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Introduction

What causes neglect? Why does it happen? These are natural questions in the mind of the child welfare worker. Our work can be steered more intelligently and will have a more lasting impact if it can be directed to rooting out sources of difficulty, rather than rubbing balm on its symptoms. (Polansky *et al.*, 1972, p. 5)

Polansky *et al.* posed these questions and made this comment over 40 years ago. Is it as relevant today? We are certainly more aware of the significant and detrimental impact that neglect has, for example, on the development of the brain of the child and adolescent. Moreover, our knowledge and understanding of factors that can contribute to parents neglecting their children is becoming more sophisticated. Nevertheless, we still remain in a situation where practitioners are ‘rubbing balm on the symptoms’ rather than addressing the root causes of neglect. For example, recent studies of serious case reviews following the death or serious injury of a child from neglect in England found that the focus of workers’ attention was on resolving the presenting problem through short-term interventions with little attention paid to the underlying issues, past family history and patterns of behaviour (Brandon, Belderson *et al.* 2008; Brandon, Bailey *et al.* 2009). In a recent survey completed in the UK by the NSPCC (2011), 9 per cent of young adults and one in ten young people between the ages of 11 and 17 years reported that they had been severely neglected by parents or guardians during childhood. In an Action for Children study (2010) involving 3,000 eight- to twelve-year-olds, 63 per cent had seen suspected signs of neglect in other children. These included the child looking dirty and unwashed, wearing clothes that did not fit or were soiled, not getting meals at home and having no friends. This pattern appears to be repeated across the developed world. Indeed, the statistics gathered in different countries bear out the fact that neglect is a common experience (Dubowitz, Newton *et al.*, 2005; Gardner, 2008; Mardani, 2010). If one considers the number of children subject to neglect in the developed world it would appear we continue to fail to address the root causes of neglect.

In my previous book, *Child Neglect: Identification and Assessment* (Horwath, 2007), I not only attempted to answer the two questions Polansky *et al.* posed but also considered how the answers should inform the way in which professionals identify and assess child neglect. Since I wrote that book I have had numerous discussions with practitioners who have indicated that national assessment frameworks and tools, such as

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the Graded Care Profile (Srivastava, Fountain *et al.*, 2003), have enabled them to go beyond the presenting problem when assessing child neglect. However, they then encounter a new challenge: struggling to find effective interventions that will lead to better outcomes for children living in neglectful families. This quote from a conference chair who participated in the Anytown neglect study, which is summarized in Box 0.1 and described in more detail in the Appendix, explains what often occurs:

I was doing a conference yesterday and this is the fourth period of registration...the concerns are exactly the same, every initial conference that has been held...There's been several written agreements put in place but they've been breached and there's no real understanding or answers.

The quote highlights for me how practitioners can often be left floundering, not knowing how to intervene to address the root causes of neglect in a way that will improve the daily lived experience of children in the family. Part of the problem is that resources are limited and professionals feel constrained by their often prescriptive roles and responsibilities (Daniel, Taylor *et al.*, 2011; Munro, 2011b; Davies and Ward, 2012). However, the issue goes beyond this, with practitioners often unsure about what works for families with different, often complex needs.

My intention, therefore, in writing this book is to draw on research and practice developments to assist practitioners and managers make the move from patching up and dispatching the child and their family, until another symptom of neglect brings the family to the attention of practitioners, to addressing the root causes of neglect. This book is not a revised version of my previous book on neglect; rather, it complements the first book by exploring how practitioners can build on a meaningful assessment to plan and intervene effectively to improve the lives of neglected children. In the last ten years interventions that are effective in addressing child neglect have received increasing attention from researchers (Davies and Ward, 2012). Thus, in writing this book I have been able to draw on a plethora of research studies, from randomized control trials to small-scale qualitative studies, to consider what we know about the effectiveness of various interventions. These interventions range from population-based approaches to prevent neglect through to protecting children from harm in cases of chronic neglect.

Despite the increased attention paid to ways in which the needs of the vulnerable and neglected child can be met, there is remarkably little written about planning in general and more specifically in relation to child neglect. This would appear to be a significant oversight because planning is the crucial link between identifying and meeting the needs of the neglected child. I have sought to go some way to adding to the limited body of knowledge on this topic by drawing on the findings of a small-scale study on planning in cases

of chronic neglect recently completed in the UK. The details of the study are summarized in Box 0.1. I will be referring to the findings from this study – known as the Anytown study – throughout the book. For the reader who requires more information about the study, this is provided in Appendix 1.

Box 0.1: The Anytown neglect study: brief summary of research design

The Anytown neglect study

What follows is a brief summary of the study aim, sample size and research methods. For more detailed information regarding the research design and study findings, see the Appendix.

The overall aim of the study was to further understanding of multidisciplinary planning and intervention in cases of chronic neglect. (For the purposes of the study, chronic neglect was defined as either the child being registered¹ under the category of neglect and remaining on the register for over two years, or the child having their name placed on the register because of neglect, subsequently being de-registered and then being re-registered on at least one further occasion in a two-year period).

The study was commissioned by a local safeguarding children board (LSCB)² in Wales and was completed in a mixed urban and rural community with high unemployment.

Four different research methods were used:

1. *An analysis* of case conference minutes, chronologies, reports, child protection plans, core group minutes and reports contained in the case files of 21 children (12 boys and 9 girls). A purposive sampling method was used to ensure that the sample reflected the definition of chronic neglect used for this study but also included: adolescents; children who are members of the same sibling group; disabled children.
2. *Semi-structured telephone interviews* with six chairs of initial child protection conferences and 12 social workers who act as lead professionals for child protection plans. The purpose of these interviews was to explore the themes from the case review.
3. *Multidisciplinary focus groups*. Four groups were facilitated for a total of 34 participants. The aim was to further explore the emerging themes from the previous two stages of the study with professionals who are members of core groups and work with the family and other professionals to implement the child protection plan.
4. *The survey*. Whilst the data collected and analysed thus far provided some insight into planning in cases of chronic neglect in that LSCB area, it was difficult to ascertain whether the key practice issues

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identified by the respondents were unique to that area. With this in mind, a survey was completed by 162 frontline practitioners to establish whether practitioners with similar cases in other parts of the UK encountered comparable issues. Fourteen statements and questions were developed to identify the extent to which professionals working in a diverse range of practice settings felt that some of the key findings that emerged consistently from the data analysis of the first three stages of the study reflected their practice experience.

Key findings are considered throughout the book and summarized in the Appendix.

1. In Wales, as in Northern Ireland and Scotland, if there are concerns that a child is suffering and likely to continue to suffer significant harm and therefore is in need of a child protection plan, then a decision is made at the initial child protection conference to place the name of the child on the child protection register. In England, instead of being registered, the name of the child is recorded as being the subject of a multidisciplinary child protection plan.
2. LSCBs consist of service directors and senior managers who have a statutory duty to coordinate and ensure the effectiveness of what is done by each person or body represented on the LSCB for the purposes of safeguarding and promoting the welfare of children.

Key concepts: being ‘crazy about the kid’

In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody’s got to be crazy about that kid. That’s number one. First, last, and always. (Bronfenbrenner, quoted in National Scientific Council on the Developing Child, 2004, p. 1)

In this quote, Bronfenbrenner captures exactly what children need if they are to achieve their full potential. I have, therefore, endeavoured to explore, within the book, how this can be achieved and drawn on four concepts that I believe should inform practice. First, in order for parents to provide the ‘complex joint activity’ and emotional relationship necessary to meet the needs of the child, the parents not only require the necessary ability and motivation, they also need a parenting environment that is supportive and facilitates quality child rearing. Therefore, the theoretical approach I have taken in writing this book draws on an ecological perspective (Bronfenbrenner, 1979) and a multilevel systems approach. Conceptualizing neglect in this way means recognizing and understanding the influence of the child’s relationship with their carer, the world of the immediate and the extended family, the community in which that child and family lives and the influence of the wider society on the family through,

for example, legislation, culture and religion. It means that child development is inextricably linked to the interrelated contexts within which children grow up, which either support or inhibit each child's progress.

Second, the first step to becoming 'crazy about the kid' is having an understanding of the individual child and how they experience their world. In 1988 Dame Butler-Sloss reminded practitioners that 'the child is a person and not an object of concern' (Butler-Sloss, 1988, p.245). This perspective challenges what was the view at the time, namely that children are biologically and socially immature and that powerful groups of adults construct representations of the child and impose this construction on groups of children – in the case Butler-Sloss was referring to, sexually abused children. In the last 20 years there has been a move towards a more socially constructed view of childhood that recognizes children as social actors and agents who live and experience family and community life in very different ways (James and James, 2000). Thus, in order to make sense of neglect so that practitioners can intervene effectively in these children's lives, it is important to understand the daily lived experience of the neglected child, and to recognize that neglect affects each neglected child differently. However, one of the tensions when working with neglect is determining the extent to which the voice and views of the child should determine actions. As Gittens (1998) notes, whilst maltreatment is experienced by and affects children differently it is also a problem that is categorized and defined by adults and remains an act of harm inflicted by those who have some power and control over children: namely their parents. Moreover, as Littlechild (2000) comments, the very phrase 'child protection' reflects a view that the child cannot safeguard itself and therefore needs support from the state and its agents. In this book I have sought to address this tension by placing considerable emphasis on the importance of practitioners ensuring that they fully appreciate what a good and bad day is like in the life of each and every neglected child they are working with. This picture should be constructed by not only taking into account the child's experiences and views but also what can be learnt about their lived experience from other professionals and family members. I also believe, as noted by Littlechild (2000), it is important to validate and ensure representation of the child's views whilst also taking account of the duty of the state to protect children from harm.

Third, if interventions are to be effective, it is not only the caregivers that should be 'crazy about the kid'; practitioners and the organizations they work for also need to be demonstrating they put the needs of the child first. All too often workers appear to go through the motions of following guidance and procedures aimed at meeting the needs of the children without demonstrating a commitment to the individual child (Munro, 2010). This was evident in some of the comments from participants in the Anytown

study, who talked about ‘doing an assessment’, ‘holding a core group on the X clan’, ‘meeting the threshold’, ‘your classic chronic neglect case’, ‘when there are a group of siblings we do a cut and paste job for each form’. These quotes indicate a lack of focus on the individual child. What is crucial is that professionals recognize that each child, even those in the same family, will have a different experience of neglect. Being ‘crazy about the kid’ and ensuring their particular needs are met also means that workers need to establish meaningful relationships with children and families. As noted by Lambert and Barley (2001), the quality of the relationship between worker and service user has more influence when addressing concerns than the use of a specific intervention or technique. Without a meaningful relationship with family members the practitioner will not be able to access information about past experiences and the current concerns and anxieties that influence child rearing (Barlow and Schrader McMillan, 2010; Platt, 2012). If workers are to be ‘crazy about the kid’ they need to work in organizations where managers demonstrate, through the implementation of operational systems, that they are crazy about frontline workers and create an environment that promotes practice associated with positive outcomes for children. This requires systems that ensure the needs of the child are given priority over the needs of the organization and that staff feel valued, supported and have manageable workloads (Hemmelgarn *et al.*, 2006).

Finally, if practitioners are to intervene effectively in the lives of neglectful families, in a manner that improves the quality of parenting and the child’s daily lived experience, they need to have an understanding of the way in which individuals respond to change. All too often families believe change is imposed on them: they are told what needs to change and how to achieve this by professionals (Morrison, 2010). As Senge *et al.* (1994) note, people do not resist change, they resist being changed. Therefore, if practitioners wish to improve the quality of the daily lived experience of the neglected child, they need to pay attention to the process of change, as, for example, outlined by Prochaska and DiClementi (1982), and support parents through recognizing the need to change, deciding how to make the necessary changes and sustaining any changes that are made. Throughout the book I consider how processes for planning and intervening in the lives of neglected families promote or inhibit engagement with the change process.

Having provided an overview of the key concepts that have informed this book I now consider the contents of the book in more detail.

Overview of the book and chapter contents

The overall aim of this book is to provide a readily accessible publication grounded in research and best practice in order to assist practitioners and

managers, irrespective of discipline and jurisdiction, to plan to meet the needs of neglected children and, in light of these plans, work effectively with neglectful families. This will be achieved by exploring the research and practice developments that should inform planning and interventions in cases of child neglect. As part of this process, the tensions and dilemmas encountered by professionals working with neglectful families will be identified and possible ways in which practitioners can work together to promote better outcomes for neglected children considered.

What follows is a summary of the content of each part of the book and the individual chapters.

The book is divided into three parts. In the first part I attempt to set the scene by exploring the concept of neglect and the impact that neglect has on children. In Chapter 1 I consider how operational definitions of neglect are of limited use and can be particularly unhelpful when attempting to identify ways of intervening in cases of neglect. I argue that neglect is socially constructed and perceptions of neglect will change with time and place. This means that nation states at a particular time may emphasize different elements of neglect, minimizing other aspects of neglect which may be as damaging for the child. As a consequence the legislative framework, as well as cultural, religious and community norms, will inform the way in which professionals view the family. This, combined with personal and professional values and beliefs, means that practitioners are likely to view neglect through different lenses and hold different views as to what is 'good enough parenting', at what point professionals should intervene in family life and the ways in which they should work with families. This in turn will dictate which families receive services. Whilst neglect is associated with a parental failure to meet the needs of the child, I consider how professional, organizational and societal neglect may also contribute to a failure to intervene effectively to meet the needs of the child.

In Chapter 2 I focus on the multifaceted nature of neglect and explore the factors that contribute to neglectful parenting, including the parent's ability to understand the needs of the child as well as the socio-emotional reasons why they may not be 'crazy about the kid'. The part played by family and environmental factors in shaping parental behaviours is also considered. In the final chapter of this section, I explore the bleak and miserable daily lived experience of the neglected child and young person and discuss the different ways in which neglect affects the child's health and wellbeing. I argue that if interventions are to be effective it is essential that professionals recognize the cumulative effect of neglect and ensure they focus on how each child within a family is affected by their neglectful environment.

The second part of the book is about planning interventions. In this section I focus on cases of chronic neglect where the child is suffering or likely to suffer significant harm. In Chapter 4 I consider assessment, the foundation

from which plans and interventions are constructed. As I have written extensively about the assessment process in cases of neglect elsewhere – see, for example, Horwath (2007) – I focus on one particular aspect: assessing parental capacity to change. I argue that this is a neglected aspect of the assessment process and, as a consequence, parents do not engage meaningfully in plans designed to change their behaviours and improve outcomes for children. I explore the challenges that practitioners encounter engaging with parents and eliciting and sharing information in a way that motivates parents to take their first steps on the pathway to change. Drawing on the Prochaska and DiClementi model of change (1982), I consider ways in which practitioners can complete more effective assessments, using this model. In Chapter 5 I move on to consider how the initial child protection conference can be used as a vehicle to assist parents identify a pathway for change that leads to better outcomes for the child. I argue that information should be shared and analysed and decisions made about interventions in such a way that the child's lived experience remains centre stage. I emphasize the importance of ensuring that by the end of the conference both family members and members of the conference understand the causes for concern as they relate to the child's lived experience, the rationale behind the proposed interventions and ways in which progress will be measured. In the final chapter of this section I discuss plans to safeguard the neglected child from harm. I consider the tensions that practitioners encounter in obtaining meaningful parental engagement with the plan whilst at the same time balancing the care and control functions in their interactions with the family. I propose a framework that enables practitioners to both assess the extent to which parents are actively engaged in bringing about change that improves outcomes for the child, and identify why parents may be superficially compliant with, or disengage from, the plan. I use the same framework to argue that practitioners may mirror parents' behaviour and not engage meaningfully in implementing the plan, and consider why this is the case and what practitioners require from their organizations to ensure this does not occur. Traditionally, when assessing effective interventions, practitioners have focused on whether family members have completed the tasks negotiated between themselves and practitioners (Munro, 2011a). Success, no thanks to a recent overemphasis on performance indicators, is frequently measured in terms of compliance and short-term, tangible improvements to the lives of children. Little consideration is given to the long-term impact of these interventions in promoting better outcomes for children. I therefore consider ways in which professionals can measure the effectiveness of interventions, not only in terms of safeguarding and promoting the current welfare of the child but also in terms of the long-term wellbeing of the child. Whilst the focus in this part of the book is on child protection processes, the information regarding assessment and planning

and establishing a pathway for change is just as relevant to practitioners who are working with families where there are emerging concerns about neglect and where the children are considered vulnerable.

The final section of the book focuses on the diverse range of interventions available to neglectful families. I begin by arguing in Chapter 7 that it is not only 'neglect' that is a vague term and open to interpretation; so is 'intervention'. This word can be used to describe very different actions: for example, a social worker receiving a referral from a teacher may consider this to be the beginning of a process of identification and assessment that may lead to intervening in the family through service provision, whilst the teacher may consider that the very act of referring is an appropriate intervention on her part to meet the needs of the child. The factors that influence what services are available and how thresholds are established for accessing services are explored. This is achieved by considering how personal, professional and organizational factors inform the way services are allocated. The next three chapters centre on interventions aimed at parents, primarily in cases where young children are vulnerable to, or actually experiencing, neglect. This section of the book draws on research findings and practice developments regarding effective interventions for neglected children and their families, and considers the range of interventions from population-based services to prevent neglect, services designed to provide early help, through to interventions that are aimed at meeting the needs of the complex families where chronic neglect is a concern. In Chapter 8 I focus on population-based services and consider why parents vulnerable to neglecting their babies and children in the early years find it hard to access these services. In the following chapter the emphasis shifts to early help and, whilst recognizing that early help does not equate to early years, bearing in mind the importance of providing children with a positive start in life I consider the services that are available for families with pre-school-age children to address emerging concerns about neglect. I discuss three different types of service: home visiting services, such as the *Family Nurse Partnership*; centre-support services, such as *Triple P* parenting programmes and two-generation services designed to improve interactions between the parent and child. I consider which services are most relevant where the concerns are about a lack of parental knowledge and skills, and those interventions which lend themselves more to meet the needs of children and families where there are concerns about the parent-child relationship. Chapter 10 centres on working with complex cases: chronic neglect. The importance of a team around the family approach, combined with meaningful relationships between workers and the family, is emphasized. Recognizing that the behaviours that are being addressed as part of the intervention in these cases are often entrenched, consideration is given to the need for support of sufficient duration to ensure changes to behaviours

are sustained even during times of stress and family crises. In Chapter 11 there is recognition that rates of neglect are higher amongst carers who have mental health issues, who misuse drugs and alcohol, are victims of domestic violence or have a learning disability, than amongst other groups of carers. In this chapter the specific issues encountered and the specialist interventions available for both carers and their children are considered. Chapter 12 moves away from a focus on parents to neglected primary school aged children and adolescents. I discuss ways in which their needs can be met within the community. Different levels of need, from building resilience, addressing early signs of vulnerability through to damage limitation are considered. Neglect, particularly in adolescence, often comes to the attention of professionals through antisocial behaviour, such as offending or the young person running away, and attention is given to addressing both the presenting problem and the underlying neglect. In Chapter 13, acknowledging that the needs of neglected children cannot always be met in the community, I consider what we know about best practice with regard to placing neglected children in out-of-home placements. I explore factors that practitioners should take into account when planning to remove children, placement stability and potential reunification, as well as the needs of those neglected children when they become care leavers.

Target readership

This book has been written specifically for a multidisciplinary audience. It provides a helpful and important resource, that draws on theory and research, for practitioners and managers who are in contact with or working with children and families where there are potential or actual concerns about child neglect. The material in this book will be of relevance to students completing social work, health, social care and education qualifying and post-qualifying training. The book will not only help students in terms of their academic studies but will provide valuable guidance to assist students completing practice placements. Trainers and educators will also find the book useful for accessing the underpinning knowledge required for preparing courses on planning and intervening in cases of child neglect. The chapters provide valuable material that can also be used to prepare handouts. As the book has been written for a multidisciplinary audience, the content will prove invaluable to interagency as well as in-house trainers. This book also provides managers with a very clear overview of high quality practice. Therefore, the book can be used to enable managers to identify the resources, operational context, supervision and support practitioners require to work effectively with child neglect.

Whilst the research informing this book was completed in the UK and I make some reference to UK legislation, I also draw on international research and I have attempted to write the book in such a way that the content is relevant to both practitioners planning and intervening in cases of neglect in all jurisdictions and the managers supervising their practice.

In conclusion, in a recent study by the Children's Rights Director for England (Morgan, 2011), children were asked how adults can keep them safe. The most common responses given by the young people, aged between five and twelve years of age, was having a family looking out for them, parents giving boundaries and advice, and people who care for them: that is, being 'crazy about the kid'. The intention in writing this book is to provide practitioners with theoretical perspectives, research findings and practice developments that enable them to plan interventions and work with families to create this type of safe environment for children both vulnerable to neglect and those actually experiencing neglect.

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