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A picture of powerlessness

An exploration of child neglect and ways in which social workers and parents can be empowered towards efficacy

Summary

Child neglect is frequently described as a 'neglected' area, even though there is considerable attention to the subject in the literature. Unfortunately a clear message for practice does not emerge. This paper argues that social work intervention is hampered by a lack of recognition of the extent of powerlessness that threads throughout the family system. Social workers, in turn, do not feel empowered to intervene effectively. The threads of powerlessness are analysed and pointers for intervention considered. It is suggested that an empowerment model, based on comprehensive assessment and a recognition of the need for long-term support, coupled with insights from the resilience research provides a basis for more purposeful intervention.

Introduction

'Neglect of neglect' is one of those phrases that, because of their apparent aptness, seem subtly to constrain thought. Its beguiling simplicity and neatness suggest that it signifies a truth. The amount of literature on neglect suggests that it is not an accurate phrase. However, the distinct lack of coherence in the emergent messages coupled with the fact that the expression has gained such currency suggests a real unease about the whole subject of child neglect and the appropriate response.

The contention in this paper is that the incoherence springs, in part, from a sense of powerlessness about how to characterise and respond to neglect. Further, it is argued that the concept of powerlessness provides a tool for the analysis of the situation of neglected children and their parents and that the lack of recognition of the extent of this powerlessness is one of the factors that makes current intervention less effective. These layers of powerlessness will be described before exploring how social workers can be empowered by purposeful assessment to intervene effectively, with the aim of empowering parents in their turn to parent effectively. A resilience-based approach that aims to empower social workers with the knowledge that they

can improve long-term outcomes for neglected children will be described. The assertions are that:

1. more rigorous attention needs to be paid to the comprehensive assessment of need;
2. families may need to be dependent upon services and support and the necessity of long-term intervention has to be appreciated;
3. energy and resources need to be targeted on mobilising all possible resources within the family system, adding to them if necessary, in order to boost the child's resilience.

Definitional issues

Some definitions of neglect focus on parental behaviours (or lack of them) while others concentrate on unmet needs of children. Definitions also vary in their attention to physical or emotional aspects, in their focus on actual or potential harm to a child, and on the intent or otherwise of parents (Rose & Meezan, 1993). Even within Britain the non-statutory definitions used to guide admission to and removal from local child protection registers vary. In England, non-organic failure to thrive is incorporated into the definition of neglect, whereas in Scotland they form separate categories. Social workers are therefore not provided with a theoretical basis on which to base their interventions and the lack of theoretical underpinning is de-skilling and disempowering.

Rather than retreating down detailed alleyways of definition, it may be more constructive for practice to start from a simple overview definition and leave the detailed clarification to the assessment process. The definition of Dubowitz et. al. (1993): *Child neglect occurs when a basic need of a child is not met, regardless of the cause(s) (p. 23)* opens up the arena for professional judgement about defining the child's needs, the ways they are not being met and the impact of contextual issues like poverty. This definition also allows for the importance of the *emotional* message that the child receives from the experience of any form of neglect to be taken into account (Minty & Pattinson 1994). Garbarino's (1980) assertion that the 'meaning is the message' points to the extent to which neglect can impact upon a child's sense of self. Social workers can be empowered by this definition to use their skills in assessing the extent to which an environment is promoting or stunting a child's development.

What do we know about children who are neglected?

The detailed effects of neglect upon children's development, health and well-being are detailed descibed elsewhere (see, for example, Crouch & Milner, 1993). Here the elements that link with the concept of powerlessness will be drawn out.

It is adults, usually parents, who have the power to make decisions about what they think is best for the child, with children receiving adult actions rather than participating in them (Cloke & Davies, 1995). Children are in a relatively powerless position within society, but, within certain constraints, as they mature children encounter many personal situations in which they have the potential to exert decision-making power, for example in choice of friends, choice of hobbies, what television programmes to watch, about certain foods. The

amount of advertising targeting children assumes they have the power to exert choice about how they spend their money. The majority of children develop sufficient levels of self-confidence, esteem and efficacy to successfully negotiate their personal choices. However, there is evidence that the experience of neglect can undermine this ability, with the roots lying in early attachment experience.

It is difficult for adults to ignore the demands of young babies. Indeed attachment theory explains the development of early relationships as a dynamic process mediated by the response to infant demands (Fahlberg, 1991). Secure attachment, with its association with healthy emotional, intellectual and social development, largely depends on the carer responding to the child's demands in a way that is positive, sensitive, and encouraging of close physical contact (Ainsworth, 1978; Howe, 1995).

If there is little or no response to these early and powerful demands, infants can develop patterns of listlessness, apathy and demand less stimulus; they seem to develop an internal model of powerlessness (Crittenden, 1996) and have an increased likelihood of developing insecure attachments (Egeland & Sroufe, 1981). These insecure attachment patterns coupled with internal models of powerlessness in children who have received little or no affirmation as individuals are more likely to lead to a sense of low efficacy which is, in turn, associated with poor self-esteem. As neglected children grow older some seek stimulation, while many remain passive. They often lack enthusiasm, are easily frustrated, display anger and non-compliance and have problems with schooling (Prino & Peyrot, 1994 Crittenden, 1996). In a follow-up study with children who had suffered different forms of abuse, those who had been neglected showed the poorest outcomes in problem-solving, self-confidence and assertiveness (Egeland & Sroufe, 1981). All such problems could be attributed, at least in part, to a child's lack of belief in themselves, a general sense of hopelessness and a poor sense of worth.

Among the many catalogued possible effects of neglect upon a child, it is this dulling of the sense of personal efficacy and esteem that is likely to render them vulnerable to poor outcomes. The three intrinsic factors most likely to contribute to resilience in the face of negative life events are a secure base, good self-esteem and a sense of self-efficacy (Gilligan, 1997). Thus, the experience of neglect is most likely to undermine the very factors that underpin emotional well-being and that act as a buffer from the emotionally damaging effects of adverse experiences.

The social network has the potential to provide emotional nurturing that is lacking within a primary attachment relationship (Lewis, 1994). However, particularly at younger ages, neglected children are less likely to be offered parent-mediated opportunities to spend time with others (Thompson, 1995). It is common to hear workers express their frustration that despite the provision of a day care resource, parents fail to take their children. The children are likely to be unkempt and smelly and therefore prone to being ostracised and avoided by other children. They therefore miss out on the strength and affirmation that comes from having a peer group. The parents are also likely to have little contact with extended family, thus depriving children of opportunities for warm relationships with extended kin. The very children who might gain the advantages of social networks are those most likely to be socially isolated and to lack the personal power needed to seek out such support (Thompson, 1995).

Schools have the potential to offer children a range of emotional and intellectual resources (Gilligan, 1998). But children who are neglected are likely to have school problems (Kendell-Tacket & Eckenrode, 1996). One of the features of successful school experiences is close involvement of parents (Kendrick, 1995), something that is again likely to be minimal for neglected children. The lack of educational experiences and qualifications is a significant disadvantage that can contribute to these young people being unable to gain employment, thus remaining within the most powerless groups of society.

Finally, at the wider level, neglected children are likely to be living in conditions of poverty and material deprivation in areas with minimal resources for children and have far less power to access alternative sources of support than their more affluent peers.

What do we know about parents who are considered to be neglectful?

The families experience a range of adversities at all levels that contribute both to a sense of powerlessness and to actual powerlessness. The overwhelming body of research about child neglect focuses on mothers. As Swift concludes, the statutory response to neglect is one of 'manufacturing 'bad mothers'', characterised by the drive to implicate women as failing in their role as mothers (Swift, 1995). The social work concentration on mothers as the focus of intervention is not unique to neglect (Stanley, 1997), however, that mothers remain the primary focus for research into the aetiology of neglect reflects the prevailing view that the nurturing of children is regarded as women's responsibility, with the attendant consequence that the reasons for failure of such nurturing are sought from the study of mothers. Feminist theory specifically describes the way in which gender inequalities are mediated via power relations operating at all levels of society, from family relationships to structural role expectations (MacLeod & Saraga,1988; McNay, 1992).

The individual characteristics of the mothers overwhelmingly conjures up a picture of ineffectiveness and helplessness (Giovannoni & Billingsley, 1970; Mayhall & Norgard, 1983; Pardeck, 1988; Swift, 1995). The discourse is imbued with the language of powerlessness. Consider, for example, the 'apathetic-futility syndrome' which describes the sense that nothing is worth doing, and feelings of numbness, limited competence and a lack of commitment to positive standards (Polansky et. al., 1981). The language is overwhelmingly negative, concentrating as it does on failures and inadequacies. The hopelessness is summed up by Crittenden (1996): *Applying the notion of internal representational models to neglect suggests that both neglectful parents and their children have models of powerlessness.... They not only see themselves as powerless, but they perceive everyone else to be powerless. Because they believe everyone is powerless, they believe that effort to achieve goals is futile. Even accepting an offer of a reward for certain kinds of effort....appears useless if one believes that no one has the power to make things happen. (p. 163)*

What is amazing, given the list of difficulties, is that such women manage to parent their children at all. The factors that allow them to do this, in the face of such personal obstacles, have not been greatly researched. This extent of personal powerlessness does not seem to be currently acknowledged within current responses to neglect.

One of the most consistent findings about neglect is its association with maternal isolation and lack of social support. These mothers may get very little support from the fathers of their children, or, if different, their partners (Coohey, 1995). Also, whereas abusive parents may to some extent deliberately limit their contact with others, neglectful parents may lack the motivation to seek support, finding it humiliating and suffering rejection from others if they do (Thompson 1995). They are also more likely to perceive themselves to be more lonely and their neighbourhood to be unsupportive than others in the same area (Polansky et. al., 1981). They seem to be in the double-bind of needing more help and receiving less help.

These factors again highlight the relatively powerless position of such mothers. They do not have people to turn to who can take them to meetings with social workers; they lack the support of an articulate, vociferous relative who will help them put their case across; neighbours do not step in with offers to help them out during a crisis; they do not have easy access to legal advice and they lack the support of friends who may persuade them to assert their rights as a parent.

There is an overwhelming association between deprivation and neglect, which adds a structural layer of powerlessness to the picture. In the UK maternal receipt of state benefit of children referred for neglect between 1988-90 was 74% (Tuck, forthcoming). The average spending by parents exceeds the level provided by state benefit, and significant numbers of children go without necessities as a result (Middleton et. al., 1997). Women living in low-income areas need to be highly organised to provide minimal requirements. They frequently go without themselves and depend on friends and family to tide them over crisis times (Save the Children, 1997). Neglected children tend to have parents who have difficulties with the level of organisation and motivation needed to manage on a low budget.

In summary, the picture of women whose children are referred for neglect is one of personal, social and economic powerlessness with associated depression, isolation and relentless poverty, within the context of unsupportive relationships and in a society where mothers are held to be primarily responsible for nurturing their children.

Fathers

The neglect literature pays scant attention to fathers and they seem to make up part of the group of 'invisible' men associated with child protection work (Stanley, 1997). They are described as having a 'tangential' relationship with the family at the very most (Crittenden, 1996). Any child care action by a father tends to be written in case files as positive, whereas partial or total absence is unnoted (Swift, 1995).

From the socio-economic profile of the children referred it can be inferred that the thread of structural powerless entangles their fathers also. Their rate of unemployment in the UK in 1988-90 was 48%, compared with a national average of 5%, whilst those in employment were mainly in receipt of low wages (Tuck, forthcoming). The overriding effect of unemployment upon men in a society that equates masculinity with work is to undermine their gender identity. The emasculating effects of male unemployment are emphasised by the fact that in many areas of economic deprivation the only paid work available is that traditionally performed by

women (Long, 1995). Despite this, most domestic tasks, including child care, are primarily undertaken by women. Men whose gender identity is already undermined by unemployment may feel reluctant to undermine it further by taking on domestic roles.

This view seems to be tacitly supported by social work intervention. Edwards (forthcoming) suggests that men are viewed by professionals as a 'problem' whether present or absent. If present they are seen as unhelpful, unsupportive and possibly violent, while if absent they are considered irresponsible. A man is only considered to be a 'father' if living in the household with the children. In her observations of social work and health visiting practice she noted that men were frequently in the households visited, but were not engaged with constructively, and were often given subtle messages that caring for children is the mother's domain.

Lacharite et. al. (1996) also point to the dearth of research about the fathers. From a study of mothers' perceptions of their male partners they conclude: *..men in neglectful families are perceived by the mothers as being less adequate marital partners, less supportive and more violent. (p. 29)*

However, what is very interesting is the mothers' observations of fathers' relationships with their children: *men in neglectful families are perceived by the mothers as being equally adequate as a paternal figure as men in non-maltreating families.' (p. 30)*

This indicates a potential for men to be involved positively in parenting, even if they are not involved in a relationship with the mother.

As surely as the mothers of these children are trapped by their situations, so are the fathers. They are materially and economically disadvantaged, often lack a purposeful role and, whether resident in the household or not, are not engaged with positively by helping agencies. Paradoxically, it is often the fear that men will exert power inappropriately in the form of aggression and violence that contributes to them being screened out of the picture completely and being totally disempowered as fathers.

What do we know about the social work role with neglected children?

Largely pessimistic messages emerge from the intervention literature. The common response to this, coupled with the high association with poverty, is the recommendation to concentrate resources on prevention (Parton, 1995; Crittenden, 1996). Whilst the prevention of child neglect, as of other forms of abuse, has to be the ultimate goal, as a suggestion for intervention it is not helpful for workers dealing with individual children already referred for neglect.

It is the individual social worker who carries the stress of long-term contact with chronic neglect cases. And, whatever the level of resources, working with someone who does not believe that anyone can help them can be extremely wearing. It is also the individual social worker who is aware of the negative impact of neglect upon the child. This can leave workers feeling as if they are 'propping up' an unsatisfactory situation in a way that does not feel like purposeful and assertive intervention. These cases are frequently described as 'stuck', a term that any social worker immediately recognises. A hazard of this situation is that the occurrence of an 'incident' that triggers child protection procedures can be seen (perhaps with some

relief) as the key to 'unsticking' such cases (Allsop & Stevenson, 1995). At the very least risk assessment can feel more purposeful. A clearer analysis of the extent of the powerlessness within the family system could help to ameliorate the de-skilling impact of work with these families.

The structural powerlessness of the families seems also to entangle professionals and impact on their intervention. Social workers and health visitors are only too aware of the problems that poverty causes for families and of its links with neglect (Stevenson, 1996). However, feeling that they have no power to change the socio-economic conditions in any significant way, they often concentrate instead on teaching parenting skills (Edwards, 1995). In this way, the impact of poverty and deprivation is rendered invisible.

Moving from the level of individual worker to that of the organisation, it seems that the current structure does not provide a clear framework for purposeful intervention (Stevenson, 1997). Although neglect is firmly located within the child protection system, it may not fit easily there. The distinction between abuse and neglect, when made, is usually between 'active' or 'passive' maltreatment (Browne et. al., 1988). In the extreme, this is evidenced by the fact that fatalities from physical abuse tend to result from deliberate hostile acts, whereas the majority of fatalities from neglect occur when a caretaker is 'simply not there at a critical moment'. (Margolin, 1990). There are two main recommendations about how to respond to neglect within this context. One is the 'grasp the nettle' approach (Stevenson 1997), which focuses on the impact of neglect upon the child and argues that the child protection system should be used more strenuously to gather the evidence required for statutory intervention for those at risk of significant harm. The other is to argue that cases of neglect be removed from the child protection system altogether and be treated as cases of 'need' rather than 'risk', leaving only abuse cases within the child protection system (Parton, 1995).

However, what is striking about child neglect is the extent to which these children are palpably simultaneously both 'at risk' and 'in need'. As neglect is a significant adversity which can lead to some of the poorest outcomes for children, neglected children have to be seen as being at risk of significant harm, or even death. At the same time, these children are, by definition, in need of care. The current 'refocussing' debate in Britain is addressing this issue, but unless a system is set up that can respond to both need and risk simultaneously, and which provides a clear framework for action, social workers will continue to struggle with finding an appropriate response to neglect.

The problem about how to respond to neglect is not confined to social work. It is as if there is a paralysis that pervades the whole system and is multi-agency. The report of the inquiry into the death of a child in England describes how 30 operations units were involved for over fifteen years (The Bridge Child Consultancy Service, 1995). Following this inquiry a study of health visitors' views of neglect cases described their frustration at what they perceived to be a lack of response by social workers to their referrals for neglect:

'The most stressful aspect of our job is being aware of families' needs but being unable to make anyone listen.' (Sadler, 1995; p. 233)

On a policy level in Britain there are a number of factors that contribute to the difficulties. There is now considerable information about the kind of services that would both support par-

ents and help to prevent abuse and neglect; however, these are provided at only a patchy level (Mostyn, 1996; Sinclair et. al., 1997; Utting, 1995). The current political rhetoric in Britain, supported by policy developments, is of the need for people, and particularly single parents, to be independent of state support. The children who are referred for neglect have parents for whom this is not likely to be an immediate option without good, long-term effective support, and perhaps sheltered employment opportunities. A blanket requirement for people to become independent fails to take account of the complexity of some people's needs.

Another factor is rooted in the permanence movement which, put simply, led to policies for child care and protection that dichotomised the aims of intervention into restoring children to functioning families, or providing them with permanent alternative settings. This principle has been undergoing development and change (Gilligan, 1997). However, the legacy contributes to the difficulties in finding a response to families that are not able to function independently, but may not be damaging enough to justify removing children permanently.

Crittenden (1996) suggests that while some families can gather and use the resources they need, others, described as 'restorable', are potentially independent but require two to five years of carefully managed service provision, while those described as 'supportable' are unable to make the changes needed quickly enough to meet their children's needs, but can be sustained with services on a long-term basis. The recognition that such families can be sustained, albeit with long-term support, does not sit well within a context of constrained resources, a push towards independence and the ideals of permanence. Without the clarity of assessment of the extent of some families' needs and without appropriate resources to offer, social workers are often powerless to offer more than regular monitoring visits.

Finally, the messages on a societal level are contradictory. On the one hand children are regarded as belonging to the family, and there is considerable reluctance to 'interfere' with parents, even if ill-treatment is suspected (Mostyn, 1996). On the other hand, there is some evidence that the general population may express higher standards of care as necessary for children than social workers (Giovannoni & Becerra, 1979; Stevenson, 1997). Faced with such double messages it is hard for social work to act assertively on behalf of society.

Summary

In summary, therefore, we have a picture of children with low self-esteem and self-efficacy, mothers with low esteem who believe that no-one can help them and fathers who are absent or uninvolved and frequently unemployed. This is coupled with social workers and other professionals who feel they are anxiously propping up an unsatisfactory situation, within a child protection system that does not provide a theoretical or practical framework for intervention, in a context of material deprivation for families and resource constraints for helping agencies. A picture of powerlessness indeed.

Empowerment by assessment

Social workers need to feel empowered to use the extensive knowledge they have about child development and children's emotional needs in a positive way so that intervention can be assertive and effective, rather than mirroring the parental belief that nothing can change. The aim of intervention must be to target all levels of the system and to enable parents and children to reach out to each other and to the wider network, as well as to enable the wider network to offer the kind of support that can be received by both parent and child.

The first, and essential element is comprehensive assessment of both need and risk (Gaudin, 1993). There is an association between assessment and outcome in child protection practice (Farmer & Owen, 1995). However, despite developments in child care and protection, assessment remains a patchy process with comprehensive assessment often lacking even in recognised child protection cases (Adcock, 1996; DoH, 1995). Authorities vary in the extent to which they require formal assessment of need and risk in all child-care cases at initial referral, and may focus resources on cases where children are considered to be 'at risk' (SSI, 1996).

There is a lack of clear definitions about 'good enough parenting' to help inform the setting of thresholds of intervention (Stevenson, 1996). Further, there can be considerable variation in the extent to which contextual issues are included in an assessment of a child's situation and family dynamics are not always considered in assessment (Farmer & Owen, 1995). The crucial contextual issues of poverty and deprivation are also not often explicitly considered (Baldwin, forthcoming; Swift, 1995).

It is precisely these three complex interacting factors:
1. the extent of both need and risk;
2. whether the child's environment is good enough to promote healthy development;
3. the influence of material circumstances that need to be at the heart of any planning for neglected children.

Assessment that takes account of contributing factors at all levels of the family system must occur for all referrals of neglect. Actively looking for areas of potential strength and support would also begin to model a belief that improvement is possible. Crucially, such assessment must explicitly consider the roles of both mother and father, as well as other family members, rather than perpetuating the expectation that all responsibility should fall upon the mother. In those cases where assessment suggests that the child is living in an inadequate and unsupportable situation, there will need to be plans for alternative care. In other cases workers need to feel empowered by assessment to intervene effectively.

Therefore assessment must include consideration of:
*   material and financial resources;
*   attachment history;
*   developmental milestones;

277

- ethnic and cultural issues;
- risks to the child;
- educational resources;
- health status and provision of health care;
- the impact of any special needs of parent and/or child;
- potential strengths in all extended family;
- available formal and informal social support for parents and child.

Assessment must also consider the extent to which families may be able to make use of available support.

Such clear, focused and comprehensive assessment is the first step in empowering workers as it forms the basis for shaping intervention in a purposeful fashion.

From empowerment by assesment to empowerment as a principle of intervention

In turn, purposeful intervention can use empowerment as a model for practice. Thus, assessment should not be of problems, so much as what resources and skills are needed to enable parents to *obtain* emotional, physical and social support (Abney, 1996; McNay, 1992).

Gaudin (1983) describes projects using family-empowerment approaches as:
- mobilising family strengths;
- involving all family members;
- requiring active participation in decisions;
- encouraging recall of effective times.

The process of empowerment needs to begin at first contact with families with a meaningful implementation of the partnership approach. Empowerment involves giving people control and choice. Given the chronic, rather than the acute nature of neglect the need for instant 'rescue' of children from risk is rare. Rather than seeing this as hampering intervention, as is currently the case, this could be seen as allowing the opportunity for a slower pace of engagement, and more careful analysis of strengths and weaknesses. Feeling under constant scrutiny, with the knowledge that child protection procedures can be instigated in response to 'incidents' of failed care can make parents feel even more powerless and undermined. A slower process of engagement would help guard against the exacerbation of the situation and would also allow for more time to identify all people who are significant for the child, including the fathers.

The extent to which mothers are held to be primarily responsible for meeting all their children's needs has to be acknowledged. Such a task would be a lot to ask of anyone; for women who have significant personal needs for support it is often unrealistic. The needs of the mothers of these children as women in their own right have therefore to be assessed and appropriate practical and emotional support offered. Such support should not be confined to the

issues of child care. It is likely that some will never have been offered the opportunity to reflect upon their own options and choices in life and may need considerable help in even identifying their own personal aspirations and preferences. Although they may benefit from help with parenting skills, they may also welcome help with access to personal development resources such as assertiveness programmes, adult education, careers and job-seeking advice, sport and leisure activities, relaxation groups and so on. The isolation described above can become part of a self-reinforcing cycle: when people believe that no-one can help them, they can appear distant and hard to approach, and such attributions can fuel a process of escalating social exclusion and isolation and, ultimately, rejection. Considerable support may be required to help change such unhelpful attributions and establish social connections.

Similarly a conscious effort needs to be made to engage directly with the fathers of the children, whether they live in the same household or not. They also may benefit from access to self-development opportunities. Further, acknowledging them as a potential resource for the child could begin a process of empowering them in a fathering role.

Empowerment involves affirming people's own experiences and explanations for their situation. This means facing the reality of the association between neglect referrals and poverty. The fact that individual social workers may feel unable to tackle the underlying reasons for the strong association between poverty and neglect referrals should not justify screening the issue out at an early stage. Therefore a detailed and careful analysis of all financial and material circumstances must be part of the assessment process. If this is done in partnership with parents, the process could involve an honest recognition of the impact of poverty. It is all too easy to point to families living in poverty who seem to manage well, but, as indicated, to manage on a very limited budget requires exceptional organisation and personal ingenuity. Child care legislation in Britain allows for finance to be used to support families and such finance should be used assertively. The very poor outcomes for neglected children should be enough justification for this; however, when set against the cost of alternative care for children it is likely that a financial justification could also be made (Fowles, 1988).

The empowerment model could also guide the way in which children are responded to by the system. The early contact with the child allows the possibility of beginning the process of participation by encouraging them to be part of the decision-making process in a meaningful way (Cloke and Davies, 1995).

A cornerstone of empowering children is communicating with them and hearing their views. Many neglected children have problems with communication and are the ones least likely to be able to articulate their views, but the most likely to feel disempowered by the processes they are caught up in. It is easy to underestimate the extent to which neglected children may have been denied the opportunity to assert any kind of preference. First, they need to be given the message that what they say and think matters. This could be done in a number of very simple ways, for example by providing them with a choice of venue for meeting, giving them the option of sitting the front or back seat of the car, offering them a choice of drink. An accumulation of small choices will start to allow them to trust that their opinion matters on larger issues. Second, time must be taken to establish communication about their experiences, and, crucially, about who is important to them. There are many established ways to engage

children in such a process, for example using eco-maps, drawing pictures, using emotion words and so on.

Intervention that incorporates dependence

The twin pressures of an ideology of independence and resource constraints can lead to a climate of support rationing. In such a climate it can become a moral imperative for clients to 'move on' and for social workers to move them on; the fear of creating dependence is fostered and case closure is a measure of success. In fact, the reality of neglect cases is that they do tend to be long-term, and even if closed periodically, tend to be re-referred (Swift, 1995). Thus the social worker and family are constantly 'failing'.

However, structured, long-term intervention need not be viewed as a failure. Long-term intervention can be assertive, purposeful and effective, but a shift in approach requires a shift in the formulation of the problem. Children referred because of neglect are not only in need of support themselves, but usually live in families who are also in need, materially and emotionally. If such referrals are characterised as referrals of families with special needs, then they can be responded to in these terms and the provision of long term support validated.

'Share the Care' systems for families with children who have disabilities are recognised as reasonable and legitimate resources, usually required on a long-term basis (Stalker & Robinson, 1994). There are very few similar schemes operating for children who are neglected, despite the finding that well-structured respite schemes for children in need can be extremely effective (Aldgate et. al., 1996). Similarly illustrative are schemes that offer long-term support for parents with learning difficulties (Booth & Booth, 1994). Social workers need to be empowered to offer long-term, structured support which can be justified and legitimated once the extent of need is fully appreciated.

It is not necessarily the case that dependency can be 'created', or indeed that dependence may not be part of the therapeutic process. Downes (1992), describes the therapeutic impact of allowing tne dependency shown by young people with insecure-anxious attachment patterns when in situations of stress, and suggests it does not result in over-dependency, but supports the development of increased self-reliance. Many parents of neglected children are emotionally immature and need nurturing themselves. Therefore, it may be more helpful to offer social workers support in tolerating dependency and guidance on how to use that dependency constructively.

Finally, the evidence shows that, to be effective, intervention with neglect has to be long-term (Gaudin 1993). Accepting and acknowledging this fact and making the case for resources on this basis would be better than attempting to short-cut a necessary process. Gaudin (1993) provides a comprehensive review of successful intervention strategies which demonstrates the extent of support that may be required. He suggests that the majority want to be good parents, but need intensive, problem-focused casework as well as material and financial support. Such knowledge is power and should form the basis of policy development.

Mobilizing all resources

In order to work purposefully with children and their families on a long-term basis, it is essential to have knowledge about the factors that support positive outcomes. Just such knowledge is becoming available from the research into factors associated with resilience in the face of adversity. A resilience-based approach to neglect would focus on maximising the likelihood of a better outcome for the child by building a protective network for the parent and the child. At the level of the individual resilience springs from self-esteem and self-efficacy; at the level of the family resilience is rooted in positive attachment experiences, while at the wider level it is associated with supportive networks (Gilligan, 1997; Werner, 1990). The concept of resilience increasingly offers an alternative framework for intervention, the focus being on the assessment of potential areas of strength within the child's whole system.

Whatever arrangements are made for the care of the child, this approach offers social workers a real focus for positive practice. It enables a move away from an assumption that the mother will provide all that the child needs. Instead, the emphasis is on building a network of support from the resources available, and adding to them with professional support where necessary. What is important is that the practitioner has the theoretical grounding that assures them that they can make a difference to the outcomes for children with such measures, even if they never see the results themselves. This assurance should help to reduce feelings of powerlessness and purposelessness.

The research to date supports the conclusion that direct intervention with the child offers the most positive results, and should include:
* cognitive stimulation;
* cultural enrichment;
* development of motor skills;
* development of social skills, especially in *peer* interactions (Gaudin 1993).

Once the child has been engaged in the therapeutic process, the resilience and empowerment models would suggest intervention aimed at improving self-esteem and self-efficacy. Brooks (1994) suggests that esteem can be enhanced when an environment is created which allows the child to achieve success and experience it as due to their own abilities and efforts, and which encourages the child to see mistakes as opportunities for learning, rather than failures. He suggests that it is possible to identify 'islands of competence' in every child, even one 'drowning in an ocean of inadequacy', and that practitioners need to be imaginative in finding ways to allow children to experience feelings of success by:
* encouraging contributions;
* enhancing decision-making skills;
* encouragement and positive feedback;
* encouraging the development of self-discipline;
* enhancing the ability to deal with mistakes and failure.

Children demonstrate a need for attachment to both adults and peers from an early age (Lewis, 1994) and have the potential to establish a wide range of relationships (Dunn, 1993). Children who have been neglected may have a limited and unsupportive social network. Therefore there is scope to explore the therapeutic possibilities for children in strengthening their wider networks. Three main avenues are by:

- *friends:* The capacity to establish and sustain friendships is protective and can act as a source of comfort and support (Werner, 1990). Children who have experienced rejection from their peers may need considerable support in learning how to make friends. They are likely to benefit from opportunities for peer contact that are closely monitored by adults. Organised groups for children should therefore be sought. It is also important to ensure that arrangements are made for the child to get to the club or group, maybe by providing transport, or if children are old enough, teaching them how to travel;

- *school:* Even for children who are not academically gifted, school is often an effective refuge for children under stress and offers numerous opportunities for boosting esteem and self-efficacy, as well as providing teachers and potential adult support figures (Gilligan, 1998, Werner, 1990);

- *extended family:* Anyone in the child's family or network who shows an interest in the child should be considered as a potential resource. When these people have a problematic relationship with the mother, contact with a child should be arranged separately from her. Regular contact does not necessarily have to be frequent and there are many simple ways in which someone can demonstrate an interest. For example, an uncle could provide a weekly comic, a father could be met at the paternal grandmother's house, an older cousin could take them to the cinema once a month and so on. And, if there are transport or financial difficulties, a case should be made for providing finance to ease them.

Conclusion

The characterisation of neglect as illustrating the effects of powerlessness throughout the system suggests that an empowerment model, in conjunction with the messages from resilience research, offers an avenue for assertive, therapeutic intervention. The underpinning key to shaping such intervention lies in comprehensive assessment that includes an analysis of the potential strengths at all levels of the system and acknowledges the potential need for long-term intervention and a measure of dependence. Such assessment should replace investigation as the first line of response to referrals of child neglect. Social workers should then be empowered to help parents to become empowered.

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