Disguised compliance

It is important to be as sure as possible that the decision to change is a genuine one and not just 'talking the talk'. Practitioners will need to ensure that the same rigour is applied to the worries as the existing strengths and safety. Not just about talking the talk but walking the walk in safety planning. Professionals should be mindful of the need to distinguish between cooperation with the practitioner and readiness to change; the case of Peter Connolly (Baby P) demonstrates the skilful way in which an apparently engaged and motivated parent might disguise their non-compliance. Action is not necessarily success.

When the required changes have begun there may be tangible signs that life has improved for the child and the neglect has stopped being a pressing issue. Professional optimism and the very reasonable desire to see the family succeed, coupled with pressure to prioritise other families who have children in apparent greater need, can lead to an easing of intervention and oversight.

Experience tells us that whist change may have started it has not been consolidated. It is therefore fragile. Without support to deal with the inevitable issues that will come along – such as some form of crisis, whether that is an illness, a change of circumstances, or whatever – there is a real danger that the new behaviours will be abandoned and ultimately the child will once again be neglected. In cases of chronic neglect lapse may be unwelcome but common and should be treated as predictable and resolvable.

A key part of this work is rigorous safety planning that has been tested and works as well as a period of monitoring. The thin veneer of success which suggests that it is time to close the case and move on should be resisted as forcefully as possible. Closing the case at this point may very well mean that the child suffers further significant harm which is predictable and therefore avoidable. The idea of a child suffering significant harm as a result of professional decision-making must be open to challenge on an ethical basis despite the frequently competing priorities.

Working with lapse but avoiding relapse

Lapse which is allowed to continue becomes relapse – in this case total withdrawal from the change process and the confirmation by/to the family that change is either not desirable or not possible. Use and application of harm matrix and the concept of fast and slow thinking where we move into analysis quickly .If the adults can be successfully moved back through the contemplation stage quickly, lapses may be the cost that the child has to pay to stay within the family, the alternative being removal. It may be a contentious point, but depending on the age of the child and the impact of the lapse, this cost might in the long term be the least damaging alternative.

Conversely, it is vital to avoid 'start again syndrome', whereby each lapse is treated as another opportunity to start again with a clean slate. The reality is that if a plan did not work the first time, without a change in circumstances or motivation it will not work a second time. The complexity of such professional judgements involved in trying to determine which course of action is in the best interests of the child will be familiar to many practitioners.

Assessing Progress: Escalation of Intervention

Much of the literature on neglect notes that professionals are often faced with uncertainty about the degree of severity of neglect the child is experiencing or are unclear if a certain threshold for intervention has been crossed.

This results in some common features of professional responses to neglect:

- children experience the cumulative jeopardy of lengthy exposure to neglect
- higher risk of accidents
- repeat assessments: 'start again'
- lack focus on the physical environment and material conditions in the home
- focus on short-term improvements failure to grasp the significance of the overall situation for the child
- focus on the needs of the adults to the exclusion of the child's experiences
- short-term improvement in the quality of the children's lives that cannot be sustained
- higher risk of placement disruption and difficulty of securing permanence outside the family

It is often neglect cases that drift because it is difficult to know at what point to say 'enough is enough'. Typically in neglect cases things then to get worse for a while, then improve, then get worse again. It is this pattern of behaviour that can make it hard to reach a decision.

To ensure there is no drift and delay, robust TAF processes must be followed and outcome focused Family Plans must be developed and reviewed, along with the use of tools to measure distance travelled.

Significant and sustained progress can be evidenced by the parent:

- 1. Recognising the child's needs and putting them before parental needs/wants
- 2. Demonstrating an awareness and understanding of the effect of relationship stress, violence etc. on the children (both within and outside the household)
- 3. Taking responsibility for their own behaviour and acceptance of primary responsibility to keep child safe
- 4. Providing physical and emotional care on a consistent basis
- 5. Providing a safe, clean and sustained physical environment for the child

Escalation following lack of progress

The following features should be taken into account when considering escalation of intervention into the child protection and/or legal process:

- ► Limited progress against the outcome focussed plan within a 3 6 month timescale depending on the severity of the issues being addressed
- Evidence that the parental response to the concerns is one of dissent, tokenistic or avoidant: this can evidenced by way of their behaviour and actions in response to the concerns and also reference to whether the child's outcomes have improved within the agreed timescale planning and the quality of the outcome focussed plan are critical
- Exposure to serious risk of harm: lack of supervision, frequency and severity of accidents, extremely poor physical environment that would require potential police/environmental health intervention

The sustained and persistent absence of the above 5 factors suggests that it is unlikely that the parent will be able to meet the child's needs now and into the future. Therefore, the absence of these behaviours, coupled with evidence of the negative impact in the child should lead the professional to consider escalating the concerns into the child protection and/or PLO process.