Working with parents to prevent neglect

Supporting young women aged 16-24 years and their children from birth to 3 years

Benny McDaniel with Margaret Kelly

‘I think PACT is a good place where you can bond with your child. It helps you build your confidence for the future with your child when you move.’
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Barnardo’s PACT
Barnardo’s Parent and Children Together (PACT) offers accommodation and assessment, with support 24 hours a day, to young women aged 16 to 24 years and their children aged 3 years and under. Many mothers have been in care and have very limited social networks.

The service provided is intensive and is followed by an individually tailored package of aftercare support to enable parents to settle back into the community.

Those parents who are separated from their children are also offered support when they move from the project.

PACT is the only resource in Northern Ireland offering such high level support and receives referrals from across all Trust areas. The demand for the service exceeds the number of placements available. In 2000/01, it received 69 referrals and offered 18 placements; in 2001/02, 54 referrals and offered 19 placements; in 2002/03, 50 referrals and offered 16 placements and in 2003/04, 70 referrals and offered 18 placements.

About this briefing
Few studies offer evidence on interventions specifically addressing neglect. This briefing highlights neglect issues, research and interventions, and concludes with recommendations to help others looking to develop their own policies and services.

What is neglect?
Neglect can include:

- failure, delay or refusal to provide: adequate physical and/or mental health care, adequate supervision, custody, a stable, safe and clean home, personal hygiene, adequate nutrition and education (Dubowitz et al 1993)
- failure to provide adequate clothing (Nelson et al 1993)
- adults refusing to meet family needs, or allowing unsafe child behaviour to occur, for example not controlling a child’s access to drugs or alcohol.
- Parents lacking knowledge of childcare (Wolfe, 1988)
- adults displaying a disregard for a child’s safety, for example driving while intoxicated, inattention to the child’s emotional needs or exposure to domestic violence (Gaudin, 1993).

In Northern Ireland, 47 per cent of all children on the Child Protection Register are registered under the category of ‘neglect’ (DHSSPS, 2003).

Percentage of children registered under ‘neglect’ category as % of all registrations during year ended 31st March

<table>
<thead>
<tr>
<th>Board</th>
<th>98/99</th>
<th>99/00</th>
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<tbody>
<tr>
<td>Eastern Board</td>
<td>38.6</td>
<td>48.5</td>
<td>43.6</td>
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<tr>
<td>Northern Board</td>
<td>46.0</td>
<td>42.3</td>
<td>47.2</td>
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<tr>
<td>Southern Board</td>
<td>37.1</td>
<td>42.8</td>
<td>56.2</td>
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<tr>
<td>Western Board</td>
<td>58.1</td>
<td>53.8</td>
<td>52.1</td>
</tr>
<tr>
<td>Northern Ireland total</td>
<td>43.6</td>
<td>47.3</td>
<td>47.2</td>
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<tr>
<td>England</td>
<td>41.8</td>
<td>44.0</td>
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In spite of the high number of neglect cases, neglect has received less research attention than other forms of maltreatment.

Why does neglect happen?
Many factors have been associated with neglect including: having very young children, maternal depression, learning difficulties, poverty, social isolation, deficiencies in child management skills, substance abuse and child factors such as low birth weight and prematurity (Corby, 1993; Olds, 1997; Roberts, 1988). As these characteristics are also present in families who do not neglect their children, they cannot be seen as direct causes of neglect.

Young lone parents or those with learning difficulties are more likely to be affected. The quality of childcare needs to be explored within the environment parents live in, rather than seeing neglect as an inevitable consequence of having learning difficulties or being a young lone parent.

Neglect and poverty
Northern Ireland has higher rates of poverty than either Britain or the South of Ireland (Hillyard et al 2003), with 148,900 children in Northern Ireland living in poor households. This
represents 37.4 per cent of all children aged 15 or under living in households below the poverty threshold (Hillyard et al 2003). In some areas, for example North and West Belfast, this figure rises as high as 47 per cent of children (DHSSPS, 2003). In the short term, poverty can result in inadequate diets, poor health and debt. Longer term effects include lower educational achievements, an increased risk of serious illness and a greater risk of offending (Holman, 1994; Roberts, 1997).

Not all parents living in these circumstances neglect their children. It is important to consider the personal as well as wider social factors in attempting to establish causes of neglect (Stevenson, 1992; Gough, 1994).

Children

Children may be more vulnerable to abuse or neglect because of a combination of factors including prematurity, illness, disability, or being unwanted. The presence of one risk factor increases the likelihood of others (Newman, 2002). Abuse or neglect may be more likely if characteristics, already described, are present in a family already under pressure (Roberts, 1988; Iwaniec, 1995; Dubowitz, 1999). Age and gender are also linked to vulnerability – children are at more risk of neglect during their first year of life. Official statistics of children on the Child Protection Register in England suggest that boys are marginally more at risk of both physical abuse and neglect than females (Corby, 1993).

What harm does neglect do?

Children at different stages have different needs. In addition to the obvious physical risks, neglect has an adverse effect on children’s psychological and emotional well-being. Neglected children are likely to experience cognitive delay, have low self esteem, are passive and withdrawn and have attachment problems (Crittenden, 1988; Parton, 1995; Erikson & Egeland, 1996).

Physical and developmental effects

Neglect, depending on the level of severity, is likely to have some immediate effects on the child’s physical health, for example: repeated accidents from lack of supervision, repeated infections due to unhygienic living conditions and preventable illness such as severe nappy rash that has not received medical attention. A neglected child may be viewed as unattractive because they are unkempt or dirty, which can lead to rejection by peers. Neglected children are likely to experience global developmental delay, particularly in the areas of language and social skills (Hobbs & Wynne, 2002).

It is the cumulative effects of failure to care for a child which make it significant and harmful to the child (Bridge, 1995). The potential harm to the child also needs to be considered – children may die as a result of a single incidence of neglect, for example a young child left unsupervised in the bath.

Accidental injury

Accidental childhood injury has been found to be more likely in areas of high social deprivation, and death due to childhood injury is up to five times more likely in comparison to other areas (NISRA, 2000; Roberts & Power, 1996). This is not necessarily because parents living in poverty lack awareness of potential risks to their children, they may not be able to afford the essential safety equipment (Woods et al 1994). As one mother said: ‘Because I do not...’

Quotes from some of the young mothers

‘I enjoyed my stay at PACT. It learned me a lot of things and helped me to look after my son better.’

‘I think PACT is a good opportunity for people to sort out things in their lives.’

‘PACT helped me get confidence back with working with children and trusting social services.’

‘The staff are always around if you need to talk to them and will always give sensible advice even if it’s not what you want to hear.’

On the assessment process:

‘I think it’s good, it’s brilliant because you know what you need to do. The checklists show you how to do things and you can check if you’re doing them right.’
Emotional and psychological effects

Emotional neglect has a negative impact on children's psychological development and has been found to be the most serious form of maltreatment in terms of long-term consequences. Children have been found to have attachment problems, displaying 'anger, non-compliance, lack of persistence and little positive affect' (Erickson & Egeland, 1996, p.12).

Difficulties experienced may include low self-esteem, difficulty in trusting others, poor school performance, and problems in interacting with peers due to difficulties in emotional and physical development (Parton, 1995). Crittenden (1988) found that neglected children were likely to be very passive, disorganised, easily distracted and to have learned to ignore adults. Dubowitz et al (1993) reported increased negativity and unhappiness in neglected children when compared to children who have experienced other forms of abuse.

Long-term effects

As adults, children may have difficulty parenting and also sustaining relationships (Bridge, 1995). A tenuous link exists between child neglect and later mental illness, substance abuse, and offending behaviour (Parton, 1995). Intergenerational transmission of abuse is a contentious issue, however Egeland et al (2002) found that the majority (70 per cent) of parents who had experienced abuse or neglect could be classed as having significant parenting problems and 40 per cent of parents who had been maltreated also maltreated their children.

Research

The vast majority of the children who live in PACT are on the Child Protection Register under the category of ‘neglect’. A range of theories have been used to inform work in the service, offering explanations for behaviour but no directions for treatment. Behavioural interventions are the exception to this, offering clear working methods.

Behavioural social work methods introduced to the service six years ago were well received by staff and mothers for a number of reasons.

- They promote service user involvement.
- Expectations of parents are clearly outlined and progress made is evident.
- Emphasis on positive reinforcement recognises mothers’ strengths and builds on these.

Research aims

- To develop and evaluate behavioural interventions to prevent child neglect for children under 4 years.
- To enable parents to develop childcare skills in a way that is sensitive to their child.
- To adapt models developed in Canada and the USA for use with young parents in Northern Ireland.

Summary of results

Intervention was effective when mother’s difficulties were caused by a skills deficit for the specific task. For example, most mothers learned to bath their babies after one session. Skills that required mothers to respond to their babies’ cues, for example, feeding, maintaining routines, or interacting with children were more challenging for some mothers than tasks that could be performed at times selected by mothers, such as bathing the baby, or cleaning the flat.

Intervention was less effective when mothers had the skills, but were distracted by other events. The mothers who had the greatest difficulty were socially isolated. Opportunities for social contact often took priority over childcare tasks.

Individual factors, such as learning difficulties may have slowed down the acquisition of new behaviours, but did not prevent mothers from caring for their children. Three mothers with learning difficulties were assessed using the same standard as others, but some working methods were adapted. These mothers responded well to intervention and moved into the community with their babies with high levels of family and professional support. Many of the difficulties were due to lack of experience because mothers had been over-protected and prevented from carrying out normal daily tasks in the home environment. One mother with learning difficulties managed to care for her children in spite of being faced with a range of stresses, including domestic violence and demonstrated that professionals need to focus on what can be achieved rather than the learning difficulty.

Of the 15 young mothers and their children who participated, eight of the children are living with their mother in the community: three have been adopted and four are in care.
Fifteen families took part in the research, which formed part of each family's assessment. Specific aspects of parenting were selected based on experience that many mothers had difficulties in these areas, which are closely related to neglect. These included:

- basic childcare skills
- routines
- home safety
- home hygiene
- parent child interaction.

Mothers were encouraged to set the standards and frequency of childcare tasks, and were involved in planning intervention. Some participants recorded their own progress in specific areas of childcare.

The assessment and intervention process began with:

- a meeting with the mother, field social worker, and key worker
- baseline measures of basic childcare skills were taken by staff to identify areas of childcare to be addressed
- staff and mothers prioritised and agreed target levels for each task.

Intervention on tasks consisted of verbal and written prompts, modelling and positive reinforcement. When target levels were met, intervention moved onto another area. Failing that, external factors were explored, criterion levels were renegotiated and the working method was reviewed.

**Policy and practice recommendations**

- Neglect as a category of child abuse and an issue for child protection requires further research.
- DHSSPS should address neglect as a specific child protection category within its Children in Need strategy.
- The proposed Northern Ireland Anti-poverty Strategy should address specifically the needs of children suffering from neglect in terms of a broad overarching strategy.
- Children experiencing neglect should be seen as children in need and provided with additional support and resources.
- Barnardo’s PACT service has long waiting lists and cannot meet demand. Replica services should be established in other Board areas.
- DHSSPS should develop further research to identify models of good practice in addressing the needs of children and parents where neglect has been identified as an issue.

**Case study**

Tina was taken into care when she was two years old because of neglect concerns. Tina had a series of moves before being admitted to PACT just after her sixteenth birthday, prior to the birth of her first baby, Susie. Susie did not gain weight and was referred to a paediatrician. No physical reason for this was found.

Feeding was targeted and intervention consisted of: verbal prompts, staff modelling missing steps when needed, praise for steps completed and review of checklists with Tina.

Tina initially made progress feeding Susie, however this was not maintained. Tina was often distracted and rarely talked to or looked at Susie during feeds and feeds were often rushed and unfinished as Tina wanted to go out with her friends. Tina did not respond to Susie’s hunger cries and began to feed her only when prompted by staff. Susie became withdrawn and unresponsive to adult attention. Susie was admitted to foster care where she immediately gained weight.

Although this intervention was not effective, it highlighted where problems arose so that Tina was clear about what was expected of her.

Tina moved out and spent nine months working with a psychologist. She also developed a network of supportive friends, but always maintained contact with her child. Tina was admitted for a second placement and successfully completed her assessment. Tina and her daughter now live independently in the community.

**Conclusion**

The service provided is only the starting point for support for families facing a wide range of stresses which may result in child neglect. Families within the service were protected from many of the stresses that will need to be addressed when they move into the community. It is vital that support is ongoing, and while it is important to address childcare difficulties, intervention must also address the wider stresses, such as social isolation, that may result in difficulties in child rearing.

**References**


