



## Worcestershire Safeguarding Children Board

### **A Synopsis of the NSPCC Neglect and Serious Case Reviews Report**

**January 2013**

The NSPCC and University of East Anglia undertook the above study to provide a new contribution to our learning about neglect by exploring the circumstances in which neglect can be catastrophic and have a fatal or seriously harmful outcome for a child. It provides a systematic analysis of neglect in serious case reviews (local multi-agency reviews of child deaths or serious injury where abuse or neglect is known or suspected) in England, between 2003–2011. It draws on anonymised research information from over 800 cases from the four government commissioned national biennial analyses carried out by the authors.

As a practitioner it is important that you are made aware of the key findings from and learning points as there have implications for both practice and policy.

#### **Key findings from the research**

- Neglect is much more prevalent in serious case reviews than had previously been understood ( neglect is found in 60 per cent of the 139 reviews from 2009–2011).
- Neglect *can* be life threatening and needs to be treated with as much urgency as other categories of maltreatment.
- Neglect with the most serious outcomes is not confined to the youngest children and occurs across all ages
- Parental drug and alcohol misuse featured higher in children who had child protection plans for neglect than reviews for other children
- Neglect features across all age ranges. Although the higher proportion of serious case reviews concerned girls with a CP plan for neglect than boys (57%/43%)
- Families of four or more children tended to feature in serious case reviews than found in the general population

To understand more about how neglect can be life threatening, case summaries from 46 neglect related serious case reviews from the eight year period 2003–2011 were anonymised and studied. These included children on child protection plans and children who were not. The following six themes were identified with accompanying learning points .**There were also overriding, general points :**

#### **Theme 1: Malnutrition**

Defined as 'life-threatening loss of weight or failure to gain weight or serious consequences of neglecting to nourish the child'.

#### **Learning points:**

- None of the children who died or nearly died from malnutrition were in the child protection system. The family's contact with any agency was almost non-existent by the time of the child's death or serious harm.

**Learning points:**

- None of the children who died or nearly died from malnutrition were in the child protection system. The family's contact with any agency was almost non-existent by the time of the child's death or serious harm.
- Increased isolation of a family adds to the invisibility of the child or children so malnutrition is not recognised (for example when children are isolated because they cease to attend school or nursery or are home-schooled). Isolation of the child from the outside world means that very poor relationships between the child and caregiver (so poor that the child may have ceased to exist for the adult) cannot be observed by professionals or the public.
- Changes in the parents' or carers' behaviour (for example an increasingly hostile manner of engagement or a complete withdrawal from services) can signal life threatening harm for a child being severely neglected and malnourished.

**Theme 2: Medical Neglect**

For this research medical neglect resulted in the child dying or nearly dying because parents neglected to comply with medical advice.

**Learning points:**

- The significance of changed family circumstances was not noted by professionals. This meant that increased stress on the caregiver while coping for a child with complex health needs, and their diminished willingness or capacity to administer medication, was missed.
- Professionals tended not to challenge parents' behaviour when medication was given erratically or consider reasons for parents' reduced compliance with advice
- Undue professional optimism can mean that the impact of medical neglect and the danger for the child is missed and thus no referral is ever made to children's social care. Health professionals sometimes appear to shield parents from children's social care

**Theme 3: Accidents with some elements of forewarning**

The child was harmed or killed as a result of an accident but there were elements of forewarning within a context of chronic, or long-term neglect coupled with, or producing an unsafe environment.

**Learning points:**

- There was drift and lack of a sense of urgency among professionals, even when the risks of harm through poor supervision had been highlighted by a CP plan in the category of neglect.
- Professionals were tolerant of dangerous conditions and poor care and some children's demeanour and behaviour were optimistically interpreted as 'happy and playful', even when they were living in an unsafe environment and had signs of poor developmental progress.

**Theme 4: Sudden unexpected deaths in infancy**

For this research defined as 'unexplained infant deaths, within a context of neglectful care and a hazardous home environment'.

### **Learning points:**

- The particular vulnerability of young babies in highly dangerous living conditions can be missed by practitioners and clinicians who should be on high alert in these circumstances. This can be especially relevant when working with large families where the needs of individual children can be lost.
- Professionals can be falsely reassured about a baby's safety even when the infant is the subject of a CP plan for neglect. A good relationship between a baby and parent cannot keep the infant safe for example when co-sleeping with a parent who has consumed drugs or alcohol.
- Intervention to prevent SUDI where there are known risk factors (smoking, substance misuse and co-sleeping) is not always followed through with families.

### **Theme 5: Neglect in combination with physical abuse**

Where assumptions about neglect masked the physical danger to the life of the child.

#### **Learning points**

- In these cases there tended to be a gradual dilution and forgetting of concerns about the risk of physical harm which would be overtaken by a 'this is only neglect' mindset.
- The neglect label meant that the real risks from physical assault as well as from neglect were not taken seriously.
- The danger here is that in categorising children as experiencing neglect, less attention is paid both to the neglect itself and to the other risks they face. In particular, neglect does not preclude physical abuse.

### **Theme 6 Suicide among young people**

A long-term history of neglect having a catastrophic effect on a child's mental wellbeing.

#### **Learning points:**

- Young people with long experiences of chronic neglect and rejection find it very difficult to trust and may present as hard to help.
- The root causes of young people's behaviour needs to be understood so that the responses of carers and professionals do not confirm young people's sense of themselves as unworthy and unlovable.
- Young people in care often feel compelled to go back home even if it means more rejection. Once back home, young people and their families need a high level, intensive support not a low level service.
- At the age of 16 young people lose the protection of school and have no equivalent protected route to adulthood and few routes out of a neglectful situation at home

### **Conclusion**

The report continues to highlight the implications for policy and practice and reminds us that all child protection practice involves managing risk, (as the Munro Review reminds us 2011). Also practitioners also need to be supported by a system that allows them to make good relationships with children and parents and supports them in managing the risks of harm that stem from maltreatment.

This includes the harm from neglect and the way that neglect can conceal other risks and danger. This study does not provide easy answers about the difficult judgements and decisions that may need to be made where neglect is present but shows how important it is to be open minded and vigilant about where and how these

risks manifest themselves

The report does however highlight that an important way for neglected children to stay safe is to be more physically and emotionally healthy and to have safe and healthy living conditions. A safe living environment is a basic precondition for a safe relationship between children and their caregivers. This reinforces the need for decent living conditions for all children and families across the income spectrum and for both early and late stage help, for children of all ages and not just the youngest. It is right and necessary that all children have decent living conditions but those caring for the child also have a responsibility to maintain a child friendly environment. Professionals need to make a judgement about whether parents are able to maintain a safe and healthy environment if they are given reasonable support. If parents have a good relationship with children but their living conditions are not safe, then the child is not safe.

Equally important is the need to maintain healthy safe relationship between the parent and child. Parents can wittingly and unwittingly be a source of danger rather than comfort to their child. Practitioners can miss the life-threatening risks that arise when relationships are so poor that care, nurture and supervision are almost non-existent. While every effort should be made to intervene early to prevent a parent-child relationship deteriorating in this way, once this has happened urgent action needs to be taken. Action is stalled when this danger is hidden, and when children, adolescents and families disappear from view. Practitioners need to be sensitively attuned to the relationship between parents and children, even where parents present as loving but may be failing to cope, for example with the demands of their child's complex health needs or disability. Older children carry the legacy of their experiences of neglect and rejection with them. As a consequence, threats to their own life can come from their own high-risk behaviour or from suicide. Adolescents need to maintain, or be helped to build, safe, healthy relationships with their peers and with caring adults.

Throughout the report there are many messages for policy makers, decision makers, practitioners and managers regarding neglect and its impact. However the overriding message the report highlights is the fact that neglect is not only harmful but can also be fatal and this should be part of a practitioner's mindset as it would be with other kinds of maltreatment. Practitioners and managers should recognize how easily the harm that can come from neglect can be minimized, downgraded or allowed to drift. Practitioners should deal with neglect cases in a confident, systematic and compassionate manner.

To read the full report visit ;

[www.nspcc.org.uk/Inform/resourcesforprofessionals/neglect](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/neglect)

Prepared by Martine McFadden Communication and Development Officer WSCB

