

Childhood Neglect: Improving Outcomes for Children**Learning Outcomes**

To recognise signs and symptoms of children and young people who are, or may be, being neglected.

Audience Groups 1-6 (Working Together 2010)

Time 30 minutes

Key Reading

Brandon M., Belderson P., Warren C., Howe D., Gardner R., Dodsworth J., and Black J. (2008) Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case Reviews, 2003-2005, London: Department for Children, Families and Schools.

Hicks, L. and Stein, M. (2010) Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers. London: Department for Children, Schools and Families.

Housing Research Summary (2008) The longer-term outcomes associated with families who had worked with Intensive Family Support Projects. London: Department of Communities and Local Government.

Rees, G., Gorin, S., Jobe, A., Stein, M., Medforth, R. and Goswami, H. (2010) Safeguarding Young People: Responding to young people aged 11 to 17 who are maltreated. London: The Children's Society.

Stein, M., Rhys, G., Hicks, L. and Gorin, S. (2009) Neglected adolescents: Literature review. Research Brief. London: Department for Children, Schools and Families.

Swenson, C.C.; Schaeffer, C.M.; Faldowski, R. and Mayew, A.M. (2010) 'Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial.' Journal of Family Psychology 24, 4, 497 - 507.

Links to Common Core

Common Core 2 Child and young person development (knowledge: understand how babies, children and young people develop). Know that development includes emotional, physical, intellectual, social, moral and character growth, and know that they can all affect one another.

Common Core 3 Safeguarding and promoting the welfare of the child (skills: personal skills). Understand the different forms and extent of abuse and their impact on children's development.

further

Neglect and young people

N5₁

Neglect and young people
Recognition and Response

Further
P5

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Learning Outcomes
To recognise signs and symptoms of children and young people who are, or may be, being neglected.

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Learning outcomes.

Are teenagers neglected?

Analysis of serious case reviews (2002-2005)
A quarter of the 161 children who died or who were seriously injured were over 11 years old, including nine per cent who were over 16 years of age.

(Brandon et al. 2008)

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This is clear evidence that neglect affects young people as well as young children.

Neglect of young people

- What is adolescent neglect – how is neglect defined and described?
- What are the causes and consequences of neglect?
- Whose business is it?
- What can professionals do about it?

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This presentation seeks to address the following questions.

Judgements

Why is this young person dirty?

Can't be bothered to wash?
Never been taught or shown how to take care of themselves?
No hot water, soap or towels in the house?
At what age to we think that a young person is responsible for their own care?

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Often comes down to judgements – young people develop and become competent to self-care at different ages; some teenagers become self-sufficient earlier than others.

However, given that parenting also involves tuning into an individual child's developmental needs, there will need to be discussion with the parents or carers to ascertain the extent to which they are aware or, or concerned about, the young person's level of self-care.

Messages from research

Neglect is usually seen as an act of omission.

For adolescents, in particular, acts of commission should also be considered, for example, being abandoned by parents or being forced to leave home.

(Stein et al. 2009)

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Messages from research

Neglect from different viewpoints

There may be differences between viewpoints, for example between the views of social workers, other professionals and young people themselves. Awareness of these different viewpoints is a starting point for establishing a working consensus.

(Hicks and Dean 2010)

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Discussion point: It could be helpful to engage participants in discussion about issues of judgement. They could be asked to discuss questions such as:

- Is there usually consensus within your team about when a young person's needs are being met by their parents and carers, at what age should young people become self sufficient for example?
- Do you take the time as a team to debate and discuss these issues?
- Do you take the time to debate this with colleagues from other agencies?
- Are there differences of view across different professions?

Messages from research

Rochester Youth Development Study (RYDS)

Longitudinal study of community-based sample of young people aged 14-31 suggests that persistent adolescent maltreatment has stronger and more consistent negative consequences during adolescence than maltreatment experienced in childhood only.

Older young people are more likely to be blamed, less likely to be seen at risk of harm, and less likely to be referred to children services.

(Rees et al. 2010)

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A longitudinal study – the Rochester Youth Development Study – has so far followed a community-based sample of young people from the ages of 14 to 31. The first findings on age-specific outcomes of maltreatment were published in Thornberry et al. (2001).

This has been followed by several other articles from the study exploring the same issue. Thornberry et al. (2010) distinguished the causal effects of childhood-only maltreatment which were primarily seen through internalizing problems in early adulthood, from the effects of maltreatment experienced during adolescence which 'had a stronger and more pervasive effect on later adjustment'. These wider effects include criminal behaviour, substance use and health-risking behaviours.

Messages from research

'Neglect is when parents ignore you... when parents leave you and you get hurt.... if you are bullied at school and you have no one to turn to neglect is scary.'

Young person's view

'When is it that an adolescent is just not taking care of themselves because they can't be bothered, or when is it because they have been neglected and not been taught those basic skills at an early age?'

Professional's view

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Although it is very important to ascertain the young person's views, wishes and feelings, the experience of chronic neglect over several years may make it difficult for a young person to envisage an alternative. All they know may be a neglectful environment.

Messages from research

Young people may underestimate neglect -this may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to their families.

Neglect is often seen as a persistent state - it is necessary to look at patterns of neglect over time and recognise the impact of both acute and chronic neglect.

(Hicks and Stein 2010)

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Messages from research

There is a difficulty in making a distinction between emotional abuse and neglect -these are associated, especially when neglect is seen as an omission of care. What matters is not the label but the consequences for the young person's health and development.

Neglect is often seen as culturally specific -the concept of neglect will vary according to contextually acceptable standards of care. However, caution is required in placing too much emphasis on cultural factors.

(Pohay and Pohay 2007)

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Messages from research

Neglect from different viewpoints

Older young people less likely to be seen as at risk of long-term negative outcomes.

Young people aged 11 to 17 often seen by professionals as:

- more competent to deal with maltreatment
- more resilient
- more likely to be contributing to and exacerbating situations through own behaviour
- more likely to be putting themselves at risk of harm.

(Rees et al. 2010)

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Rees and colleagues' (2010) research with professionals identified that generally young people who are older are less likely to be perceived to be at longer-term risk of negative outcomes from neglect.

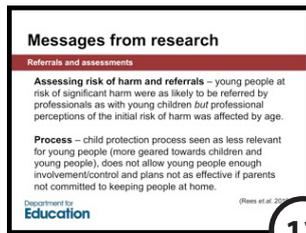
The research team looked at age profiles of the young people and it appeared that overall risk of harm from neglect is perceived to be lower particularly for young people aged 16 and 17.

The young people were thought to be more competent in dealing with maltreatment, more resilient and more likely to be contributing to and exacerbating situations through own behaviour.

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Neglect and young people

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The same research team also interviewed young people and professionals to explore their views of maltreatment experienced by young people aged 11-17. Some of the factors identified by professionals when assessing risk of possible significant harm of young people related to young people's own contribution to situations; young people were often seen as 'putting themselves at risk'.

In terms of decisions about whether to make a referral to children's social care services, there was a significant difference between agencies with professionals such as the police being more likely to make a referral in response to a given scenario than the other professional groups such as teachers, youth justice workers and voluntary sector workers (Rees et al. 2010).

Thresholds were regarded by professionals as higher for older young people; for example those aged 15 and older. Some of the key dilemmas for professionals in making referrals and undertaking assessments for this age group included:

- **The complexity of some cases where there was two-way violence.**
- **Referring to children's social care services against young people's wishes; for example, confusion about how to deal with sexual relationships between young people and older adults.**
- **Concerns about losing relationships with the young person and their family if a referral was made.**

Some professionals were concerned about whether to make a referral to children's social care services when the likelihood of a response was not known.

Referring professionals also identified five broader challenges in terms of meeting the needs of young people aged 11 to 17 who are maltreated:

- **Resource and capacity issues were regarded as a key issue for safeguarding work in general and for this age group in particular.**
- **Challenges relating to multi-agency working were identified including information sharing and consistency of thresholds for intervention across agencies.**
- **The need for training and accessible support for a range of professionals working with young people who may be being maltreated.**
- **Working with parents was viewed as a significant challenge in relation to young people aged 11 to 17. Trust was a key issue and the potential for enhancing parenting skills was identified as an important strategy.**
- **Finally, referring professionals felt that there were some specific challenges in engaging with young people in this age range in order to ensure their safety.**

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Neglect and young people

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Parenting capacity

- Basic care giving
- Ensuring safety
- Emotional warmth
- Stimulation
- Guidance and boundaries
- Stability

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How does this translate for young people?

Consider aspects of parenting capacity together with knowledge of what is age-appropriate for young people, and discuss what this means for their care:

- **Basic care giving** – food, shelter, warmth.
- **Ensuring safety** – who is the young person exposed to? Inappropriate adults in household, for example, adults around them using substances, anger and aggression in home, fear of assault – physical or sexual?
- **Emotional warmth** – do they have someone to turn to, do they feel cared for, and do parents show warmth to their children?
- **Stimulation** – access to, for example, peers or activities. Forced to stay in bedroom for days on end?
- **Guidance and boundaries** – coming in on time, getting up on time, parents condoning risky behaviours, knowing what is acceptable.
- **Stability** – for example, stable home life, accommodation, stable parenting.

Vulnerable young people

Disabled young people

- Experience higher rates of neglect.
- Communication impairments may make it difficult to tell others what is happening and may be more isolated.
- Not receiving regular services can increase likelihood of neglect.
- Need to distinguish between symptoms of disability and signs of neglect.

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This, and the following three slides describe some of the factors associated with elevated vulnerability to the experience of neglect.

Vulnerable young people

Looked after young people

Likely neglect prior to being looked after –

- physical health
- education
- emotional needs.

Important to promote stability and secure attachments through high quality of care.

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Vulnerable young people

Impact of parental difficulties

Parental mental health problems, learning disability, domestic violence, substance and alcohol misuse increase likelihood of neglect.

These problems often increase parents' emotional unavailability.

Young people more likely to be left alone, lack parental supervision and positive role modelling.

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Vulnerable young people

Young carers
 Older children and adolescents may be drawn into caring, to the detriment of their own care.
 Young people may not receive support at key developmental stages, such as puberty, early and later adolescence.
 Lack of supervision and boundaries may result in young people being exposed to greater likelihood of harm and experiencing more problems.

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Consequences of neglect

On the following areas of a young person's life:

- Health
- Education
- Emotional and behavioural development
- Identity
- Family and social relationships
- Social presentation
- Self care skills

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This slide looks at dimensions that are key to young people's welfare:

Health - Inadequate medical attention, and poor food and diet have a long lasting impact on physical health. We need to recognise anxiety, depression, low self-esteem and proneness to suicide in teenagers, drug and alcohol abuse and early sexual activity.

Education - Neglectful parenting is associated with poor academic achievement and misconduct at school. It also affects ability to achieve qualifications and subsequent employment options that in turn is likely to impact upon achievement of economic wellbeing.

Emotional and behavioural development - Neglectful parenting is often associated with anti-social behaviour, young people getting into trouble and violent conduct.

Identity - Neglectful parenting impacts upon self-esteem and self-image. Teenage years are important in developing self identify with physical appearance being an important factor. Neglected young people are sometimes seen in ill fitting shoes, unwashed clothing, have no essential PE kit or school uniform, and often do not have access to the latest fashion, for example.

Family and social relationships – There is a close association between parental neglect and behaviours in young people: running away from home, substance misuse, sexual exploitation and risky sexual behaviours, and potentially young people being stigmatised and bullied by their peers.

Responses to this type of behaviour are sometimes enforcement led with young person seen as disaffected or angry rather than as neglected - this sometimes results in a police/anti-social behaviour team response and ultimately puts young person in an even more difficult position. For example the young person may become subject to behaviour contracts, Anti-Social Behaviour Orders, or criminal convictions.

Social presentation - Neglect impacts upon the way that young people behave in groups and communities. Have parents advised or guided the young person on how to behave in certain situations - public gatherings, in a shop, attending medical appointments - or does their behaviour single them out as different?

Self care skills - Neglect may impact upon self-care skills, such as dental care, washing, general cleanliness, ability to prepare and balance meals, seeking timely medical care and this may impact upon long-term health outcomes for young people.

Effective Interventions: Primary

Universal Services - have a key role to play in promoting inclusion and supporting young people to achieve positive outcomes.

Parents - support services for parents can enable them to develop and sustain an 'authoritative' parenting style, combining control, acceptance and warmth.

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Primary Intervention

Primary intervention (also known as prevention) aims to address the factors associated with neglect in order to prevent it occurring in the first place.

Schools, parents, youth, recreation services and health all have much to offer to young people and their families.

Stein et al. (2009) looked at parenting styles that underpin the parenting capacity domain of the Assessment Framework. It is the 'authoritative' parenting approach which combines love, emotional warmth, basic physical care, safety, stability, guidance and boundaries as well as stimulation that is most likely to contribute to young people's all round wellbeing (Stein et al. 2009).

Effective Interventions: Secondary

Undertake a multi-agency holistic assessment (CAF) as this will:

- help practitioners from different agencies assess young people's additional needs for services at an early stage;
- develop a common understanding of those needs between different agencies;
- agree a process of working together, and which agency will provide services to the young person and family;
- identify if appropriate, a lead professional to assist the young person and family.

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Secondary Intervention

The focus of secondary intervention is intervening when problems arise – or early intervention in the history of a difficulty. For example, a teacher may notice a sudden deterioration in the appearance or cleanliness of a young person which is very much out of character. If this cannot be addressed by informal measures, such as discussions with the young person and parents and offers of assistance are declined, then it is important that an early assessment takes place to determine the appropriate level and types of intervention. It may be helpful to use the Common Assessment Framework (CAF) at this stage.

Effective Interventions: Tertiary

Concrete interventions for example, linked to housing, clothing.

Social supports to promote inclusion and link families into parenting support, social opportunities.

Developmental approaches peer support for young people and support with positive role development.

Cognitive behavioural support links into social skills training and further education.

Individual interventions drug and alcohol, mental health, counselling services.

Family focused work family therapy, Family Group Conferencing.

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Tertiary Interventions

Tertiary interventions aim to prevent the recurrence of problems that have already come to light, and have usually persisted beyond, or have not responded to, early interventions. Stein's (2009) recent research review identified that there is little available literature on social work and therapeutic interventions in relation to adolescent neglect.

Intensive family interventions

Features of the model:

- multi-agency approach/teams;
- focus on most problematic families – formerly families displaying anti-social behaviour but more recently a move towards targeting families with children on the edge of care;
- whole family approach;
- dedicated key worker;
- practical and emotional support;
- persistent and assertive working methods;
- families agree to a contract and support plan;
- cost effective.

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Intensive family interventions, such as the Reaching Out: Think Family approach of the last Government, are targeted at families exhibiting anti-social behaviour and who were at risk of homelessness (Social Exclusion Task Force 2007).

These interventions encapsulate work detailed on former slide.

For those wanting to know more about Social Return on Investment (SROI) – direct them to NEF website, link at the end of the presenter's notes.

further

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Impact of intensive family interventions

- Reductions in anti-social behaviour.
- Reductions in housing enforcement actions.
- Reduction in truancy, exclusions and associated learning problems in children and young people.
- Decline in child protection concerns.
- Reduction in drug and alcohol problems.
- Reduction in mental health problems.
- Significant improvements in children's health, wellbeing and educational attainment.
- Cost effective and provide a social return on investment.

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Community interventions

Multi-Systemic Therapy (MST)

- Licensed and evidence based.
- Community intervention for children and young people aged 11-17 years and their families.
- For young people at risk of out of home placement in either care or custody and families have not engaged with other services.
- MST team works with young people and families to increase parenting capacity, and to increase young people's engagement with education and training.

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Multi-Systemic Therapy

MST is a licensed and evidence based, community intervention for children and young people aged 11-17 years and their families, where young people are at risk of out of home placement in either care or custody and families have not engaged with other services. The MST team works with young people and their families to:

- **increase parenting capacity**
- **increase young people's engagement with education and training**
- **promote pro-social activities for parent and child**
- **reduce young people's offending behaviour**
- **increase family cohesion**
- **tackle underlying health or mental health problems in the young person or parent, including substance misuse.**

Community interventions

Multidimensional Treatment Foster Care

- Children chosen for this scheme usually have challenging behavioural problems.
- Children will usually have experienced multiple placement breakdowns.
- Children are sent to live with specially trained foster parents and supported around the clock by a team of professionals from health, education and social care.
- Individual treatment programmes are created for each child.

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Multidimensional Treatment Foster Care

Children chosen for this scheme will usually have very challenging behavioural problems and will have experienced multiple placement breakdowns. They are sent to live with specially trained foster parents who are supported around the clock by a team of professionals from health, education and social care. Individual treatment programmes are created for each child.

Each set of foster parents looks after just one child for between six months and a year, concentrating on behaviour management to promote emotional stability and the skills needed to live in a family.

The programme is based on teaching children new skills in their foster home, school and social environments. The focus is on supporting and encouraging positive behaviour and setting clear and consistent limits. Keeping children away from peers who are a bad influence is also central. Multidimensional Treatment Foster Care was originally developed and evaluated in the USA as a cost-effective alternative to residential treatment for adolescents with complex needs and challenging behaviour, including offending behaviour. Some local authorities have been trialling this approach in England since 2003 with funding from the Department for Children, Schools and Families.

For further information see www.mtfce.org.uk

further

Neglect and young people

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Summary of key messages

- Definitions of neglect need to **take account of age**.
- For young people neglect may include a parental **act of commission**.
- There may be **differences in viewpoint between professionals**.
- Young people may **underestimate** the impact of neglect on their lives.
- Not always a persistent state – look at **patterns** over time.

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Summary of key messages.

Summary of key messages

- **Difficult to distinguish** between emotional abuse and neglect.
- Consider not only the neglectful behaviour but also the **experience of the young person**.
- May be overlap between neglect and other forms of maltreatment – consider the **whole picture**.
- Consider cultural factors carefully and refer back to the **Assessment Framework** dimensions.

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Summary of key messages.

Summary of key messages

- Consequences of neglect can be **severe and extend into adulthood**.
- Some groups of young people are **particularly vulnerable** to neglect.
- **Universal services** have an important role to play in recognising and responding early to signs and symptoms of neglect.
- **Multi-agency approaches** are effective in responding to neglect.
- In cases of persistent neglect, support should be **multi-faceted** with concrete, social, developmental, cognitive, individual and family approaches taken.

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Summary of key messages.

Notes

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Neglect and young people

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