



NEGLECT AND SERIOUS CASE REVIEWS

A report from the University of East Anglia commissioned by NSPCC

Executive Summary

Marian Brandon, Sue Bailey, Pippa Belderson and Birgit Larsson

University of East Anglia/NSPCC

January 2013

Acknowledgements

The research team would like to extend our thanks to the NSPCC for their funding, support and careful overseeing of this study, particularly Dr Ruth Gardner and her team, Dawn Hodson and Paula Telford and other members of the NSPCC who responded to presentations of earlier drafts of this report. Thanks are also due to Dr Peter Sidebotham from Warwick University for his helpful comments in relation to sudden unexpected deaths in infancy in Chapter 3. The research is a secondary analysis of data from and about serious case reviews spanning the period 2003–2011. The original material was supplied to the research team in order to carry out a series of four consecutive Biennial Analyses of Serious Case Reviews commissioned and funded by the Department for Skills and Education, the Department for Children, Schools and Families and the Department for Education. Thanks are due to Jenny Gray, Isabella Craig, Julie Wilkinson and Nigel Gee from the Department for Education who oversaw and supported the original studies and to the many members of the Advisory Groups over the years who generously lent their time and expertise.

Authors

Dr Marian Brandon, Sue Bailey, Dr Pippa Belderson and Birgit Larsson are members of the Centre for Research on the Child and Family in the School of Social Work, University of East Anglia.

Disclaimer

The views expressed are those of the authors and are not necessarily shared by the NSPCC nor the Department for Education.

Executive Summary

INTRODUCTION

This study provides a new contribution to our learning about neglect by exploring the circumstances in which neglect can be catastrophic and have a fatal or seriously harmful outcome for a child. It provides a systematic analysis of neglect in serious case reviews (local multi-agency reviews of child deaths or serious injury where abuse or neglect is known or suspected) in England, between 2003–2011. It draws on anonymised research information from over 800 cases from the four government commissioned national biennial analyses carried out by the authors, offering further analysis of the neglect cases that formed part of the most recent biennial analysis (Brandon et al 2012).

While this examination of neglect in serious case reviews provides important new learning, it is essential to be clear about the limitations of the study. Serious case reviews are not a reflection of typical child protection practice. The constellation of neglect-related events and characteristics that came together in these cases to produce an outcome of fatality or grave injury cannot be distilled into a check list of risk factors that predict such an outcome. In most cases with similar characteristics, a child will not come to such catastrophic harm. Yet there is learning here about how risks of harm accumulate and combine and the points at which intervention might successfully have helped to contain these risks. The learning is as important for children known to universal services, where they do not see a social worker, as for children with known child protection risks.

KEY FINDINGS

- Neglect is much more prevalent in serious case reviews than had previously been understood (we found neglect in 60 per cent of the 139 reviews from 2009–2011).
- Neglect *can* be life threatening and needs to be treated with as much urgency as other categories of maltreatment.
- Neglect with the most serious outcomes is not confined to the youngest children, and occurs across all ages.

- The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, should be part of a practitioner's mindset. This is not to be alarmist, nor to suggest predicting or presuming that where neglect is found the child is at risk of death. Rather, practitioners, managers, policy makers and decision makers should be discouraged from minimizing or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift.
- The key aim for the practitioner working with neglect is to ensure a healthy living environment and healthy relationships for children. Prevention and early access to help and support for children and their families are crucial, but so too is later stage help for older children who live with the consequences of longstanding neglect.

RESEARCH AIMS AND METHODS

The study aims to provide a systematic analysis, over time, of neglect in serious case reviews. It asks three research questions:

1. How often is neglect evident in the families of children who become the subject of a serious case review?
2. What are the characteristics of children and families where children have suffered neglect?
3. In what ways does neglect feature in these cases of child fatality and near fatality?

The questions of how often neglect is evident and what are the characteristics of the children and families are considered from a statistical perspective by examining patterns over time in relation to those cases (from 2005–2011) of children known to have had a child protection plan for neglect.

In addition we use a protocol to determine the presence of neglect more widely for children in serious case reviews (from the two year period 2009–2011) not only for cases where children had a child protection plan for neglect but also for cases of children 'in need' and children 'below the threshold' of children's social care services.

The different ways in which neglect featured and the child's likely experience of neglect are considered through a more in-depth qualitative study of themes which emerged from forty-six cases drawn from the full period 2003–2011. This provides a richer understanding of how different types and circumstances of neglect appear to result in a catastrophic outcome.

FINDINGS

HOW OFTEN IS NEGLECT EVIDENT IN THE FAMILIES OF CHILDREN WHO BECOME THE SUBJECT OF A SERIOUS CASE REVIEW?

- Looking at the six year period 2005–2011, and using a narrow definition of officially substantiated neglect, we found neglect in 16 per cent, or approximately one in six (101), of the 645 serious case reviews from this period. In each of these cases the child had been the subject of a child protection (CP) plan for neglect at some point in his or her life.
- For 59 children, a CP neglect plan was in place **at the time** of their death or serious harm, for the other 42 children the plan had been **discontinued** (see Table 2.1). This shows that some children living with substantiated neglect may be at risk of death, and not just long-term developmental damage. However, having a CP plan for neglect is NOT a predictor of likely death or serious harm and should not be interpreted in this way.

Table 2.1: Serious case reviews conducted where the child had a CP plan for neglect: plan at time of incident vs. a discontinued plan

Year of incident	Current CP plan for neglect at time of incident, and as % of all SCRs undertaken (n=59)	Discontinued CP plan for neglect, and as % of all SCRs undertaken (n=42)	Total number of serious case reviews (n=645)
2005–06	13 (12%)	7 (7%)	105
2006–07	10 (12%)	3 (4%)	82
2007–08	15 (11%)	10 (7%)	140
2008–09	11 (8%)	10 (7%)	140
2009–10	9 (8%)	8 (7%)	115
2010–11*	1 (2%)	4 (6%)	63

*The apparently overall smaller number of reviews in this latest year may reflect, in part, a delayed decision about undertaking a serious case review, and a potential drop in the number of serious injury cases where there is more discretion about undertaking a review, see Brandon et al. 2012 for a fuller discussion.

Encouragingly, the proportion of reviews where children had a CP plan for neglect at the time of the death or serious injury is gradually dropping over time from 12 per cent for the two years 2005–07 to 9 per cent during 2007–09 and to 6 per cent for the two years 2009–11. This suggests that children in the community with a child protection plan for neglect might be being better protected, especially since the overall numbers of children with a CP plan for neglect has been rising. However, the equivocal nature of neglect and the way it can be re-categorised also needs to be borne in mind. This means that we cannot be sure that the most serious cases of neglect are formally recognised and that these children will always have a plan for their protection.

Worryingly, there is no similar decline over time in the number of reviews held where the plan had been discontinued. With the benefit of hindsight it is apparent that the risks of serious harm had not stopped once the plan was removed and that these children might have needed a child protection plan again, or for longer.

CHARACTERISTICS OF CHILDREN AND FAMILIES WHERE CHILDREN HAVE SUFFERED NEGLECT

Children's Ages: Neglect features across all age ranges. Although the majority of serious case reviews undertaken concern infants and pre-school aged children, there is more likely to have been a CP neglect plan, or neglect in a wider sense, among older children, particularly those of school age (6–16). This shows that neglect with the most serious outcomes is not confined to the youngest children.

Gender: A higher proportion of serious case reviews concerned girls with a CP plan for neglect than boys (57%/43%). This is in contrast to CP plans for neglect nationally (i.e. not SCR cases) where only 44 per cent of plans are for girls.

Family size: serious case reviews tend to feature families of a larger size (with four or more siblings) than found in the general population. This is more pronounced where children had a CP plan for neglect (or indeed in any category) where almost one in five families were large in size.

Parental drug and alcohol misuse: these parental characteristics (known to be associated with neglect) were higher where children had a past or current CP plan for neglect than in reviews for other children. Rates of domestic violence were not higher.

IN WHAT WAYS DOES NEGLECT FEATURE IN THESE CASES OF CHILD FATALITY AND SERIOUS HARM?

To explore this question we looked, broadly speaking, at the ways in which the children died or suffered serious injury or harm. We also considered the ways that neglect co-existed with other types of maltreatment (particularly physical abuse).

Types of fatality

Between 2005–2011 there were 57 children with a current or past CP plan for neglect whose death prompted a serious case review.

- 13 children died from a physical assault. Most deaths (34) were related to but not directly caused by maltreatment (sudden unexpected deaths in infancy, deaths resulting from accidents, for example fires or accidental drowning, and deaths of young people through suicide). In the deaths related to but not directly caused by maltreatment, the circumstances gave rise to concerns about the child's safety before the incident.
- By contrast, none of the six children who died from extreme deprivational neglect (mostly starvation) had ever been the subject of a CP plan so the severity and dangerous nature of their life threatening neglect had not been recognised.

Neglect and physical abuse

- Where a child died, there was more often a context of known neglect (over half [56%] with a CP plan, neglect) than known physical abuse (just over a third [37%] with a CP plan, physical abuse).

Neglect and physical abuse in cases of serious harm (where the child did not die)

- Physical abuse and neglect were found together in almost half of the serious injury cases (44%) where children suffered grave harm but did not die.

NEGLECT IN ALL SCRS FROM 2009–11

To capture neglect beyond that formally recognised by a child protection plan, we used wider, but still stringent, criteria to search for neglect. There was neglect in a total of 60 per cent (83) of the 139 available serious case reviews from the two year period 2009–11. In **most** cases neglect had not been formally recognised but the experiences for the child and the consequences of neglect were as serious as when a CP plan was in place.

As in the CP plan cases, neglect featured evenly across the age ranges apart from among 11–15 year olds where it was much more common. Where children died, current or past neglect was evident for almost all whose deaths were related to but not directly caused by maltreatment (SUDI, suicide, accidents and 'other'). There was neglect in a quarter of the deaths through assault and deliberate homicide.

There was neglect in over two thirds of the 43 non-fatal cases (and in five of the seven serious sexual abuse cases). Neglect was evident for two thirds of the children who suffered non-fatal physical assault.

A DETAILED STUDY OF 46 CASES OF SEVERE NEGLECT, IN SIX THEMES

To understand more about how neglect can be life threatening, we studied anonymised case summaries from 46 neglect related serious case reviews from the eight year period 2003–2011. These included children with and without a CP plan for neglect. We found a six-fold typology of neglect related circumstances. Learning points arose in relation to each of the six individual themes and there were overriding, general points applicable to most:

Malnutrition

For this research malnutrition is defined as ‘life-threatening loss of weight or failure to gain weight or serious consequences of neglecting to nourish the child’.

Learning points:

- None of the children who died or nearly died from malnutrition were in the child protection system. The family’s contact with any agency was almost non-existent by the time of the child’s death or serious harm.
- Increased isolation of a family adds to the invisibility of the child or children so malnutrition is not recognised (for example when children are isolated because they cease to attend school or nursery or are home-schooled). Isolation of the child from the outside world means that very poor relationships between the child and caregiver (so poor that the child may have ceased to exist for the adult) cannot be observed by professionals or the public.
- Changes in the parents’ or carers’ behaviour (for example an increasingly hostile manner of engagement or a complete withdrawal from services) can signal life-threatening harm for a child being severely neglected and malnourished.

Medical neglect

For this research medical neglect resulted in the child dying or nearly dying because parents neglected to comply with medical advice.

Learning points:

- The significance of changed family circumstances was not noted by professionals. This meant that increased stress on the caregiver while coping for a child with complex health needs, and their diminished willingness or capacity to administer medication, was missed.
- Professionals tended not to challenge parents’ behaviour when medication was given erratically or consider reasons for parents’ reduced compliance with advice.

- Undue professional optimism can mean that the impact of medical neglect and the danger for the child is missed and thus no referral is ever made to children's social care. Health professionals sometimes appear to shield parents from children's social care.

'Accidents' with some elements of forewarning

The child was harmed or killed as a result of an accident but there were elements of forewarning within a context of chronic, or long-term neglect coupled with, or producing an unsafe environment.

Learning points:

- There was drift and lack of a sense of urgency among professionals, even when the risks of harm through poor supervision had been highlighted by a CP plan in the category of neglect.
- This is a systemic problem when drift and confusion is prompted by overwhelming workloads, high staff turnover and high vacancy rates alongside numerous unallocated cases.
- Professionals were tolerant of dangerous conditions and poor care and some children's demeanour and behaviour were optimistically interpreted as 'happy and playful', when they were living in an unsafe environment and had signs of poor developmental progress.

Sudden unexpected deaths in infancy

For this research defined as 'unexplained infant deaths, within a context of neglectful care and a hazardous home environment'.

Learning points:

- The particular vulnerability of young babies in highly dangerous living conditions can be missed by practitioners and clinicians who should be on high alert in these circumstances. This can be especially relevant when working with large families where the needs of individual children can be lost.
- Professionals can be falsely reassured about a baby's safety even when the infant is the subject of a CP plan for neglect. A good relationship between a baby and parent cannot keep the infant safe for example when co-sleeping with a parent who has consumed drugs or alcohol.
- Intervention to prevent SUDI where there are known risk factors (smoking, substance misuse and co-sleeping) is not always followed through with families.

Neglect in combination with physical abuse

Where assumptions about neglect masked the physical danger to the life of the child.

Learning points:

- In these cases there tended to be a gradual dilution and forgetting of concerns about the risk of physical harm which would be overtaken by a ‘this is only neglect’ mindset.
- The neglect label meant that the real risks from physical assault as well as from neglect were not taken seriously.
- The danger here is that in categorising children as experiencing neglect, less attention is paid both to the neglect itself and to the other risks they face. In particular, neglect does not preclude physical abuse.

Suicide among young people

A long-term history of neglect having a catastrophic effect on a child’s mental wellbeing.

Learning points:

- Young people with long experiences of chronic neglect and rejection find it very difficult to trust and may present as hard to help.
- The root causes of young people’s behaviour needs to be understood so that the responses of carers and professionals do not confirm young people’s sense of themselves as unworthy and unlovable.
- Young people in care often feel compelled to go back home even if it means more rejection. Once back home, young people and their families need a high level, intensive support not a low level service.
- At the age of 16 young people lose the protection of school and have no equivalent protected route to adulthood and few routes out of a neglectful situation at home.

IMPLICATIONS FOR POLICY AND PRACTICE

All child protection practice involves managing risk, as the Munro Review of Child Protection reminds us (Munro 2011). Practitioners also need to be supported by a system that allows them to make good relationships with children and parents and supports them in managing the risks of harm that stem from maltreatment. This includes the harm from neglect and the way that neglect can conceal other risks and danger. This study does not provide easy answers about the difficult judgements and decisions that may need to be made where neglect is present but shows how important it is to be open-minded and vigilant about where and how these risks manifest themselves.

Maintaining a healthy environment

An important way for neglected children to stay safe is to be more physically and emotionally healthy and to have safe and healthy living conditions. A safe living environment is a basic precondition for a safe relationship between children and their caregivers. This reinforces the need for decent living conditions for all children and families across the income spectrum and for both early and late stage help, for children of all ages and not just the youngest. It is right and necessary that all children have decent living conditions but those caring for the child also have a responsibility to maintain a child friendly environment. Professionals need to make a judgement about whether parents are able to maintain a safe and healthy environment if they are given reasonable support.

If parents have a good relationship with children but their living conditions are not safe, then the child is not safe.

Messages for policy makers, decision makers, practitioners and managers

- A public health approach to neglect offers good opportunities for prevention and for spreading health promotion messages about, for example, suicide prevention, accident prevention and the risks of sudden unexpected deaths in infancy (SUDI).
- Unsafe accommodation combined with lapses in parental supervision can be life threatening and can increase the risks of infant death as well as deaths for children of older children from drowning, fire or accidental poisoning. Targeted support for families known to be vulnerable can help to prevent accidents (Reading et al 2008).
- Vulnerable adolescents with a long history of neglect and rejection, and who may be care leavers, can rarely thrive living alone in isolated, poor quality accommodation but need a safe, supportive environment.

Maintaining a healthy, safe relationship

Parents can wittingly and unwittingly be a source of danger rather than comfort to their child. Practitioners can miss the life-threatening risks that arise when relationships are so poor that care, nurture and supervision are almost non-existent. While every effort should be made to intervene early to prevent a parent–child relationship deteriorating in this way, once this has happened urgent action needs to be taken. Action is stalled when this danger is hidden, and when children, adolescents and families disappear from view.

Practitioners need to be sensitively attuned to the relationship between parents and children, even where parents present as loving but may be failing to cope, for example with the demands of their child's complex health needs or disability.

Older children carry the legacy of their experiences of neglect and rejection with them. As a consequence, threats to their own life can come from their own high-risk behaviour or from suicide. Adolescents need to maintain, or be helped to build, safe, healthy relationships with their peers and with caring adults.

Messages for policy makers, decision makers, practitioners and managers

- Routine contact between parents and professionals should be an opportunity to promote sensitive and attuned parenting. Early concerns should prompt targeted help from Children's Centres, enhanced health visitor contact like the Nurse Family Partnerships, and other school or community-based help or services for example from Child and Adolescent Mental Health Services (CAMHS).
- To understand parent–child relationships better, practitioners should ask themselves: What does this child mean to the parent and what does the parent mean to the child? Reflective supervision helps practitioners to understand complex relationships and should support them to act decisively in the unusual cases when children are in danger.
- Missed appointments should be followed up and not considered a reason to withdraw a service. Children and young people who disappear from view *may* be at risk of severe or life-threatening harm from neglect. To be safe, children need to be seen and importantly, to be known.

The fact that neglect is not only harmful but can also be fatal should be part of a practitioner's mindset as it would be with other kinds of maltreatment. Practitioners and managers should recognize how easily the harm that can come from neglect can be minimized, downgraded or allowed to drift. Practitioners should deal with neglect cases in a confident, systematic and compassionate manner.

Glossary

CAMHS	Child and Adolescent Mental Health Services
CPD	Child Protection Database
CP	Child Protection
CSC	Children's Social Care
LSCB	Local Safeguarding Children Board
NICE	National Institute for Health and Clinical Excellence
SCR	Serious Case Review
SUDI	Sudden Unexpected Death in Infancy

Bibliography

Brandon, M. Sidebotham, P., Bailey, S., Belderson, P., Hawley, C., Ellis, C. and Megson, M. (2012) *New learning from serious case reviews*. London: Department for Education, DFE-RR226.

Munro, E. (2011) *The Munro Review of Child Protection Final Report: The Child's Journey*. London: Department for Education.

Reading, R., Jones, A., Haynes, R., Daras, K. and Edmond, A. (2008) Individual factors explain neighbourhood variations in accidents to children under 5 years of age. *Social Science and Medicine*, 67: 915–927.

Photography by Jon Challicom, posed by a model.

© NSPCC 2013. You may use this publication for your own personal, non-commercial use and otherwise in accordance with the Copyright Designs and Patents Act 1988 only. No part of this publication may otherwise be copied or reproduced without prior written permissions. NSPCC is a registered trade mark. All rights acknowledged and reserved. Whilst we have made every effort to ensure the accuracy of this publication, we cannot guarantee it and you should not rely on the contents of this publication.