

Neglect:

research evidence
to inform practice

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as long as it takes

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1. Introduction

- 1.1 Neglect has been called the 'Cinderella' of child welfare topics due to the relative lack of attention the subject has attracted (Tanner and Turney, 2006). It is often subsumed with physical or sexual abuse into a generalised category of child maltreatment and is rarely the focus of research in its own right. And yet recent UK social care statistics indicate that cases of neglect are on the increase (NSPCC, 2007). Whether this increase represents a genuine rise in numbers, a shift in definition or another change in practice is unclear. Child Protection Register (CPR) statistics also indicate that neglect is the leading category for registration across the UK. The latest statistics for England, for example, show that in the year up to 31 March 2007, neglect was given as a reason for registration in 44 percent of cases, representing 14,800 children (DCSF, 2007). These figures give some indication of the scale of the problem, but are likely to be an underestimate given the role that neglect may play in cases of children in need, or among cases that go undetected by services.
- 1.2 Other sources of statistics also indicate that neglect has a higher prevalence rate than other forms of childhood maltreatment such as physical or sexual abuse. Cawson et al (2000) found that 18 percent of a random sample of 18 to 24 year olds reported some absence of care in childhood, and 20 percent had experienced inadequate supervision. In a retrospective study of childhood experience among working-class women, Bifulco and Moran (1998) reported a rate for moderate to severe neglect of 17 percent. The evidence from these various sources clearly indicate that neglect of children and young people is a significant problem.

2. Definition of neglect

2.1 Difficulty in gathering evidence about neglect in order to inform practice lies in the complexity surrounding its definition. Neglect has been described as a multi-faceted concept (Stone, 1998), and its non-unitary nature has given rise to differences in the way that it is defined within research and practice. The lack of consensus regarding its definition has impacted on understanding of not only the scale of the problem, but also its causes, its assessment, and approaches to intervening to prevent or reduce its adverse effects.

2.2 Although there are many different definitions of neglect, one common aspect of definitions is their emphasis on neglect as an act of omission. Unlike physical or sexual abuse, in which specific abusive acts are directed towards a child, neglect is typically defined by the absence of provision for a child's basic needs (Gough, 2005). However, beyond the consensus that neglect involves acts of omission, definitions of neglect vary in significant ways, including differences in the breadth and scope of what is considered to constitute a 'basic need' and differences in what are considered to be adequate standards of provision to meet them.

2.3 The government defines neglect as:

'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. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'

(HMSO, 2006)

2.4 This definition is used in England and Wales as the criteria for determining whether a child requires a Formal Protection Plan (from 1 April 2008, with inclusion on the CPR until then), or registration on the Child Protection Register (CPR) in Northern Ireland or Scotland, and covers a wide range of areas in a child's life, including their physical and emotional development. Different authors define these areas in different ways, and often place more emphasis on some areas than others.

2.5 In a review of the various definitions of neglect, Howarth (2007) has identified the following types of neglect:

- Medical neglect – this involves carers minimising or denying children's illness or health needs, and failing to seek appropriate medical attention or administer medication and treatments.
- Nutritional neglect – this typically involves a child being provided with inadequate calories for normal growth. This form of neglect is

sometimes associated with 'failure to thrive', in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently, childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long-term consequences.

- Emotional neglect – this involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- Educational neglect – this involves a carer failing to provide a stimulating environment, show an interest in the child's education at school, support their learning, or respond to any special needs, as well as failing to complying with state requirements regarding school attendance.
- Physical neglect – this involves not providing appropriate clothing, food, cleanliness and living conditions. It can be difficult to assess due to the need to distinguish neglect from deprivation, and because of individual judgements about what constitutes standards of appropriate physical care.
- Lack of supervision and guidance – this involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as under-age sex or alcohol use. It can affect children of all ages.

2.6 Definitions of neglect also vary in relation to the emphasis placed on responsibility for the act of omission and the intention behind it. Some authors argue for the importance of distinguishing deliberate harm, which they define as abuse, from instances of harm that occurs as a result of carer ignorance or competing carer priorities, which they define as neglect (Golden et al, 2003). Others consider carer or parental acts to be neglectful irrespective of the reason why they have occurred (Dubowitz et al, 2005) and warn against a pre-occupation with determining carer intention as it may over-shadow concern about the impact on the child and also hinder working with parents.

2.7 Definitions also vary in the extent to which they conceive of neglect as chronic, episodic or as involving one-off incidents. Typically, definitions emphasise the chronic or ongoing nature of neglect. However, episodic and one-off incidents of neglect can occur, such as when there is a family crisis or a carer is a substance misuser. The point at which recurrences of neglectful events, even when minor, can be said to constitute chronic

neglect is relevant here as it may be indicative of an ongoing lack of adequate supervision (Stevenson, 1998).

- 2.8 These variations in definition lead to inconsistencies in the way neglect is assessed and in differences of judgement about what constitutes 'good enough parenting', even among professionals within the same team (Horwath, 2005).

3. Outcomes for neglected children

- 3.1 Neglect has a wide-ranging impact on children. In a summary of the literature in this area, Horwath (2007) suggests that neglect can have a damaging affect on *all* of the developmental needs of a child, including physical, socio-emotional, cognitive and behavioural development. Recent research has focused on the way in which neglect affects the developing brain, and subsequently influences all areas of development. The way in which a child's brain develops depends on care-giving experiences, and there are certain 'sensitive' periods when parts of the brain will not develop without the correct form of stimulation or environmental conditions (Schore, 2002). Hence neglectful experiences, particularly in infancy and the first three years of life, can have lasting effects on functioning. This indicates the importance of early intervention. However, brain development continues beyond early childhood, and the brain retains a degree of 'plasticity' that allows a degree of repair when some developmental processes have been disrupted. Furthermore, the development of some structures concerned with attention, emotional regulation and memory does not peak until age 16 (De Bellis, 2005), indicating the continuing need for optimal conditions for development. In terms of practice, Horwath points out the significance of early intervention in cases of neglect to optimise chances of brain development, and stresses the urgency required in making provision for stimulating, secure and stable environments for infants and children, in addition to addressing parent-focused concerns.
- 3.2 One of the key areas of development in childhood is the attachment system, which, as described above in relation to brain development, is shaped by early care-giver experiences (Bowlby, 1973). Babies are more likely to develop secure attachment if they are brought up with care-givers who are responsive and sensitive to their interactions and needs, and who are reliable, consistent and non-hostile in their responses. Such experiences enable children to build internal models of relationships, which influence the degree to which they perceive themselves to be loveable, and the degree to which they perceive others to be co-operative, dependable and non-threatening. When children experience care-givers as unresponsive, inattentive, and inconsistent or hostile in their interactions with them, insecure attachment can develop. This is often the case when parents are neglectful. The child adapts its behaviour in response to the care-giving environment and can become withdrawn, apathetic, mistrustful, attention-seeking or hostile (Howe, 2005). These represent young children's attempts to cope with the care-giving environment by containing their distress or else protesting in order to regain the care-giver's attention.
- 3.3 Neglect can have negative effects across the lifespan. In infancy and preschool, neglected children are more likely to show inadequate growth and failure to thrive, more extreme mood swings, non-compliance and less positive affect (Howe, 2005). At primary school age, they are more likely to be socially isolated, lack social skills and appear withdrawn (Hildyard and Wolfe, 2002). They may show other signs of neglect such as consistent

hunger and fatigue, apathy, poor hygiene, inadequate clothing, and bald patches on the scalp or other skin afflictions, and achieve less well educationally (Berry et al, 2003). Neglect also interferes with the acquisition of emotional understanding and emotion regulation. Neglected children may also crave physical contact and attention and hence may be prey to sexual abusers (Horwath, 2007). By adolescence, neglected children are more likely to have dropped out of school and be involved in substance misuse (Eriksson and Egeland, 2002). They may continue to be socially withdrawn, are more likely to be bullied, and may be likely to attempt suicide (Cullingford and Morrison, 1997). There is also a higher rate of antisocial and violent behaviour among adolescents who have experienced neglect (Smith et al, 2005).

- 3.4 In adulthood, relationship difficulties may persist, and show themselves in social isolation or problematic relationships with frequent crises and break-ups (Horwarth, 2007). Women who experience neglect in childhood are also more than twice as likely as other women to experience depression, more frequently have a teenage pregnancy, and are more likely to be in adult relationships characterised by domestic violence (Bifulco and Moran, 1989).
- 3.5 Little is known about the natural course of neglect. However, retrospective accounts of women's childhoods indicate that many escape childhood neglect by leaving home at an early age, sometimes to pursue relationships with unsupportive or violent partners (Bifulco and Moran, 1998). However, when departure from the family home is planned (rather than abrupt or unplanned), the likelihood of developing more supportive relationships and environments in adulthood is greatly increased.

4. Contexts and causes of neglect

4.1 It is generally acknowledged that there is no single cause of neglect and that it is most likely to result from a complex interplay of factors (Crittenden, 1999; Gaudin, 1993). A model that is useful for understanding the causes and correlates of neglect is the ecological model, which identifies contributing factors located within micro and macro systems, including the personal and intrapersonal level, the family and interpersonal level, and the broader social and community level. This model emphasises the *interaction* of factors at *multiple* levels rather a focus on single areas in isolation.

4.2 At the individual and family level, it is possible to identify a number of characteristics of families that are associated with neglect. A review by Evans (2002) lists the following characteristics of neglectful families, as evidenced by research:

- lone motherhood
- young mothers
- isolated mothers
- larger families, more pregnancies and unplanned pregnancies
- premature or very low birth weight baby
- low income families
- unemployed carers
- carers with low educational attainment
- relationships featuring domestic violence or high levels of conflict
- substance misusing parents or carers
- parental mental health problems, including maternal depression
- personal history of childhood maltreatment
- insecure attachment patterns in own childhood
- maternal low self-esteem
- families that are less cohesive and poorly organised, with little positive interactions between parents/carers and their children
- parents/carers lacking sensitivity or responsiveness towards their children

4.3 Risk factors such as these are likely to be cumulative, hence a young mother with depression may be less responsive towards her child, and may be experiencing low self-esteem, isolation, unemployment and low income. These factors are part of a probabilistic framework for understanding the context of neglect. They raise the chances that neglect may occur, but cannot be used to predict the occurrence of neglect. For example, at the community or societal level, research shows that poverty is frequently associated with neglect (Crittenden, 1999). However, the majority of children raised in low income families are not subjected to neglect, and low income cannot be used as a predictor of neglect. This highlights the importance of distinguishing between risk indicators and risk mechanisms in understanding causal processes (Rutter et al, 1998). While factors such as poverty are associated with neglect, they may only be an indicator of other

factors more directly involved. By examining other factors associated with poverty, it is possible to find clues to causal mechanisms. Crittenden (1999) suggests that poverty and child neglect are associated via their links with difficulties in sustaining interpersonal relationships. Functional interpersonal relationships play a significant role in maintaining family life, in gaining and keeping a job, and in obtaining help from others. Neglectful parents struggle to understand social relationships and the caring role.

- 4.4 Relationships and attachment are important for understanding the causes of neglect, as many of the factors listed above can be understood in terms of difficulties in attachment processes. As described earlier, within Bowlby's theory of attachment (Bowlby, 1973), an individual's own experience of being parented establishes working models of relationships and self-esteem that in turn are likely to influence the individual's own approach to parenting. Childhood experiences of loss or separation, or of inconsistent, cold or hostile parenting, are likely to result in disturbances in the way that an individual relates to others in childhood and also during adulthood in the form of an insecure attachment style. Research shows that neglectful mothers are more likely to have a history of unstable, hostile and non-nurturing childhoods (Stevenson, 1998), to have a history of disrupted or discordant relationships in adulthood (Horwath, 2007), and to be less responsive and sensitive to their own children (Crittenden, 1993). Insecure attachment style is also a predictive factor for maternal depression (Bifulco et al, 2003). Attachment theory is therefore a useful basis for understanding neglect, as it demonstrates linkages between a carer's own childhood and their adult mental health, their approach to relationships and their parenting style.
- 4.5 One of the features of research on neglect that is demonstrated by the above list is the emphasis on mothers, rather than fathers. Neglect is often construed as a failure in mothering (Swift, 1995). In recent years there has been a move towards acknowledging the importance of fathers in the development and wellbeing of children (Flouri and Buchanan, 2003), and the potential benefits of intervening with fathers in order to improve outcomes for children.
- 4.6 Protective factors are also important to consider, as not all children exposed to risk factors will succumb to their effects. Just as there are likely to be multiple factors that contribute to neglect, it is also likely that there is a combination of factors that contribute to resilience. A retrospective study of women's accounts of childhood showed that at least three factors were found to reduce the adverse impact of childhood neglect on mental health outcomes in adulthood (Bifulco and Moran, 1998). The factors identified were support, coping strategies, and meaningful or rewarding roles. Support in childhood was defined in terms of having a bond with a relative, teacher, family friend or a peer who the child could go to in times of crisis, and who could provide a confiding relationship or act as a role model. Coping strategies included taking the initiative in managing stressful situations, practical problem solving, planning ahead, and developing positive self-esteem, confidence and optimism. Meaningful and rewarding roles typically

involved competencies that were likely to enhance self-esteem, such as academic or sporting achievement. These three types of factors tended to cluster and reinforce one another. Hence developing supportive relationships may bolster personal coping and enhance the likelihood of meaningful or rewarding roles. Just as risk is accumulative, it appears that protective factors may also be (Bifulco and Moran, 1998). Risk and resilience factors both need to be attended to in assessment and intervention.

5. Assessment of neglect

- 5.1 Given the variation in the way that neglect is defined and the often complex situations that neglectful families find themselves in, the task of assessing neglect is a challenging one. In general, assessment methods should consider the needs of individual children and their families, the type and severity of neglect, and the harm and risk to the child (Jowitt, 2003). The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) is an assessment tool used in England and Wales that focuses on seven domains of children's developmental needs: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills. Despite a framework that appears to provide for standardised assessment, some authors have queried how well such assessments are carried out and how standardised they are in practice (Stevenson, 2005).
- 5.2 Whatever the strengths or limitations of the assessment framework, there are a number of principles that is it generally agreed are of significance when assessing cases of neglect.

Holistic approach

- 5.3 Many authors stress the need for 'holistic' assessment of children's lives and this is particularly important in suspected cases of neglect given the many potential contributing factors and variations in definition (eg Jones and Gupta, 1998; Stevenson, 1998). Hence assessment benefits from consideration of factors located at the personal, family and social levels (DePanfilis, 1999), and from an understanding of the inner world of the self and the outer world of the environment (Schofield, 1998). Assessments also need to gather information from fathers and other primary care-givers as well as mothers (DePanfilis, 1999).

Child-centred

- 5.4 Horwath suggests that practitioners should remain child-focused in assessing neglect and should consider 'the specific developmental needs of the child and consider ways in which the parents' failure to complete parenting tasks is affecting the particular child, taking account of age, gender, culture, support networks, special needs and circumstances' (Horwath, 2007: 40).
- 5.5 Understanding of children's developmental needs and processes is a central component of the assessment process, and informs the seven areas set out in the assessment framework. The significance of secure attachment in particular for healthy development is frequently highlighted by authors, whatever the child's age. Tanner and Turney (2000) stress the importance of assessing the nature and degree of relationship breakdown within the family, involving observation of parent-child interactions, to understand how and why care is lacking and to enable a more focused intervention.

Culturally sensitive

- 5.6 Assessments need to remain sensitive to diverse cultural approaches to child-rearing while still ensuring that the child's needs for healthy development are met. In cases where cultural differences play a role in understanding carer's behaviour, the protection of the child should remain paramount (Chand, 2000). Koramoa et al (2000) suggests that respecting diverse cultural approaches to child-rearing is important, but at the same time professionals need to be able to distinguish between practices that can cause harm and those that are beneficial to the development of a child's cultural identity.

Multi-disciplinary

- 5.7 The Assessment Framework for Children in Need and their Families in England and Wales also emphasises the need for professionals to work collaboratively with each other across agencies and disciplines, and this principle applies not only to assessment but also to care planning and delivery of services. The need for such joint working is particularly critical in cases of neglect, given that neglectful families are often experiencing multiple problems. Information sharing between professions is therefore essential to construct a comprehensive picture of risk to the child, as emerged in Lord Laming's enquiry into the death of Victoria Climbié (Laming Report, 2003). Laming also spoke of the need for a comprehensive chronology of past events and this is indeed now a requirement for statutory services in children in need cases. Allied to information sharing and joint assessment is the need for clear lines of accountability between professionals.
- 5.8 Buckley (2005) suggests that multi-disciplinary practices may be less well defined in cases of neglect compared to cases of sexual or physical abuse, in which the criminal nature of the act provides clearer structures that facilitate co-operative practice between, for example, social workers, police and other agencies. Multi-disciplinary working may also be hindered by the perception on the part of potential referrers such as nurses and teachers that there is a lack of response or feedback from social services departments. Once again, this highlights the need for clear communication and accountability.

Well recorded

- 5.9 Whatever the assessment approach, the significance of having proper recording systems for information gathered is vital. Serious cases reviewed in the aftermath of child protection failures highlight this need strongly (Sinclair and Bullock, 2002). In cases of neglect this is particularly important, given the typically chronic nature of child neglect and the turn-over of staff in child welfare services (Jeyarajah Dent and Cocker, 2005).

6. Intervening in neglect cases

6.1 Research evidence regarding 'what works' in preventing or reducing neglect and its adverse outcomes is relatively sparse. Tanner and Turney (2005) highlight the shortcomings in the evidence base concerning effective interventions. These include:

- reliance on studies from the US, whose findings may not necessarily transfer to a UK context
- variation in the way that neglect is defined, including the scope of what is included in the definition
- the failure to distinguish between neglect and abuse, with interventions tending to be aimed at vulnerable families where either or both neglect and abuse may be occurring
- a lack of theoretical basis or else theoretical basis not being explicitly stated, aside from the ecological model or other models drawn from psychology or child development but rarely social work
- a lack of attention to the way interventions address issues of ethnicity, gender, class and culture
- methodological short-comings such as small sample sizes or differences in outcome measures

6.2 As a result of these shortcomings, many authors point out that there is little conclusive evidence concerning what works in tackling neglect. However, it is possible to set out the characteristics of interventions that are most likely to succeed from evidence of what appears to be at the very least 'promising'. The list below describes these characteristics. Some apply to generic intervention approaches for enhancing children's outcomes, but those listed are particularly pertinent in cases of neglect given its chronic, complex nature, and the significance of ecological and attachment models for understanding its causes.

Long term

6.3 Neglect is often chronic in nature, involving a complex interplay of entrenched family difficulties. There is not likely to be a 'quick fix' remedy available. Therefore services working with neglectful families must recognise the need to work with some families on a long-term basis. Long-term professional commitment may also contribute to the building of more secure family attachments. Tanner and Turney (2003) recognise the value of families having long-term relationships with services as a means of offering parents an alternative model of attachment and a way of relating, although 'dysfunctional' dependency also needs to be recognised (Horwath, 2007). Stevenson (2005) describes long-term working as an approach that is 'out of favour' in the current climate of limited resources and a government preoccupation with short-term targets. However, services need to be aware of and make provision for a proportion of families for whom prolonged involvement with professional help is necessary for lasting solutions.

Multi-faceted

- 6.4 Given the long list of factors potentially contributing to neglect, approaches are required that intervene at multiple levels, influencing individual, family and social systems. Interventions are therefore more likely to succeed if they are multi-faceted, tackling multiple risk factors. Packages of care may include a combination of interventions addressing a range of needs, such as mental health issues and parenting skills as well as increasing social support and housing needs.

Early as well as late

- 6.5 Interventions can be described as 'early' or 'late' both in relation to the timing of the intervention relative to a child's age and in relation to the stage in development of the problem to be addressed. In relation to children's age, there is a need for intervention across childhood, as neglect can occur at any time from infancy to teenage years (Howarth, 2007). There is also a need for intervention in infancy and before three years of age, given what is known about brain development and quality of care-giving. Whatever the chronological age of the child involved, the child's developmental age needs to be taken into account when designing interventions, as indeed does the parents' (Howe, 2005).
- 6.6 In relation to the stage in development of the problem, 'early' and 'late' interventions may also be required. In this context, 'early' refers to primary initiatives aimed at prevention of difficulties, and can involve universal service provision such as prenatal care and health visiting. 'Early' may also involve secondary interventions that tackle difficulties in their early stages, such as services aimed at isolated families or withdrawn children. Although we have relatively little robust research evidence regarding the effectiveness of preventative interventions in relation to neglect, the principle that risk is cumulative and that multiple risk factors most place a child at risk (Rutter, 1987) implies that early intervention is essential. It is also known that non-uptake of routine universal services, such as missing children's developmental health checks and poor attendance at nursery or school, is typical of neglectful parents for a number of reasons, including a mistrust of services. Early intervention is therefore significant for improving outcomes for this group. 'Late' interventions also play a role, and involve tertiary levels of provision that target difficulties at severe, entrenched or crisis levels. These services can involve provision from specialist agencies such as child and adolescent health teams and statutory social services involvement.

Consider protective factors as well as risk factors

- 6.7 Interventions also need to consider how to bolster individual and family strengths and resources in order to build child and adult resilience. It has been suggested that providing opportunities for the development of protective factors can reduce the likelihood of succumbing to the impact of adverse childhood experiences (Garbarino et al, 2002). In relation to

neglect, as described earlier, providing opportunities to develop supportive relationships is important, and may influence building secure attachments and enhancing self-worth and self-efficacy. Horwath (2007) suggests provision of a support figure in cases of neglect, and this can arise from a positive childcare, nursery or school environment where staff may provide for the emotional and social needs of the child. She also highlights the importance of opportunities to play and form friendships with peers in order to develop interpersonal skills. Providing isolated parents with opportunities for social support, as well as positive relationships with professionals, may also serve a protective function for parents.

Parent/carer friendly

- 6.8 When parents and carers experience attachment difficulties in relationships, it is likely that they may also experience difficulties in their relationships with agencies that are attempting to intervene. Parents' feelings of mistrust and of being blamed can reduce the success of an intervention, and such feelings are often present in neglectful families' dealings with services. Professionals need to be skilled in working empathically, respectfully, and in *partnership with* families, rather than being seen as doing things *to* families (Forehand and Kotchik, 2002). Intervention from statutory services in particular can be experienced as a threat to parents or carers. Buckley (2005) suggests that services offered by agencies outside the statutory system may be seen as more 'friendly', and can form part of a package of support if there are clear lines of accountability and contracting arrangements.

Involve fathers as well as mothers

- 6.9 Parenting interventions often fail to take into account that parents can be male as well as female (Moran et al, 2004). Neglect in particular is an area where the role of mothers has been the focus of attention at the exclusion of men. As Daniel and Taylor (2005) point out, this unfortunate exclusion of fathers from the issue of neglect 'ignores the potential risks that men can pose to children and also misses the opportunity to build on what fathers and paternal extended families may offer children' (Daniel and Taylor, 2005: 263). There has been a recent increase in interest in the involvement of fathers in parenting services, and several reports have identified factors for encouraging fathers to engage with family centres (eg Ewart, 2003; Ghate et al, 2000). These include policy initiatives focused on paternal involvement; systematic attention to the covert feminization of family centres; more male staff; training to address staff attitudes and expectations about father involvement, and knowing how to work with fathers; policies and procedures to address male violence; and the development of more group work provision for fathers.

Include a focus on attachment

- 6.10 Given the significance of attachment issues as a framework for linking many of the factors contributing to neglect, interventions that draw on attachment theory as their basis are likely to be important for intervening with neglectful families. Secure attachment is a protective factor, hence enabling its development within children and also parents is likely to increase the probability of better child and family outcomes. In a discussion of attachment-based interventions for working with families in cases of neglect and abuse, Howe (2005) cites four different points of focus for interventions. These involve enhancing parents' sensitivity and responsiveness to their infant by changing parenting behaviour; changing parents' working model/mental representation of relationships through increasing insight and reflective capacity; providing enhanced social support for parents; and improving maternal mental health and wellbeing.

7. General interventions for 'high risk' children and families

- 7.1 There are few interventions that specifically target neglect. Some of the interventions described below were designed to improve outcomes for disadvantaged children, young people and families in general rather than being specifically designed and targeted at neglectful families. The interventions are often aimed at 'high risk' families in which neglect and child maltreatment are likely to be at elevated rates, and tackle factors that are thought to contribute to neglect.
- 7.2 Interventions take a wide variety of forms. They include community-wide initiatives targeting parents or parents and children; parent training programmes of various kinds; home visiting programmes; school-based initiatives; social support-based programmes; and therapy-based programmes. Surprising few involve direct work with children. Several programmes are multi-faceted and involve a combination of these factors. However, it is important to consider that there may be factors contributing to neglect that these programmes are not tackling (Berry et al, 2003). Hence child welfare providers need to consider how other needs are met as part of a comprehensive care package. The interventions described below are those that have been most robustly evaluated and are thought to at least show promise.

Community-wide initiatives

- 7.3 Following on from the success of the Head Start programme in the US, the UK government launched Sure Start in 1998. It is a community-wide initiative aimed at preventing the social exclusion of disadvantaged children, from conception to age 14 (and older for those with special education needs). Sure Start aims to promote physical, emotional, intellectual and social development in pre-school children by increasing childcare availability, supporting parents in employment and in developing their careers, providing parent skills training and education on child development, health and family support services. Although not specifically designed to tackle neglect, this initiative addresses several of the factors that are thought to contribute to neglect.
- 7.4 Sure Start is a multi-faceted programme that attempts to adapt existing services and introduce new services, and improve co-ordination between agencies. Its services include childcare, children's centres, children's information services (information on nursery education and childcare availability), early excellence centres (a range of educational and care services for parents and children), extended schools (co-ordinating childcare services), health and family support (parental education on child development, promoting awareness of healthy living, early identification of difficulties), neighbourhood nurseries, out-of-school childcare, local programmes (including family support, advice on nurturing, health services, and early learning opportunities).

- 7.5 A large-scale, six-year evaluation of all Sure Start programmes in England, led by the Institute for the Study of Children, Families and Social Issues, University of London, is currently underway to determine the impact of the programme. Early findings regarding its effectiveness show a mixed picture. Less disadvantaged families benefit more than the most disadvantaged, with variations across different areas (National Evaluation of Sure Start, 2005). Further investigation is underway to clarify reasons for mixed results.

Home visiting

- 7.6 There are several home visiting programmes that are effective or at least show promise in tackling neglect. They typically involve a professional or trained person visiting vulnerable families with the aim of enhancing a number of factors such as child health and diet, maternal parenting skills, attachment, social support and involvement with services.
- 7.7 One of the best known and well evaluated programmes is the US Elmira Prenatal/Early Infancy Project (Olds et al, 1997), also known as the Nurse–Family Partnership, which provides parent education, enhanced family support and access to services via an intensive programme of home visits from a trained nurse during pregnancy and for the first two years of the child’s life. It is aimed at first-time mothers from low-income homes, and sets out to prevent early parenting problems that are likely to contribute to emotional harm, including anti-social behaviour among children. The programme begins as soon as possible after the beginning of pregnancy, and visits are structured around the changing developmental needs of the child. Mothers are encouraged to reduce potentially harmful health-related behaviours during pregnancy, such as smoking and drinking alcohol, are encouraged to build supportive relationships and friendships, and use other support services and keep appointments for children’s health care checks. The programme has developed since its original inception to draw more directly on attachment theory as well as self-efficacy theory, with added emphasis on establishing an empathetic relationship between mother and home visitor, review of the care-givers’ own experience of being parented, and promotion of sensitive, responsive care-giving in infancy.
- 7.8 Result of randomised controlled trails indicate that the intervention leads to reduced rates of neglect and abuse, less medical intervention for injury to the child, and home environments that are less hazardous and more stimulating. While the programme has been found to have positive results, the originators of the programme stress the importance of programme fidelity in bringing about successful outcomes and that ‘watering down’ the intervention will reduce the chances of success. Replications of the research have found less striking results, and the authors suggest even longer periods of intervention may be required to achieve better outcomes.
- 7.9 Another home visiting programme that appears effective is the Community Mothers Programme, based in Dublin, Ireland. It aims to enhance parenting skills of first-time mothers from economically disadvantaged areas. The home visitors are women from the local community who volunteer to visit

parents in their homes once a month for one hour over a 12-month period. A randomised controlled trial carried out in 1989 when the children were one year old showed favourable outcomes for the programme families compared with control families in relation to maternal self-esteem, maternal and child nutrition, developmental stimulation, maternal morale and wellbeing, and immunization rates. A follow-up carried out when the children were eight years old found significant differences between the families who received the programme compared to control families. Programme participants showed superior parenting skills, higher levels of self-esteem, opposed smacking and had a range of strategies for enabling them to deal with conflict with their children, enjoyed participating in their children's games and expressed positive feelings about motherhood. Their children were more likely to read books and make regularly library visits, and to have better nutritional intake (Molloy, 2002).

Parent training

- 7.10 Among the many parent education and training programmes that have been developed over the past two decades, there have been few that have specifically been designed to tackle neglect. However, one programme that has been well evaluated and tackles many of the factors associated with neglect is a programme from the US called Project 12 Ways. It earns its name from the 12 core services that comprised the original intervention: parent-child training, stress reduction for parents, basic skill training for children, money management training, social support, home safety training, multiple-setting behaviour management in situ, health and nutrition, problem solving, couples counselling, alcohol abuse referral, and single mother services. Results indicate that the programme leads to a reduction in child abuse and neglect (Macdonald, 2001), but its impact may not be sustained long term. It is possible that 'booster services' may be required or other forms of additional support for families to maintain the gains acquired from the programme (Macdonald, 2005).
- 7.11 Evaluation of a modified version of Project 12 Ways, called Project Safe Care, has been developed, aimed at young, low-income parents. It focuses specifically on three areas significant for neglect – home safety, infant and child health care, bonding and stimulation. This version of the programme is designed as a series of 15 one-to-one, sessions delivered by social workers or nurses, using modelling, behavioural rehearsal and feedback, and in a video format. Initial results from an evaluation of this programme look promising, with parents showing increases in play and interaction, decreases in household hazards, and greater understanding of children's health problems (Lutzker et al, 1998). However, the programme requires more extensive, long-term evaluation.

School-based initiatives

- 7.12 The opportunity to learn in a stimulating environment with empathic staff can in itself be a protective factor that may reduce risks to neglected children. However, children who are neglected may be rejected by their peers if they

appear unkempt, smelly or dirty, and lack appropriate social skills. School can therefore be both an important arena for intervention as well as a source of feelings of shame and isolation for neglected children.

- 7.13 A recent initiative in New Zealand involves placing social workers in schools. The social workers use a strengths-based approach to respond flexibly to the needs of children and their families who could use the service on a voluntary basis. Evaluation of the Social Workers in Schools (SWIS) initiative shows much promise (Belgrave et al, 2002). In addition to enhancing educational performance and improving behaviour in school, the intervention appeared to 'significantly improve circumstances for children who, at the beginning of the intervention, came to school hungry, not well clothed and whose health and hygiene were creating issues in classrooms and playgrounds' (Belgrave et al, 2002: 9). The evaluation also found increased use of clear family routines regarding food and bedtimes, and increased use of more positive communication strategies between parents and children. The voluntary nature of participation and the setting of social work intervention within a school, rather than statutory context, enabled strong and effective relationships to be built with children and families.
- 7.14 In some parts of the UK, integration of child and family services has involved some social workers now being 'co-located' within schools, and the impact on outcomes for children has yet to be robustly evaluated. Such co-location working is not without difficulties, but may have positive benefits such as the early detection of cases before they reach statutory child-protection thresholds (Moran et al, 2007).

Social network interventions

- 7.15 A characteristic of neglectful families is their social isolation. Social network interventions aim to extend and strengthen social support available to these families. A study by Gaudin (1993) indicates that it is possible to reduce the likelihood of neglect in families when their social support networks are bolstered in this way. The specific project reported by Gaudin involved neglectful families undergoing a comprehensive assessment to identify the problems they faced, the size and quality of their supportive network, and the difficulties in accessing support (such as no telephone, poor social skills or low self-esteem). The intervention itself involved use of five specific social network interventions in combination with professional case work/management, including advocacy and brokering of formal services. The social network interventions took a number of forms, some of which overlap with components of programmes described above:
- personal networking – involving direct intervention to enhance existing relationships and potential relationships with family, relatives, neighbours or work associates
 - establishing mutual aid groups – aiming to teach parenting and social skills, and develop problem-solving ability and enhance self-esteem

- volunteer linking – involving use of trained volunteers to carry out tasks similar to family aides
- recruiting neighbours as informal help – they are paid a small amount and receive support and guidance from social workers
- social skills training – aimed at overcoming skills deficits that may interfere with formation of supportive relationships

7.16 More than three quarters of the parents who received this intervention for at least nine months improved their parenting from ‘neglectful’ or ‘severely neglectful’ to ‘marginally adequate’ parenting, according to a standardised measure. However, there was a high dropout rate, and because families participated on a voluntary basis, similar results might not be achieved with more reluctant families.

Therapeutic interventions

7.17 Therapeutic interventions with families in cases of neglect are more likely to be successful if they include factors outside the family that influence family functioning (Macdonald, 2005). Multi-systemic family therapy (MST) is an approach that does just that, as it involves a combination of intervention strategies aimed at addressing risk and protective factors at individual, family and social levels. It combines strategic family therapy, structural family therapy and cognitive behaviour therapy, and involves families working intensively with a dedicated therapist. Although this approach has mostly been used to work with violent or criminal young people and their families, it has also been used with neglectful and abusing families. It has been found to reduce parental psychiatric symptomology, parental stress, social isolation, and improve parent–child relationships, including parental responsiveness (Brunk et al, 1987). However, in terms of working with neglectful families, this approach can only currently be described as promising, as direct measures of child abuse or neglect were not assessed, and there has been no long-term follow up (Macdonald, 2005).

Interventions with children

7.18 Some of the interventions described above involve working with children in addition to parents, but relatively little has been documented concerning direct work with children that specifically targets the impact of neglect, and there is even less that has been adequately evaluated. While neglectful parents clearly need support to enable them to provide a sufficiently nurturing environment for their children, children also need direct services in their own right. A review by Daro (1988) indicates that enhanced provision of services such as play therapy, additional education support, and speech and language therapy can greatly improve the functioning of abused or neglected children. Provision of compensatory experiences and targeted support services for neglected children is therefore important in order to promote a healthy developmental trajectory.

- 7.19 Children exposed to neglect may develop apathy, passivity and withdrawal, along with behaviour problems and academic delay (Macdonald, 2005). Therefore interventions that specifically address these difficulties need to be considered. While there is evidence of what works in improving children's emotional health or wellbeing (see, for example, McAuley et al, 2006), such interventions are likely to contribute to improved outcomes for neglected children, but do not necessarily focus on ameliorating the specific impact that neglect may have upon a child. A handful of studies from the US indicate that there may be a role for the involvement of peers as a means of reducing signs of withdrawal and increasing positive interaction and play among maltreated children, including those who have been neglected. Fantuzzo and colleagues (Fantuzzo, 1990; Fantuzzo et al, 1987, 1988) report on the use of trained peers within a day centre setting whose interactions with withdrawn, maltreated children resulted in increased positive interactions. They also report on a study in which 'resilient' peers initiated play with a group of neglected and physically abused children under the supervision of a teacher, and found that this led to a decrease in solitary play and increase in positive interaction and peer play, both for the maltreated children and also for the 'control' group of non-maltreated children.
- 7.20 Another intervention used imaginative play training for emotionally neglected children in group sessions over five weeks. When evaluated in a randomised controlled trial, children receiving the intervention showed increased levels of imagination, co-operation with peers and used less aggressive play than the control group participants (Udwin, 1983). Further evaluations of interventions for children are required before we can draw conclusions about what works.

Interventions for specific groups

- 7.21 There are certain parental difficulties that are thought to be particularly likely to give rise to neglect of children. Such circumstances include families in which parents are substance misusing and also families in which parents are experiencing mental health problems, including maternal depression. However, we need to bear in mind that a diagnosis of parental substance abuse or dependence, depression or other mental health problem does not necessarily mean that a child is at risk. Parental behaviour and children's needs should be considered regardless of the label that may have been applied to them (Duncan and Reder, 2000; Velleman and Orford, 1999). The impact on children may not be the same in every case, even within the same family, due to each child's individual characteristics (ie strengths and vulnerabilities) or family circumstances. Again, individual parental risk behaviours and individual children's needs have to be considered in each case.
- 7.22 Families with parental substance misuse frequently appear in social services statistics: around one in five families referred to children's social services in the UK have a history of alcohol or drugs problems (Cleaver et al, 1999), rising to one in two families on the Child Protection Register

(Forrester, 2000), and affecting three out of four families involved in care proceedings (Hayden and Johnson, 2000).

- 7.23 Parental substance misuse (including either drugs or alcohol) may impact on children in a number of ways. Barnard and Barlow (2003) report that children's discovery of their parents' substance misuse is associated with feelings of hurt, rejection, anger, sadness and anxiety about the wellbeing of the parent. Children describe their substance misusing parents as moody, sleepy, spending little time with them and never having any money to spend. Other studies additionally emphasise the role reversal and caring responsibility that is placed on the shoulders of children, and their sense of having missed out on childhood opportunities for play and learning (Kroll, 2004).
- 7.24 While it is acknowledged that substance misuse can have significant implications for parenting and is likely to be affecting a significant number of children, we still know very little about how to intervene in this complex problem. In such cases, parents need access to suitable treatment programmes but there are gaps in our knowledge about the factors that encourage people to take up treatment and enable them to remain attending it. In addition to treatment for substance misuse, multi-faceted programmes for parents and children seem to be of benefit. The only robust studies that provide evidence of what works are a handful based in the US. The best known and most thoroughly evaluated is 'Strengthening Families', which was devised for substance abusing parents and their three- to 17-year-old children. The programme was designed to reduce family environmental risk factors and enhance protective factors, hence increasing personal resilience and fostering resistance to substance misuse. Its focus is on family environments, and specifically on helping parents develop their parenting skills (Kumpfer and Tait, 2000; Kumpfer, 1999).
- 7.25 The programme involves 14 weekly sessions with specific components for parents and children. The parental component focuses on developing parenting abilities, including ability to communicate clearly and set boundaries, as well as parental problem solving, stress and anger management, and also provides substance abuse education. The children's component covers topics such as understanding feelings, coping with anger and criticism, stress management, social skills, effective problem solving, resisting peer pressure, the consequences of substance use, communication skills, and compliance to parental rules and boundaries. After an hour spent in separate groups, parents and children have a joint session involving family skills training that aims to increase co-operation between family members. It involves practicing newly acquired skills through structured family activities, therapeutic child play, family meetings, communication skills training, effective discipline, reinforcing positive behaviours and jointly planning family activities. Booster sessions are sometimes held six and 12 months after the end of the programme.
- 7.26 Evaluations indicate that the programme is effective in reducing and preventing substance abuse, children's externalising behaviours (eg

aggressiveness, hyperactivity, conduct disorder) and internalising behaviours (eg uncommunicativeness, obsessive/compulsive tendencies), and parental depression. It also enhances parenting skills, family cohesion and children's social competence (Aktan et al, 1996; Kumpfer et al, 2002).

- 7.27 Like substance misuse, parental mental health problems may also impact on parenting, and feature frequently in child welfare cases (Leschied et al, 2005). Among depressed parents, symptoms of depression (including hopelessness, low self-worth and poor concentration) may reduce parents' emotional unavailability, thus affecting children's attachment needs and own sense of self-worth. These effects can be particularly damaging when children are very young, hence the need for early detection of difficulties via, for example, peri- and post-natal screening for depression in mothers. Treatment needs to be tailored to support parents' specific needs, such as psychotherapy for depression and anxiety, including cognitive behavioural therapy (Austin and Priest, 2004) or social network building to overcome isolation. As with substance misuse, this provision needs to happen alongside multi-faceted interventions that tackle the difficulties within and outside the family that may be contributing to neglect.
- 7.28 Evidence regarding what works in cases of neglectful, depressed parents is minimal, with studies more often reporting on parenting programmes for depressed mothers, with reduction of children's conduct problems an outcome rather than a measure of neglect. One exception is a Jamaican study of home visiting for undernourished children (aged nine to 30 months) and their depressed mothers (Baker-Henningham et al, 2005). The families in the study received weekly home visits for one year by community health aides who showed mothers how to play with their child using homemade toys and discussed parenting issues. Mothers who received at least 25 visits over the year reported a significant reduction in depression symptoms, and reduced maternal depression was associated with improved children's development, but only for boys. Families who received less visits than this did not show benefits, which underpins the significance of long-term, intensive interventions for such families. Further research is required to build the evidence base about what works in this area.

8. Conclusions

- 8.1 Neglect in its many forms remains an under-researched area, despite being the most pervasive form of child maltreatment in the UK. However, there is sufficient evidence for us to build a picture of the individuals, families and circumstances in which neglect is most likely to occur. We also have sufficient evidence to understand the devastating impact neglect can have on all aspects of child development and into adulthood. The area in which research is particularly lacking is in the evidence required to guide practitioners in the development and delivery of interventions to prevent or reduce neglect and its impact.
- 8.2 Promising interventions indicate that programmes of home visiting (begun in the prenatal period), parent training, school-based social workers, social network support and therapeutic approaches with parents and children may be effective, but we cannot be more certain than this. We also know that intervening in neglect is likely to be costly, requiring intensive, long-term, multi-faceted work by a highly skilled workforce.
- 8.3 Provision of such services is likely to be hampered by the short-term nature of much funding available for new initiatives, and by a desire for quick results. Given that neglect is characterised by multiple contributing factors at personal, interpersonal, social and societal levels, it is also important to remember the role of social policy in alleviating neglect.

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