

# RESEARCH BRIEFING

## NEGLECT AND SERIOUS CASE REVIEWS



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## WHY IS THIS STUDY IMPORTANT?

The recent deaths of two young children, Daniel Pelka and Hamzah Khan – who died from severe neglect and abuse, have raised public and professional awareness of the potential dangers of neglect. However, despite improved recognition of the long term, cumulative harm caused by living with neglect in childhood, neglect is rarely associated with child fatality. In serious case reviews (SCRs), the extent and impact of neglect as an underlying feature can go unrecognised and unreported. This study provides a new contribution to learning about neglect by exploring the circumstances in which neglect can have a fatal or seriously harmful outcome for children and young people.

## AIM OF THE STUDY

The study aimed to provide a systematic analysis, over time, of neglect in SCRs. The research questions were:

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

## HOW WAS THE STUDY DONE?

The study re-analysed neglect in SCRs in England (2003-2011) from four consecutive government commissioned national analyses. Sources of data were primarily from the nationally held Child Protection Database (CPD), and secondly from information contained in SCRs.

- The researchers conducted a systematic analysis of neglect over the combined dataset of mostly statistical information on all SCRs (645 cases) conducted between 2005 and 2011. From this data set, three groups were compared: children on a CP plan under the category of neglect, children on a CP plan under other categories, children not on a CP plan. The analysis focused on identifying how often neglect is evident in the families of children who become the subject of an SCR, on comparing demographic characteristics (age, ethnic group, gender, and family size), exploring whether the SCR concerned a fatality or serious harm, and understanding the circumstance of the children's deaths.
- The researchers also examined SCRs from 2009-2011 (139) using a wider, but still stringent, definition of neglect. This was carried out using a specifically developed protocol of indicators of neglect (such as, malnutrition, repeated missed appointments, inappropriate supervision, and inadequate clothing/hygiene) drawn from further sources of information (case narrative sections of CPD notifications, SCR executive summaries, and overview reports). All cases were included regardless of the children's involvement with services.

- A qualitative thematic analysis of 46 SCRs between 2003 and 2011 was also carried out to explore the third research question. This analysis examined the types of neglect that are detailed in SCRs and the ways that neglect can become fatal.

## KEY FINDINGS

Neglect is much more widespread in SCRs than had previously been understood. Using the protocol the researchers found that neglect featured in the lives of 83 (60%) of the 139 children at the centre of SCRs from 2009 to 2011. Neglect can be life threatening and this is true not just for very young children but across the age range, with adolescents being a particularly vulnerable group. The serious consequences that can come from neglect can be minimised by practitioners, managers and policy makers allowing neglect cases to drift. The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, is often not part of the practitioner's mindset.

### The prevalence of neglect in SCRs

- 101 (16%) children from the 645 SCRs undertaken during the six year period 2005-2011 were known to have had a current or past CP plan for neglect. 59 children had a plan in place for neglect at the time of their death or serious harm, the other 42 children had a discontinued plan. 74 (11%) children had a current or past CP plan under a different category. Neglect was therefore by far the most frequent category of CP plan in this SCR sample.
- The proportion of SCRs where children had a CP plan for neglect at the time of death/serious harm gradually dropped over time. This fell from 12% in 2005-2007, to 9% in 2007-2009 and to 6% in 2009-2011. This suggests that children with a CP plan for neglect might be being better protected, especially since the overall numbers of children with CP plans for neglect were increasing over that period.
- Between 2005 and 2011, none of the six children who died from extreme deprivation (mostly starvation) had ever been the subject of a CP plan so the severity of their life threatening neglect had not been recognised. The ambiguous nature of neglect and the way it can be re-categorised means that practitioners cannot be sure that the most serious cases are formally recognised and that these children will always have a plan for their protection. It may be that many neglected children are slipping through the net of protective services.
- There was no similar decline in the number of SCRs for children who had a discontinued CP plan for neglect. The apparent risks of serious harm were still present and these children do appear to have fallen through the net.

### The characteristics of children and families where children suffered neglect

- A higher proportion of SCRs concerned girls with a CP plan for neglect than boys (57%/47%). This is in contrast to

CP plans for neglect nationally (i.e. not SCR cases) where only 44 percent of plans are for girls.

- In SCRs where a child had a CP plan for neglect, one in five families were large in size (with four or more siblings).
- Parental drug and alcohol misuse was higher where children had a past or current CP plan for neglect than in SCRs for other children. Rates of domestic violence were not higher.

### Ways that neglect features in cases of child fatality and near fatality

- Children who died through medical neglect, i.e. where parents did not follow medical advice or give medication, came from diverse age ranges and backgrounds. These children had health needs or a disability which needed long-term and often complicated care. Early caregiving was closely monitored by health visitors but professionals often overestimated the family's capacity to cope.
- Accidental deaths were mostly due to fire or drowning. Although SCRs often concluded that the death was not predictable, they showed that the risk of accidental harm was high because of the context of chronic, long-term neglect and an unsafe environment.
- The study found that sudden unexplained infant deaths occurred in the context of neglectful care and a hazardous home environment. Interacting risk factors, for example, prematurity, parental smoking, alcohol misuse, deprivation and infants sleeping with their parents, increased the risks but there was a lack of evidence that professionals had considered these risks.
- Almost a quarter of the children with a CP plan for neglect who died did so as a result of physical assault. Even if professionals recognised the risks of physical harm they could be so focused on neglect that they did not act with urgency.
- Adolescent suicides appeared to be connected with a long-term history of neglect impacting on the young person's wellbeing. Older young people carry the effects of their experiences of care and nurture with them affecting their capacity to withstand stress.

### KEY RECOMMENDATIONS FOR POLICY & PRACTICE

- Policy makers need to take a public health approach to neglect spreading health promotion messages about, for example, accident prevention, suicide prevention and the risks associated with sudden unexplained infant deaths.
- Service providers need to target support for families living in unsafe accommodation, especially when there is a risk of lapses in parental supervision.

- Service providers need to ensure vulnerable adolescents with a history of neglect and rejection have safe, supported housing as they can rarely thrive living alone in isolated, poor quality accommodation.
- Professionals need to help adolescents who have experienced neglect to build safe, healthy relationships with peers and caring adults to help them steer clear of risky behaviour and reduce the risk of suicide.
- Practitioners need to be sensitively attuned to the relationship between parents and children; some parents seem loving but may be failing to cope, for example with the demands of caring for a child with a disability. Early concerns should be referred to Children's Centres, enhanced health visitor services, and other school or community-based services.
- Professionals should follow up missed appointments and not withdraw services as a result of non-attendance. To be safe children need to be seen.
- Professionals and managers should recognise how easily the harm that can come from neglect can be minimised or allowed to drift. Practitioners should deal with neglect cases in a confident, systematic and compassionate way.

### STRENGTHS & LIMITATIONS

#### Strengths

The study provides a new and systematic analysis of neglect in SCRs drawing on a total of 645 serious case reviews conducted between 2005 and 2011.

#### Limitations

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.



### FIND OUT MORE

**FULL REPORT** [goo.gl/wo0AaP](https://goo.gl/wo0AaP)

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