Presentation Notes

Learning Outcomes

To understand the social context of neglect.

Audience Groups 1-8 (Working Together 2010)   **Time** 30 minutes

Key Reading

Helm, D. (2010) Making Sense of Child and Family Assessment: How to Interpret Children's Needs. London: Jessica Kingsley Publishers.

Horwath, J. (2005) 'Is this child neglect? The influence of differences in perceptions of child neglect on social work practice.' In J. Taylor, and B. Daniel (eds) Child Neglect: Practice Issues for Health and Social Care. London: Jessica Kingsley Publishers.

Polnay, J. and Polnay, L. (2007) Child Protection Reader: Recognition and response in child protection. London: Royal College of Paediatrics and Child Health.

Links to Common Core

Common Core 3 Safeguarding the welfare of the child (knowledge: self-knowledge). Know that assumptions, values and discrimination can influence practice and prevent some children and young people from having equality of opportunity and equal protection from harm.

Common Core 5 Multi-agency working (skill: assertiveness). Have the confidence to challenge situations by looking beyond your immediate role and asking considered question.

**Understanding neglect and social values**

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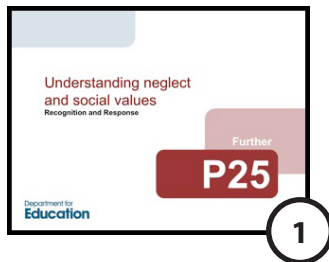
The aim of the presentation is to encourage participants to understand better what aspects of their own beliefs and values may affect their capacity to recognise and respond to children who may be experiencing neglect.
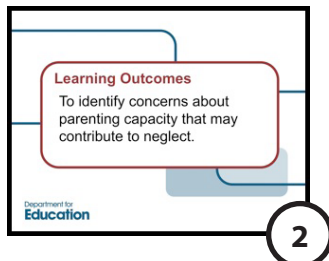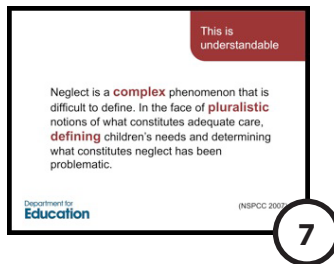

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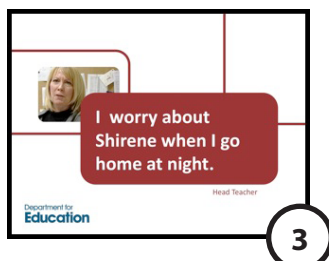
This slide and the following two slides are linked with the case studies and are included to prompt people to consider that a neglected child does not come with an obvious label. The signs and symptoms are manifested in many ways and there are many grey areas requiring professional judgement.
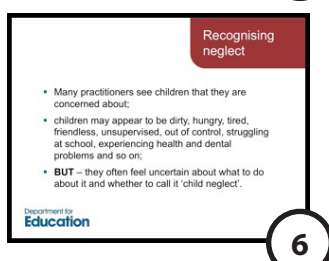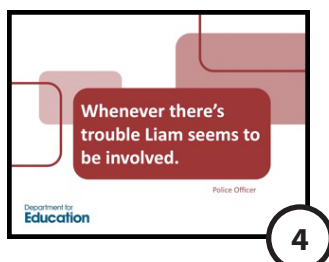
Again, the issue here is that neglected children do not come with a label. Anyone who meets children in their work is likely to meet those about whom they were concerned. It may be helpful here to encourage participants to discuss whether they recognise some of the signs and symptoms of neglect. The slide also highlights the reality that for many people there are real anxieties about what is the best thing to do.

Many will have received basic awareness raising training, but in such training there is often not much time for practitioners to consider the grey areas of child care and child neglect. It is helpful to acknowledge with practitioners that it is, indeed, often difficult to pin-down whether a situation is of sufficient concern to warrant further consultation and action.

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This is understandable

Neglect is a **complex** phenomenon that is difficult to define. In the face of **pluralistic** notions of what constitutes adequate care, **defining** children's needs and determining what constitutes neglect has been problematic.

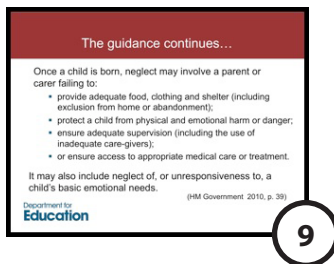Department for
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(NSPCC 2007)

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This quote reinforces that difficulties of definition are not confined to practitioners. The issue of definition has been problematic in research and policy and will continue to be because our understandings about children and child development are culturally dependent and changing over time.
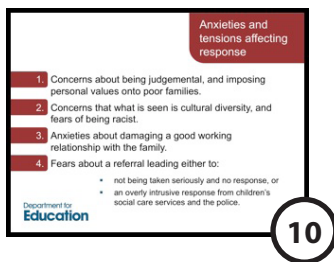
However, it is helpful to remind participants that although it is difficult to define and often involves grey areas, this does not mean that it is better not to get involved or to do nothing. The frameworks and processes of assessment are designed to help with the grey areas. It is also very likely that they will only see one part of the picture, and if concerns are raised it gives an opportunity for the information held by a range of agencies to be brought together. Only by seeing the whole picture will it be possible for the professional network to decide whether there is indeed sufficient evidence for further intervention.

Working Together (2010) states...

'Neglect is 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.'

(HM Government 2010, p39)

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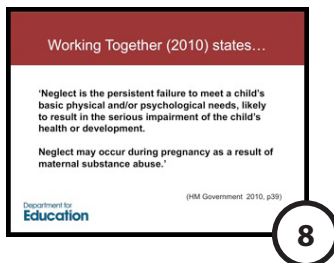
This sets out the description of neglect in Working Together (HM Government 2010).

The guidance continues...

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 care-givers);
- 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 2010, p. 39)

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Definition continued.

Anxieties and tensions affecting response

1. Concerns about being judgemental, and imposing personal values onto poor families.
2. Concerns that what is seen is cultural diversity, and fears of being racist.
3. Anxieties about damaging a good working relationship with the family.
4. Fears about a referral leading either to:
   - not being taken seriously and no response, or
   - an overly intrusive response from children's social care services and the police.

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This slide lists just some of the factors that can affect the decision about response and referral. It is likely that participants will be able to identify other factors and perhaps be able to give concrete examples from their own experiences.

Discussion point: It may be useful to have a discussion with participants about possible anxieties and tensions. Participants may find this difficult. Therefore, it might be useful to manage the discussion in three stages:

1. possible anxieties and tensions in the community more generally
2. possible anxieties and tensions within the workplace
3. their own possible anxieties and tensions.

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1. Making judgements

- There is a distinction between being judgmental and making judgements.
- In the early stages it is not necessary to decide 'is this neglect?'.
- Instead practitioners need to ask themselves what it is that is making them concerned and listen to their own concerns.

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Effective practice is often hampered by practitioner anxiety about making value judgements and about being 'judgemental', and practitioners need to be able to distinguish being between judgemental and making well-evidenced, ethical professional judgements on behalf of children. They need to consider issues of physical, emotional, educational, medical and cognitive neglect and begin to explore relative thresholds and the impact of different professional cultures.

Concerns about children may be raised as a result of a range of factors that impinge 'under the surface', for example, there can be visceral experiences such as the smell of a child or house that can impact on a practitioner. It can be helpful for people to know that it is better to recognise what they are experiencing and to try and bring it to the surface and describe what it is that is concerning them. Helm's book (2010) explores the way in which intuition can interact with rationality and offers suggestions about ways in which we can draw on the benefits of both when making judgements about the quality of children's care.

'Dirty, but happy'

- This term is often used to minimise concerns about chronically neglected children.
- In reality being physically un-nurtured has profound emotional effects in addition to the physical effects.
- Chronic physical neglect can also be associated with poor health, poor growth and development, tiredness and poor nutrition.
- Being dirty and smelly is isolating.
- But everyone has different views about what level of dirt is acceptable.

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The expression 'these children are dirty but happy' used to be very prevalent. It may be that it is less so now because in general people are more aware of the negative impact on children of being dirty and smelly. However, it will always be the case that people will have very different views about what level of hygiene is, or is not acceptable. These views will be influenced by their own upbringing, and if they are parents, by the way in which they bring up their own children. Awareness of the impact of poor housing and lack of resources can also influence people's willingness to make judgements about levels of cleanliness.

'This is poverty, not neglect'

- This term is also often used.
- Certainly poverty has a corrosive effect on parenting:

Living on a low income in a rundown neighbourhood does not make it impossible to be the affectionate, authoritative parent of health, sociable children. **But it does, undeniably, make it more difficult.'** (Utting 1995)

- Therefore the question becomes:

How much more difficult and what allowances should I make?' (Horwath 2005, p113)

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There is no doubt that neglect is highly associated with poverty and deprivation. There can be different views about how to address this issue. On the one hand there is strong case for policy initiatives that aim to reduce inequalities – and some practitioners argue that professional energy should be channelled into challenging the structural factors affecting parents and children.

On the other hand, those observing the day to day distress of chronically neglected children are aware that they need immediate help on an individual level. The ecological model is a helpful one on which to locate the different levels of intervention. Practitioners should be able to contribute to initiatives at a range of levels. Children and their parents will benefit from immediate support on an individual level. However, there is often scope, especially where there is a Family or Children's Centre, to develop group support and community action approaches. Practitioners can also work together to collate information about structural factors that are having an impact on a number of families that can be fed into the planning by the LSCB and other local planning bodies.

The following quote may also be helpful when disentangling some of these issues:

'Children growing up in conditions of material disadvantage are more likely to grow up intellectually and culturally disadvantaged, but they are not more likely to grow up feeling that adults will be oblivious to their distress, their preferences and need to learn to discriminate, their needs for communication, confirmation and sensible controls. All this, however, may be the experience of the severely neglected child.'

(Minty and Pattison 1994, p.739)

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2. Cultural Diversity

- Ongoing challenge: how to interpret different cultural practices impartially, and in the child's best interests, yet sensitive to the family's cultural values
- Assumption based on race can be just as corrosive as blatant racism. Assumptions that people of the same colour, but from different backgrounds, behave in similar ways can distort judgements.
- Fear of being accused of racism can stop people acting when otherwise they would.

(Polnay and Polnay 2007)

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The Royal College of Paediatrics and Child Health Reader on child protection (Polnay and Polnay 2007) helpfully acknowledges that discussing difficult cases with appropriate colleagues is often helpful to clarify the exact concerns and then plan a further assessment or referral.

The misperception of some cultural knowledge can lead to false assumptions and stereotyping (Webb, Maddocks and Bongilli 2002). Concerns about being viewed or accused as racist can stop people acting or intervening when they have concerns about possible abuse. However, others may assume that people of the same colour, but from different backgrounds, behave in similar ways.

Cultural Diversity

- Ethnicity does not just refer to minority migrant groups and everybody has their own culture. Without evidence, no assumptions about parenting behaviour can be made from physical appearance or ascribed ethnic group.
- Labels such as *ethnicity, race and culture* are often used interchangeably and inappropriately.
- The diverse and changing nature of British society means that no assumptions can ever be made about different parenting styles.

(Polnay and Polnay 2007)

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Discussion point: Before discussing this slide, perhaps ask participants how they define ethnicity, race and culture.

Ethnicity is a social label, referring to people with a certain geographical origin, ancestry, nationality, religion, and specific cultural practices. The terms 'white' or 'black' can over-simplify the range of cultural variability. This can lead to some groups referred to under the one heading yet the traditions and values may differ greatly.

Race refers to physical and biological characteristics.

Culture is a lifestyle describing learned behaviours and ideas. It includes gender, identity, roles and positions within a family as well as the way people act and dress (Riddell-Heaney and Allott 2003). The UK has many cultures. As immigrants have settled in the UK they may embrace some values of their adopted country and reciprocate by introducing new ways of nurturing children and structuring families (Spencer 2000). Modern families may have a single or mixed culture and cultural behaviours.

Understanding neglect and social values

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Expectations

- Basic threshold for 'good enough' parenting should be consistently applied across all ethnic groups and traditional practices that do not reach this standard are unacceptable.
- The teachings of different cultures might traditionally accept the physical punishment of children. But these should not conflict with British child protection law and practice.

(Polnay and Polnay 2007)

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Discussion point: Before showing this slide, discuss with participants how culture might influence attitudes towards child abuse and neglect.

Culture influences child abuse and neglect in a number of ways:

■ **Definition: as it is believed that certain practices are more acceptable in different countries. Some cultures have differing definitions of abuse but there is almost unanimity when very harsh discipline and sexual abuse is practised (WHO 2002). However, the more moderate the degree of physical abuse the more disagreement there may be.**

■ **Discipline and punishment: culture strongly influences the psychological disciplining and punishment of children. Practices ranges from shouting, cursing, refusing to speak to children and threatening them with abandonment. Threatening to 'go without you' is a phrase commonly heard in the high street to encourage dawdling children but clearly the actual intent behind such threats needs to be interpreted with common sense. Interpreting unfamiliar practices should be done equally sensibly. Another example, threatening with evil spirits, is reported to occur more commonly in the Philippines (WHO 2002). Many professionals may be unfamiliar with this custom, however, the lack of experience with this type of psychological punishment does not necessarily make it any more or less abusive than bullying or scapegoating.**

■ **Disclosure: sexual abuse occurs in all ethnic groups but the association with culture is not just in defining behaviour. Deep-rooted attitudes may contribute to the family climate in which children are more likely to be abused. Furthermore, a family's culture can also inhibit disclosure and prevent or delay the seeking of outside assistance or mental health treatment (Fontes 1995). Analysis of US data suggests that there is little relationship between neglect and minority status and that neglect is driven largely (but not entirely) by economic factors rather than ethnicity (Jones and McCurdy 1992).**

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Expectations

It is the parental values and beliefs, rather than parental ethnicity, that may influence the use of punishment and nurture.

However, it is the experience of the child in his/her environment, and not the intent of the carers, that should be the focus of child protection professionals.

(Polnay and Polnay 2007)

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These factors are interlinked and should be actively looked for in the analysis of individual cases. Complete elimination of them is the ultimate aim for all teams or units but for each individual member, having the insight into personal prejudices is the most important skill to be acquired.

All assessments, where there are concerns about child's safety and welfare, occur within a cultural context. The difficulty occurs when people from one culture have to judge another's behaviour. The power and responsibility in the relationship can be thought to be firmly on the side of the professional. Those professionals providing the service need to strike a balance between treating everyone the same (colour blindness) and accepting a different standard (cultural deficit) (Webb et al. 2002). Colour blindness risks inappropriate interventions such as referring cases when the cultural practice is not harmful and accepting different standards (cultural deficit) may involve collusion with the carers to the expense of protecting the child.

Overcoming barriers

Factors that prevent effective partnership with families include:

- stereotyping
- professional fear of appearing racist
- inadequate training
- denial of abuse in ethnic minorities.

'...having the insight into personal prejudices is the most important skill to be acquired.'

(Polnay and Polnay 2007, p32)

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Professionals will be confronted with cultural attitudes, customs and behaviour that may be practiced widely within a particular community, but remain unfamiliar to them. It has been suggested that attitudes to practices of the upbringing of children are on a continuum. At either end of the continuum, there are practices which are generally considered unacceptable; for example, female circumcision and extreme neglect. In each family, there will be practices that are generally considered to improve the health and wellbeing of a child, and attachment relationships.

However, there may practices where attitudes are less clear cut. If there is reasonable doubt as to their acceptability then consultation should be sought with local authority social workers. Before responding to such practices, there needs to be a clear understanding of the child's experience and the possible immediate or future consequences for the child as a result of this behaviour. Language should never be a barrier and interpreters should be used where necessary. A degree of cultural competence is required on the part of the assessor and advice should be sought where there is uncertainty.

However, there are key developmental areas and milestones which are shared universally across cultures.

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3. Damaging good relationships

- It can take time for professionals, such as health visitors, to establish a trusting relationship with parents.
- It can, therefore, be very difficult to broach issues of concern about the adequacy of parenting.
- An open and honest relationship is required from the beginning.
- As far as possible, parents should be supported to recognised their own need for additional support.

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All too often practitioners in a range of settings who support adults are told that they must not let their professional relationships stop them referring children about whom they are concerned.

However, in reality the professional dilemmas can be more subtle and complex and simple exhortations to refer concerns are not helpful. Instead practitioners need to consider what opportunities and support they have or could access to help them work through the concerns they may have and to consider how and when to make referrals in a way that does not lead to parents feeling a sense of betrayal. If parents feel let down by one professional it is likely that they will then be more suspicious of subsequent encounters with practitioners. Practitioners can take the time to consider ways in which they can forge a relationship that is based upon open and honest communication about parents' responsibilities for their children. Many professionals could also do more to support parents to ask for support on their own behalf rather than having to 'be referred.'

4. Fears of non-response

- There is a current discourse that children's social care services are over-stretched.
- Practitioners may have previous experience of having tried to make a referral that went no further.
- Practitioners may have heard from others that there is 'no point' in making a referral.
- There can be professional fears about 'getting it wrong'.

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Research and anecdotal evidence suggests that there is a strong view that it can be very difficult to get concerns about children taken seriously by children's social care staff. Therefore many practitioners will state that there is no point making referrals about many of the children about whom they have concerns.

The other tendency is to couch concerns in terms of risk and 'child protection' in order to ramp up the priority. If this is the view in the group there can be discussion about ways in which local communication can be improved and whether there is more scope for multi-disciplinary groups that can consider situations where there are concerns but where they are difficult to pin down.

Identifying when parenting capacity results in neglect

Fears of over-response

- Practitioners and professionals in universal services may hold mixed views about children's social care services.
- They can also be affected by the media and public perception of children's social care services.
- The section 47 enquiry can be viewed as overly intrusive and damaging to families.

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The other side of the coin is the concern that section 47 enquires are overly intrusive and that the enquiry process can be damaging to families. This is especially the case if the perception is that following the initial enquiry there appear to be few resources following to support the family.

Again, local networks are important to develop trusting multi-disciplinary approaches to supporting children and families. All professionals from different agencies need to see themselves as part of the same protective network for children.

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