

# Messages for practice:

## Working with Neglect

---

Neglect can be as life threatening as physical abuse and should not be seen as less serious. At its extreme, neglect can cause death.

It isn't only babies and young children who suffer neglect and its consequences. The impact on older children can be just as damaging and serious. Adolescents who have been neglected need professionals to be 'consistent and persistent'.



Sometimes professionals can be 'over optimistic' about the ability/motivation of families to change their behaviour and this puts children at risk. An approach of 'healthy scepticism' can guard against this.

Just because the parents and children have a loving relationship does not mean the children are safe from harm. However, the relationship between the children and their caregivers is of central importance to understanding parenting ability.

*Brandon et al reviewed serious case reviews completed in England between 2003 and 2011 drawing on previous biennial analysis of the key messages from serious case reviews. This briefing presents the findings of this report: Neglect and Serious Case Reviews, Brandon et al. Downloadable from [www.nspcc.org.uk/inform/resourcesforprofessionals/neglect](http://www.nspcc.org.uk/inform/resourcesforprofessionals/neglect)*

### Key findings

1. Neglect can be life threatening and needs to be treated with as much urgency as other forms of abuse. Neglect should not be downgraded or minimised or allowed to drift
2. Neglect cases with the most serious outcomes is not confined to the youngest children and affects all age groups
3. The key to working with neglect is for the practitioner to ensure a healthy living environment and healthy relationships for the child/children
4. Practitioners need to be supported by systems that enable them to have a relationship with families.
5. An in depth study of 46 cases was also undertaken and the findings broken down into categories:

Malnutrition: Prior to the serious injury/death the family became more isolated and withdrew from services. Changes in parental behaviour were also noticeable around the same time.

Medical neglect: Additional stress was placed on caregivers as a consequence of the complex care needs of the child. Combined with other stressors this significantly affected parenting ability. Professionals did not always challenge caregivers when they should have and were over optimistic about their ability to care for the children.

Accidental deaths: These cases were characterised by drift and lack of a sense of urgency. There was also a sense that practitioners thought that if the children seemed happy and playful then it meant they were safe. This led to a minimisation of the risks present.

It was also noted that the social work teams managing these cases had very high workloads, high vacancy rates and high staff turnover. This would have had an inevitable impact on the way cases were managed.

Sudden Unexpected Death in Infancy: Issues identified included the lack of understanding of the inherent vulnerability of babies; the importance of reinforcing safe practices with parents e.g. no co-sleeping; a prevailing belief amongst professionals that if the children had loving relationships with their parents that this reduced the risk of harm.

Neglect and physical abuse: Neglect does not preclude other forms of harm.

Suicide of young people: Young people had a long history of neglect and were hard to help. The root causes of their behaviour needs to be understood.

*The Board's neglect guidance which includes assessment tools, can be downloaded from its website: [www.sewsc.org.uk](http://www.sewsc.org.uk)*