Learning from Serious Case Reviews about how to work with Child Neglect

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• What do we know about practice with neglect from national studies of Serious Case Reviews?
• Findings from a national study of neglect in SCRs from 2005-2011
Overwhelmed families and professionals
(Brandon et al 2009)

Fixed views about family,
Fixed assessment views (eg neglect)

Overwhelmed chaotic families,
negative family support,
drugs, violence,
mental ill health, criminality

Invisible children

Efforts not to be
judgemental, whole picture missed, silo practice.

Too much to achieve,
low expectations,
‘success’ is getting through the door, muddle about confidentiality

SAFEGUARDING CHILDREN AT
HOME AND THROUGH THE COURTS – 31st March 2014
Impact of being overwhelmed/bewildered on professional behaviour

• Inability to analyse or understand the family promotes a lack of confidence
• Lack of sustained professional challenge. Preoccupation with thresholds rather than shared responsibilities.
• Increased family stresses missed (not coping with large family, worsening conditions at home, increased parental substance misuse).
• Tempting for professionals to start afresh with the family eg positive response to arrival of a new baby (start again syndrome)
Ecological transactional analysis (interacting risk factors) (Brandon et al 2010)

- Carer’s own relationship and history
- Carer’s state of mind, level of reflective function
- Caregiving environment generated by carer
- Child’s behaviour, adaptive strategies, and developmental state
- Social stress, relationships, environmental stressors
Why did NSPCC commission the SCR neglect study?

- Neglect and harm from neglect can still be minimised and downgraded, or go unrecognised and unreported (Gardner 2008).
- Long term impact of neglect is known to be corrosive, BUT neglect is rarely associated with fatality (Sidebotham et al 2011).
Age profile and category of maltreatment related deaths
(2005-07 n= 123)

- SUDI, category not clear
- Severe physical assault (fatal)
- Infanticide / covert homicide
- Extreme neglect (fatal)
- Deliberate / overt homicide
- Death related to but not directly caused by maltreatment
- Suicide

Cruelty to children must stop. FULL STOP.
Neglect and Serious Case Reviews

- A systematic analysis of fatal or near fatal neglect in SCRs in England between 2005 and 2011
- Anonymised research from approx 650 cases; both fatal and non fatal.
A warning about the findings

• The constellation of neglect-related events and characteristics that produced an outcome of fatality or grave injury cannot be distilled into a check list of risk factors that predict such a grave outcome.

• In most cases with similar characteristics a child will not come to such catastrophic harm.
Neglect and Serious Case Reviews

1. How often is neglect evident in the families of children who become the subject of a serious case review?

Substantiated neglect
Analysing all 645 SCRs from 2005-2011:
• Neglect (CP Plan) in one in six cases (101 in total – 59 had a plan at time of death/injury 42 had a plan in the past).

Neglect as a background feature
Analysing all 139 SCRS from 2009-11:
• 60% of SCRs – most neglect not formally recognised
Neglect and Serious Case Reviews

1. How often is neglect evident in the families of children who become the subject of a serious case review?

The proportion of SCRs where children had a child protection plan for neglect is gradually dropping over time:

- 12% in 2005-07
- 9% in 2007-09
- 6% in 2009-11

- No similar drop where a CP plan has been discontinued
2. What are the characteristics of children and families where children have suffered neglect?

- Neglect features across all age ranges (most common at 11-15 yrs)
- A higher proportion of girls than boys (57% vs 43%)
- One in five children from larger families
- Parental drug and alcohol misuse
3. In what ways does neglect feature in these cases of child fatality and near fatality?

2005-2011 For children who died - there was more often a context of known neglect than known physical abuse:

- 56% of those with a child protection plan for neglect
- 37% of those with a child protection plan for physical abuse

Physical abuse and neglect were found together in almost half of the serious injury cases where children suffered grave harm but did not die.
Neglect in all Serious Case Reviews from 2009 to 2011

Neglect was present in:

• A quarter of the child deaths through assault or deliberate homicide
• Over two thirds of the 43 non-fatal cases
• 5 of the 7 serious sexual abuse cases
• Two thirds of the cases where children suffered non-fatal physical assault
• Neglect most common among 11-15 year olds
Neglect and Serious Case Reviews

Key findings:

Neglect is much more prevalent in SCRs than had previously been understood.

Neglect with the most serious outcomes occurs across all ages, and is not confined to the youngest children.

Neglect manifests itself in many different ways – be open minded.
Neglect in Practice

6 KEY THEMES – AND CASE STUDIES
A detailed study of 46 cases of severe neglect 2003-2011: six themes

1. Deprivational neglect
2. Medical neglect
3. Accidents with some elements of forewarning
4. Sudden unexpected deaths in infancy
5. Neglect in combination with physical abuse
6. Suicide among young people
DEPRIVATIONAL NEGLECT

(life-threatening loss of weight/ failure to gain weight or serious consequences failing to nourish the child)
AMY aged 4: starvation

An increasingly ‘invisible’ family - professionals lost sight of the children. 2 children home schooled, Amy no longer at nursery, unsuccessful visits to the home by HV,EWO and SW. No agencies aware of the increasingly unsuitable living conditions and inadequate care.

Changes in the parents’ behaviour: changed behaviour and changed level of cooperation not considered. The facade presented by the parents prevented professionals from engaging with them, or their children.

Children’s previous behaviour in school (always hungry, stealing food and foraging for food)
Deprivational Neglect: Learning points

• None of these children ever in the CP system.
• Particularly isolated families and children
• Changes in the parents’ behaviour a potential clue to life-threatening harm (eg increased hostility or a complete withdrawal from services)
MEDICAL NEGLECT

(child died or nearly died when parents neglected to comply with medical advice)
‘Ben’ aged 6 - medical neglect

Key features of the case:
• Epileptic seizure when unsupervised - drowned. Ben born prematurely to a young mother with limited family support (father involved only intermittently).
• After Ben’s diagnosis, numerous health care professionals involved. Concerns that medication not always being administered properly, missed appointments.
• A caring mother who initially improved care when prompted. Care worsened after birth of new baby.
Medical neglect: learning

• **Little challenge of parents (or support)** when health care is erratic or questioning *why* parents are not complying with advice.

• **Caring parent.** Undue professional optimism about the impact of medical neglect and danger for child. Health professionals sometimes ‘shielding’ parents from CSC and not making referrals.

• **Tipping points in family circumstances:** all cases showed a tipping point, connected to a specific change in the family’s circumstances. Especially a new baby or a new partner.
‘ACCIDENTS’ WITH SOME FOREWARING

(chronic, or long-term neglect AND an unsafe environment)
‘Chloe’ aged 2 - house fire

Key features of case:

• Chloe died in a house fire. Use of candles - no electricity. Single mother found to be highly intoxicated. Smoke detector not working – and not the first fire, fire officer had discussed fire risk with children’s mother.

• All 4 children had current CP plans (neglect and emotional abuse).

• Long history of severe neglect and inadequate response by agencies.

• Maternal alcohol abuse.
Learning: Drift

• Professionals tolerant of dangerous conditions and poor care: children described as ‘happy and playful’ despite smelling of urine, animal bites, glasses missing, school absences and poor development.

• Drift and little sense of urgency among professionals.

• A systemic problem when drift and confusion is exacerbated by overwhelming workloads, high staff turnover, high vacancy rates and numerous unallocated cases.

• Drift even after SCR, one year later no review of progress in safeguarding the surviving children.
SUDDEN UNEXPLAINED DEATHS IN INFANCY

(Unexplained infant deaths in a context of neglectful care and a hazardous home environment)
Daniel age 3 months – SUDI

Key features of the case:
• Sudden death of a 3 month old baby while co-sleeping on a sofa with his father, who had been drinking. Poor home environment observed by police and medics.
• Family history of alcohol and drug misuse. Chaotic household, poor living conditions.
• Large family – Daniel the 4th and youngest child. All 4 children (aged under 6) had CP plans (neglect).
SUDI: Learning points

• Dangerous living conditions are especially risky for vulnerable young babies.
• An erratically good relationship doesn’t keep the infant safe (eg dangerous co-sleeping).
• Large family - children not seen as individuals, history of coping not considered.
• Many agencies involved, but lack of clear allocation of case responsibility
• SUDI prevention strategies - are not always followed through with families with known risk factors (smoking, substance misuse, co-sleeping)
NEGLECT IN COMBINATION WITH PHYSICAL ABUSE

(assumptions about neglect masked danger to the life of the child)
‘Evie’ aged 4 months – neglect and physical abuse

Key features:

- Death from a head injury - but numerous other fractures.
- Case considered as ‘low level’ neglect - concerns about emotional maltreatment of older sibling – even when history of violent offences were revealed for both parents, and suspicious injuries of sibling.
- The family moved house frequently.
- Home conditions disorganised but not poor (no toys visible).
- Children’s mother dominant and controlling, father the main carer, ‘good enough’ contact with school.
Neglect in combination with physical abuse: Learning points

- Diluting and forgetting concerns about the risk of physical harm - overtaken by a ‘this is only neglect’ mind set.
- The ‘neglect’ label can mean less attention is paid both to the neglect and to other risks and ‘accidents’.
- Neglect does not preclude the existence of physical abuse.
- The child at the centre of concerns may not be the one most at risk.
YOUNG SUICIDE

(Long term history of neglect with a catastrophic impact on child’s emotional well being)
Frazer aged 15, suicide and long-term neglect

Key features of the case:

• Long-term neglect.
• Serious abuse and rejection. Intermittent LAC and return home – repeated rejection
• ‘Hard to help’ young person, by age 13 ‘threatening and violent’, self harm, talk of suicide.
• At age 15 Frazer discharged home from residential care because of persistent running away. Living at home, still on a care order, but getting very little support at the time of his death.
Young Suicide: Learning points

• Young people with long experiences of chronic neglect and rejection find it very difficult to trust - may present as hard to help.

• Professionals may interpret this behaviour as sabotaging the attempts to offer safe and trusting relationships.

• Responses of carers and professionals should not confirm young people’s sense of themselves as unworthy and unlovable. Understand the root causes of young people’s behaviour.

• At age 16 loss of the protection of school – few routes out of a neglectful situation at home.
CONCLUSIONS
Neglect and Serious Case Reviews

Key findings:

Neglect can be life threatening and needs to be treated with as much urgency as other categories of maltreatment.
Key findings

Strong management support is needed to help practitioners manage, monitor and think *systematically* about a case where complex neglect is, or might be an issue.
Neglect and Serious Case Reviews

Key findings:

The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, should be part of the practitioner’s thinking.
Neglect and Serious Case Reviews

Key findings:

Practitioners working with neglect should try to ensure:

a) A healthy physical environment and
b) Emotionally healthy relationships for children.

That they *knowledge* the child.
REFERENCES

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