Our vision is to see the world through your eyes...

The Neglected Child

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NEGLECT

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IF ONLY!!....
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So neglected children who come into care may be a bit thin, a bit dirty, badly in need of seeing a doctor or dentist, maybe a bit wild.

But we can place them with foster carers for a bit of looking after, a bit of TLC, a bit of structure and everything will be fine. The children will absolutely love it and will immediately start to thrive. Simple really!
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IF ONLY!!....
Why do parents neglect?

We need to understand the interaction between:

- 3 Ns: Nurture, Nature, Now
- Circumstantial factors and fundamental factors
Why do parents neglect?

Circumstantial
- Poverty
- Particular relationships
- Lack of skill/knowledge
- Temporary illness
- Lack of support
- Environmental factors

Fundamental
- Lack of parenting capacity
- Deep seated attitudinal/behavioural/psychological problems
- Long term health issues
- Entrenched problematical drug/alcohol use
Forms of neglect

Howe identifies 4 types of neglect

- Emotional neglect
- Disorganised neglect
- Depressed or passive neglect
- Severe deprivation

Each is associated with different effects and implications for intervention

Emotional neglect

- Sins of commission and omission
- ‘Closure’ and ‘flight’: avoid contact, ignore advice, miss appointments, deride professionals, children unavailable
- However, may seek help with a child who needs to be ‘cured’
- Intervention often delayed
- Associated with avoidant/defended patterns of attachment
Emotional neglect: parents

- Can’t cope with children’s demands: avoid/disengage from child in need; dismissive or punitive response
- Children provided for materially but there is a failure to connect emotionally
- More rules; everyone has a role and knows what to do.
- Parents may feel awkward & tense when alone with their children.
Emotional neglect: children

When attachment behaviour rejected:

- Learns that caregiver’s physical and emotional availability is reduced when emotional demands are made;

- Caregiver most available when child is showing positive affect, being self-sufficient, undemanding and compliant;

- Reverse roles, “false brightness” to care for/reassure parent.
Emotional neglect: children

- Frightened, unhappy, anxious, low self-esteem
- Withdrawn, isolated, fear intimacy and dependence
- Precocious, ‘streetwise’, self-reliant
Emotional neglect: children

- May show compliance to dominant caregivers but anger and aggression in situations where they feel more dominant.
- May learn that power and aggression are how relationships work and you get your needs met.
- Behaviour increasingly anti-social and oppositional.
- Brain development affected: difficulties in processing and regulating emotional arousal.
Emotional neglect: case management

- Help parents to learn to use others for support.
- Teach parents to engage emotionally with their children.
- Must be highly structured as neither parent or child know how to interact normally & spontaneously.
- Fear of affect – need clear rules & roles
Disorganised neglect

- Classic ‘problem families’
- Thick case files
- Can annoy and frustrate but endear and amuse
- Chaos and disruption
- Reasoning minimised, affect is dominant
- Feelings drive behaviour and social interaction
- Worker may feel agenda co-opted by family’s immediate needs
Disorganised neglect: carers

- Feelings of being undervalued or emotionally deprived in childhood so need to be centre of attention/affection
- Demanding and dependant with respect to professionals
- May be regarded as overwhelmed but amenable to services
- Crisis is a necessary not a contingent state
- Associated with ambivalent/coercive patterns of attachment
Disorganised neglect: carers

- Cope with babies (babies need them) but then...

- Parental responses to children
  - unpredictable and insensitive (though not necessarily hostile or rejecting).
  - driven by how the parent is feeling, not the needs of the child

- Lack of ‘attunement’ and ‘synchronicity’
Disorganised neglect: children

- Anxious and demanding
- Infants: fractious, fretful, clinging, hard to soothe
- Young children: attention seeking; exaggerated affect; poor confidence and concentration; jealous; show off; go to far
- Teens: immature, impulsive; need to be noticed leads to trouble at school and in community
- Neglectful parents feel angry and helpless: reject the child; to grandparents, care or gangs
Disorganised neglect: case management

- Logic would argue for warding off crises for a while so that families can be taught to organise their lives, but...

- Family may want to have needs met, but cannot delay gratification or trust logic and planning;

- Without intense demands associated with crises, have no way of being important to others;

- Will CREATE new crises.
Disorganised neglect: case management

- Feelings must be addressed
- Need a structured, predictable environment with no surprises where:
  - There are rewards for clear, direct, and undistorted communication of feelings and accurate cognitive information about future outcomes
  - Family can learn the value of compromise
- Teach parents how to use cognitive information to regulate feelings (without denying them)
Depressed neglect

- Classic neglect
- Material and emotional poverty
- Homes and children dirty and smelly
- Urine soaked mattresses, dog faeces, filthy plates, rags at the windows
- A sense of hopelessness and despair (can be reflected in workers)
Depressed neglect: carers

- Often severely abused/neglected: own parents depressed or sexually or physically abusive
- May seem unmotivated, mild learning disability
- Learned helplessness in response to demands of family life;
- Stubborn negativism; passive-aggressive
- Have given up both thinking and feeling
Depressed neglect: carers

- Listless and unresponsive to children’s needs and demands, limited interaction
- Lack of pleasure or anger in dealings with children and professionals
- No smacks, no shouting, no deliberate harm but no hugs, no warmth, no emotional involvement
- No structure; poor supervision, care and food
Depressed neglect: children

- Younger the child, more debilitating the effects
- Lack interaction with parents required for mental and emotional development
- Infant: Incurious and unresponsive; moan and whimper but don’t cry or laugh
- At school: isolated, aimless, lacking in concentration, drive, confidence and self-esteem but do not show anti-social behaviour
Depressed neglect: case management

- Involves much more than teaching appropriate parenting
- All family members must learn that their behaviour has predictable and meaningful consequences
- Teach that it helps to share feelings with empathetic others.
Depressed neglect: case management

- Our standard approaches don’t work
- Threats / punitive approaches particularly ineffective:
  - Parents don’t believe they can change so don’t even try.
  - Even most reasonable pressure results in “shutting down” / blocking out all info.
- Parent education – may be ineffective because judgment impaired and gains not transferable.
Depressed neglect: case management

These families need:

- Long term involvement
- Supportive approach
- Responsiveness to family’s signals and needs
- BUT these need to be balanced with a recognition of the children’s needs. (How long is too long? How much is too much?)
Depressed neglect: infants and children

- Must experience responsive and stimulating environments that also provide human comfort for a few hours each day.

- The longer the child is exposed to helplessness, the more intense and longer the intervention needed to remedy the situation.
Depressed neglect: parents

- Must learn appropriate ways to show their feelings
  - Practice smiling, laughing, soothing
  - May be mechanical at first
  - Genuine feelings will emerge with repetition

- As parents learn to show their feelings, the child’s responsiveness will increase; virtuous spiral
Severe deprivation

- Eastern European orphanages, parents with serious issues of depression, learning disabilities, drug addiction, care system at its worst
- Children left in cot or ‘serial caregiving’
- Combination of severe neglect and absence of selective attachment: child is essentially alone
Severe deprivation: children

- Infants: lack pre-attachment behaviours of smiling, crying, eye contact
- Children: impulsivity, hyperactivity, attention deficits, cognitive impairment and developmental delay, aggressive and coercive behaviour, eating problems, poor relationships
- Inhibited: withdrawn passive, rarely smile, autistic-type behaviour and self-soothing
- Disinhibited: attention-seeking, clingy, over-friendly; relationships shallow, lack reciprocity
Severe deprivation: case management

- Highly unlikely to be in the child’s best interests to remain in the environment which caused the harm;
- It is probable that the child and new carers will require substantial therapeutic and emotional support;
- Significant challenges often persist despite a move to a caring and predictable environment.
Building a child

Building a child is like building a house, each new level built on the one below. If the lower levels are unsound, no amount of tinkering with the upper floors will make it stable.
“We are guilty of many errors and many faults but the worst of our crimes is abandoning our children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow.' His name is 'Today.'”

Gabriela Mistral (Chilean poet, 1889-1957)