with care.

Indicators of neglect suggest that the child is experiencing actual neglect. Behavioural and developmental indicators are particularly helpful and should be taken seriously since



both the causes and consequences of such parent/child behaviour may have important implications for the child. Sidebotham (2003) points out however that not all such indicators are distinctive characteristics of neglect alone and may signal other or parallel problems (for example post-natal depression or inherent conditions in the child). These issues are addressed throughout this chapter.

## **2.2 Observable social and environmental risk factors**

These factors relate to interactions between the family and their immediate environment and other significant factors in the immediate environment outside of the family (Glaser, 2011). They include in particular poverty, social isolation and severe housing difficulties. However, it is vitally important to remember that neglect can and does occur in affluent homes, where such risk factors may not be present. Likewise, the presence of poverty does not necessarily equate to the presence of neglect.

### **Poverty**

Living in poverty damages physical and psychological health in children and their families (Lanier *et al.*, 2010) and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress; (Drake and Pandey, 1996, Jack and Gill, 2012). Child neglect is more commonly associated with poverty than are other forms of child abuse (Sedlak, 2010; Connell-Carricks, 2003; Connell-Carricks and Scannapieco 2006; Thyen *et al.*, 1997; Slack *et al.*, 2004; Schumacher *et al.*, 2001). In spite of the extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects (Burgess *et al.*, 2014), the majority of poor families do not neglect their children; in many studies examining the effects of neglect, the comparison population of children are experiencing equal poverty (Naughton *et al.*, 2013).

Yet the increased stress associated with poverty can make coping with the psychological as well as the physical and material demands of parenting much harder (Howe, 2005; Crittenden, 2008). In this respect poverty can add to the likelihood of poorer parenting and neglect and be one of many cumulative adversities a child experiences. In relation to parental stress, Schumacher and colleagues systematic review of neglect found that a high level of pervasive, smaller stressors is a risk factor for neglect, whereas acute major stressors may not be (Schumacher *et al.*, 2001:248).

### **Poor living conditions**

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances. These conditions have been described by Slack and colleagues (2003) as follows:

- An unsafe home, for example: home cluttered, dark, holes in the floor, broken windows, exposed wires and other electrical problems, leaky roof, infestation of rodents/insects, appliances such as the fridge not working, toilet broken, no available hot water.
- Overcrowding: a high ratio of people to bedrooms, the home appears crowded.
- Instability as indicated by frequent moves, homelessness, short stays with friends/family, stays in shelters, living in abandoned buildings, on the streets or in vehicles.

Similar patterns have been found in UK empirical studies (Gardner, 2008; Powell, 2003; Scourfield, 2000; Cawson *et al.*, 2000). Scourfield (2000) explored the construction of child neglect within a social work team in the UK and found that neglect cases were often characterised by an assessment of home conditions and a concentration on the physical aspects of neglect.

*'We're investigating neglect. It's mainly to do with the home situation. They're living in squalor. Upstairs there's no carpet, the children are sleeping four to a bed...'* (Social worker field notes, Scourfield, 2000 p371).

Linking neglect primarily with poor physical living conditions can however deflect attention from the equally harmful neglect that can also occur in well-ordered but physically and emotionally unresponsive parents. Gardner's exploration of neglect cases through interviews with 100 practitioners including social workers, teachers, nurses and health visitors found numerous examples of poor physical home conditions but also examples of neglect in good living conditions, for instance:

*The home was beautiful and spotless. There was a row of candles along the hearth. So I asked where the child played and it turned out he was never allowed out of his push chair. The back of his head was flattened where he had sat in it all day every day and he could not walk at all* (Gardner, 2008, health visitor, p.60).

## Social isolation

Parents who neglect their children have been found in systematic reviews and other studies, either, to have had fewer individuals in their social networks and to receive less support, or, to *perceive* that they received less support from them, than did other parents (Connell-Carricks 2003; Gaudin *et al.*, 1993; Centre for Social Research, 2010). Social isolation and limited networks may mean that parents have little social interaction and by implication little help with the day to day responsibility of supervising small children. Alternatively, neglecting parents in low income neighbourhoods have been found to have had as many social contacts as their peers but not to have reciprocated social support instead making considerable demands on friends and family (Naughton *et al.*, 2013).

## 2.3 Observable risk factors in parents and children

### Parents

It is difficult to disentangle the observable environmental risk factors and indicators of neglect from parental characteristics that raise concern about neglect. The social isolation discussed earlier that is frequently found or perceived among neglecting families may form a backdrop to other adversities. The risk factors in parents that are associated with an increased likelihood of neglect and may be observable in parental behaviour, which recur in the research evidence are: maternal mental health problems, learning disabilities, drug and alcohol misuse and living with domestic violence, particularly when they occur in combination (Schumacher *et al.*, 2001; Cox *et al.*, 1987; Cleaver *et al.*, 1999; 2011). These risk factors may, but do not always, prevent parents from providing adequate food and clothing, protecting children from physical and emotional harm or danger, ensuring adequate supervision and /or access to appropriate medical care or treatment – all elements of the *Working Together* definition of neglect.

A number of risk factors may be apparent during pregnancy. Parents' attitudes to the pregnancy and their expectations of the child and of parenthood are both important considerations. Failure to attend antenatal appointments and/ or comply with medical advice may be risk factors or indicators of actual neglect. Maternal obesity and failure to take appropriate action in response to obesity can be a flag of concern and raises risks in labour for both the mother and the baby who is more likely to have gestational diabetes and higher mortality (Knight *et al.*, 2007). Domestic violence also poses a risk of neglect during pregnancy. If a mother remains in a violent home she is herself a victim of violence and her unborn child may also fail to thrive. Misuse of illegal or prescription drugs or alcohol while pregnant are indicators of actual neglect as defined in *Working Together*. Alcohol consumption within the first two trimesters has the potential to cause the greatest harm, and no safe lower limit has been defined at this stage of pregnancy.

Once the child is born, parental substance misuse, mental illness, domestic violence, and physical and learning disabilities regularly arise as factors singly or in combination, which increase the risk of neglect (Cox *et al.*, 1987). Although Connell-Carrick's (2003) systematic review of 24 empirical studies of neglect found that in 4 out of 5 studies neglecting mothers were more likely to be depressed, this finding was not considered to be conclusive. Other studies have also produced mixed findings on the relationship between maternal depression and child neglect (Chaffin *et al.*, 1996; Margolin, 1990). Child victims of neglect have parents who are psychologically unavailable to them which may be influenced by factors, including depression, overcrowded homes, chaotic home environments and poverty (Connell-Carrick, 2003).

Previous history of maltreatment in parents provides justification for further exploration if there are concerns. Parents' understanding of the maltreatment of their own children may be mediated by the impact of their own childhood experience, for example by depression.

While parents own experience of childhood maltreatment has been identified as a risk factor, and certainly warrants exploration, precise links between experiencing childhood maltreatment and neglectful or abusive parenting are not clear.

Maltreating parents lack understanding of the subtleties and complexity of relationships, especially the parent-child relationship. In particular, caregivers can have problems seeing things in an age appropriate and developmental way, and from their child's point of view (Howe, 2005, p8; Schumacher *et al.*, 2001). If parents are themselves adolescents, difficult life experiences combined with developmental immaturity may go some way to explaining why young maternal age is frequently found to be a risk factor for neglect. Margolin (1990) found that children born to mothers aged 17 or younger were approximately 4.1 times more likely to become victims of neglect than children born to mothers 22 years or older, even when discounting the influence of poverty.

However, the presence of caregiver risk factors (for example maternal depression) may lead professionals to 'explain' a child's difficulties but without also clarifying how the child has come to be harmed (Glaser, 2011). Glaser notes that this may be a barrier to further action to protect the child.

## **Men**

Most of the evidence supporting indicators of neglect relates to mothers rather than fathers and this is a significant gap in the research literature. Men are frequently overlooked in practice, as well as in research, both as a source of risk and as a resource to children they are raising (Zanoni *et al.*, 2013). They are also overlooked as a support to the child's mother and in relation to their own needs. Men also suffer from post natal depression and this is associated with adverse effects on both maternal health and children's development (Ramchandani *et al.*, 2008).

Social workers often perceive men in vulnerable families as a threat, not just to their children and partners, but to also to practitioners who may in turn feel relieved when men apparently absent themselves (Scourfield, 2006). Listening to fathers' viewpoints and including them in service provision has however been found to be important for both the partners in a relationship and for children (Burgess *et al.* 2014). Families in which the father is more involved with the children have shown clear benefits, including in school performance.

## **Child's age and disability**

There are some characteristics of young children which put them at an elevated risk of neglect. This is especially the case for babies born before term, with low birth weight, or with complex health needs (Strathearn *et al.*, 2001). Although older young people are more at risk of neglect overall (Schumacher *et al.*, 2001) pre-school aged children and babies are innately more vulnerable and can suffer severe harm from neglect very

quickly (for example through dehydration or drop in weight). Another particularly vulnerable group of young children is those with disabilities.

Disabled children are more likely to be maltreated than their non-disabled peers and neglect is the most common form of maltreatment they experienced (Stalker and McArthur, 2012). Sullivan and Knutson's landmark study found that children with communication difficulties and behavioural disorders are between 5 and 7 times as likely to experience maltreatment as non-disabled children. They are especially vulnerable in the younger pre-school years and boys are more vulnerable than girls (Sullivan and Knutson, 2000). Stalker and McArthur's recent scoping review highlights the problems in understanding the direction of causality and in disentangling how far maltreatment contributes to impairment and/or how far impairment predisposes the child to abuse (Stalker and McArthur, 2012, p30).

## 2.4 Observable harmful parent-child interaction

Interactions and interrelationships between the risk factors presented above are associated with the harmful parent-child interactions, which often underlie concrete manifestations of neglect. These include failure to ensure adequate supervision or protect a child from physical harm or danger, and failure to ensure access to appropriate medical care or treatment – all included in the *Working Together* definition of neglect.

It is in the interaction between the parent and child that indicators of neglect are best observed. Indicators here are drawn primarily from the systematic review of emotional, behavioural and developmental features indicative of neglect in pre-school aged children by Naughton and colleagues (2013) and also from the practitioner leaflet based on this study (CORE-INFO 2012). Indicators are described in parental interactions with babies and children in different age bands.

### ***I. Parent interaction with infants aged 0-12 months***

Indicators of neglect in these early months of a child's life include mothers who show a lack sensitivity to their infants (Cicchetti *et al.*, 2006). Even within the baby's first few days it may be noticeable that the mother is not engaging with her infant emotionally during feeding. The mother may not seem to be tuned in to her baby's needs or sensitive to his feelings. She may rarely talk to her baby or not respond positively to his cues (Christopoulos *et al.*, 1988). Neglecting mothers describe their babies as irritating and demanding and they perceive them as being less accepting of their care than do non-neglecting parents (Cicchetti *et al.*, 2006).

### ***II. Parent interaction with toddlers aged 1-3 years***

In observational studies, neglecting mothers are found to be uninvolved and unresponsive to their toddlers, showing little affection and tending to ignore their offsprings' cues for help or to find fault (Pianta *et al.*, 1989; Crittenden and DiLalla,

1988; Crittenden, 1985). In return the toddlers are passive although they are likely to gradually become more angry or aggressive as they approach the age of two. Mothers are withdrawn and uninvolved, expressing little or no affection. They show very little social interaction and initiate few activities with their child. When they do interact, their play is sporadic and quite minimal (Crittenden and DiLalla, 1988).

As the child grows older, it may become obvious that the parent is uninvolved with their child, or fails to respond to them appropriately showing no signs of being attuned to what the child is thinking and feeling. Neglecting mothers are often critical, ignoring their child's signals for help. Mothers' expectations of their young children are less developmentally appropriate than those of non-neglecting mothers, and they are less competent in understanding or responding to their children in developmentally appropriate ways (Crittenden and Bonvillian, 1984).

In laboratory observations neglecting mothers ignored their child's cues for help with a task, and offered no encouragement where a child was struggling with what they had been asked to do. The mother could look comfortable even when the child was frustrated by being unable to complete a task (Crittenden, 1985).

### **III. *Parent interaction with children aged 3-5***

By this age, neglecting mothers are still rarely talking with their children, and when they do speak to them it is in very simple sentence constructs or giving commands (Eigsti and Cicchetti, 2004).

When the neglected child was also known to be failing to thrive, the mothers were seen to be less affectionate towards their children than were other parents, specifically they were less likely to give any positive encouragement, praise or have a positive interaction with their child (Pollitt *et al.*, 1975). Neglecting mothers perceive their pre-school aged child as having more 'conduct problems' (Rohrbeck and Twentyman, 1986; Schumacher *et al.*, 2001).

Wilson and colleagues' 2008 meta-analysis of 33 observational studies summarises how parental behaviour can help to understand the etiology of neglect: 'Neglect is evident not just in a parent's failure to meet a child's basic needs (e.g. clothing, supervision), but also in a more subtle failure to display attentiveness and responsiveness. Lack of involvement may reflect a parent's own mental models about self and relationships and simultaneously communicate messages about relationships to the neglected child (Crittenden and Ainsworth 1998),' (Wilson *et al.*, 2008, p.909).

## 2.5 Observable concern about the child's functioning

### (i) Infants aged 0-12 months

Emotionally neglected infants may demonstrate developmental delay within the first year, particularly in the area of speech and language. These young babies' response to persistently neglectful caregiver behaviour is often to be unnaturally quiet and passive. In laboratory settings when those infants later categorised as neglected are separated from their main carer they may or may not seem upset. When the caregiver returns, the infant will not seek comfort, will seem to ignore the caregiver and seem preoccupied with their toys instead. In contrast, secure infants will show their distress, seek comfort from their caregiver and be easily soothed by the caregiver on her return.

### (ii) Toddlers aged 1-3 years

As emotionally neglected babies grow older, they become less passive and more aggressive and hostile, particularly when they are with older children. They may become angry when trying to achieve tasks and are noticeably angry with their mothers, perceiving them as unavailable to meet their needs.

### (iii) Children aged 3-5

Once these children reach the pre-school years they may have a noticeable learning delay, particularly in understanding and constructing sentences (Eigsti and Cicchetti 2004; Allen and Oliver 1982; Culp *et al.*, 1991). Neglected children's play can appear angry or show a lack of interest and little creativity. In group settings these children may become socially isolated, showing poor interactions with other children. They tend to be less likely than their peers to help others or to expect others to help them (Hoffman-Plotkin and Twentyman, 1984). In a classroom or playgroup setting these children can be disruptive, have a poor attention span, demand more attention and require more discipline than other children (Rohrbeck and Twentyman, 1986). They are likely to have difficulty in correctly interpreting and naming emotions in others or regulating emotions in themselves (Pollak *et al.*, 2000). Neglected children of this age have learnt that their mothers are unlikely to be a source of comfort or relieve their distress (Macfie *et al.*, 1999), and overall these children have a negative view of the parent (Toth *et al.*, 1997).

## 2.6 Observable harmful parent behaviour

### Poor parental supervision

Poor parental supervision poses questions about why the parent is not watching over their child (or making sure this happens). Lack of supervision encapsulates a range of behaviour including the child being left at home alone. Gardner's (2008) study the one hundred practitioners interviewed gave over 30 descriptions of situations where children had been left unsupervised at home. These included extreme examples of being locked inside their family home while parents were out for extended periods.



A mixed methods study of young people's own recognition of abuse and neglect revealed that young people find it more difficult to define and recognise neglect than other categories of maltreatment and the younger the child the less likely they are to understand their own experiences as abusive and unacceptable (Cossar *et al.*, 2013). This indicates that it is unrealistic to expect young children to disclose their experiences and highlights the need to observe young children's behaviour and their conversations about life at home. Cawson and colleagues' (2000) survey of 2,869 young people's reflections on their earlier experiences of physical nurturing, health care and supervision, found that young people more frequently gave examples of poor supervision than other facets of neglect. There were many reports of supervisory neglect and its subsequent consequences. Poor supervision resulted in children having to look after themselves frequently, going hungry, going to school in dirty clothes, not being taken to the doctor, being left alone in the evenings/overnight because their parents were away or had other problems, e.g. substance misuse. Yet, even these older respondents did not on the whole describe themselves as neglected when they were younger.

## Accidents

There is not strong evidence to suggest that accidents are of themselves indicators of neglect. However risk factors for accidents include a number which are linked to neglect. These include inadequate supervision of children; unsafe homes; lack of provision for safe play inside and outside the home. Many of these environmental issues will be beyond the control of parents, for example, minimal outside play spaces for very young children and also overcrowding within the home. Pre-school aged children require constant supervision in order to ensure that they are physically and emotionally safe as they progress developmentally (Powell, 2003; Brandon *et al.*, 2012). A lack of safe, accessible, outside play space makes this supervisory task even harder for parents.

Half of all deaths of children in Serious Case Reviews are categorised as 'related to but not directly caused by maltreatment' where the maltreatment cannot be considered a direct cause of death (Sidebotham *et al.*, 2011). The circumstances of such deaths often include fatal accidents where there may be issues of parental supervision and care, accidental ingestion of drugs or other household substances, drownings, falls, electrocution, and fires (Sidebotham *et al.*, 2011 p300).

The government document 'Staying Safe' suggests that children from disadvantaged backgrounds are 13 times more likely to die from accidental injuries, and 37 times more likely to die because of smoke, fire and flames than their peers (DCSF, 2007). In England, 21 children died in fires in the year ending 31st March 2012 (Department for Communities and Local Government, 2012).



## Not meeting child's health needs

Powell's (2003) study, which used the Delphi technique to gain professional consensus, listed 'child fails to receive basic health care (e.g. immunisations)' and 'parents' failure to seek or bring the child for medical treatment for injury or illness' as indicators of neglect. Where a child has heightened health needs these not uncommon lapses in health care can be dangerous. Children who have disabilities or complex health needs often require added vigilance and arguably a higher standard of parenting. Practitioners readily identify with the challenges and stresses that children's disability and complex health needs place on parents, but this can also mean that they accept a lower standard of care or fail to recognise neglect (Murray and Osborne, 2009).

Possible explanations for parents finding it difficult to seek medical help and/or administer medication for their chronically sick or disabled child identified in a study of neglect in serious case reviews (Brandon *et al.*, 2013;2014) were:

- Parents' unwillingness to accept their child's diagnosis;
  - Inability to fully understand their child's medical condition;
  - Parents own learning disability means that they find it difficult to manage the demands of their child's complex health needs;
  - Difficulties in continuing to attend appointments which could be attributed to an 'overwhelming' number of medical appointments; lack of transport, and work commitments; and
  - Change in family circumstances such as a new family member – a new baby or partner resulting in the ill or disabled child's medical needs being neglected.
- Dental neglect

Untreated dental disease is increasingly being recognised as an indicator of broader child neglect (Waldon *et al.*, 2013; Lourenco *et al.*, 2013). Dental neglect is defined as the wilful or persistent failure to meet a child's basic oral health needs by not seeking or following through with necessary treatment. It can result not only in the impairment of oral health but may also compromise the child's general health or development (Bradbury-Jones *et al.*, 2013), including effecting their food intake, sleep, concentration and ability to socialise. Where there is ready access to a free dental service (particularly through the NHS) persistent failure to attend to children's tooth decay should alert health practitioners and dentists to consider neglect and to respond accordingly (Waldon *et al.*, 2013; Bradbury Jones *et al.*, 2013). Practitioners should also be alert to failure to provide appropriate oral care, and should advise parents of the need to brush their child's teeth regularly up to the age of seven (the youngest age at which a child can brush their own teeth developmentally) and not to give a young children a bottle to take to bed and to avoid giving them sugary drinks.

Complete removal of young children's milk teeth because of severe decay (dental clearance) is on the increase and removal of carious teeth is now the single most common indication for a general anaesthetic in children in the UK. It signals the need for a broader assessment of neglect and referrals from dentists to children's services (Waldon *et al.*, 2013). Overall, dental neglect in young children tends to be 'unseen' (unidentified) and 'unspoken' (not communicated) (Bradbury-Jones 2013, p11). An important role for public health nurses in assessing for broader neglect, referral to dental services, and initiating a child protection referral where appropriate was highlighted both in this qualitative study from Scotland, and in a recent systematic review (Bhatia *et al.*, 2014).

## 2.7 Tiers or levels of concern: explanatory framework

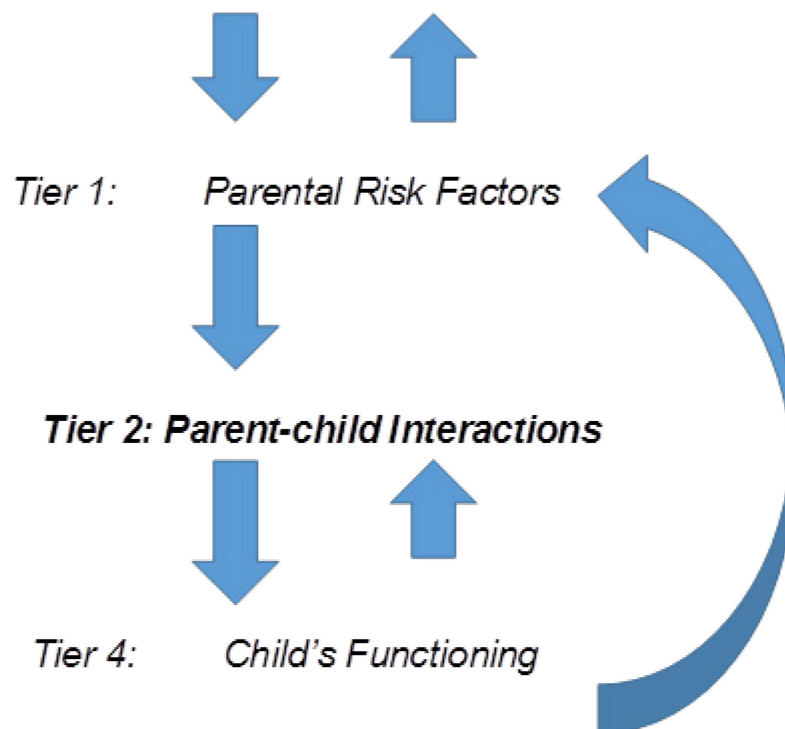
Danya Glaser's concept of explanatory relationships between tiers or levels of concern about neglect (Glaser, 2011, see adapted diagram on the following page) provides a helpful way of organising and understanding concerns about neglect at different levels and areas of concern. It also helps to distinguish between risk factors *for* neglect and observable indicators *of* actual neglect in children and within families. The research evidence of indicators of neglect linked to the *Working Together* definition fits well within this structure.

Tiers or levels of concern appear in the diagram in the inter-related domains presented earlier: social and environmental risk factors that have an impact on the family; parental risk factors; parent-child interactions and the child's functioning. Difficulties may be apparent in all or any of the tiers.

The concept has its theoretical origins in the ecological approach (Bronfenbrenner, 1979) and subsequent conceptual developments, in particular the transactional ecological approach commonly used in child maltreatment research (and in practice) as an organising framework (Connell-Carrick and Scannapieco, 2006; Cicchetti and Valentino, 2005; Munro and Musholt, 2013). This approach considers the way risks and relationships interact and have an impact on the developing child and the physical and emotional environment in which the child's experiences occur.

Figure 2.1 - Explanatory relationships between 4 tiers of concern

Tier 0: Family & Environmental Risk Factors



## Child's functioning of concern

The diagram reinforces the understanding that a static list of indicators and isolated incidents or single behaviours do not necessarily constitute neglect (Hibbard *et al.*, 2012). Practitioners need to be interested in the relationship between the parent and the child and the pattern of responses between them (Glaser, 2002). This is where both strengths and problems in the relationship with either or both parents can be found. It is also where a repeating pattern of harmful parental behaviour and caregiving and the enduring nature of damaging home circumstances can play out to undermine the child's development, leaving them potentially, with a sense of being unlovable and ineffective (Howe, 2005). It is *how* the indicators and risk factors impact on this parent-child relationship which is crucial for practitioners' understanding and decision-making.

'Tiers of concern' can be used to help practitioners to organise concerns about neglect more systematically. Glaser points out that information about children and families may not initially be obtained and gathered systematically "Rather, it is often a complex narrative of difficulties and strengths ...for example a lack of differentiation between parental risk factors and actual harmful parent-child interaction "(Glaser, 2011 p871). When some information is known, the practitioner can start to organise their areas of concern into these structured tiers.

## 2.8 What to do next?

Neglect occurs along a wide spectrum of parent-child interactions, which ranges from satisfactory to very harmful. The issue, as Glaser puts it, is where to locate the cut off between what is satisfactory or only undesirable and what is actually harmful and calls for a professional response (Glaser, 2011 p868). It may simply be necessary to ask further questions. Support can and should be offered at any stage of family difficulties, but firm action is required when neglectful interaction with the child is so persistent and pervasive as to cause serious harm.

### ***Questions to help determine the degree of severity***

Determining the degree of severity will indicate how urgent intervention needs to be. Some indicators will require immediate, urgent action. However the majority of indicators of neglect will require further exploration and assessment in the often overlapping *Working Together* areas listed again below. In each area this will need to involve discussion and sharing of information with other professionals. It is a good rule of practice that all suspected cases of maltreatment prompt a developmental assessment of the child which will involve recording and observing behavioural and emotional difficulties, observing interactions between the child and their primary carer and exploring parents' views of the child (Naughton *et al.*, 2013). NICE guidelines also provide examples of when neglect should be 'considered' and when it should be 'suspected' (NICE, 2009).

Examples of the spectrum of urgency and questions to be raised are provided across some of the different areas of the definition of neglect.

### **Food and feeding**

Food and feeding offers clues to the availability of resources in the home. For example if there is no food in the fridge, why is this the case? Is lack of food a temporary or a regular problem? In some circumstances young children who are losing weight may be denied food when cupboards are plentifully stocked, for example in the case of Daniel Pelka (Lock 2013). Food and feeding provides powerful clues to parent-child interaction and parents' responsiveness to a child's basic emotional needs. There are complex and differing reasons why parents may not be nurturing their child. Early difficulties in feeding could be linked, initially, with the baby's prematurity and subsequent complex health needs. In cases of faltering growth (for all infants and children and not just those with complex health needs) it is important not to treat the issue as a mechanical feeding problem but rather to raise questions about emotional development, attachment and the parent-child relationship.

## Protecting a child from physical and emotional harm and danger, ensuring adequate supervision

Achieving a balance between awareness of risk and allowing children freedom to learn by experience can be difficult. However if parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm, this may constitute neglect and consequences, for example fires and accidents, may be very serious (NICE, 2009 p11).

Parents may have a good relationship with a baby who may be developing a secure attachment, however if the parent is regularly co-sleeping with the infant when under the influence of drugs or alcohol the baby is at serious risk of harm from neglect. Any parent who is regularly under the influence of alcohol or drugs while caring for their baby or young child is unlikely to be able to attend to their emotional or physical needs in a timely or appropriate way.

### Assessment

There are three aspects to assessment:

- a) Description of current state and identification of any current indicators of neglect:
  - I. Exploration of persistence of indicator – is this something that happens frequently /all the time/ never been noticed before?
  - II. Assessment of the current functioning of the child and of the family.
- b) Review of underlying risk factors incorporating a previous history of:
  - I. The child and of each parent/caregiver.
  - II. Professional involvement and the family's response to this.
- c) Assessment of the parents' capacity to change:
  - I. This can only be tested as part of the parental response to sound, supportive intervention which focuses on social and environmental risk factors and neglectful parent-child interactions.

Not taking sufficient account of family history or failing to grasp the impact of neglect on the child were found in almost half of the assessments in the 124 neglect cases scrutinised in a recent Ofsted report (Ofsted, 2014). In their study of professional responses to neglect, consistency in standards and practice occurred more often where authorities had adopted models of assessment with clear theoretical foundations. Standardised, structured approaches such as the Graded Care Profile and Signs of Safety were valued by social workers who felt that these tools helped them to analyse different aspects of neglect and produced better assessments and more informed

support and protection plans (Ofsted, 2014, p17). In a systematic review, both the Graded Care Profile and Signs of Safety were found to be promising risk assessment methods, although as yet with limited evidence of their rigour (Barlow *et al.*, 2012).

## Conclusion

Neglect in the early years can have a long-standing impact across the whole spectrum of children's development, and throughout the life span. Early intervention and support for families where neglect is identified is therefore of utmost importance in safeguarding children from harm, but there is substantial evidence that opportunities to take timely action are routinely missed. This report has sought to set out the research and practice based evidence concerning the consequences of neglect and to explore a number of barriers to effective action. It has explored the research evidence concerning observable risk factors within the environment, the parents and the child that are associated with an increased likelihood of neglect; observable indications of the harmful parent-child interactions, which often underlie concrete manifestations of neglect; observable indicators of harmful parenting, and the manifestations of the impact of neglect in child functioning from birth until the age of five. Systematic assessment of these factors and the interrelationships between them, using a conceptual framework such as Glaser's tiers of concern should lead to more timely action and fewer missed opportunities.

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## Appendix: 1 Strategy for the Literature Review

The sources for the report were identified and collated using a narrative review process and method. This allowed a broad coverage and synthesis of findings from a wide range of academic and practice literature as well as policy documents. It also offered the flexibility to adapt and change this as the project progressed (Kiteley and Stogdon, 2014).

Assessment of the quality of evidence was undertaken during the three meetings of the group and in each of the report author's individual scrutiny in each of two drafts of the report. Decisions about inclusion and quality were based on expert judgment rather than an explicit protocol. This was an iterative process of gathering literature, interpreting the evidence and reaching consensus, endeavouring to avoid individual bias. All members of the group contributed to discussions during the meetings and the report authors also compiled and drafted the report collaboratively.

The stages of the process are outlined in more detail below.

The process of identifying the relevant literature for inclusion in the report was as follows:

At the first meeting, after initial discussion of the topic, participants were asked to upload research articles onto a dedicated website and return to the next meeting with further suggestions of relevant literature.

At the second meeting, two panel members presented a research summary: one in relation to observable indicators of neglect and one in relation to risk factors for and consequences of neglect. The group discussed the summaries, seeking consensus about what to include and identifying omissions. A preliminary framework for the report was constructed.

Further discussion was held at the third meeting, and further omissions in the literature were identified. The report framework was further clarified.

Draft report circulated to members of the expert group, and feedback incorporated.

Revised draft circulated, to ensure that comments from stage 4 had been incorporated.

Peer review of draft report and consideration/inclusion of points raised and literature cited.



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