MAKING A DIFFERENCE TO THE NEGLECTED CHILD’S EXPERIENCE IN 2013

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Neglect is parental failure to meet the needs of the child
NEGLECT IN 2015

- Most prevalent form of maltreatment (269/469)
- Most frequent reason for child protection referral
- 1 in 10 believed to be neglected
- 73% of children know a child they consider is suffering neglect
- 32% of professionals in 2013 felt powerless to intervene when they had concerns
- 35% of professionals felt Gov cuts were impacting on ability to intervene
- 94% of public felt should help but 45% did not know what to do (Action for Children, 2013; 2014, DoE 2014)
FACTORS IMPACTING ON THE NEGLECTED CHILD’S EXPERIENCE?

• Societal neglect
• System neglect
• Organisational neglect
Society neglects children by failing to provide:

- Sufficient basic resources: shelter and nourishment
- Access to adequate health care and education services
- Respect of children’s rights

(Spencer and Baldwin, 2005)
Children living in poverty are:

- 13 times less likely to feel safe at home
- six times less likely to feel positive about the future
- more likely to suffer chronic illness
- poorer level of educational attainment

(Barnardos, 2014; Children’s Society 2013)
THE PUBLIC: TURNING THEIR BACK?

‘Her [Tiffany Wright] case…challenges the British notion of community; family and friends, neighbours, pub regulars, staff all watched as a sickening child faded from view, and not one of them called for help’

(Levy and Scott Clark 2010, p30)

94% of public felt they should help but 45% did not know what to do

(Action for Children 2014)
SYSTEM NEGLECT
‘Keanu died because there was failure across every agency to see, hear and respond to him in the context of what he was experiencing at any one point in time. Staff were distracted by his mother’s needs and by taking what she was telling them at face value’. (Chair Birmingham LSCB)
‘If the nation had deliberately designed a system that would frustrate the professionals who staff it, anger the public who finance it, and abandon the children who depend on it, it could not have done a better job than the present child welfare system’

US Gov National Commission on Children 1991
A FLUID CONCEPT?

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 care-givers)
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. (WT 2013)
Synapse Formation in the Developing Brain

- **Higher cognitive function**
- **Receptive language area/speech production**
- **Seeing/hearing**

Birth–5 years

‘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’. Urie Bronfenbrenner www.developingchild.NET

Young Children Develop in an Environment of Relationships p1
NEGLECTED IN 2015

- Neglected siblings
- 16-17 year olds (2/269)
- Children with mental health issues
- Those exhibiting risky behaviours
- The child who internalises their problems
- Children from higher socio-economic groups
- Disabled children and children with special needs?
“I had to grow up since the age of 12 being the parent for this family. They [professionals] saw me as functioning fine … They saw me as working and coping, working fine. They just ignored me completely.”

Office of the Children’s Commissioner 2011
NEGLECT THRESHOLDS

Out of home placements

Threshold for s17

Early help

Universal services

Years child exposed to on-going neglect
SOURCES

• Studies of:
  • chronic neglect planning in Wales
  • child protection conferences
  • a new approach to conferences and planning

• Serious case reviews

• Literature review
THE CHALLENGES: ASSESSMENT

• Is my concern your concern?
• Obtaining consent for CAF & s17
• Dependent on poor quality or incoherent information
• Limited time for relationship building
• Lack of attention to child’s perspective
• Recognising indirect signs of needing help

THE CHALLENGES: ASSESSMENT & DIGGING DEEPER

- The misdirected gaze
- Confirmation bias
- Focus on presenting problem
- Lack of meaningful attention to past history of family
- Ignoring significant aspects of child’s identity
- Absence of chronologies
- Failing to consider past patterns of engagement
CHALLENGES: THE CONFERENCE

- Identifying needs of sibling group
- Don’t mention the ‘n’ word
- Limited time on planning
- Focus on child’s wishes and feelings
- Plans driven by professional anxiety
- Lack of application of models of change
- Actions: why?
- Family members confused

(Woolfson et al., 2010; Horwath, 2013; Bell, 1996; Sanders and Mace 2006;
VAGUE PLANS

• Father not to consume alcohol in family home. If father presents as intoxicated mother to take appropriate action

• Children’s bedrooms to be seen on three occasions by social worker

• HV to advise on child development so Nathan becomes a happy child with good emotional behaviour
CHALLENGES: CHILD PROTECTION PLANNING

- Plans driven by resources
- Vague actions and indiscriminate plans
- Lack of clarity regarding timescales
- Forgetting to monitor consistently
- Erratic attendance and engagement
- Needs of children who internalise concerns marginalised

Engagement:

- The ‘good’ mother
- Associational distancing
- Institutional distancing
- Resistance (Sykes, 2011; Harries, 2012)

Lack of attention to the voice of the child and sources of support

(Horwath, 2013; Farmer and Lutman, 2014)
ASSESSING ENGAGEMENT IN CHANGE PROCESS: PARENTS

Walk the walk: disguised compliance

Don’t talk, don’t walk: disengagement:

Talk the talk & walk the walk

Talk the talk: surface static

Effort

Commitment

high

low

low

high
EVALUATING PROGRESS?

• No concerns
• Everything going well
• Everything at home fine
• Mother and father co-operating with the Dept
• Undertaking work around DV
• Coping well
• Children appear happy and well
• Depressed
• Engaged with services

• Drinking at an acceptable levels
• Doing well
• Making progress
• No issues arising
• No concerns raised
• School nurse offered support
• Behaviour issues
• Struggling to cope
• Acceptable home conditions
ARE WE GOING THROUGH THE MOTIONS?

• Generalised interpretation of the Assessment Framework
• Focus on views, wishes and feelings rather than the lived experience
• Children taking second place to needy parents
• Inconsistent approaches to change
THE INEXTRICABLE LINKS

THE ORGANISATION
- WORK SETTINGS, CULTURES, WORK PRACTICES, SUPERVISION

THE PRACTITIONER
- KNOWLEDGE, SKILLS, ATTITUDES, ENGAGEMENT

THE CHILD
- INTERVENTIONS AND OUTCOMES
ORGANISATIONAL NEGLECT

Failure to recognise and address impact of work

A watch your back culture

Workers not valued

Unmanageable workloads

Dearth of resources

Lack of clarity regarding roles and responsibilities

Limited training and supervisory support
THE PRACTITIONERS’ WORLD

- Time and workload pressures
- Variable practice
- Decision fatigue and confirmation bias
- Diminishing resources
- Quick fix lack of longer-term engagement to sustain change
- Diverse range of providers with different philosophies
I'm a little stressed right now...

(Just turn around and leave quietly and no one gets hurt.)
FACTORS INFLUENCING PRACTITIONER ENGAGEMENT

• Compensatory and quality reducing strategy: ‘I’ll find the time to do this’
• Self-supporting strategy: ‘I’ll just get on with it’
• Voice and support seeking strategy: ‘There’s only so much I can do’

Astvik and Melin 2013
THE TOXIC DUO??

- **WALK THE WALK**
- **TALK THE TALK AND WALK THE WALK**
- **DON’T TALK, DON’T WALK**
- **TALK THE TALK**

Effort

Commitment

- high
- low

- low
- high
WHAT WORKS?
THE TASK

Read through the case study and in discussion with the person next to you, drawing on the information provided, your imagination and your professional knowledge, consider what a day would be like in the life of your allocated family member:

- Green Kelly
- Pale yellow Chloe
- Bright yellow Ruby
- White Myla
- Blue Rob
- Pink Darren
- Very pale orange Ian
WHAT WORKS?

• Focus on the child’s lived experience
• Application of models of change to planning and interventions
• Quality practitioner-family relationships
• Ensure understanding of link between:
  • need
  • action
  • outcome
THE CHILD AND PARENTS LIVED EXPERIENCE
THE CLOCKS

• Mum or dad don’t cuddle or talk to me when I get home
• Sometimes I wake up crying, nan says mum should keep the light on but she says I don’t need it
• I fall asleep on the couch because I’m scared of monsters in my room. Sometimes we watch films. I wish someone would play with me Connect 4
• 2.30 taxi takes me home can go home early depending on the activity. Someone will knock for me and I’ll go out and have spliff
FOCUSING ON THE CHILD’S LIVED EXPERIENCE

Making the child visible:

I was so shocked when I realised what miserable life this child had: all my energies were focused on her brother and meeting his needs.

Enables better understanding of the child’s needs and any risk factors:

‘We have been delaying for months making a decision about removing this child. As soon as we used the clocks it became clear the child needed to be removed.’

Meaningful conversations between practitioners, parents/carers and children:

‘I’ve really struggled communicating with a particular child on my caseload I could not believe how she opened up when I asked her about a day in her life.’

‘The mother said she’d never really thought about what life was like for her child. She said for the first time she realised why things needed to change’.
TIE-IN TO SIGNS OF SAFETY

Danger/harm: past, current and future concerns and complicating factors regarding child’s lived experience

Safety: strengths and protective factors securing a quality lived experience

Agency goals: what professionals consider needs to change to secure a quality experience

Family goals: family’s desired outcome for the lives of family members

Immediate progress: indicators of incremental change in terms of the family’s lived experience

(Turnell, 2012)
People don't resist change. They resist being changed!

Peter Senge
READING THE FAMILY WAY

1. Everyone processes information for meaning.

2. We make unique sense of this in the context of our world and past experiences.

3. Constructs are subject to constant testing, clarification and change influenced by others.

(Davies and Day 2007)
MAKING SENSE OF THE LIVED EXPERIENCE OF THE CHILD

NEEDS NOT MET LIKELY TO CAUSE SIGNIFICANT HARM
This really needs to change

HEALTH AND DEVELOPMENT MAY BE IMPAIRED WITHOUT PROVISION OF SERVICES
Areas for development

NEEDS ARE BEING MET
This is good and effective parenting
yeah I think they worked well. I think it was very good for everybody seeing this straight in front of you, this is the progress that’s been made, these are things that are going well with green, amber these are things which are going well but you need a bit of progress for, and the red these are the risk factors this is what we need to be concentrating on. Yeah that was, it’s a good visual tool definitely.

(Social Worker, T4)
KEY MESSAGES

• What is the nature of my concern?
• How is this impacting or likely to impact on the daily lived experience of the child?
• Do the parent/s appreciate this concern?
• What needs to change?
• Who can support these changes?
• How can we build on what the carer does well?
TOWARDS QUALITY OUTCOMES

WHAT ARE OUR CONCERNS REGARDING THE CHILD’S LIVED EXPERIENCE?

WHAT DO WE NEED TO DO AND WHY?

WHAT WILL IT LOOK LIKE IF WE ARE EFFECTIVE?

HOW WILL WE MEASURE PROGRESS?
WHAT IS REQUIRED OF WORKERS: THE 5 ‘Cs’

- Collaboration
- Consistency
- Containment
- Continuity
- Contingency

(adapted from Morrison 2009)
RECONFIGURE ORGANISATIONAL LIFE

• Recognise the importance of the relationship between practitioner and family
• Ensure workers are equipped with the necessary concepts and theories
• Promote reflection and self-awareness in the organisation
• Enable staff to work creatively with families
• Quality supervision
• What is missing is: ‘asking the basic questions well enough: why did this happen? This might include an analysis, for instance, of staffing levels in the period in question. Why was that junior social worker left holding that case that week?’ (Timpson, 2014 p3).

• Innovation Fund, monies for new approaches to radically improve the way children’s services are delivered.
Neglected children are made to feel invisible.