

The IOM NEGLECT PATHWAY

INTRODUCTION – The neglect pathway provides guidance on what action should be taken, when, how and by whom to prevent children and young people experiencing neglect, and to intervene at the earliest possible opportunity to protect children and young people from the impact when neglect happens.

The pathway also starts to identify training and competency needs, key tools for assessment and intervention and, services to support prevention and intervention. A scoping exercise should be undertaken to establish what is available and what needs to be further developed, and the SCB will need to determine effective strategies to map and measure the impact of neglect and, evaluate the impact of interventions along the continuum of need.

DEFINITION- This definition of neglect encompasses the importance of a child and young person's need for psychological and emotional care as well as physical care.

“ Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs”. (*Working Together to Safeguard Children*)

CONTEXT – analysis of serious case reviews shows that neglect was a serious factor in 60% of them, and public inquiries of deaths from neglect include Victoria Climbié, Daniel Pelka, Khyra Ishaq. It also identifies adolescent neglect as a feature often overlooked. Neglect was a significant factor in a recent SCR on the Isle of Man.

Research shows that neglected children and young people experience serious impairment of their health and development, have cognitive and educational deficits, and their social skills, mental well being, conduct and self esteem are all compromised by neglect.

Evaluation of interventions shows that it is important to remain focussed on the **impact** of the neglectful behaviour on the **child**, irrespective of the parental/carer factors and characteristics, and to be able to measure the impact over time.

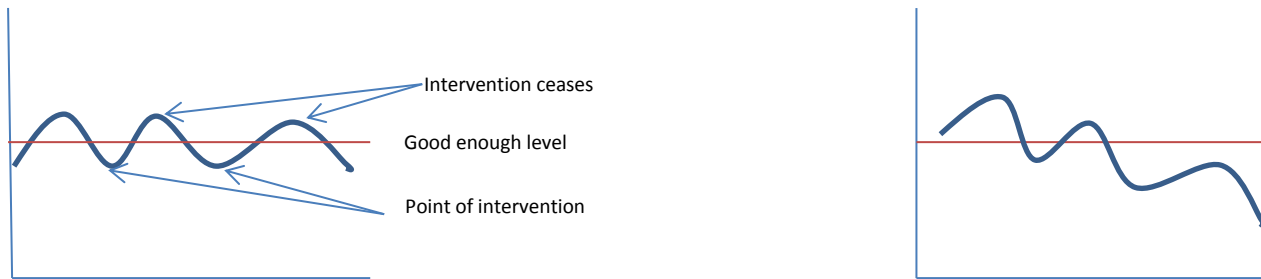
" Children and young people are living the experience and can give a more accurate picture of what life is like in a family.... "[the Bridge Consultancy]

Practitioners can often overlook the harmful impact of the pervasiveness of neglect in the absence of an "incident". Without clear direction and support to **"measure"** neglect, they can be anxious not to make subjective judgements, or become absorbed in a family and their professional judgement be influenced by the "rule of optimism", or they can pathologise a family already disadvantaged by poverty or deprivation.

It is important therefore to recognise that there are **circumstantial and fundamental factors** associated with why parents/carers neglect their children. For example:

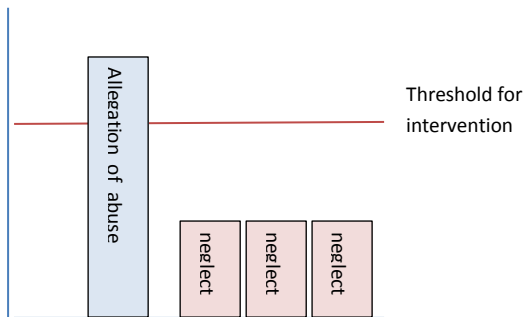
CIRCUMSTANTIAL	FUNDAMENTAL
<ul style="list-style-type: none"> • Poverty • Environmental factors • Lack of skill or knowledge • Lack of support • Specific relationships • Temporary illness • disability 	<ul style="list-style-type: none"> • lack of parenting capacity • deep seated attitudinal/behavioural/psychological problems • long term health issues • entrenched problematic alcohol/drug use/domestic abuse.

It is important to recognise that neglect is a **pattern not an event**, and to be mindful of the overall trajectory.

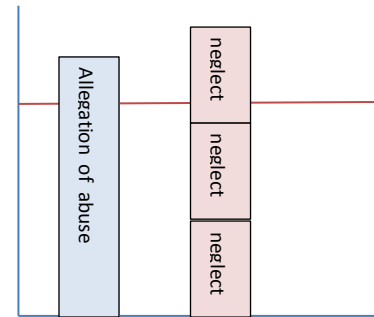


It is important to **assess and measure** the cumulative impact of neglect.

Failure to see cumulateness



cumulateness



The neglect pathway.

Neglect is preventable and the introduction of the NARRATES continuum of need [Thresholds] and the development of the early help and support strategy does mean that professionals have the structure to intervene before neglect becomes chronic.

Universal services aimed at whole communities and cohorts of children irrespective of known risk factors are well placed to be alert and identify potential or actual neglect to prevent it before it occurs. They should be competent in recognising the signs and symptoms of neglect and offer support.

Children with additional Needs [CWAN] services can offer support to families [with consent] to help stop particular patterns becoming established or entrenched, thus reducing the long term negative impacts on children and young people. In addition to being competent in recognising the signs and symptoms, the services offered will be broadly aimed at developing and supporting parenting skills, confidence, child and parent interaction with the ability to measure the prevention of a recurrence or pattern of neglect.

Children with Complex Needs [CWCN] services will be a co-ordinated multi-agency intervention [with consent] to an established pattern of pervasive neglect which has begun to impact on the development of a child or young person with the aim of preventing any further impairment. At this level the interventions will be focussed and intensive with parents and children. Parents will likely need individual treatment and/or therapeutic counselling, and cognitive behavioural interventions. With children work should focus upon promoting resilience and offering positive intervention and support to counter the adverse impact of the neglect.

Practitioners working at this level will need a thorough underpinning knowledge of neglect, and understanding of the complexities of families lives, and to be able to decide when change is not happening and make difficult decisions to remove children from the harm of neglect. The multi-agency organisational framework will need to recognise that change in these circumstances take time and enable long-term but structured interventions to take place, offering reflective supervision and judicious review of the circumstances to know if the objectives are being achieved.

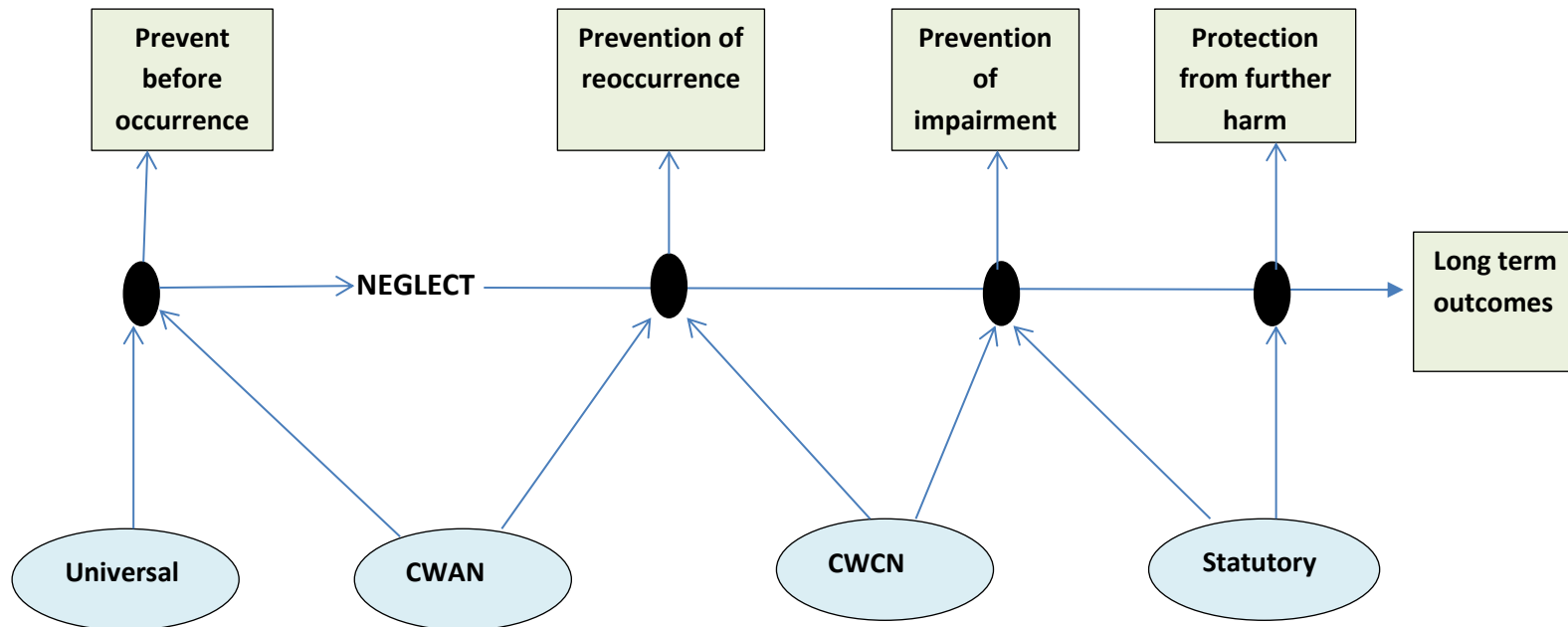
Statutory services will provide a co-ordinated response and intervention to pervasive neglect as described for CWCN under the auspices of a child protection plan [where consent] not given, and will investigate allegations of chronic neglect, to establish the impact and level of impairment on a child or young person, and take action to remove children from the neglect where the impairment and harm is significant.

At this level practitioners need to have a thorough knowledge of the impact and long-term consequences of neglect, and recognise that it is not as simple as providing alternative carers and establishing that children are thriving. Children and young people will require therapeutic intervention and support to address the impact not only on their physical development, but also upon their emotional wellbeing. Impairment may have affected their abilities to process and regulate information and behaviour, feelings of self worth, esteem and resilience, and leave them immature, impulsive, angry, anxious and frightened and without strong attachments.

Conclusion the neglect pathway can be established within the existing continuum of need and frameworks for working. The pathway highlights the following gaps that the SCB should consider how they can be addressed:

1. How can the prevalence of neglect be established and tracked to demonstrate impact of support and intervention?
2. Ensure Neglect training is linked to the competency framework, identified, commissioned and delivered to target professional audiences- awareness, signs and symptoms.
3. Ensure specific neglect assessment and intervention tools are available and staff trained with them – Graded care profile, direct work with children.

NEGLECT PATHWAY



COMPETENCY/training: awareness and signs and symptoms of neglect*. Underpinning research of types of neglect, interventions that work*.

TOOLS: NARRATES needs assessment

NARRATES Dynamic Risk Analysis, Graded care profile*

SERVICES: universal health, education services and community groups.

Therapeutic interventions, specialist agencies-DAT/MH/CAMHS

Parenting courses, family support services, targeted help

psychological/psychiatric specialist assessments and placements